**Section 1 - COGNITIVE FUNCTIONING**

Score these items after you complete the interview.

<table>
<thead>
<tr>
<th>Question</th>
<th>ICF Code</th>
<th>Column</th>
<th>Character</th>
<th>Score (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the date today?</td>
<td>ICF_1</td>
<td>1165</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>What day of the week is it?</td>
<td>ICF_2</td>
<td>1166</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>What is the name of this place?</td>
<td>ICF_3</td>
<td>1167</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>In what state is this?</td>
<td>ICF_4</td>
<td>1168</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>How old are you?</td>
<td>ICF_5</td>
<td>1169</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>When were you born?</td>
<td>ICF_6</td>
<td>1170</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>Who is the president of the US now?</td>
<td>ICF_7</td>
<td>1171</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>Who was the president before him?</td>
<td>ICF_8</td>
<td>1172</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>What is your mother's maiden name? (Accept any surname other than the sample person's).</td>
<td>ICF_9</td>
<td>1173</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
<tr>
<td>Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.</td>
<td>ICF_10</td>
<td>1174</td>
<td>1</td>
<td>PLUS (+)</td>
</tr>
</tbody>
</table>

**Section 2 - ACTIVITIES OF DAILY LIVING (ADL)**

Thank the sample person and complete this section with a nursing assistant or other knowledgeable staff member.

Discuss this section with a nursing assistant or other knowledgeable staff member.

I have some questions to ask you about your ability to do everyday activities and about any services you may be receiving.

<table>
<thead>
<tr>
<th>Question</th>
<th>ICF Code</th>
<th>Column</th>
<th>Character</th>
<th>Score (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past week, that is, since last (day), did anyone help . . . eat?</td>
<td>IAD_1A</td>
<td>1175</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Did someone feed . . .?</td>
<td>IAD_1B</td>
<td>1176</td>
<td>1</td>
<td>Yes - SKIP to d</td>
</tr>
<tr>
<td>Did someone help . . . cut meat or butter bread?</td>
<td>IAD_1C</td>
<td>1177</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Did . . . use special utensils or special dishes to help him/her eat?</td>
<td>IAD_1D</td>
<td>1178</td>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### 1984 INSTITUTIONAL QUESTIONNAIRE

#### 2a. Since last (day) did . . . get out of bed at all for any reason whatsoever?
- IAD_2A Col 1179 Char 1
  - Yes: 1
  - No: 2

#### 2b. Did any person help . . . get in or out of bed?
- IAD_2B Col 1180 Char 1
  - Yes: 1
  - No: 2

#### 2c. Did someone actually LIFT . . . in or out of bed?
- IAD_2C Col 1181 Char 1
  - Yes: 1
  - No: 2

#### 2d. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help him/her get out of bed?
- IAD_2D Col 1182 Char 1
  - Yes: 1
  - No: 2

#### 3a. Since last (day) did . . . get around indoors at all?
- IAD_3A Col 1183 Char 1
  - Yes: 1
  - No: 2

#### 3b. Did any person help . . . get around indoors?
- IAD_3B Col 1184 Char 1
  - Yes: 1
  - No: 2

#### 3c. Did someone actually LIFT . . . in or out of bed?
- IAD_3C Col 1185 Char 1
  - Yes: 1
  - No: 2

#### 3d. Did . . . use a wheelchair?
- IAD_3D Col 1186 Char 1
  - Yes: 1
  - No: 2

#### 3e. Is . . . able to get around at all without the wheelchair?
- IAD_3E Col 1187 Char 1
  - Yes: 1
  - No: 2

#### 4. The next questions are about dressing, that is, getting and putting on clothes that . . . wears during the day.

#### 4a. Since last (day) did . . . get dressed at all?
- IAD_4A Col 1188 Char 1
  - Yes: 1
  - No: 2

#### 4b. Did any person usually help . . . get dressed?
- IAD_4B Col 1189 Char 1
  - Yes: 1
  - No: 2

#### 4c. Did someone put on all . . .'s clothes for him/her?
- IAD_4C Col 1190 Char 1
  - Yes: 1
  - No: 2

#### 4d. Did . . . wear special clothing or use special equipment to help him/her dress?
- IAD_4D Col 1191 Char 1
  - Yes: 1
  - No: 2

#### 5a. Since last (day) was . . . able to take a bath or shower at all?
- IAD_5A Col 1193 Char 1
  - Yes: 1
  - No: 2

#### 5b. Did any person help . . . take a bath or shower?
- IAD_5B Col 1194 Char 1
  - Yes: 1
  - No: 2

#### 5c. Did someone bathe . . .?
- IAD_5C Col 1195 Char 1
  - Yes: 1
  - No: 2

#### 5d. Did someone help . . . get into or out of the tub or shower?
- IAD_5D Col 1196 Char 1
  - Yes: 1
  - No: 2

#### 5e. Did . . . use special equipment like a shower seat, tub stool or grab bar to help him/her bathe?
- IAD_5E Col 1197 Char 1
  - Yes: 1
  - No: 2

#### 5f. Did . . . wash his/her body at a sink or basin?
- IAD_5F Col 1198 Char 1
  - Yes: 1
  - No: 2

#### 5g. During the past week, did . . . have a bed bath?
- IAD_5G Col 1199 Char 1
  - Yes: 1
  - No: 2
6a. Since last (day) did . . . use toilet at all?
   IAD_6A Col 1200 Char 1
   1 Yes
   2 No - SKIP to e

   b. Did anyone help . . . to get to the bathroom or use the toilet?
   IAD_6B Col 1201 Char 1
   1 Yes
   2 No - SKIP to e

   c. Did someone help . . . to get on or off the toilet, arrange
clothes, or clean himself/herself?
   IAD_6C Col 1202 Char 1
   1 Yes
   2 No

   d. Did . . . take care of his/her toilet needs by using any special
equipment like a bedpan/portable toilet/commode/special
underwear?
   IAD_6D Col 1203 Char 1
   1 Yes
   2 No

   e. Does . . . use a device such as a urinary catheter or a
colostomy bag?
   IAD_6E Col 1204 Char 1
   1 Yes
   2 No - SKIP to g

   f. Does . . . take care of himself/herself OR does someone help
take care of it?
   IAD_6F Col 1205 Char 1
   1 Self care
   2 With help

   9. During the past week, has . . . sometimes had trouble
controlling his/her bladder or bowels so that . . . accidentally
wet or soiled himself/herself either day or night?
   IAD_6G Col 1206 Char 1
   1 Yes
   2 No - SKIP to 7a

   h. Did . . . clean it himself/herself or does someone help . . . to
take care of it?
   IAD_6H Col 1207 Char 1
   1 Self care
   2 With help

   7a. Does . . . get around outdoors at all either with or without help?
   IAD_7A Col 1208 Char 1
   1 Yes
   2 No - SKIP to 8

   b. When . . . goes outdoors does someone usually help him/her
get around?
   IAD_7B Col 1209 Char 1
   1 Yes
   2 No

   c. When . . . goes outdoors, is special equipment like a cane or
a walker used?
   IAD_7C Col 1210 Char 1
   1 Yes
   2 No - SKIP to 8

   d. Does . . . usually use this equipment alone OR with help from
another person?
   IAD_7D Col 1211 Char 1
   1 By self
   2 With help

8. Now I have a couple of general questions.

   a. Is . . . of Spanish or Hispanic origin.
   IAD_8A Col 1212 Char 1
   1 Yes
   2 No

   SHOW FLASHCARD D

   b. What is . . .’s race?
   IAD_8B Col 1213 Char 1
   1 White
   2 Black
   3 Asian or Pacific Islander
   4 American Indian, Eskimo, Aleut
   5 Other

THANK THE RESPONDENT AND COMPLETE SECTIONS 3 and 4 WITH A STAFF MEMBER IN THE ADMISSIONS
OR ACCOUNTING/BILLING OFFICE.

Section 3 - Admissions, Who Pays, and Health Insurance (AMN)

COMPLETE THIS SECTION WITH A STAFF MEMBER IN THE ADMISSIONS OR ACCOUNTING/BILLING OFFICE.

INTRODUCTION
I’d like to ask some questions about the health care services . . . has been receiving?

1. In what month and year was . . . most recently admitted to
   (name of facility)?
   AMN_1_1_1 Col. 1214 Char 2
   01-12 Month
**LTC-7 1984 INSTITUTIONAL QUESTIONNAIRE**

**CHECK ITEM 3A**

Refer to item 1 above

Was this admission date before April 1, 1982?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes - SKIP to 4a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**SHOW FLASHCARD M**

2. Just before . . . was admitted here, what type of place was he/she living in?

**MARK only one.**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>House/apartment/mobile home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>Rented room in house/apartment/mobile home/rooming or boarding house/hotel or motel</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Retirement or rest home, foster care, personal care, or residential care home</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Nursing or convalescent home</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>DK</td>
</tr>
</tbody>
</table>

3a. Not counting this time, in the last two years, how many times has . . . been a patient in a nursing or convalescent home?

<table>
<thead>
<tr>
<th></th>
<th>01-99</th>
<th>Time(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>00</td>
<td>None(s)</td>
</tr>
</tbody>
</table>

b. In what month and year was . . . admitted the last time?

<table>
<thead>
<tr>
<th></th>
<th>01-12</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65-84</td>
<td>Year</td>
</tr>
</tbody>
</table>

If "01" entered in 3a, skip to 4a.

c. And the time before that?

<table>
<thead>
<tr>
<th></th>
<th>01-12</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65-84</td>
<td>Year</td>
</tr>
</tbody>
</table>

4a. In the last 12 months has . . . been a patient in a hospital overnight or longer?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No - SKIP to 5a</td>
</tr>
</tbody>
</table>

b. How many times?

<table>
<thead>
<tr>
<th></th>
<th>01-30</th>
<th>Time(s)</th>
</tr>
</thead>
</table>

c1. When was . . . admitted (that time/the last time/the next to last time/the time before that)?

<table>
<thead>
<tr>
<th></th>
<th>01-12</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>83-84</td>
<td>Year</td>
</tr>
</tbody>
</table>

c2. Next to last time

<table>
<thead>
<tr>
<th></th>
<th>01-12</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>83-84</td>
<td>Year</td>
</tr>
</tbody>
</table>

c3. Time before that

<table>
<thead>
<tr>
<th></th>
<th>01-12</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>83-84</td>
<td>Year</td>
</tr>
</tbody>
</table>

**REFER TO ENTRY IN SECTION 3, ITEM 1**

5a. At the time of admission to (name of facility) that is, in (month and year in Section 3, item 1), who was paying for . . . 's room, board and nursing care? Was it family members, insurance, Medicare, Medicaid, or someone else?

Anyone else?

**MARK (1) all that apply.**

IF MORE THAN ONE SOURCE OF PAYMENT IS MARKED, ASK b; OTHERWISE, SKIP TO CHECK ITEM 3B.

1 Sample person (including Social Security)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>MARKED</th>
</tr>
</thead>
</table>

2 Spouse

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>MARKED</th>
</tr>
</thead>
</table>

3 Children

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>MARKED</th>
</tr>
</thead>
</table>

4 Other Relatives

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>MARKED</th>
</tr>
</thead>
</table>
5 Nonrelatives

6 Private Insurance

7 Medicare

8 Medicaid

9 Other Public Assistance

10 VA, CHAMPUS, CHAMPVA

11 Other

b. Who paid the most? (Enter code from 5a)

CHECK ITEM 3B

Refer to entry in Section 3, item 1.

Current month and year entered in item 1?

6a. Who is paying for . . .’s room, board, and nursing care now?

Anyone else?

MARK (1) all that apply.

IF MORE THAN ONE SOURCE OF PAYMENT IS MARKED,
ASK b; OTHERWISE, SKIP TO CHECK ITEM 3C.

b. Who paid the most? (Enter code 6a)
7. In what month and year did Medicaid begin paying these charges?  
   AMN_7_M1 Col. 1274 Char 2 01-12 Month  
   AMN_7_M2 Col. 1276 Char 2 65-84 Year  

8. Now I'd like to ask you about any health insurance which . . . has.  
   Is . . . covered by any public assistance program, other than Medicaid, that pays for health care?  
   AMN_9 Col. 1278 Char 1 1 Yes  
   2 No  
   3 DK  

9. Is . . . NOW covered by CHAMPUS or CHAMPVA? (These are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans.)  
   AMN_10 Col. 1279 Char 1 1 Yes  
   2 No  
   3 DK  

10. Is . . . NOW covered by a private health insurance plan which pays any part of a hospital, doctor's, or surgeon's bill?  
    AMN_11 Col. 1280 Char 1 1 Yes  
    2 No  
    3 DK  

11a. What is the name of the person that (name of facility) would contact in case of an emergency with . . .? (NOT GIVEN)  
   b. What is the relationship of this person to . . .?  
      AMN_12B Col. 1281 Char 1 1 Spouse  
      2 Son/Daughter  
      3 Other relative  
      4 Nonrelative guardian  
      5 Other nonrelative  

Section 4 - CERTIFIED BEDS

Complete this section ONCE for each institution. If you do not know if this information has been obtained, contact your Supervisor before asking Section 4.  

Complete this section with a staff member in the administrations or account/billing office.  

1. What is the total number of beds regularly maintained for residents here?  
   BED_2 Col. 1282 Char 4  

2a. Is (name of facility) certified as a Medicare skilled nursing facility?  
   BED_3A Col. 1286 Char 1 1 Yes  
   2 No - SKIP to c  

b. Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?  
   BED_3B Col. 1287 Char 4  

c. Is (name of facility) certified as a Medicaid skilled nursing facility?  
   BED_3C Col. 1291 Char 1 1 Yes  
   2 No - SKIP to e  

d. How many beds are certified as Medicaid skilled nursing facility beds?  
   BED_3D Col. 1292 Char 4  

e. Is (name of facility) certified as a Medicaid skilled nursing facility?  
   BED_3E Col. 1296 Char 1 1 Yes  
   2 No - SKIP to g  

f. How many beds are certified as Medicaid intermediate care facility beds?  
   BED_3F Col. 1297 Char 4  

g. How many beds are not certified under either Medicaid or Medicaid?  
   BED_3G Col. 1301 Char 4  

CHECK ITEM 4A  
Refer to 2b, 2d, 2f, and 2g above.
### LTC-7 1984 INSTITUTIONAL QUESTIONNAIRE

*Enter sum of 2b, 2d, 2f and 2g*

Is the sum less than the number in item 1?

**NOT GIVEN**

#### CHECK ITEM 4B

*Refer to 2b, 2d, 2f, and 2g above.*

Is any ONE of the items 2b, 2d, 2f or 2g greater than item 1?

**NOT GIVEN**

**NOTE:** if either CHECK ITEM 4A or 4B is marked "yes," verify the answers to items 1 and 2a-g.

---

**END INTERVIEW**