**2004 Institutional Interview**

**Negative Number Response Codes Key**
-4/B = Break off
-5/S = Legitimate skip on path
-6/M = Non-res (Unit)
-8 = Don't know (D)
-9 = Refused (R)

**Conditions List Module**

**CND BEGIN**

**CHECK SURVEY**
CAP: IF LTC_FLAG = 1, SKIP TO SEL WHO, else continue to PROXY1.

**PROXY**

**PROXY**

FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?

<table>
<thead>
<tr>
<th>Variable Name Highlighted Grey</th>
<th>Length</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNDPROXY</td>
<td>2</td>
<td>-8, -9</td>
</tr>
</tbody>
</table>

**SEL WHO**

FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER OR, IF NECESSARY, A NURSE'S AIDE.

<table>
<thead>
<tr>
<th>Variable Name Highlighted Grey</th>
<th>Length</th>
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</thead>
<tbody>
<tr>
<td>SEL_WHO_1A_1</td>
<td>4</td>
</tr>
<tr>
<td>SEL_WHO_1A_1_SP1</td>
<td>30</td>
</tr>
<tr>
<td>SEL_WHO_1A_1_SP2</td>
<td>30</td>
</tr>
</tbody>
</table>

**CHECK CONDITIONS**

1a. Now I'm going to read you a list of medical conditions. (Do you/Does) [SAMPNAME] NOW have any of the following:

- Rheumatism or arthritis?
- Paralysis?
- Other permanent numbness or stiffness (besides paralysis/rheumatism or arthritis)?
- Multiple Sclerosis?
- Cerebral palsy?
- Epilepsy?
- Parkinson's disease?
- Glaucoma?
- Diabetes?
- Cancer?
- Frequent constipation?
- Frequent trouble sleeping?
- Frequent severe headaches?
- Obesity or is [SAMPNAME] overweight?
- Arteriosclerosis or hardening of the arteries?
- Chronic pain?
- Pressure sores or skin ulcers?

**CHECK INSTITUTIONAL**

CAPI: If LTC_FLAG = 1, SKIP TO 2a (CND_2_01).

**CHECK PROXY**

CAP: Refer to CNDPROXY at beginning of this part.

<table>
<thead>
<tr>
<th>Variable Name Highlighted Grey</th>
<th>Length</th>
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</thead>
<tbody>
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<tr>
<td>CND_1A02</td>
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<tr>
<td>CND_1A03</td>
<td>2</td>
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<tr>
<td>CND_1A04</td>
<td>2</td>
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<tr>
<td>CND_1A05</td>
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<tr>
<td>CND_1A06</td>
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<tr>
<td>CND_1A07</td>
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<td>CND_1A08</td>
<td>2</td>
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<td>CND_1A09</td>
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<td>CND_1A11</td>
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<td>CND_1A13</td>
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<tr>
<td>CND_1A14</td>
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<tr>
<td>CND_1A15</td>
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<tr>
<td>CND_1A16</td>
<td>2</td>
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<tr>
<td>CND_1A17</td>
<td>2</td>
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</tbody>
</table>

0 = Don't Know
9 = Refused

Version 7.0 9/30/2006

1 of 16
*CND_1B_3* Length 2 -8, -9 Don't Know, Refused

2a. (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? A heart attack?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

2b. Any other heart problem?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

2c. Hypertension or high blood pressure?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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2d. A stroke?

<p>| | |</p>
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<tr>
<td>1</td>
<td>Yes</td>
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<td>No</td>
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2e. Circulation trouble in (your)/[SAMPNAME]'s arms or legs?

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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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2f. (Have you/Has) [SAMPNAME] had Pneumonia in LAST 12 months?

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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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2g. Bronchitis?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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2h. Flu?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

2i. Emphysema?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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2j. Asthma?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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2k. A broken hip?

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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

2l. Other broken bones?

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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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</table>

END CONDITION LIST

CND END

Set end time

CONDITIONS COMPLETION CHECK

CAPI: If 50% of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.

CND_1A01, CND_1A02, CND_1A03, CND_1A04, CND_1A05, CND_1A06, CND_1A07, CND_1A08, CND_1A09, CND_1A10, CND_1A11, CND_1A12, CND_1A13, CND_1A14, CND_1A15, CND_1A16, CND_1A17, CND_2_01, CND_2_02, CND_2_03, CND_2_04, CND_2_05, CND_2_06, CND_2_07, CND_2_08, CND_2_09, CND_2_10, CND_2_11, CND_2_12

1. Complete—Set COND_COMPLETE = 1

2. Incomplete—Set COND_COMPLETE = 2

CHECK SURVEY 2

CAPI: If LTC_FLAG = 2 or 3, continue to ADL BEGIN in Community Interview. If LTC_FLAG = 1, continue to IAD BEGIN.

Institutional Activities of Daily Living (IADL) Module

IAD BEGIN

Set Start Time

IAD WHO

FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A NURSE'S AIDE OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.

1. Sample Person
2. Nurse or Nurse's Aide
3. Spouse
4. Son/Daughter
5. Other relative-Specify below in IADW_A_1_SP1
6. Other Nonrelative-Specify below in IADW_A_1_SP2

IADW_A_1_SP1 Length 30 Specify: __________________

IADW_A_1_SP2 Length 30 Specify: __________________

IADW_A_1_SP1 Length 30 Specify: __________________

IADW_A_1_SP2 Length 30 Specify: __________________

1a. Now I have some questions to ask you about (your)/[SAMPNAME]'s ability to do everyday activities and about any services (you/he/she) may be receiving. During the past week, that is, since last (FILL current week day), did any person help (you/him/her) eat?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>No</td>
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1b. Did someone feed (you)/[SAMPNAME]?

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<td>1</td>
<td>Yes</td>
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<td>No</td>
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</table>

1c. Did someone help (you)/[SAMPNAME] cut meat or butter bread?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

1d. Did (you)/[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?

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<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

HELP SCREEN- [REFERENCE]

EATING

Getting food from a plate into the mouth with a utensil. The amount of time it takes the sample person to eat, the way he or she eats, or how sloppy he/she is while eating is irrelevant. The important thing is eating the food independently. If you are told that the sample person didn't eat at all, was fed intravenously or was fed by tube, mark "did not eat at all."

1b. Did someone feed (you)/[SAMPNAME]?

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<tbody>
<tr>
<td>1</td>
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<td>No</td>
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</table>

1c. Did someone help (you)/[SAMPNAME] cut meat or butter bread?

<p>| | |</p>
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<tbody>
<tr>
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<tr>
<td>2</td>
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</table>

1d. Did (you)/[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

HELP SCREEN- [REFERENCE]

SPECIAL EQUIPMENT FOR EATING

Special equipment used for eating include special utensils or special dishes such as a special spoon that directs all the food on it into the mouth, a forked knife, a plate guard, a hand splint.

2a. Since last (FILL current week day) did (you)/[SAMPNAME] get out of bed at all for any reason whatsoever?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>IAD_2A</td>
<td>Length 2</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>2b. Did any person help (you)/[SAMPNAME] get in or out of bed?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_2B</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>2c. Did someone actually LIFT (you)/[SAMPNAME] in or out of bed?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_2C</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>2d. (Did you)/[SAMPNAME] use special equipment like a wheelchair, railing, walker, or cane to help (you/him/her) get out of bed?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_2D</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>3a. Since last [FILL current week day] did (you)/[SAMPNAME] get around indoors at all?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_3A</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>3b. Did any person help (you)/[SAMPNAME] get around indoors?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_3B</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>3c. Did (you)/[SAMPNAME] also use special equipment like a wheelchair, cane, or other device to help (you/him/her) get around indoors?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_3C</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>3d. Did (you)/[SAMPNAME] use a wheelchair?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_3D</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>3e. (Are you/Is) [SAMPNAME] able to get around at all without the wheelchair?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_3E</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>4a. The next questions are about dressing, that is, getting and putting on clothes that (you)/[SAMPNAME] wear(s) during the day.</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_4A</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>4b. Did any person usually help (you)/[SAMPNAME] get dressed?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_4B</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>4c. Did someone put on all (your)/[SAMPNAME]'s clothes for (you/him/her)?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_4C</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>4d. Did (you)/[SAMPNAME] wear special clothing or use special equipment to help (you/him/her) dress?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_4D</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5a. Since last [FILL current week day] were (you/was) [SAMPNAME] able to take a bath or shower at all?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_5A</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5b. Did any person help (you)/[SAMPNAME] take a bath or shower?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_5B</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5c. Did someone bathe (you)/[SAMPNAME]?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_5C</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5d. Did someone help (you)/[SAMPNAME] get in or out of the tub or shower?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_5D</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5e. Did (you)/[SAMPNAME] use special equipment like a shower stool, tub stool or grab bar to help (you/him/her) bathe?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_5E</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
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<tr>
<td>5f. Did (you)/[SAMPNAME] wash (you/his/her) body at a sink or basin?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_5F</td>
<td></td>
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<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5g. During the past week, did (you)/[SAMPNAME] have a bed bath?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_5G</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5h. Since last [FILL current week day] did (you)/[SAMPNAME] use the toilet at all?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_6A</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5i. Did any person help (you)/[SAMPNAME] get to the bathroom or use the toilet?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_6B</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>5j. Did someone help (you)/[SAMPNAME] to get on or off the toilet, arrange (your/his/her) clothes, or clean (yourself/himself/herself)?</td>
<td>Yes</td>
</tr>
<tr>
<td>IAD_6C</td>
<td></td>
</tr>
<tr>
<td>Length 2</td>
<td>-8,9</td>
</tr>
<tr>
<td>-8 = Don't Know</td>
<td></td>
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<tr>
<td>-9 = Refused</td>
<td></td>
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<tr>
<td>3 of 16</td>
<td></td>
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</tbody>
</table>

2004 NLTCS Institutional Questionnaire Final Release  
Developed by CDS under NIA Grant U01 AG007198
COMMUNITY QUESTIONNAIRE CHECK

CAP/I: If LTC_FLAG equals 2 or 3, SKIP TO 3b.

IF THE SAMPLE PERSON IS UNABLE TO RESPOND, DO NOT
ATTEMPT TO ADMINISTER THIS SECTION OF THE QUESTIONNAIRE.
PLEASE NOTE THAT THESE MODULES SHOULD BE ADMINISTERED
EVEN IF THE SAMPLE PERSON SHOWS SIGNS OF DEMENTIA.

IF THE SAMPLE PERSON IS UNABLE TO RESPOND, DO NOT
ATTEMPT TO ADMINISTER THIS SECTION OF THE QUESTIONNAIRE.
PLEASE NOTE THAT THESE MODULES SHOULD BE ADMINISTERED
EVEN IF THE SAMPLE PERSON SHOWS SIGNS OF DEMENTIA,
ALZHEIMER'S, OR MENTAL RETARDATION.

CAP/I: Refer to question 2a (IAD_2A) and 3a (IAD_3A). If bedfast (IAD_2A=2) or no inside activity (IAD_3A=2), SKIP TO IAD END.

IF the sample person shows signs of dementia, Alzheimer's, or mental retardation.
Sample Person can do, but not available
Continue
Unable to administer - SKIP TO 11 (MNT_11TG_1)

THE SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ) SCORING:* 0-2 errors: normal mental functioning 3-4 errors: mild cognitive impairment 5-7 errors: moderate cognitive impairment 8 or more errors: severe cognitive impairment
*One more error is allowed in the scoring if a sample person has had a grade school education or less.
*One less error is allowed if the sample person has had education beyond the high school level.

FR: IF SPEAKING TO THE SAMPLE PERSON FOR THE FIRST TIME, READ THE FIRST PARAGRAPH. IF NOT, START READING THE SECOND PARAGRAPH.
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.

1. What is the date today?
FR: ANSWER - TODAY IS [CURRENT SYSTEM DATE].
MNT_1
Length 2 -8, -9
Correct (+)
Incorrect (-)
Don't Know, Refused
Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

2. When is the date of the week?
FR: ANSWER - TODAY IS [CURRENT SYSTEM DAY].
MNT_2
Length 2 -8, -9
Correct (+)
Incorrect (-)
Don't Know, Refused
Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
3a. What is the name of this place?
FR: ANSWER - THE NAME OF THIS PLACE IS [INSTNAME].
MNT_3_I
Length 2
1 Correct (+) - SKIP TO 4 (MNT_4)
2 Incorrect (-) - SKIP TO 4 (MNT_4)
-8 Don't Know, Refused - SKIP TO 4 (MNT_4)
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

3b. What is your street address?
FR: ANSWER - STREET ADDRESS IS [ADDRESS].
MNT_3
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

4. In what State is this?
FR: ANSWER - STATE IS [STATE].
MNT_4
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

5. How old are you?
FR: ANSWER - [SAMPNAME]'S AGE IS [AGE].
MNT_5
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

6. When were you born?
FR: ANSWER - [SAMPNAME]'S BIRTHDATE IS [BIRTHDATE].
MNT_6
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

7. Who is the President of the United States now?
FR: ANSWER - GEORGE W. BUSH.
MNT_7
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

8. Who was the President just before him?
FR: ANSWER - WILLIAM J. CLINTON.
MNT_8
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

9. What was your mother's maiden name?
FR: ACCEPT ANY NAME EXCEPT FOR THE RESPONDENT'S LAST NAME.
MNT_9
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)

10. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.
FR: PROBE: CAN YOU SUBTRACT 3 FROM THAT?
MNT_10
Length 2
1 Correct (+)
2 Incorrect (-)
-8 Don't Know, Refused
-9 Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
Correct answer: 17, 14, 11, 8, 5, 2

MNT CHECK 4
CAPI: Refer to all Cognitive Functioning questions 1 through 10. Are any of these questions coded 'D' or 'R'?
1 Yes
2 No - SKIP TO MNT END

11. FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS?
MARK ALL THAT APPLY.
ENTER (N) FOR NO MORE.
(0) FR was denied access to sample person
MNT_11TG_1
Length 2
1 Yes
2 No
(1) Sample person is mentally incapable
MNT_11TG_2
Length 2
1 Yes
2 No
(2) Sample person is physically incapable
MNT_11TG_3
Length 2
1 Yes
2 No
(3) Sample person has hearing/speech problem
MNT_11TG_4
Length 2
1 Yes
2 No
(4) Sample person cannot speak English
MNT_11TG_5
Length 2
1 Yes
2 No
(5) Sample person has had a stroke
MNT_11TG_6
Length 2
1 Yes
2 No
(6) Sample person has Alzheimer's disease
MNT_11TG_7
Length 2
1 Yes
2 No
(7) Sample person comatose
MNT_11TG_8
Length 2
1 Yes
2 No
(8) Sample person is a danger to self or others
MNT_11TG_9
Length 2
1 Yes
2 No
(9) Specify other
MNT_11TG_10
Length 2
1 Yes
2 No
MNT COMPLETE
Length 2
1 Complete
2 Incomplete - Set MNT COMPLETE = 2

MNT END
Set end time

MNT COMPLETION CHECK
CAPI: If MNT_11 is answered or 50 % of the below listed variables do not contain 'R', then the module is complete.
MNT_1 MNT_2 MNT_3_I MNT_4 MNT_5 MNT_6 MNT_7 MNT_8 MNT_9 MNT_10
Length 2
1 Complete
2 Incomplete - Set MNT COMPLETE = 2

End Cognitive Functioning Module and Return to Options Menu
CHECK MENTAL 2
CAP: If LTC_FLAG equals 2 or 3 and OFNPROXY is -5, continue with OFN BEGIN in Community Interview.
If LTC_FLAG equals 2 or 3 and SIBALIVE is not -5, SKIP TO OBS BEGIN in Community Interview.
If LTC_FLAG equals 1 and AMN_WHO1_R is -5, continue with AMN BEGIN.
If LTC_FLAG equals 1 and AMN_WHO1_R is not -5 and AMN2_WHO4 is -5, SKIP TO AMN1 BEGIN.
If LTC_FLAG equals 1 and BED_WHO1_1 is not -5, SKIP TO THANK YOU.

Previous Admissions (AMN) Module

AMN BEGIN
Set Start Time
AMN WHO
FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.
1. Sample Person
2. Spouse
3. Son/Daughter
4. Other relative - Specify below in AMN_WHO2
5. Other Nonrelative - Specify below in AMN_WHO3

Respondent's relationship to [SAMPNAME].
AMN_WHO1_R Length 2 Specify
AMN_WHO2 Length 40 Specify
AMN_WHO3 Length 40 Specify

1a. Not counting this time, in the last four years, how many times has [SAMPNAME] been a patient in a nursing or convalescent home?
AMN 3A Length 2 Specify
1b. When was [SAMPNAME] admitted (that time/the last time)?
AMN_3B1 Length 2 Month
AMN_3B12 Length 4 Year

AMN CHECK 2A
CAP: If AMN_3A equals 1, SKIP TO 2A (AMN_4A).

1b2. When was [SAMPNAME] admitted the time before that?
AMN_3B21 Length 2 Month
AMN_3B22 Length 4 Year

AMN CHECK 2B
CAP: If AMN_3A equals 2, SKIP TO 2A (AMN_4A).

1b3. When was [SAMPNAME] admitted the time before that?
AMN_3B31 Length 2 Month
AMN_3B32 Length 4 Year

AMN CHECK 2C
CAP: If AMN_3A equals 3, SKIP TO 2A (AMN_4A).

1b4. When was [SAMPNAME] admitted the time before that?
AMN_3B41 Length 2 Month
AMN_3B42 Length 4 Year

2a. In the last 12 months has [SAMPNAME] been a patient in a hospital overnight or longer?
AMN 4A Length 2 Specify

2b. How many times?
AMN_4B Length 2 Specify

AMN CHECK 3A
CAP: If AMN_4B equals 1, SKIP TO AMN END.

2c1. When was [SAMPNAME] admitted (that time/the last time)?
AMN_4C11 Length 2 Month
AMN_4C12 Length 4 Year

AMN CHECK 3B
CAP: If AMN_4B equals 2, SKIP TO AMN END.

2c2. When was [SAMPNAME] admitted the time before that?
AMN_4C21 Length 2 Month
AMN_4C22 Length 4 Year

AMN END
Set end time

End Previous Admissions Module and Return to Options Menu

Income and Assets (IAA) Module

IAA BEGIN
Set Start Time
IAA WHO
FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.
1. Sample Person
2. Spouse
3. Son/Daughter
4. Other relative - Specify below in IAA_WHO2
5. Other Nonrelative - Specify below in IAA_WHO3

Respondent's relationship to [SAMPNAME].
IAA_WHO1_R Length 2 Specify
IAA_WHO2 Length 30 Specify
IAA_WHO3 Length 30 Specify

1a. During the last month, that is, the month of (FILL previous month) did you/[SAMPNAME] receive Social Security benefits or Railroad Retirement benefits?
IAA_1A Length 2 Specify

HELP SCREEN+< [REFERENCE]
RAILROAD RETIREMENT
A retirement program for employees of the nation's railroads that is comparable to Social Security.

SOCIAL SECURITY
Medicare premium amounts deducted from the Social Security check are not to be included in the reported Social Security benefits.

1b. How much did you/[SAMPNAME] receive in (FILL previous month)?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the last month, that is, in (FILL previous month) did (you) receive any other retirement, pension, or annuity income?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month), did (you) receive Supplemental Security Income, that is SSI payments? These can come from either the Federal Government or the State Government.</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_3A Length 2</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During the last month, that is, in (FILL previous month) did (your) receive any other retirement, pension, or annuity income?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_3B Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA CHECK 2</td>
<td></td>
</tr>
<tr>
<td>4a. The questions I just read concerned (your)/[SAMPNAME]'s income and assets. Next I will ask the same questions about (your/his/her) spouse's income and assets. Please include only the amount that (your/his/her) spouse, that is, (spouse name) receives. During the last month, that is, the month of (FILL previous month), did (your)/[SAMPNAME]'s spouse receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_1AS Length 2</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During the last month, that is, in the month of (FILL previous month), did (your)/[SAMPNAME]'s spouse receive any other retirement, pension, or annuity income?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_1BS Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During the last month, that is, in the month of (FILL previous month), did (your)/[SAMPNAME]'s spouse receive any other retirement, pension, or annuity income?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_1CS Length 2</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During the last month, that is, in the month of (FILL previous month), did (your)/[SAMPNAME]'s spouse receive any other retirement, pension, or annuity income?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_2A Length 2</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During the last month, that is, in (FILL previous month) did (you)/[SAMPNAME] receive any other retirement, pension, or annuity income?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_2B Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month), did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_3C Length 2</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_4A Length 2</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_4B Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_5A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_5B Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_6A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_7A Length 2</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_8A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_9A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_10A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_11A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_12A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_13A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_14A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_15A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
<tr>
<td>IAA_16A Length 4</td>
<td></td>
</tr>
<tr>
<td>FR: ENTER LINE NUMBER OF BEST CATEGORY.</td>
<td></td>
</tr>
<tr>
<td>During (FILL previous month) did (you) receive Social Security benefits or Railroad Retirement benefits?</td>
<td>Yes, No, Don't Know, Refused</td>
</tr>
</tbody>
</table>
6b. How much did (your)/[SAMPNAME]'s spouse receive?

<table>
<thead>
<tr>
<th>IAAX2BS</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>


Which category would you say best represents the amount (your)/[SAMPNAME]'s spouse received in (FILL previous month)?

<table>
<thead>
<tr>
<th>IAAX2CS</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

FR: ENTER LINE NUMBER OF BEST CATEGORY.

6d. During (FILL previous month), did (your)/[SAMPNAME]'s spouse receive Supplemental Security Income, that is SSI payments? These can come from either the Federal Government or the State Government.

<table>
<thead>
<tr>
<th>IAAX3AS</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

6e. How much did (your)/[SAMPNAME]'s spouse receive in (FILL previous month)?

<table>
<thead>
<tr>
<th>IAAX3BS</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>


Which category would you say best represents the amount (your)/[SAMPNAME]'s spouse received in (FILL previous month)?

<table>
<thead>
<tr>
<th>IAAX3CS</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

FR: ENTER LINE NUMBER OF BEST CATEGORY.

7a. (If married) Did (you)/[SAMPNAME] or (your)/[SAMPNAME]'s spouse receive any (other) welfare payments in (FILL previous month)? (Otherwise) Did (you)/[SAMPNAME] receive any (other) welfare payments in (FILL previous month)?

<table>
<thead>
<tr>
<th>IAAX7A</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

OTHER WELFARE PAYMENTS

Other welfare payments include: Aid to Families with Dependent Children, sometimes called "AFDC" or "ADC," special local or state programs that provide aid for dependent children, and aid to the aged, blind, or disabled, other than provided by SSI.

7b. Whose name was on the check?

<table>
<thead>
<tr>
<th>IAAX7B</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

7c. How much was the check for?

<table>
<thead>
<tr>
<th>IAAX7S</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

7d. FR: SHOW FLASHCARD 13.

Which category would you say best represents the amount of the check?

<table>
<thead>
<tr>
<th>IAAX7E</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

FR: ENTER LINE NUMBER OF BEST CATEGORY.

IAA 7D CHECK

CAP: Refer to Persons Roster. Is anyone other than Sample Person listed in the roster?

<table>
<thead>
<tr>
<th>IAAX7CK</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

FR: ENTER (N) FOR NO OTHER PERSON NAMED.

<table>
<thead>
<tr>
<th>IAAX8N</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

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

7e. FR: ENTER PERSON NUMBER FOR EACH PERSON NAMED.

ENTR (N) FOR NO OTHER PERSON NAMED.

<table>
<thead>
<tr>
<th>IAAX2X01</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

FR: ENTER PERSON NUMBER FOR EACH PERSON NAMED.

<table>
<thead>
<tr>
<th>IAAX2X20</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

CLOSE PERSON ROSTER

8. FR: SHOW FLASHCARD 16.

Which category on this card represents the total combined income before deductions during (FILL previous month) for (you)/[SAMPNAME] or (your/his/her) spouse?

<table>
<thead>
<tr>
<th>IAAX200</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

Include money from jobs, net income from business or farm, pensions, dividends, interest, net income from rent, Social Security payments and any other money received by (you/his/her) or (your/his/her) spouse.

<table>
<thead>
<tr>
<th>IAAX201</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

Which category on this card represents the total combined income before deductions during (FILL previous month) for (you)/[SAMPNAME]?

<table>
<thead>
<tr>
<th>IAAX202</th>
<th>Length</th>
<th>Line Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>-8, -9</td>
<td>Don't Know, Refused</td>
</tr>
</tbody>
</table>

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 (you/he/she).

IAA_8

Length 2

10 $2500 - $2999
11 $3000 - $3499
12 $3500 - $3999
13 $4000 - $4599
14 $4600 - $5999
15 $6000 - $6999
16 $7000 - $7999
17 $8000 - $9999
18 $10000+

HELP SCREEN+ [REFERENCE]

INTEREST

Money that an account earned, even if the person did not receive or withdraw it. This information is provided to depositors each year for income tax purposes.

1. Include interest on accounts with savings and loan organizations, banks, credit unions, insurance policies, and certificates of deposit (C.D.’s).

2. Interest does not include withdrawals of all or part of the principal.

DIVIDENDS

Payments to stockholders from corporations or payments by mutual funds to their shareholders.

Note: Question 9 not used in 2004.

10a. (If married)

Since 1999, (have you/has) [SAMPNAME] or (your/his/her) spouse sold a house?

Include primary residence, secondary or vacation homes, and investment homes.

(Otherwise)

Since 1999, (have you/has) [SAMPNAME] sold a house? Include primary residence, secondary or vacation homes, and investment homes.

IAA_10A

Length 2

-8 -9 Don't Know, Refused

10b. (If married)

What year did (you)/[SAMPNAME] or (your/his/her) spouse sell this house?

(Otherwise)

What year did (you)/[SAMPNAME] sell this house?

Length 4

1999-2005 Year

10c. (If married)

Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house?

(Otherwise)

Why did (you)/[SAMPNAME] sell this house?

FR: ENTER EACH REASON MENTIONED.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.
ENTER (N) FOR NO MORE.

IAA_1001

N No More

(1) No longer needed/wanted able to maintain home

IAA_1002_R Length 2

1 Yes
2 No

(2) Wanted less expensive house to maintain

IAA_1003_R Length 2

1 Yes
2 No

(3) Married/widowed/divorced/separated

IAA_1004_R Length 2

1 Yes
2 No

(4) To be closer to family/friends

IAA_1005_R Length 2

1 Yes
2 No

(5) To help cover medical expenses

IAA_1006_R Length 2

1 Yes
2 No

(6) Employment related

IAA_1007_R Length 2

1 Yes
2 No

(7) Retired and relocated

IAA_1008_R Length 2

1 Yes
2 No

(8) To be convenient to public transportation/public services

IAA_1009_R Length 2

1 Yes
2 No

(9) Other

IAA_1010_R Length 2

1 Yes
2 No

(10) Don't Know

HOME_TG_10 Length 2

1 Yes
2 No

(11) Refused

HOME_TG_11 Length 2

1 Yes
2 No

IAA CHECK 8

Did home sale help cover medical cost (reason in 10c5), IAA_1006_R = 1 above)?

IAA_CK8 Length 2

1 Yes - SKIP TO 12a1 (IAA_12A1)
2 No

10d. Were any of the proceeds from the sale of this house used to
to cover health care costs?

IAA_1013 Length 2

-8 -9 Don't Know, Refused

Note: Question 11 not used in 2004.

12a. What is the present value of (your)/[SAMPNAME]'s home (and lot/farm), that is, about

how much would it bring if (you/he/she) sold it on today's market?

IAA_12A

Length 7

0-9,999,999 Dollars - SKIP TO 12c (IAA_12C)
-8 -9 Don't Know, Refused

9 of 16
12b. FR: SHOW FLASHCARD 15.
Which category on this card would you say best represents the present value of (your)/[SAMPNAME]'s home?

- Under $20,000
- $20,000 - $34,999
- $35,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,999
- $150,000 - $249,999
- $250,000 or more

IAA_12B
Length 2 -8, -9

12c. Is there a mortgage or other indebtedness on (your)/[SAMPNAME]'s home (and lot/farm) at the present time?

- Yes
- No - SKIP TO IAA END

IAA_12C
Length 2 -8, -9

12d1. About how much is still owed?

- Under $20,000
- $20,000 - $34,999
- $35,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,999
- $150,000 - $249,999
- $250,000 or more

IAA_12D1
Length -8, -9

12d2. Which category would you say best represents the present amount still owed?

- Under $20,000
- $20,000 - $34,999
- $35,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,999
- $150,000 - $249,999
- $250,000 or more

IAA_12D2
Length -8, -9

12e. About how much is (your)/[SAMPNAME]'s monthly mortgage payment?

- 1-50,000 Dollars - SKIP TO IAA END

IAA_12E
Length -8, -9

Which category would you say best represents the monthly mortgage payment?

- Under $200
- $200 - $399
- $400 - $599
- $600 - $799
- $800 - $999
- $1000 - $1499
- $1500 - $1999
- $2000 - $2999
- $3000 - $3999
- Over $4000

IAA_12F
Length -8, -9

IAA END

- Set End Time

End Income and Assets Module and Return to Options Menu

IAA COMPLETION CHECK

CAPI: If 50 % of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.

1. Complete
2. Incomplete - Set IAA_COMPLETE = 2

SIB BEGIN

Set Start Time

SIB WHO
FR: COMPLETE THIS SECTION WITH (THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER).

1. Respondent is:
   - Sample Person
   - Spouse
   - Son/Daughter
   - Other relative-Specify below in S_WHO1_SIB_WHO2
   - Other Nonrelative-Specify below in S_WHO1_SIB_WHO3

IAA COMPLETE
Length 2

SIB WHO1

SIB WHO2

Specify:

SIB WHO3

Specify:

SIB WHO4

Specify:

SIB WHO5

Specify:

SIB WHO6

Specify:

SIB WHO7

Specify:

SIB WHO8

Specify:

SIB WHO9

Specify:

SIB WHO10

Specify:

SIB WHO11

Specify:

SIB WHO12

Specify:

SIB WHO13

Specify:

SIB WHO14

Specify:

SIB WHO15

Specify:

SIB WHO16

Specify:

SIB WHO17

Specify:

SIB WHO18

Specify:

SIB WHO19

Specify:

SIB WHO20

Specify:

1a. (Do you/Does) [SAMPNAME] have any living brothers or sisters?

- Yes
- No - SKIP TO SIB END

SIBALIVE
Length 2 -8, -9

- Don't Know, Refused - SKIP TO SIB END

Next we will ask for the names, addresses, and telephone numbers of all siblings (brothers and sisters). A private contractor working for Duke University may contact the family members you mention at a later date. Any information (sampname's) family may provide will be protected from unauthorized use, just as (sampname'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.

Note: Information on living children not collected in 2004.

OPEN SIBLING ROSTER

2. What is (your)/[SAMPNAME]'s brother's or sister's name?
   (1) First Name
   (2) Last Name

3. What is (FULL sibling)’s address?
   a. Name of Street
   b. Name of City
   c. Name of State

-8 = Don't Know
-9 = Refused

10 of 16 Version 7.0 9/30/2006
4. What is (FILL sibling)'s telephone number?

FR: PRESS (N) IF NO TELEPHONE NUMBER IS AVAILABLE.

a. Area Code

b. Telephone Number

c. Extension (optional)

5. (Do you/Does) [SAMPNAME] have any other living brothers or sisters?

1. Yes - SKIP BACK TO 2 (SIB_NMF1)

- CLOSE SIBLING ROSTER -

-8, -9 = Don't Know, Refused

11 of 16 Version 7.0 9/30/2006
(7) **Medicare**
   AMN_5A07_R
   Length 2
   1 Yes
   2 No

(8) **Medicaid**
   AMN_5A08_R
   Length 2
   1 Yes
   2 No

(9) **Other Public Assistance**
   AMN_5A09_R
   Length 2
   1 Yes
   2 No

(10) **VA, TRICARE/CHAMPUS, CHAMPVA**
    AMN_5A10_R
    Length 2
    1 Yes
    2 No

(11) **Other Specify**
    AMN_5A11_R
    Length 2
    1 Other - Specify below in AMN_5A_SP
    2 No

(D) **Don't Know**
    AMN_5A_DK
    Length 2
    1 Yes
    2 No

(R) **Refused**
    AMN_5A_RF
    Length 2
    1 Yes
    2 No

**AMN 5A SP**
Length 40
Specify: ______________________

**HELP SCREEN** [REFERENCE]

**MEDICARE**
A federal health insurance program available to persons who are at least 65 years old and meet other requirements for Social Security retirement or who are receiving Social Security disability benefits. Medicare, like commercial insurance policies, has a charge for coverage. Persons with Medicare coverage may also receive benefits from Medicaid.

**MEDICAID**
Medicaid programs are administered by the states under federal guidelines. The programs provide medical assistance to needy persons receiving cash grants from the government, e.g. Aid to Families with Dependent Children (AFDC), SSI from the state or local government or State General Assistance. Other needy persons with incomes too high to qualify them for cash assistance may also be eligible to participate in Medicaid. Because Medicaid is administered by the states, names other than "Medicaid" may be used.

**TRICARE** is a regionally managed health care program for active duty and retired members of the unified services, their families, and survivors.

**CHAMPUS** The Civilian Health and Medical Program of Uniformed Services, administered by the Department of Defense. (TRICARE- Standard)

**CHAMPVA** The Civilian Health and Medical Program, administered by the Veteran's Administration. It is pronounced "champ-va."

3b. **How much was the cost per month?**
   AMN_5B
   Length 5
   0-99,999 Dollars
   -8, -9 Don't Know, Refused

**AMN CHECK 4**
CAPI: Refer to AMN_5A01R-AMN_5A11R above. How many payers are marked in 3a (AMN_5A_R)?
   AMN_5C
   Length 2
   0-1 Payer - SKIP TO AMN CHECK 5
   2-11 Payers
   -8, -9 Don't Know, Refused - Payer - SKIP TO AMN CHECK 5

3c. **Who paid the most?**
   AMN_5C
   Length 2
   1 Sample Person
   2 Spouse
   3 Children
   4 Other Relatives
   5 Nonrelatives
   6 Private Insurance
   7 Medicare
   8 Medicaid
   9 Other Public Assistance
   10 VA, TRICARE/CHAMPUS, CHAMPVA
   11 Other
   -8, -9 Don't Know, Refused

**AMN CHECK 5**
CAPI: Refer to date of current admission in question 1 above. Was [SAMPNAME] admitted in the current date and month?
   AMN_5K
   Length 2
   1 Current - SKIP TO AMN CHECK 6
   2 Not Current

4a. **Who is paying for [SAMPNAME]'s room, board, and nursing care now?**
   FR: ENTER EACH SOURCE MENTIONED. ENTER (N) FOR NO MORE.
   ENTER (N) FOR NO MORE.
   AMN_5A_Z
   N No More

   (1) Sample person (including Social Security)
      AMN_5A01_R
      Length 2
      1 Yes
      2 No

   (2) Spouse
      AMN_5A02_R
      Length 2
      1 Yes
      2 No

   (3) Children
      AMN_5A03_R
      Length 2
      1 Yes
      2 No

   (4) Other Relatives
      AMN_5A04_R
      Length 2
      1 Yes
      2 No

   (5) Nonrelatives
      AMN_5A05_R
      Length 2
      1 Yes
      2 No

   (6) Private Insurance
      AMN_5A06_R
      Length 2
      1 Yes
      2 No

   (7) Medicare
      AMN_5A07_R
      Length 2
      1 Yes
      2 No

   (8) Medicaid
      AMN_5A08_R
      Length 2
      1 Yes
      2 No

   (9) Other Public Assistance
      AMN_5A09
      Length 2
      1 Yes
      2 No

   (10) VA, TRICARE/CHAMPUS, CHAMPVA
        1 Yes

-8 = Don't Know
-9 = Refused
In addition to Medicare and Medicaid, is \[SAMPNAME\] now covered by a private insurance program? 

- Yes - Specify in AMN_6A_SP

- No

- Refused

- Don't Know, Refused

**HELP SCREEN**  [REFERENCE]

**MEDICARE**

A federal health insurance program available to persons who are at least 65 years old and meet other requirements for Social Security retirement or who are receiving Social Security disability benefits. Medicare, like commercial insurance policies, has a charge for coverage. Persons with Medicare coverage may also receive benefits from Medicaid.

**MEDICAID**

Medicaid programs are administered by the states under federal guidelines. The programs provide medical assistance to needy persons receiving cash grants from the government, e.g. Aid to Families with Dependent Children (AFDC), SSI from the state or local government or State General Assistance. Other needy persons with incomes too high to qualify them for cash assistance may also be eligible to participate in Medicaid. Because Medicaid is administered by the states, names other than “Medicaid” may be used.

**TRICARE** is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors.

**CHAMPUS** The Civilian Health and Medical Program for Uniformed Services, administered by the Department of Defense. *(TRICARE- Standard)*

**CHAMPVA** The Civilian Health and Medical Program, administered by the Veteran’s Administration. It is pronounced "champ-vah."

4b. What is the cost per month? 

**AMN CHECK**

| AMN 6A CHECK |
| CAPI: Refer to AMN_6A01_R-AMN_6A11_R above. How many payers are marked in 4a (AMN_6A)? |
| Length 2 |
| 0-9, 99, 999 Dollars |
| 8-9 = Refused |
| 2-11 = Payers |
| 2 = Don’t Know, Refused, Payer - SKIP TO AMN CHECK 6 |

4c. Who pays the most? 

**AMN CHECK**

| AMN 6C |
| Sample Person |
| Length 2 |
| 1-2 = Spouse |
| 3 = Children |
| 4 = Other Relatives |
| 5 = Nonrelatives |
| 6 = Private Insurance |
| 7 = Medicare |
| 8 = Medicaid |
| 9 = Other Public Assistance |
| 10 = VA, TRICARE/CHAMPUS, CHAMPVA |
| 11 = Other |
| 8-9 = Don’t Know, Refused |

5a. In what month and year did Medicaid begin paying these charges? 

**AMN CHECK**

| AMN 7 M1 |
| Length 2 |
| 1-12 = Month |
| 5 = 1980-2004 Year |
| 8-9 = Don’t Know, Refused |

5b. 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 \[SAMPNAME\]'s Medicaid number is voluntary and WILL NOT AFFECT \((HIS/HER) BENEFITS in any way. What is \[SAMPNAME\]'s Medicaid number? 

**AMN 8 | Length 13 | Medicaid Number | 8-9 = Don’t Know, Refused**

7a. Now I'd like to ask you about any health insurance which \[SAMPNAME\] has. Is \[SAMPNAME\] covered by any public assistance program, other than Medicaid, that pays for health or long-term care? 

**AMN 9 | Length 2 | 1-2 = Don’t Know, Refused - SKIP TO 8 (AMN_10) | 8 = Don’t Know, Refused - SKIP TO 8 (AMN_10)**

7b. What is the name of that program? 

**AMN 0 1 | Length 80 | Insurance Program Name | 8-9 = Don’t Know, Refused**

8a. Is \[SAMPNAME\] covered by TRICARE/CHAMPUS or CHAMPVA, or some other military health care? 

**AMN 10 | Length 2 | 1-2 = Don’t Know, Refused - SKIP TO 10a (AMN_10A) | 8-9 = Don’t Know, Refused - SKIP TO 10a (AMN_10A)**

**HELP SCREEN**  [REFERENCE]

To be included, a health insurance plan must be specifically designed to pay all or part of the hospital, doctor, or surgeon expenses of the sample person. It must be a formal program with defined membership and benefits.

This definition includes Prepaid Health Plans (PHP's) and Health Maintenance Organizations (HMO's), such as the Kaiser-Permanente in the west and the Health Insurance Plan (HIP) in New York. Prepaid Health Plans are also called Group Practice Prepayment Plans. Under HMO's and PHP's, the covered person pays a regular monthly or yearly amount, and then can use the facilities of the plan without charge or for a nominal charge. HMO's and PHP's may also reimburse the covered person for some medical services received outside of the plan's own facilities.

The following programs are not included:

1. Disability insurance that pays only on the basis of the number of days missed from work.
2. Veterans' benefits.
3. "Income maintenance" insurance which pays a fixed amount of money to persons both in and out of the hospital.
4. Workers' Compensation.
5. Any insurance plan which pays only for contact lenses or glasses or plans that cover only dental care.
6. Army Health Plan and plans with similar names (e.g., Air Force Health Plan). They are medical benefits accorded to enlisted personnel, their dependents, and some civilian employees.
7. Dread Disease Plans which are limited to certain illnesses or diseases, such as cancer, heart attack, or stroke.
8. Extra Cash Policies which pay a fixed amount of money only while a person is a patient in a hospital. (Also called Cash Only Policies).
9. Care received through research programs such as the National Institute of Health.

- CREATE AN INSURANCE ROSTER -

FR: IF THE RESPONDENT REFUSES TO NAME THE PRIVATE HEALTH INSURANCE PROGRAM, OR DOESN'T KNOW THE NAME, ENTER WHATEVER RESPONSE YOU GET FROM THE RESPONDENT, OR ENTER "PRIVATE HEALTH INSURANCE PLAN 1", "PRIVATE HEALTH INSURANCE PLAN 2", AND SO ON UP TO 20 PLANS.

9b. What is the name of this plan?
   Length 5
   Per: AMN_9B1 - AMN_9B20
   AMN_9B01 - AMN_9B20
   Name of Plan(s)
   -8, -9
   Don't Know, Refused

9c. Is [AMN_9B1-20] an HMO?
   Length 2
   Yes
   No
   Don't Know, Refused

9d. Does [AMN_9B1-20] pay any part of hospital expenses?
   Length 2
   Yes
   No
   Don't Know, Refused

9e. Does [AMN_9B1-20] pay any part of doctor's or surgeon's bills for operations?
   Length 2
   Yes
   No
   Don't Know, Refused

9f. Does [AMN_9B1-20] have any more health insurance plans?
   Length 2
   Yes
   No
   Don't Know, Refused

- CLOSE INSURANCE ROSTER -

10a. Is [SAMPNAME] now covered by a Medicare Supplement Policy?
    Length 2
    Yes
    No
    Don't Know, Refused

10b. Does [SAMPNAME] pay for this policy or does (his/her) employer pay for this policy or both?
     Length 2
     Sample Person pays
     Employer Pays
     Both Pay
     Don't Know, Refused

10b1: What is the amount of the Medicare Supplement Policy premium that [SAMPNAME] pays?
      Length 5
      Dollars - Continue to AMN_10B1_2
      -8, -9
      Don't Know, Refused - SKIP TO 10c1 (AMN_10C1)

Per:

A10B1_AMN_10B1_2

10c1: (Excluding any Medicare Supplement Policy), does [SAMPNAME] have a long-term care policy that covers nursing home care, assisted living, or long-term care services in the home?
      Length 2
      Yes
      No
      Don't Know, Refused - SKIP TO 10c1 (AMN_10C1)

10c2. Does [SAMPNAME] pay for the policy or does an employer, a former employer, or some other group pay, or both?
     Length 2
     Sample Person pays
     Employer/Other Group Pays - SKIP TO AMN_10C1
     Both Pay
     D. R. - SKIP TO AMN_10C1
     Don't Know, Refused

10c3. Does [SAMPNAME] pay ongoing premiums or is this coverage part of another form of insurance?
      Length 2
      Ongoing
      Part of another insurance
      Don't Know, Refused

10d. What is the amount of the premium that [SAMPNAME] pays?
     Length 5
     Dollars - Continue to AMN_10D1_2
     -8, -9
     Don't Know, Refused - SKIP TO AMN_10D1_2

Per:

A10D1_AMN_10D1_2

Note: Questions 11 and 12 not used in 2004.
(1) Hospital, other than SNF or ICF unit
   BED_1TG_1
   Length 2
   Yes
   No

(2) Skilled nursing facility (SNF)
   BED_1TG_2
   Length 2
   Yes
   No

(3) Intermediate care facility (ICF)
   BED_1TG_3
   Length 2
   Yes
   No

(4) Assisted Living Center
   BED_1TG_4
   Length 2
   Yes
   No

(5) Other (non-certified) nursing home
   BED_1TG_5
   Length 2
   Yes
   No

(6) Domiciliary or personal care facility
   BED_1TG_6
   Length 2
   Yes
   No

(7) Institution/facility for the mentally retarded/developmentally disabled
   BED_1TG_7
   Length 2
   Yes
   No

(8) Mental health center/facility
   BED_1TG_8
   Length 2
   Yes
   No

(9) Other-Specify below in BED_1_SP
   BED_1TG_9
   Length 2
   Yes
   No
   Specify: ________________________________

(10) Don't Know
    BED_1TG_DK
    Length 2
    Yes
    No

(11) Refused
    BED_1TG_RF
    Length 2
    Yes
    No

HELP SCREEN (REFERENCE)

1. Hospital, other than SNF or ICF Unit -- The respondent lives in a hospital, other than skilled nursing facility (SNF) or intermediate care facility (ICF) unit.
2. Skilled Nursing Facility (SNF) -- Skilled nursing facilities have professionally supervised nursing care and other health services provided to an individual not in need of hospitalization, but whose needs are such that they can only be met in a long term care facility on an inpatient basis, and who needs the care because of age, illness, disease, injury, convalescence or physical or mental infirmity.
3. Intermediate Care Facility (ICF) -- Health related care and services above the level of room and board, provided on a regular basis to resident individuals who do not require hospital or skilled nursing care, but who, because of mental or physical condition, require services under a plan of care supervised by licensed and qualified personnel.
4. Assisted Living Center: This could be a Retirement Home, Elderly Community, Independent Living Community, Group Home, etc., with varying degrees of assistance available to the sample person. Some assisted living centers group residents into different “levels” of care. Housing in assisted living centers includes cottages, apartments and something resembling nursing home rooms.
5. Other (Non-Certified) Nursing Home -- Nursing homes that are not certified through the Medicare and Medicaid systems. Certification is a requirement under Medicare and Medicaid law if a health facility wants to receive reimbursement for services provided to Medicare or Medicaid patients. With few exceptions, certified facilities are also required to be state licensed.
6. Domiciliary or Personal Care Facility -- Provides care on an ambulatory self-care basis for persons disabled by age or disease who are in need of acute hospitalization and who do not need the skilled nursing services in a nursing home.
7. Institution/Facility for the Mentally Retarded/Developmentally Disabled -- Institutional facilities that furnishes care for the mentally retarded and the developmentally disabled.
8. Mental Health Center/Facility -- Provides mental health related care and services.

2. What is the total number of beds regularly maintained for residents here?
   0-99,999
   BED_2
   Length 5
   Don't Know, Refused

3a. Is (FILL institution name) certified as a Medicare skilled nursing facility?
    Yes
    BED_3A
    Length 2
    No
    Set BED_3B = 0 and SKIP TO 3c (BED_3C)
    Don't Know, Refused
    Set BED_3B = 0 and SKIP TO 3c (BED_3C)

3b. Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?
    0-99,999
    BED_3B
    Length 5
    Don't Know, Refused

3c. Is (FILL institution name) certified as a Medicaid skilled nursing facility?
    Yes
    BED_3C
    Length 2
    No
    Set BED_3D = 0 and SKIP TO 3e (BED_3E)
    Don't Know, Refused

3d. How many beds are certified as Medicaid skilled nursing facility beds?
    0-99,999
    BED_3D
    Length 5
    Don't Know, Refused

3e. Is (FILL institution name) certified as a Medicaid Intermediate care facility?
    Yes
    BED_3E
    Length 2
    No
    Set BED_3F = 0 and SKIP TO 3g (BED_3G)
    Don't Know, Refused

3f. How many are certified as Medicaid Intermediate care facility beds?
    0-99,999
    BED_3F
    Length 5
    Don't Know, Refused

3g. How many beds are NOT certified under either Medicare or Medicaid?
    0-99,999
    BED_3G
    Length 5
    Don't Know, Refused

BED END
Set end time

End Certified Beds (BEDS) Module and Return to Options Menu

BED COMPLETION CHECK
CAP: If 50% of the below listed variables do not contain ‘D’, ‘R’, or ‘-’, then the module is complete.
BED_1TG_0 OR BED_1TG_1 OR BED_1TG_2 OR BED_1TG_3 OR BED_1TG_4 OR BED_1TG_5 OR BED_1TG_6 OR BED_1TG_7 OR BED_1TG_8 OR BED_1TG_9 OR BED_1TG_DK OR BED_1TG_RF
Length 2
Complete
Incomplete
Set BED_COMPLETE = 2

CHECK MENTAL
CAP: If (IMNT_1TGG_0) are not -5 and CND_END is not -5, SKIP TO THANK YOU. Else SKIP BACK TO MNT BEGIN.

INSTITUTIONAL COMPLETION CHECK
CAP: If 5 of the following: SIBALIVE equals 1 or 2, COND_COMPLETE equals 1, IADL_COMPLETE equals 1, IAAD COMPLETE equals 1, AMNY1_COMPLETE equals 1, BED_COMPLETE equals 1, AMNY3A equals 0 - 99, MNT_COMPLETE equals 1, then the Institutional Interview is complete. Set DT_OUTCOME = 805. If interview is incomplete, set DT_REASON = 99.

THANK YOU
**DETAILED REASON**

**FR: WHAT IS THE REASON YOU CAN'T CONDUCT AN INTERVIEW?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inconvenient Time - SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>2</td>
<td>Temporarily absent - SKIP TO 2a1 (DT_STAY) IN THE CONTROL CARD</td>
</tr>
<tr>
<td>3</td>
<td>SP Refused - SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>4</td>
<td>Unable to locate after repeated attempts - SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>5</td>
<td>Language problem; needs interpreter - SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>6</td>
<td>Sample Person physically/mentally unable to respond - SKIP TO 2a3 (DT_PREVPXRY)</td>
</tr>
<tr>
<td>7</td>
<td>FR denied access to sample person by a family member or institutional staff - SKIP TO 2a3 (DT_PREVPXRY)</td>
</tr>
<tr>
<td>8</td>
<td>Correctional Facility, ineligible - SKIP TO DT_OUTCOME and set = 835</td>
</tr>
<tr>
<td>9</td>
<td>Deceased - SKIP TO DT_OUTCOME and set = 850</td>
</tr>
<tr>
<td>10</td>
<td>No phone; schedule personal visit - SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>11</td>
<td>ID Check - respondent not SP - SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>12</td>
<td>SP in short-stay hospital - SKIP TO 2a1 (DT_STAY) IN THE CONTROL CARD</td>
</tr>
<tr>
<td>13</td>
<td>Type B Ineligible Other - SKIP TO DT_OUTCOME and set = 835</td>
</tr>
<tr>
<td>14</td>
<td>Institutionalized at another location - SKIP TO DT_MOVER</td>
</tr>
<tr>
<td>15</td>
<td>Moved outside U.S. - SKIP TO DT_OUTCOME and set = 851</td>
</tr>
<tr>
<td>16</td>
<td>No Good Address/Unknown - SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>17</td>
<td>No one home - SKIP TO DT_OUTCOME; DT_OUTCOME remains unchanged</td>
</tr>
<tr>
<td>18</td>
<td>Phone interview; Further authorization or on-site visit needed, SKIP TO DT_OUTCOME and set = 802</td>
</tr>
<tr>
<td>19</td>
<td>Requested to be removed from the study in writing</td>
</tr>
</tbody>
</table>

**DETAILED INTERVIEW OUTCOME:**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>804</td>
<td>Community Interview Completed, No caregiver</td>
</tr>
<tr>
<td>805</td>
<td>Institutional Interview Completed</td>
</tr>
<tr>
<td>813</td>
<td>Language problem-No interpreter available</td>
</tr>
<tr>
<td>815</td>
<td>Unable to locate after repeated attempts</td>
</tr>
<tr>
<td>816</td>
<td>Refused</td>
</tr>
<tr>
<td>820</td>
<td>Unable to Obtain Interview After Repeated Attempts</td>
</tr>
<tr>
<td>822</td>
<td>Eligible Proxy Unavailable</td>
</tr>
<tr>
<td>824</td>
<td>Institutional Refusal</td>
</tr>
<tr>
<td>835</td>
<td>Ineligible for interview</td>
</tr>
<tr>
<td>850</td>
<td>Deceased</td>
</tr>
<tr>
<td>851</td>
<td>Moved outside survey limits</td>
</tr>
<tr>
<td>859</td>
<td>Requested to be removed from the study in writing</td>
</tr>
</tbody>
</table>

Detailed Interview Nonresponse Outcomes (813-851) To Be Set By Supervisor Review.