1n. Obesity
CND_1A14

1o. Arteriosclerosis
CND_1A15

1p. Chronic Pain
CND_1A16

1q. Pressure Sores
CND_1A17

CHECK
CHECK
PROXY
PROXY

If = LTC_FLAG = 1
Skip to 2a.
CND_2_01

If = LTC_FLAG = 2 or 3
For Community Interviews Only

If = SP or SP & Proxy

1r. Alzheimer's
CND_1B_1

1s. Mental Retardation
CND_1B_2

1t. Dementia
CND_1B_3

2a. Heart Attack
CND_2_01

2b. Heart Problem
CND_2_02

2c. Hypertension
CND_2_03

2d. Stroke
CND_2_04

2e. Circulation Problem
CND_2_05

2f. Pneumonia
CND_2_06

2g. Bronchitis
CND_2_07
2b. Help Out of Bed
IAD_2B

If =Yes

2c. Lift Out
IAD_2C

2d. Special Equipment
IAD_2D

3a. Get Around Inside
IAD_3A

If =No, D, R
Skip to 4a. IAD_4A

If =Yes

3b. Help Around Inside
IAD_3B

3c. Special Device
IAD_3C

If = Yes
Skip to 4e IAD_4E

3d. Wheelchair
IAD_3D

If = Yes
3e. Maneuver Without Wheelchair
IAD_3E

4a. Get Dressed
IAD_4A

If = No, D, R
Skip to DT_BEGIN in Community Interview

If =Yes

4b. Help Dressing
IAD_4B

If = No, D, R
Skip to DT_REASON

If =Yes

4c. Completely Dressed
IAD_4C
6c. Help On/Off Toilet  
IAD_6C

6d. Special Toilet Equipment  
IAD_6D

6e. Catheter or Colostomy  
IAD_6E

If =No, D, R  
Skip to 6g. IAD_6G
If =Yes  
6f. Self Care  
IAD_6F

6g. Bladder/Bowel Accidents  
IAD_6G

If =No, D, R  
Skip to IAD CHECK 2
If =Yes  
6h. Clean Self  
IAD_6H

IAD CHECK 2  
(refers IAD_2a & IAD_3a)  
If IAD_2a = 2 or IAD_3a = 2  
Skip to IAD END
If = All Others  
7a. Get Around Outdoors  
IAD_7A

If =No, D, R  
7b. Help Around Outdoors  
IAD_7B
If =Yes  
7c. Special Equipment Outdoors  
IAD_7C

If =No, D, R  
7d. By Self  
IAD_7D

If =Yes  
Skip to 6d. IAD_6D

2004 NLTCS Institutional 6 Version 6.0  09/22/06
8. SP & Spouse Gross Income

10a. Sold House

If = No, D, R

If = Yes

10b. Year Sold House

10c. Why Sold House

IAA CHECK 8
Money
Medical Costs

If IAA_1006_R = Yes

If = All Others Responses

10d. Sale Covered Health Costs

Note: Question 9 not used in 2004.

12a1. Quarters Owned By Other

If = No, D, R

If = Yes

12a. Value SP's Home

If = $0 - $9.9 M

If = D, R

Note: Question 11 not used in 2004.

Skip to THANK YOU

IAA END

Skip to ADL BEGIN in Community Interview

Skip to DT_OUTCOME

Skip to DT_REASON

Skip to AMN1 BEGIN
3c. Medicaid Skilled Nursing Facility
   If = No, D, R
   Set BED_3D = 0
   Skip to 3e. BED_3E
   If = Yes
   3d. Medicaid Beds
   BED_3D
   Skip to 3e.
   BED_3E
   If = No, D, R
   Set BED_3F=0
   Skip to 3g. BED_3G
   If = Yes
   3f. Medicaid Intermediate Care Beds
   BED_3F
   3g. Number Non-Medicare & Medicaid Beds
   BED_3G
   BED END
   Date & Time
   BED COMPLETION CHECK
   BED_COMPLETE
   If MNT_CK4 or MNT_11TG_1-10 and CND END equals -5
   Skip back to MNT BEGIN
   CHECK MENTAL C
   If MNT_CHECK 4 or MNT_11TG_1-10 and CND END NE -5
   INSTUTIONAL COMPLETION CHECK
   THANK YOU
   DETAILED REASON
   DT_REASON
   DETAILED INTERVIEW OUTCOME
   DT_OUTCOME
   INSTITUTIONAL END