1. Obesity
   CND_1A14

2. Arteriosclerosis
   CND_1A15

3. Chronic pain
   CND_1A16

4. Pressure sores
   CND_1A17

CHECK PROXY
   CND_CK2

If = SP, SP and Proxy
   Skip to 2a.
   CND_2_01

If = Proxy

1. Alzheimer’s Disease
   CND_1B_1

2. Mental retardation
   CND_1B_2

1. Dementia
   CND_1B_3

2. Heart attack
   CND_2_01

2. Other heart problem
   CND_2_02

2. Hypertension
   CND_2_03

2. Stroke
   CND_2_04

2. Circulation trouble
   CND_2_05

2. Pneumonia
   CND_2_06

2. Bronchitis
   CND_2_07
Part 2: Activities of Daily Living

2h. Flu

CND_2_08

2i. Emphysema

CND_2_09

2j. Asthma

CND_2_10

2k. Broken Hip

CND_2_11

2l. Broken Bones

CND_2_12

CND END

Time & Date

CONDITION COMPLETE

COND_COMPLETE

CHECK GROUP

CND_CK3_R

If = 1 (Healthy 2004)

Skip to Part 6: RMI BEGIN

If = 4

If = 2, 3

ADL BEGIN

Time & Date

PROXY2

ADLPROXY

1a. Help Eating

ADL_1A

If = Yes

Skip to 1d. ADL_1D

If = Did Not Eat

Skip to 1i. ADL_1I

If = No, D, R

1b. Use Special Utensils

ADL_1B

If = Yes

Skip to 2a. ADL_2A

If = No, D, R

Skip to DT_REASON

Skip to DT_OUTCOME

Skip to AMN1 BEGIN Institutional Interview

2004 NLTCS Community Interview 3 Version 8.0 09/22/2006
1e. Help Cut Meat
ADL_1E

1f. Special Utensils
ADL_1F

1g. Frequency of Help
ADL_1G

1h. Duration Help Eating
ADL_1H

1i. Duration Not Eating
ADL_1I

1d. Fed
ADL_1D

If = No, D, R

1e. Help Cut Meat
ADL_1E

1f. Special Utensils
ADL_1F

1g. Frequency of Help
ADL_1G

1h. Duration Help Eating
ADL_1H

1i. Duration Not Eating
ADL_1I

2a. Help In/Out Bed
ADL_2A

If = Yes
Skip to 2d. ADL_2D

If = No, D, R
Skip to 2b. Special Bed Equipment ADL_2B

If = No, D, R
Skip to 2b. Special Bed Equipment ADL_2B

If = Yes
2c. Bed Standby/Help
ADL_2C

2d. Lift Out of Bed
ADL_2D

If = Yes
Skip to 2d. ADL_2D

If = Not Out of Bed
Skip to 2i. ADL_2I

2b. Special Bed Equipment
ADL_2B

If = No, D, R
Skip to 3a. ADL_3A

If = Yes
Skip to 2f. ADL_2F_1
5b. Special Bath Equipment
If = Yes
Skip to 5a. ADL_5A

5c. Bathing Helper
If = No, D, R

5d. Someone Bathe
If = No, D, R
Skip to 5f. ADL_5F

5e. Help In/Out Tub
If = No, D, R

5f. Special Bath Equipment
If = No, D, R
Skip to 5h. ADL_5H

5g. Type Bath Equipment
If = Yes

5h. Frequency Bath Help
If = No, D, R

5i. Duration Special Bath Equipment
If = Yes

5j. Sponge Bath
If = No, D, R
Skip to 5l. ADL_5L

If = Yes
Skip to 5c. ADL_5C

If = Yes
Skip to 5e. ADL_5E

If = Yes
Skip to 5g. ADL_5G_1

If = Yes
Skip to 5f. ADL_5F

If = Yes
Skip to 5h. ADL_5H

If = Yes
Skip to 5i. ADL_5I

If = Yes
Skip to 5j. ADL_5J
6a. Toilet Help
   ADL_6A
   If = No, D, R
     Skip to 6d.
     ADL_6D
   If = Yes
     Skip to 6d.
     ADL_6D

6b. Special Toilet
    ADL_6B
    If = No, D, R
    If = Yes
      6c. Toilet Helper
          ADL_6C
          Skip to 6g.
          ADL_6G_1

6d. Help to Toilet
    ADL_6D
    If = No Toilet Use
    If = Yes
      6e. On/Off Toilet
          ADL_6E

6f. Special Toilet Equipment
    ADL_6F
    If = No, D, R
    If = Yes
      6g. Type Toilet Equipment
          ADL_6G_1-7
          Skip to 6j.
          ADL_6J

6h. Other Toilet Equipment
    ADL_6H
    If = No, D, R
    If = Yes
      6i. Type Other Toilet Equipment
          ADL_6I_1-5

6j. Frequency Toilet Help
    ADL_6J
    If = No, D, R
    If = Yes
      5k. Bed Bath
          ADL_5K
      5l. Duration Bathing Problems
          ADL_5L

Skip to Part 6: RMI BEGAIN
Skip to AMN1 BEGAIN in Institutional Interview
Skip to DT_OUTCOME
Skip to DT_REASON

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6l. Other Toilet Equipment
   ADL_6L
   If = No, D, R
   Skip to 6n. ADL_6N
   If = Yes

6m. Type Toilet Equipment
   ADL_6M_1-6

6n. Duration Unable to Use Toilet
   ADL_6N

6o. Catheter/Colostomy
   ADL_6O
   If = No, D, R
   Skip to 6r. ADL_6R
   If = Yes

6p. Self Care
   ADL_6P

6q. Duration Catheter/Colostomy
   ADL_6Q

6r. Soiled Self
   ADL_6R
   If = No, D, R
   Skip to ADL_CK3
   If = Yes

6s. Clean Self
   ADL_6S

6t. Duration Soiling Problem
   ADL_6T

All ADLs = 1
   ADL_CK3
   If = Yes
   Skip to ADL_CK4
   If = No

7a. Standby Help
   ADL_7A
   If = No, D, R
   Skip to 8a. ADL_8A_1
   If = Yes

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Part 3 - Instrumental Activities of Daily Living

IDL BEGIN
Time & Date

PROXY3
IDLPROXY3

Bedfast, No Inside Activity
IDL_CK2

If = Yes
Skip to 8a1.
IDL_8A1

If = No

1a. Heavy Work
IDL_1A

If = Yes
Skip to 3a.
IDL_3A

If = No, D, R

1b. Could Do Heavy Work
IDL_1B

If = Yes

2a. Light Work
IDL_2A

If = Yes

2b. Could Do Light Work
IDL_2B

If = Yes

1c. Reason No Heavy Work
IDL_1C_1-2

If = No, D, R

2c. Reason No Light Work
IDL_2C_1-2

3a. Laundry
IDL_3A

If = Yes
Skip to IDL_CK3

If = No, D, R
Note: 3g not used in 2004.

3b. Could Do Laundry
   IDL_3B
   If = Yes
   Skip to IDL_CK3
   If = No, D, R

3c. Reason No Laundry
   IDL_3C_1-2
   If = Yes
   Skip to 3d.
   IDL04_3D
   If = No
   CAPI CHECK
   IDL_CK3B
   If = Yes
   Skip to 3h.
   IDL04_3H
   If = No

3d. Help With Housework
   IDL04_3D
   If = Yes
   Open Person Roster
   IDL_3E_1
   If = Yes
   Skip to 4a.
   IDL_4A
   If = No

3h. Need Housework Help
   IDL04_3H
   If = Yes
   Skip to 4a.
   IDL04_4A
   If = No, D, R

4a. Prepare Meals
   IDL_4A
   If = Yes
   Skip to 4h.
   IDL04_4H
   If = No, D, R

4b. Could Prepare Meals
   IDL_4B
   If = Yes
   If = No, D, R

4c. Why Not Cook?
   IDL_4C_1-2
   If = Yes
   Skip to 4d.
   IDL04_4D
   If = No, D, R

If = No
4d. Other Prepares Meals

If = No, D, R

If = Yes

Open Person Roster

4e,f. Who Helps Cook

If = Last Person

Skip to 5a. IDL_5A

If = Not Last Person

Note: Question 4g not used in 2004.

Close Person Roster

4h. Need Cook

If = Yes

Skip to 5h. IDL_5H

If = No, D, R

5a. Grocery Shops

If = Yes

Skip to 5h. IDL_5H

If = No, D, R

5b. Could Grocery Shop

If = Yes

5c. Reason

If = Not Shopping

Skip to 5d. IDL_5D

If = Disability

5d. Help Shopping

If = No, D, R

Open Person Roster

5e.f. Who Shops

If = Yes

Skip to 6a. IDL_6A

Close Person Roster

Note: Question 5g not used in 2004.
7d,e. Who Helps Travel

7c. Could Travel

7g. Reason No Travel

CAPI CHECK

Note: Question 7f not used in 2004.

7h. Could Walk

7i. Need Other Outside Help

Open Person Roster

8a1. Regular Housework Help

8b1. Have Cook

8b2. Who Cooks

Open Person Roster

Close Person Roster
9a. Manage Money
   If = Yes
      Skip to 9h.
   If = No, D, R

9b. Could Manage Money
   If = Yes
   8c1. Regular Shopping Help
      If = Someone Helps
         Open Person Roster
      If = No helps, D, R
      8c2. Who Shops
         Open Person Roster
      Close Person Roster
      Skip to 9a.

9c. Reason No Money Management
   If = Disability
      Skip to 9d.
   If = No, D, R
   CAPI CHECK
   If = No
      Skip to Part 6: RMI BEGIN
   If = Yes
      Skip to 9d.
   9d. Help Managing Money
      If = No, D, R
      Open Person Roster
      9e.f. Who Helps With Money
          IDL_9E_1
          Skip to 10a.
          IDL_10A

9h. Need Help With Money
    Skip to 10a.
    IDL_10A
    Skip to 11a.
    IDL_11A

Note: Question 9g not used in 2004.
Part 4 - Helper's Section

HLP BEGIN

Time & Date

1. Time Average Daily Help
   HLP_1H, HLP_1M

Open Person Roster

If = No, blank
   Skip to Next Person

If = Yes
   Person is Helper

1a. Number Days Helped
   HPA_1A_02-20

If = 0, None
   Skip HLP CHK1

HCKH102-120

If = 1-7 days, D, R

IDL END

Time & Date

IDL COMPLETION CHECK

IDL_COMPLETE

HELPER SELECTION

SELHLP_FLG2-20

HELPER CHECK

ICH_DL_CK6A

If = No
   Skip to SEL BEGIN

If = Yes
   Skip to 13a.
   IDL_1301

13a. Cause of Disability
   IDL_1301-1310

If = No
   D, R

If = List Conditions

Main Condition

ICH_DL_CK5

If = IDL_1302 = Blank
   N, D, R

If = More Conditions

13b. Main Condition

ICH_DL_13B

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   Skip to Part 6: RMI BEGIN

If = More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
   HELPER CHECK

ICH_DL_CK6A

If = No
   More Conditions

If = List Conditions

13b. Main Condition

ICH_DL_13B

If = Yes
1d. Time ADL Help
HPA_1DH_02-20

HLP CK3
Any Hours Helped
HCK302-320

If = 0, D, R

If = Has Help

HLP CK4
IDL Help
HCK402-420

If = No IDL Help

1e. Time IDL Help
HPA_1EH_02-20

HLP CKH1
Time Recorded
HCKH102-120

1ah. Time Helped
HPA_1AH02-20

1b. Duration Time Helped
HPA_1B_02-20

1c. ADL Activities Helps With
HPA1C1_02-20-HPA1C9_02-20

HLP CK2
ADL Help
HCK202-220

If = All Others

If = Yes

Note: 1999 Consistency Checks not repeated for 2004.

If = 17-26

1f. Relationship
HPA1F1_03-20

If = 2-16 and Last Helper

If = 1, -5, 99, D, R

If = 2-16 and not Last Helper

If = 2-16 and Last Helper

Skip to Part 6: RMI BEGIN

Skip to DT_REASON

Skip to AMN1 BEGIN in Institutional Interview

Skip to DT_OUTCOME

2004 NLTCS Community Interview
Part 5 – Caregiver Selection (Select)

1. Which non-HH Member Child pays REL_XXA03-20
   - If = No
   - If = Yes

2. Who Helps Most
   - If = D, R
   - If = Person

3. Number Unpaid Helpers
   - If = 1 Helper
   - If = 2+ Helpers

4. Helper In Roster
   - If = None
   - If = Yes

5. CHECK DISABILITY CKDISAB
   - If = No
   - If = Yes

6a1. Any Unpaid Helper
   - If = No, D, R
   - If = Yes

7. CHECK CGREL 1
   - If = 2-26, D, R
   - If = No More

NOTE: Due to coding error, questions 1o & 1p not asked in 2004.

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Part 6 - Range of Motion and Impairment

RMIPROXY

1a. Missing Arm RMI_1A
   If = Yes
   1b. ID Missing Arm RMI_1B01-12
   If = No, D, R
   Skip to 2a. RMI_2A

2a. Missing Leg RMI_2A
   If = No, D, R
   Skip to RMI_CK2
   If = Yes
   2b. ID Missing Leg RMI_2B01-12

Ambulatory Status RMI_CK2
   If = Bedfast
   Skip to 3c1. RMI_3C_1
   If = Wheelchair or No Activity
   Skip to 3b1. RMI_3B_1
   If = All Others

3a1. Climb Stairs RMI_3A_1
3a2. End Room & Back RMI_3A_2
3a3. Put on Socks RMI_3A_3
3a4. Lift and Hold 10 Pound Package RMI_3A_4
3a5. Reach Over Head RMI_3A_5
3a6. Brush Hair RMI_3A_6
3a7. Wash Hair RMI_3A_7
3a8. Grasp Small Objects RMI_3A_8
3b1. Put on Socks RMI_3B_1

Skip to Part 6: RMI BEGIN
Part 8 - Alcohol Consumption and Smoking

1. Drink Alcohol
   If = No, D, R
   If = Yes

Note: Question 8b-8e not used in 2004.

Note: Question 10 not used in 2004.

ACS BEGIN
Time & Date

PROXY7
ACSPROXY

1. Drink Alcohol
ACS_1

NSA END
Time & Date

NSA COMPLETION CHECK
NSA_COMPLETE

Part 8 - Alcohol Consumption and Smoking
Part 9 - Cognitive Functioning

MNT BEGIN
Time & Date

Respondent Check MNTPROXY
If = LTC_FLAG = 1 and any CND_1B_1-3 = 1

Skip to 11. MNT_11TG_1

If = Unable to Administer

Sample Person MNT_HA_R
If = All Others

If = Continue

MNT INTRO

1. Date MNT_1
If = Exit Cognitive

If = 1 or 2, D, R

2. Day of Week MNT_2
If = Exit Cognitive

If = 1 or 2, D, R

COMMUNITY CHECK

Note: Question 3a not used in 2004.

3b. Address MNT_3
If = Exit Cognitive

If = 1 or 2, D, R

4. State MNT_4
If = Exit Cognitive

If = 1 or 2, D, R

5. Age MNT_5
If = Exit Cognitive

If = 1 or 2, D, R
6. Date of Birth
   MNT_6
   If = Exit Cognitive
   If = 1 or 2, D, R

7. Current President
   MNT_7
   If = Exit Cognitive
   If = 1 or 2, D, R

8. Previous President
   MNT_8
   If = Exit Cognitive
   If = 1 or 2, D, R

9. Mother's Maiden Name
   MNT_9
   If = Exit Cognitive
   If = 1 or 2, D, R

10. Subtraction
    MNT_10
    If = Exit Cognitive, D, R
    If = 1, 2
    CAPI CHECK
    MNT_CK4
    If = 2
    Skip to MNT END
    If = 1

11. Reason for Non Response
    MNT_11TG_1-10

MNT END
Time & Date
MNT COMPLETION CHECK
MNT_COMPLETE
Part 10: Other Functioning

1. Health Status
   - OFN_1

2. Lack Energy
   - OFN_2

3. Mental Problem
   - OFN_3

4a. Hospitalized Mental Problem
   - OFN_4A

4b. Hospitalized MH Problem Last 5 Yrs
   - OFN_4B

5a. MD Advised MH Tx
   - OFN_5A

5b. MD Advised MH Tx Last 5 Yrs
   - OFN_5B

6. Check on SP
   - OFN_6

7a. Need Phone Check
   - OFN_7A

7b. Who Checks
   - OFN_7B

7c. Need Phone Check
   - OFN_7C

Note: Questions 6 and 7a-7c not asked in 2004.
Note: Question 9a not asked in 2004.
9b. Frequency Relative Visits

Note: Question 10a not asked in 2004.
10b. Frequency Friends Visits

Note: Question 12b not asked in 2004.
12a. Time Listen Radio

Note: Question 13b not asked in 2004.
13a. Time Watch TV

Note: Question 15a not asked in 2004.
15a. Read

Note: Question 15b not asked in 2004.
15b. Hobby

Note: Question 15c not asked in 2004.
15c. Games
Part 11: Housing and Neighborhood Characteristics

15d. Records OFN_15_4

16a. Attend Religious Service OFN_16_1

16b. Attend Organization OFN_16_2

Respondent ID

If = Proxy
	Skip to OFN END

If = SP or SP & Proxy

17a. Not Usual Activities OFN_17_1

17b. Not Sleep OFN_17_2

17c. Lost Appetite OFN_17_3

18. Happiness OFN_18

19. Satisfaction OFN_19

OFN END
Time & Date

OFN COMPLETION CHECK
OFN_COMPLETE

HNC BEGIN
Time & Date

PROXY9
HNC_PROXY

Level Urbanization HNC_CK2

Dwelling Type HNC_CK31

Others Live with SP HNC_CK4
	If = No
	Skip to HNC_CK5

If = Yes

Skip back to MNT BEGIN

Skip to AMN1 BEGIN in Institutional Interview
Skip to DT_OUTCOME
Skip to DT_REASON

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1a. Health Problem
2a. Satisfaction with Dwelling
2b. Retirement Building
3. Devices in HH
4. Devices to Add Comfort
5a. Convenient Toilet
5b. Convenient Day Toilet
6. Neighborhood Satisfaction
7a. Convenient Grocery

Note: Only month and year asked in 2004.
3b1. # Physical Therapist Visits
   MPP_3B_1-4

If = MPP_3B_1 NE 1
   Skip to MPP CKP

If = MPP_3B_1 = 1
   3b1. # Physical Therapist Visits
       MPP_3CP

3b2. Place Physical Therapy Visit
    MPP_3DP

If = MPP_3B_2 NE 1
   Skip to MPP CKO

If = MPP_3B_2 = 1
   3b3. Place Occupational Therapy Visit
       MPP_3CO

3b4. Place Occupational Therapy Visit
    MPP_3DO

If = MPP_3B_3 NE 1
   Skip to MPP CKS

If = MPP_3B_3 = 1
   3b5. # Speech Therapy Visits
       MPP_3CS

3b6. Place Speech Therapy Visits
    MPP_3DS

If = MPP_3B_4 NE 1
   Skip to MPP CKH

If = MPP_3B_4 = 1
   3b7. # Hearing Therapy Visits
       MPP_3CH
4c. SP Pay for MH Visits

MPP_4C

If = No, D, R

4e. Paid MH Visit

MPP_4E

4g. Who Pays

MPP_4G

Note: Question 4d not asked in 2004.

3b8. Place Hearing Therapy Visits

MPP_3OH

3g. Paid Visits

MPP_3G

If = Yes

Note: Question 3h not asked in 2004.

3i. Who Ends Up Paying

MPP_3I

Note: Question 3j not asked in 2004.

4a. MH Professional

MPP_4A

If = No, D, R

4b. Times Seen MH Professional

MPP_4B

If = Yes

4c. SP Pay for MH Visits

MPP_4C

Note: Question 4d not asked in 2004.

4e. Paid MH Visit

MPP_4E

If = Yes

Note: Question 4f not asked in 2004.

4g. Who Pays

MPP_4G

Note: Question 4h not asked in 2004.

5a. Dental or Eyecare

MPP_5A

If = No, D, R

5b. Which Other Services

MPP_5B

If = Yes

Skip to AMN1 BEGIN in Institutional Interview
Skip to DT_OUTCOME
Skip to DT_REASON
Skip back to MNT BEGIN

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5c1. # Dentist Visits

MPP_5CD

5c2. # Foot Doc Visits

MPP_5CF

5c3. # Eye Doctor Visits

MPP_5CT

5c4. # Chiropractor Visits

MPP_5CC

Note: Question 5d not asked in 2004.

5e. SP Pays for Services

MPP_5E

5f. Paid Visits

MPP_5F

If = Yes

5g. Who Ends Up Paying

MPP_5G01-18

6a. # ER Visits

MPP_6A
Part 14: Military Service, Ethnicity, Income and Assets

Note: Questions 1, 2, 3a & 3b are collected in the Screener in 2004.

4. Type of Dwelling
   INC_4_1

5a. Receive SS or RR
    INC_5A
    If = No, D, R
    Skip to INC_CK5
    If = Yes

5b. Amount Received
    INC_5B
    If = $1-5000

5c. Estimated Amount
    INC_5C

5d. Family Receives SS or RR
    INC_5D
    If = No, D, R

5e. ID SS Recipient
    INC_5E02-20
    If = No, continue to next person
    If = Yes
    If = $1 - 5000 continue to next person
    If = $1-5001 continue to next person

5f. Amount They Received
    INC_5F02-20
    If = D, R

# HH Family Members
   >15 yrs
   INC_CK5
   If = 0 members
   Skip to 7a.
   INC_7A
   If = 1-20 Members
   5d.
   Family Receives SS or RR
   INC_5D
   If = No, D, R

Open Person Roster
If = No, continue to next person

5e. ID SS Recipient
    INC_5E02-20
    If = No & Last HH Member, D, R
    If = Yes
    If = $1 - 5000 & Last person in Roster

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Note: Question 8 not used in 2004.

9a. Receive SSI
INC_9A
If = No, D, R
Skip to INC_9A
If = Yes
9b. Amount SSI
INC_9B
If = D, R
9c. Estimated SSI
INC_9C

#HH Family Members
>15yrs
INC_CK9
If = 0 members
Skip to INC_13AC
If = 1-20 Members
9d. Family Receive SSI
INC_9D
If = No, D, R
Open Person Roster
If = Yes
9e. ID SSI Recipient
INC_9E02-20
If = No, D, R & Last Person
If = Yes
9f. Amount SSI
INC_9F02-20
If = $1 - $5000 & Last Person
If = Yes
9g. Estimated SST
INC_9G02-20
If = D, R
Open Person Roster
If = Other on Roster
If = Last Person
Note: Questions 10, 11, and 12 not used 2004.
Close Person Roster

#HH Family Members
INC_13AC
15a. Welfare Payments

INC_15A

If = Yes

Any Family in HH
INC_15BC

If = 1-20 Members

Open Person Roster

15b. Name on Welfare Check
INC_15B_I

Close Person Roster

15c1. Amount Welfare
INC_15C1

If = D, R

15c2. Estimated Welfare Check
INC_15C3

Open Person Roster

15d. Welfare Covered
INC_15D_I

Close Person Roster

Note: Questions 16 & 17 not used in 2004.

18a. Combined Household Income
INC_18A

If = D, R

18a1. >$25,000
INC_18A1

If = D, R

18a2. >$10,000
INC_18A2

If = Yes, D, R

18a3. >$5,000
INC_18A3

If = No

Skip to 15c1. INC_15C1

Skip to 15d. INC_15D_I

Skip to AMN1 BEGIN in Institutional Interview

Skip to DT_OUTCOME

Skip to DT_REASO
Part 15: Siblings Module

1. Respondent
   SIB_WHO1_R

1a. Living Siblings
   SIBALIVE

   If = No, D, R
   Skip to SIB END

   If = Yes
   Open Sibling Roster

2. Sibling Name(s)
   SIBNMF1-20

3. Sibling Address
   SIB1AD1-20

4. Sibling Phone Number
   SIB_AR1-20

5. Other, Living Siblings
   INSMOR1-19

   If = No, D, R
   Close Sibling Roster

   If = Yes
   Skip back to 2. SIBNMF1

SIB END
Date & Time

SIB COMPLETION CHECK
SIB_COMPLETE

CHECK MENTAL 3

If = Mental not completed
Skip back to MNT BEGIN

Note: Questions 26, 27 & 28 not used in 2004.
5a. Live with SP
If = No, D, R
If = Yes
Skip to 6. OBS 5C PRXADD

5b. SP Live with Proxy
If = Yes
Skip to 6. OBS 6 PRXMTH
If = No
Skip to 5c. OBS 5C PRXADD

5c. Proxy Mailing Address
OBS 5C PRXADD

6. Proxy DOB
OBS 6 PRXMTH

OBS CK4
Proxy
Answer All
If = Yes
Skip to 8. OBS 8
If = No
Skip to 5b. OBS 5B

7. SP Mental Status
OBS 7_1-6

8. Type of Interview
OBS 8

OBS END
Time

THANK YOU

COMMUNITY COMPLETION CHECK
COM_COMPLETE

Skip to 5c. OBS 5C PRXADD
Skip to AMN1 BEGIN in Institutional Interview
Skip to DT OUTCOME
Skip to DT_REASON
Skip to 5b. OBS 5B
Skip to 5c. OBS 5C PRXADD
Skip to 7. OBS 7_1
Skip to 6. OBS 6 PRXMTH
DETAILED INTERVIEW OUTCOME

DT_OUTCOME

If = Else

If = 16

DT_REASON

If = 6, 7

If = 2, 14

Skip to 2a1. DT_STAY in the Control Card

Skip to 1a4. DT_MOVER1 in the Control Card

Skip to 2a3. DT_PREVPRXY the Control Card

COMMUNITY END