

## MAIN STUDY - ROUND 4

## COMMUNITY COMPONENT

## IU. INSTITUTIONAL UTILIZATION

- IU1. [Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH), was (SP)/Other than the current institutional stay that started on (INS2 DATE), between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] a patient in (a/another) nursing home or any similar place that provides long term care -- such as the places shown on this card?

[LONG TERM CARE PLACES INCLUDE SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, BOARD AND CARE HOMES, NURSING HOME UNITS IN HOSPITALS, FACILITIES FOR THE MENTALLY RETARDED, PSYCHIATRIC FACILITIES AND GROUP HOMES.]

SHOW CARD IU	<b>IUPROBE</b>	YES.....	1 (IU2)
		NO.....	2 <b>BOX HHS1</b>
		REFUSED .....	-7 <b>BOX HHS1</b>
		DON'T KNOW .....	-8 <b>BOX HHS1</b>

- IU2. Where (were you/was SP) a patient -- in which nursing home?  
[ENTER ONLY ONE FACILITY.]

**PROVNAME**

BOX IU1	a.	SP HAS USED V.A. FACILITIES (HI36 = 1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36 = 2 OR MISSING) .....	2 (IU4)
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 (IU4)
		"V.A. FLAG" NOT SET FOR THIS PROVIDER .....	2 (IU3)

- IU3. Is (INSTITUTION) a facility of the Veterans Administration?

<b>VAPLACE</b>	YES .....	1
	NO .....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

- IU4. When (were you/was SP) admitted to and discharged from (INSTITUTION)?

ADMISSION	____/____/____	DISCHARGE	____/____/____
	MONTH DAY YEAR		MONTH DAY YEAR
<b>EVBEGBMM</b>		<b>EVENDMM</b>	
<b>EVBEGBDD</b>		<b>EVENDDD</b>	
<b>EVBEGBYY</b>		<b>EVENDYY</b>	

IU5. OMITTED.

IU6. OMITTED.

IU7. INTERVIEWER: IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER YES WITHOUT ASKING. OTHERWISE, ASK:  
[Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], (have you/did SP) (had/have) any other stays in this or any other nursing home or similar place that provides long term care?

- YES ..... 1 (IU2)
- NO ..... 2 **BOX HHS1**
- REFUSED..... -7 **BOX HHS1**
- DON'T KNOW..... -8 **BOX HHS1**