

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

- 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?

**VAPLACE** 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>EVBE</b>	<b>GMM</b>					<b>EVEN</b>	<b>DMM</b>				
<b>EVBE</b>	<b>GDD</b>					<b>EVEN</b>	<b>DDD</b>				
<b>EVBE</b>	<b>GY</b>					<b>EVEN</b>	<b>DYY</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**