### 1989 INSTITUTIONAL QUESTIONNAIRE

**TRANSCRIBE FROM THE CONTROL CARD**

1. R. O. Number  
   **IROCODE Col. 3756 Char 2**  
   [ ]

2. Control Number  
   **NOT GIVEN**

3. Name of Sample person  
   **NOT GIVEN**

4. Field representative code  
   **IN_ALPHA Col. 3758 Char 1 A-Z**  
   **INST_NUM Col. 3759 Char 2 Numeric**

5. Name and address of institution  
   **Name of institution**  
   **NOT GIVEN**  
   **Address of institution**  
   **NOT GIVEN**  
   **City**  
   **NOT GIVEN**  
   **County**  
   **NOT GIVEN**  
   **State**  
   **IPG6ST Col. 3761 Char 2**  
   [ ]  
   **Zip**  
   **NOT GIVEN**  
   **Telephone number**  
   **NOT GIVEN**

6. Specify proxy(ies) names below  
   **NOT GIVEN**

**Section 1 - COGNITIVE FUNCTIONING**

*Complete this section with the sample person only.*

**INTRODUCTION**

I am going to ask a staff member here about the care you are receiving. First I’d like to ask you some questions. If you DO know the answers, the questions may seem very simple.

1. What is the date today?  
   **ICF_1 Col 3763 Char 1 MINUS (-)**  
   [ ]

2. What day of the week is it?  
   **ICF_2 Col 3764 Char 1 MINUS (-)**  
   [ ]

3. What is the name of this place?  
   **ICF_3 Col 3765 Char 1 MINUS (-)**  
   [ ]

4. In what state is this?  
   **ICF_4 Col 3766 Char 1 MINUS (-)**  
   [ ]

5. How old are you?  
   **ICF_5 Col 3767 Char 1 MINUS (-)**  
   [ ]

6. When were you born?  
   **ICF_6 Col 3768 Char 1 MINUS (-)**  
   [ ]

7. Who is the president of the US now?  
   **ICF_7 Col 3769 Char 1 MINUS (-)**  
   [ ]
8. Who was the president before him?  
ICF_8 Col 3770 Char 1

9. What is your mother’s maiden name? (Accept any surname other than the sample person’s).  
ICF_9 Col 3771 Char 1

10. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.

**PROBE:** Can you subtract 3 from that?

Correct answer: 17, 14, 11, 8, 5, 2  
ICF_10 Col 3772 Char 1

THANK THE SAMPLE PERSON AND COMPLETE SECTION 2 WITH A NURSING ASSISTANT OR OTHER KNOWLEDGEABLE STAFF MEMBER

<table>
<thead>
<tr>
<th>Section 2 - ACTIVITIES OF DAILY LIVING (ADL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE THIS SECTION WITH A NURSING ASSISTANT OR OTHER KNOWLEDGEABLE STAFF MEMBER.</td>
</tr>
</tbody>
</table>

**INTRODUCTION**

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

1a. During the past week, that is, since last (day), did any person help . . . eat?  
IAD_1A Col 3773 Char 1

   1. Yes  
   2. No - SKIP to 1d  
   3. Did not eat at all - SKIP to 2a

b. Did someone feed . . . ?  
IAD_1B Col 3774 Char 1

   1. Yes - SKIP to 1d  
   2. No

c. Did someone help . . . cut meat or butter bread?  
IAD_1C Col 3775 Char 1

   1. Yes  
   2. No

d. Did . . . use special utensils or special dishes to help him/her eat?  
IAD_1D Col 3776 Char 1

   1. Yes  
   2. No

   (Mark "Yes" without asking, if apparent by observation.)

2a. Since last (day) did . . . get out of bed at all for any reason whatsoever?  
IAD_2A Col 3777 Char 1

   1. Yes  
   2. No - SKIP to 4e

b. Did . . . help . . . get in or out of bed?  
IAD_2B Col 3778 Char 1

   1. Yes - SKIP to 2d  
   2. No

c. Did . . . actually LIFT . . . in or out of bed?  
IAD_2C Col 3779 Char 1

   1. Yes  
   2. No

d. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help him/her to get out of bed?  
IAD_2D Col 3780 Char 1

   1. Yes  
   2. No

   (Mark "Yes" without asking, if apparent by observation.)

3a. Since last (day) did . . . get around indoors at all?  
IAD_3A Col 3781 Char 1

   1. Yes  
   2. No - SKIP to 4e

b. Did any person help . . . get around indoors?  
IAD_3B Col 3782 Char 1

   1. Yes  
   2. No

c. Did . . . also use special equipment like a wheelchair, cane, other device to help . . . get around indoors?  
IAD_3C Col 3783 Char 1

   1. Yes - SKIP to 4  
   2. No

   (Mark "Yes" without asking, if apparent by observation.)

d. Did . . . use a wheelchair?  
IAD_3D Col 3784 Char 1

   1. Yes  
   2. No - SKIP to 4

e. Is . . . able to get around at all without the wheelchair?  

   1. Yes
4. The next questions are about dressing, that is, getting and putting on clothes that ... wears during the day.
(Mark "Yes" without asking, if apparent by observation.)

a. Since last (day) did ... get dressed at all?
   IAD_4A Col 3786 Char 1 1 Yes
   2 No - SKIP to 4e

b. Did any person usually help ... get dressed?
   IAD_4B Col 3787 Char 1 1 Yes
   2 No - SKIP to 4d

c. Did someone put on all ...’s clothes for ...?
   IAD_4C Col 3788 Char 1 1 Yes
   2 No

d. Did ... wear special clothing or use special equipment to help him/her dress?
   IAD_4D Col 3789 Char 1 1 Yes - SKIP to 5a
   2 No

e. Did someone help change ...’s pajamas or gown?
   IAD_4E Col 3790 Char 1 1 Yes
   2 No

5a. Since last [current week day] was ... able to take a bath or shower at all?
   IAD_5A Col 3791 Char 1 1 Yes
   2 No - SKIP to 5f

b. Did any person help ... take a bath or shower?
   IAD_5B Col 3792 Char 1 1 Yes
   2 No - SKIP to 5e

c. Did someone bathe ...?
   IAD_5C Col 3793 Char 1 1 Yes - SKIP to 5e
   2 No

d. Did someone help ... get in or out of the tub or shower?
   IAD_5D Col 3794 Char 1 1 Yes
   2 No

e. Did ... use special equipment like a shower seat, tub stool or grab bar to help ... bathe?
   IAD_5E Col 3795 Char 1 1 Yes - SKIP to 6a
   2 No

f. Did ... wash ...’s body at a sink or basin?
   IAD_5F Col 3796 Char 1 1 Yes - SKIP to 6a
   2 No

g. During the past week, did ... have a bed bath?
   IAD_5G Col 3797 Char 1 1 Yes
   2 No

6a. Since last (DAY) did ... use toilet at all?
   IAD_6A Col 3798 Char 1 1 Yes
   2 No - SKIP to 6e

b. Did any person help ... to get to the bathroom or use the toilet?
   IAD_6B Col 3799 Char 1 1 Yes
   2 No - SKIP to 6e

c. Did someone help ... to get on or off the toilet, arrange ...’s clothes, or clean ...?
   IAD_6C Col 3800 Char 1 1 Yes
   2 No

d. Did ... take care of ...’s toilet needs by using any special equipment like a bedpan, portable toilet, commode, or special underwear?
   IAD_6D Col 3801 Char 1 1 Yes
   2 No

e. Does ... use a device such as a urinary catheter or a colostomy bag?
   IAD_6E Col 3802 Char 1 1 Yes
   2 No - SKIP to 6g

f. Does ... take care of the special device by [himself] or does someone help ... to take care of it?
   IAD_6F Col 3803 Char 1 1 Self care
   2 With help

g. During the past week, has ... sometimes had trouble
controlling ...’s bladder or bowels so that ... accidentally wet or soiled ... either day or night?  
IAD_6G Col 3804 Char 1 1 Yes 2 No - SKIP to 7a

h. Does ... clean it up by self or does someone help ... to take care of it?  
IAD_6H Col 3805 Char 1 1 Self care 2 With help

7a. Does ... get around outdoors at all either with or without help?  
IAD_7A Col 3806 Char 1 1 Yes 2 No - SKIP to 8

b. When ... goes outdoors, does someone usually help ... get around?  
IAD_7B Col 3807 Char 1 1 Yes 2 No

c. When ... goes outdoors, is special equipment like a cane or a walker used?  
IAD_7C Col 3808 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 3809 Char 1 1 By self 2 With help

8. Now I have a couple of general questions.  
a. Is ... of Spanish/Hispanic origin.  
IAD_8A Col 3810 Char 1 1 Yes 2 No

SHOW FLASHCARD D  

b. What is ...’s race?  
IAD_8B1 Col 3811 Char 1 1 White 2 Black 3 Asian or Pacific Islander 4 American Indian, Aleut, Eskimo 5 Other

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

Complete this section with a staff member in the admission or accounting/billing office or a knowledgeable family member, if necessary.

INTRODUCTION  
I’d like to ask some questions about the health care services . . . most recently admitted to (name of facility)?

1. In what month and year was ... most recently admitted to (name of facility)?  
AMN_1_I1 Col. 3812 Char 2 01-12 Month  
AMN_1_I2 Col. 3814 Char 2 60-84 Year

SHOW FLASHCARD J  

2. Just before . . . was admitted here, what type of place was he/she living in?  
MARK (X) only one.  
AMN_2_1 Col. 3816 Char 2 1 Alone or with others in a house/apartment (independent living) 2 Retirement home 3 Boarding house/rooming house/rented room 4 Foster or family care home 5 Group home or community residential facility 6 Semi-independent living, like supervised apartments 7 Hospital, other than SNF or ICF unit 8 Skilled Nursing Facility (SNF) 9 Intermediate Care Facility (ICF) 10 Other (non-certified) nursing home 11 Domiciliary or personal care facility 12 Institution/facility for the mentally retarded/developmentally disabled
3a. Not counting this time, in the last two years, how many times has ... been a patient in a nursing or convalescent home?

   AMN_3A  Col. 3818  Char 2

   01-99 Time(s)  00 None - Skip to 4a.

b. When was ... admitted that time/the last time?

   AMN_3B11  Col. 3820  Char 2
   AMN_3B12  Col. 3822  Char 2

   01-12 Month  65-84 Year

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

c. And the time before that?

   AMN_3C11  Col. 3824  Char 2
   AMN_3C12  Col. 3826  Char 2

   01-12 Month  65-84 Year

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

   AMN_4A  Col. 3828  Char 1

   1 Yes  2 No - Skip to 5a

b. How many times?

   AMN_4B  Col. 3829  Char 2

   01-30 Time(s)

c1. When was ... admitted that time/last time?

   AMN_4C11  Col. 3831  Char 2
   AMN_4C12  Col. 3833  Char 2

   01-12 Month  83-84 Year

c2. Next to last time

   AMN_4D11  Col. 3835  Char 2
   AMN_4D12  Col. 3837  Char 2

   01-12 Month  83-84 Year

c3. Time before that

   AMN_4E11  Col. 3839  Char 2
   AMN_4E12  Col. 3841  Char 2

   01-12 Month  83-84 Year

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 3A.

(1) Sample person (including Social Security)

   AMN_5A01  Col. 3843  Char 1

   1 MARKED

(2) Spouse

   AMN_5A02  Col. 3844  Char 1

   1 MARKED

(3) Children

   AMN_5A03  Col. 3845  Char 1

   1 MARKED

(4) Other Relatives

   AMN_5A04  Col. 3846  Char 1

   1 MARKED

(5) Nonrelatives

   AMN_5A05  Col. 3847  Char 1

   1 MARKED

(6) Private Insurance

   AMN_5A06  Col. 3848  Char 1

   1 MARKED

(7) Medicare

   AMN_5A07  Col. 3849  Char 1

   1 MARKED
### CHECK ITEM 3A

Refer to entry in Section 3, item 1.

Current month and year entered in item 1?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Col.</th>
<th>Char</th>
<th>Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMN_CK4</td>
<td>1. Yes - SKIP to 8</td>
<td>3856</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2. No</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

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

ENTER EACH SOURCE MENTIONED.

Anyone else?

MARK (1) all that apply.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Col.</th>
<th>Char</th>
<th>Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMN_6A01</td>
<td>Sample person (including Social Security)</td>
<td>3857</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A02</td>
<td>Spouse</td>
<td>3858</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A03</td>
<td>Children</td>
<td>3859</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A04</td>
<td>Other Relatives</td>
<td>3860</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A05</td>
<td>Nonrelatives</td>
<td>3861</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A06</td>
<td>Private Insurance</td>
<td>3862</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A07</td>
<td>Medicare</td>
<td>3863</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A08</td>
<td>Medicaid</td>
<td>3864</td>
<td>1</td>
<td>MARKED</td>
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<tr>
<td>AMN_6A09</td>
<td>Other Public Assistance</td>
<td>3865</td>
<td>1</td>
<td>MARKED</td>
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<tr>
<td>AMN_6A10</td>
<td>VA, CHAMPUS, CHAMPVA</td>
<td>3866</td>
<td>1</td>
<td>MARKED</td>
</tr>
<tr>
<td>AMN_6A11</td>
<td>Other</td>
<td>3867</td>
<td>1</td>
<td>MARKED</td>
</tr>
</tbody>
</table>

### b. Who paid the most? (Enter code 6a)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Col.</th>
<th>Char</th>
<th>Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMN_6C</td>
<td></td>
<td>3868</td>
<td>2</td>
<td>01-11</td>
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</tbody>
</table>

### CHECK ITEM 3B

Refer to item 5a.

Is Medicaid (code 8) marked in item 5a?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Col.</th>
<th>Char</th>
<th>Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMN_CK6</td>
<td>1. Yes - SKIP to 8</td>
<td>3870</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2. No</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

### CHECK ITEM 3C

Refer to item 6a.

Is Medicaid (code 08) marked in item 6a?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Col.</th>
<th>Char</th>
<th>Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMN_CK7</td>
<td>1. Yes</td>
<td>3871</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2. No - SKIP to 8</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
7. In what month and year did Medicaid begin paying these charges?
   AMN_7_M1 Col. 3872 Char 2 01-12 Month
   AMN_7_M2 Col. 3874 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 or long-term care?
   AMN_9 Col. 3876 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. 3877 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, surgeon's or long-term care bill?
     AMN_11 Col. 3878 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. 3879 Char 1 1 Spouse 2 Son/Daughter 3 Other relative
          4 Nonrelative guardian 5 Other nonrelative

Section 4 - INCOME AND ASSETS

Complete this section with a knowledgeable staff member or a knowledgeable family member, if necessary

INSTRUCTION
Complete column A for sample person.

SAMPLE PERSON
IAA_WHO_SPN Col. 3880 Char 2 01

1a1. During the last month, that is, the month of (previous month),
     did . . . receive Social Security benefits or Railroad Retirement benefits?
     IAA_1A Col. 3882 Char 1 1 Yes 2 No - SKIP to 2a1

b1. How much did . . . receive in (previous month)?
    IAA_1B Col. 3883 Char 1 000001- 999999
    IAA_1B_DK Col. 3889 Char 1 8 Refused 9 DK

2a1. During (previous month), did . . . receive Veterans Administration compensation or pension?
     IAA_2A Col. 3890 Char 1 1 Yes 2 No - SKIP to 3a1

b1. How much did . . . receive in (previous month)?
    IAA_2B Col. 3891 Char 1 000001- 999999
    IAA_2B_DK Col. 3897 Char 1 8 Refused 9 DK

3a1. During (previous month), did . . . receive Supplemental Security income, that is, SSI payments? Those can come from either the Federal government or the State government.
     1 Yes
<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Response</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAA_3A</td>
<td>How much did . . . receive in (previous month)?</td>
<td>000001-</td>
<td>No - SKIP to 4a1</td>
</tr>
<tr>
<td>IAA_3B</td>
<td>Col. 3899 Char 6</td>
<td>999999</td>
<td></td>
</tr>
<tr>
<td>IAA_3B_DK</td>
<td>Col. 3905 Char 1</td>
<td>Refused</td>
<td>DK</td>
</tr>
<tr>
<td>4a1</td>
<td>During (previous month), did . . . receive net income from rent of an apartment or other real estate or income from roomers or boarders?</td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>IAA_4A</td>
<td>Col. 3906 Char 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IAA_4B</td>
<td>Col. 3907 Char 6</td>
<td>999999</td>
<td></td>
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<tr>
<td>IAA_4B_DK</td>
<td>Col. 3913 Char 1</td>
<td>Refused</td>
<td>DK</td>
</tr>
<tr>
<td>5a1</td>
<td>During (previous month), did . . . receive regular contributions from friends or relatives?</td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>IAA_5A</td>
<td>Col. 3914 Char 1</td>
<td></td>
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<tr>
<td>IAA_5B</td>
<td>Col. 3915 Char 6</td>
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<td>IAA_5B_DK</td>
<td>Col. 3921 Char 1</td>
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<td>DK</td>
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<tr>
<td>6a1</td>
<td>During (previous month), did . . . receive in the last 12 months?</td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>IAA_6A</td>
<td>Col. 3922 Char 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IAA_6B</td>
<td>Col. 3923 Char 6</td>
<td>999999</td>
<td></td>
</tr>
<tr>
<td>IAA_6B_DK</td>
<td>Col. 3929 Char 1</td>
<td>Refused</td>
<td>DK</td>
</tr>
<tr>
<td>Complete column B for Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPOUSE</td>
<td>IAA_6B_SPN Col. 3930 Char 2</td>
<td>01</td>
<td></td>
</tr>
<tr>
<td>1a2</td>
<td>During the last month, that is, the month of (previous month), did . . . receive Social Security benefits or Railroad Retirement benefits?</td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>IAA_1A_SP</td>
<td>Col. 3932 Char 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a2</td>
<td>During (previous month), did . . . receive Veterans Administration compensation or pension?</td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>IAA_2A_SP</td>
<td>Col. 3940 Char 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a2</td>
<td>During (previous month), did . . . receive Supplemental Security income, that is, SSI payments? Those can come from either the Federal government or the State government.</td>
<td>1 Yes</td>
<td></td>
</tr>
<tr>
<td>IAA_3A_SP</td>
<td>Col. 3948 Char 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a2</td>
<td>How much did . . . receive in (previous month)?</td>
<td>000001-</td>
<td>No - SKIP to 4a2</td>
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<tr>
<td>IAA_4A</td>
<td>Col. 3949 Char 1</td>
<td>999999</td>
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<tr>
<td>IAA_4A_DK</td>
<td>Col. 3955 Char 1</td>
<td>Refused</td>
<td>DK</td>
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</table>
During (previous month), did . . . receive net income from rent of an apartment or other real estate or income from roomers or boarders?

IAA_4A_SP Col. 3956 Char 1 | Yes
IAA_4A_SPDK Col. 3963 Char 1 | Refused

How much did . . . receive in (previous month)?

IAA_4B_SP Col. 3957 Char 6 | 000001-
IAA_4B_SPDK Col. 3963 Char 1 | 999999

During (previous month), did . . . receive regular contributions from friends or relatives?

IAA_5A_SP Col. 3964 Char 1 | Yes

How much did . . . receive in (previous month)?

IAA_5B_SP Col. 3965 Char 6 | 000001-
IAA_5B_SPDK Col. 3971 Char 1 | 999999

During (previous month), did . . . receive in the last 12 months?

IAA_6A_SP Col. 3972 Char 1 | Yes

How much did . . . receive in (previous month)?

IAA_6B_SP Col. 3973 Char 6 | 000001-
IAA_6B_SPDK Col. 3979 Char 1 | 999999

INSTRUCTION
Refer to Control Card item 17 for the sample person. If the sample person is now married, complete column B for the spouse.

Did . . . (or . . .'s spouse) receive any (other) welfare payments in (previous month)?

IAA_7A Col. 3980 Char 1 | Yes

Whose name is on this check?

IAA_7B Col. 3981 Char 2 | 01-48,99

How much was the check for?

IAA_7C Col. 3983 Char 6 | 000000-

Whom did the check cover?

Anyone else?

IAA_7D_1 Col. 3989 Char 2 | 01-48
IAA_7D_2 Col. 3991 Char 2 | Person number
IAA_7D_3 Col. 3993 Char 2 | Person number
IAA_7D_4 Col. 3995 Char 2 | Person number
IAA_7D_5 Col. 3997 Char 2 | Person number

Which category on this card represents the total combined income before deductions during (previous month) for . . . (and . . .'s spouse)? Include money from jobs, interest, net income from business or farm, pensions, dividends, interest, net income from rent, Social Security payments, and other money income received by . . . (and . . .'s spouse)?

IAA_8 Col. 3999 Char 2 | 01 - Under $300
02 - $300 - $599
03 - $600 - $899
04 - $900 - $1199
05 - $1200 - $1499
06 - $1500 - $1999
07 - $2000 - $2499
08 - $2500 - $2999
9. During last month, that is, during (previous month) did . . . (or . . .'s spouse) -
   a. Have any saving accounts in a bank, savings and loan, or credit union?
      IAA_9A Col. 4001 Char 1  1 Yes  2 No
   b. Owned any certificates of deposit or any other kind of savings certificates?
      IAA_9B Col. 4002 Char 1  1 Yes  2 No
   c. Owned any money market funds, U.S. Government securities including savings bonds, money market accounts, municipal or corporate bonds, mortgages, or any other kind of assets which earn interest which you have not already told me about?
      IAA_9C Col. 4003 Char 1  1 Yes  2 No - SKIP to 9e

   SHOW FLASHCARD L.

   d. Which kinds of assets did . . . (or . . .'s spouse) own?
      Anything else?
      Mark (1) that apply.

      Money market funds
      IAA_9D1 Col. 4004 Char 1  1 MARKED
      U.S. Government
      IAA_9D2 Col. 4005 Char 1  1 MARKED
      Municipal or corporate bonds
      IAA_9D3 Col. 4006 Char 1  1 MARKED
      Money market account
      IAA_9D4 Col. 4007 Char 1  1 MARKED
      Mortgages
      IAA_9D5 Col. 4008 Char 1  1 MARKED
      Other
      IAA_9D6 Col. 4009 Char 1  1 MARKED

   e. During (previous month) did . . . (or . . .'s spouse) own any stocks or mutual fund shares?
      IAA_9E Col. 4010 Char 1  1 Yes  2 No

   f. Own any property from which . . . received rental income?
      IAA_9F Col. 4011 Char 1  1 Yes  2 No

   g. Have a financial interest in a business?
      IAA_9G Col. 4012 Char 1  1 Yes  2 No

CHECK ITEM 4A
   Refer to items 9a, b, c, and e.
   Mark (1) that apply.
   If none, mark "None."

   Savings account
   IAA_CKE1 Col. 4013 Char 1  1 MARKED
h. You said that . . . (or . . .’s spouses) had (read names of asset types in CHECK ITEM 4A above). Did . . . own (any of) these sections JOINTLY with (. . .’s spouse or) anyone else?

Yes No

i. What is your best estimates of the total amount that . . . (and . . .’s spouse) had in these assets during (previous month)?

000001- 999999

Refused

10a. Since 1984 has . . . (or . . .’s spouse) sold a house? Include primary residence, secondary or vacation homes, and investment homes.

Yes No - SKIP to CHECK ITEM 5A

b. What year did . . . (or . . .’s spouse) sell this house?

89-99

DK

c. Why did . . . (or . . .’s spouse) sell this house?

Mark (1) all that apply.

No longer needed/wanted/able to maintain home

Wanted less expensive house to maintain

Married/Widowed/divorced/separated

To be closer to family/friends

To help cover medical expenses

Employment related

Retired and relocated
Section 5 - CERTIFIED BEDS

CHECK ITEM 5A
Has this section been completed at least once for this institution? (Check with your supervisor if unsure.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No - Complete this section with a staff member in the admissions or accounting/billing office.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SHOW FLASHCARD M

1. What kind of health care facility or institution is (name of facility)?

<table>
<thead>
<tr>
<th></th>
<th>Hospital, other than SNF or ICF unit</th>
<th>Skilled Nursing Facility (SNF)</th>
<th>Intermediate Care Facility (ICF)</th>
<th>Other (non-certified) nursing home</th>
<th>Domiciliary or personal care facility</th>
<th>Institutional/facility for the mentally retarded/developmentally disabled</th>
<th>Mental Health center/facility</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Col. 4044</th>
<th>Col. 4045</th>
<th>1-5000</th>
<th>More than 5001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Char 1</td>
<td>Char 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What is the total number of beds regularly maintained for residents here?

<table>
<thead>
<tr>
<th></th>
<th>1-5000</th>
<th>More than 5001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Col. 4045</td>
<td>Char 6</td>
</tr>
</tbody>
</table>

3a. Is (name of facility) certified as a Medicare skilled nursing facility?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No - SKIP to c</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | Col. 4051 | Char 1 |

3b. Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?

<table>
<thead>
<tr>
<th></th>
<th>1-5000</th>
<th>More than 5001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Col. 4052</td>
<td>Char 6</td>
</tr>
</tbody>
</table>

3c. Is (name of facility) certified as a Medicare skilled nursing facility?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No - SKIP to e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | Col. 4058 | Char 1 |

3d. How many beds are certified as Medicare skilled nursing facility beds?

<table>
<thead>
<tr>
<th></th>
<th>1-5000</th>
<th>More than 5001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Col. 4059</td>
<td>Char 6</td>
</tr>
</tbody>
</table>

3e. Is (name of facility) certified as a Medicare skilled nursing facility?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No - SKIP to g</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | Col. 4065 | Char 1 |

3f. How many beds are certified as Medicare skilled nursing facility beds?

<table>
<thead>
<tr>
<th></th>
<th>1-5000</th>
<th>More than 5001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Col. 4066</td>
<td>Char 6</td>
</tr>
</tbody>
</table>

3g. How many beds are certified as Medicare skilled nursing facility beds?

<table>
<thead>
<tr>
<th></th>
<th>1-5000</th>
<th>More than 5001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Col. 4072</td>
<td>Char 6</td>
</tr>
</tbody>
</table>

CHECK ITEM 5B
Refer to 3b, 3d, 3f, and 3g above.
Enter sum of 3b, 3d, 3f, and 3g.
Is the sum less than the number in item 2?

NOT GIVEN

CHECK ITEM 5B

Refer to 3b, 3d, 3f, and 3g above.

Is ANY one of 3b, 3d, 3f, and 3g greater than item 2?

NOT GIVEN

END INTERVIEW