

A. DEMOGRAPHICS/INCOME

A1. Is (SP) male or female?

ROSTSEX	MALE	1
	FEMALE	2

A2. What is (SP's) date of birth? VERIFY AGE USING CARD A1. (ENTER ON FLAP)

HHDOBMM, HHDOBDD, HHDOBY

These next few questions are about (SP's) national origin, education and marital status.

A3. Looking at this card, which category best describes (SP's) race?

SHOW CARD A2	FPRACE FPRACEOS	AMERICAN INDIAN 1 ASIAN OR PACIFIC ISLANDER 2 BLACK/AFRICAN AMERICAN 3 WHITE 4 OTHER (SPECIFY) 91	<hr style="width: 100%;"/> DON'T KNOW -8
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A4. Is (SP) of Hispanic origin?

FPETHNIC	YES	1
	NO	2
	DON'T KNOW	-8

A5. What is the highest grade or year of school (SP) ever completed? CIRCLE ONLY ONE.

SPHIGRAD

ELEMENTARY

1ST GRADE OR LESS 01
 2ND GRADE 02
 3RD GRADE 03
 4TH GRADE 04
 5TH GRADE 05
 6TH GRADE 06
 7TH GRADE 07
 8TH GRADE 08

HIGH SCHOOL

1ST YEAR 09
 2ND YEAR 10
 3RD YEAR 11
 4TH YEAR 12

COLLEGE & GRADUATE SCHOOL

1 YEAR 13
 2 YEARS 14
 3 YEARS 15
 4 YEARS 16
 5 YEARS 17
 6 YEARS OR MORE 18
 DON'T KNOW -8

BOX A1	CHECK BIRTHDATE ON INFORMATION SHEET. IF AGE LESS THAN 17 YEARS, SKIP TO A13.
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A6. Is (SP) currently married, widowed, divorced, separated, or never married?

SPMARSTA

MARRIED 1
 WIDOWED 2
 DIVORCED 3
 SEPARATED 4
 NEVER MARRIED 5
 DON'T KNOW -8

A7. Did (SP) ever serve in the Armed Forces of the United States?

FPAFEVER

YES 1 (A8)
 NO 2 (A9)
 DON'T KNOW -8 (A9)

- A8. Looking at this card, which time period best describes when (SP) served in the Armed Forces?
CIRCLE ALL THAT APPLY

SHOW CARD A3

FPAFVIET	VIETNAM ERA (Aug 1964 - May 1975)	1
FPAFKORE	KOREAN CONFLICT (June 1950 - Jan 1955)	2
FPAFWWII	WORLD WAR II (Sept 1940 - July 1947)	3
FPAFWWI	WORLD WAR I (1917-1918)	4
FPAFPEAC	PEACE TIME ONLY (ALL OTHER TIMES) ..	5
	DON'T KNOW	-8

- A9. Was (SP) ever an active member of a National Guard or military reserve unit of the United States?

FPNGEVER	YES	1 (A10)
	NO	2 BOX A2
	DON'T KNOW	-8 BOX A2

- A10. Was all of (SP's) active duty related to National Guard or military reserve training?

FPNGALL	YES	1 (A11)
	NO	2 (A11)

BOX A2	IS A7 CODED "1" (SP SERVED IN ARMED FORCES)?	
	YES	1 (A11)
	NO	2 (A13)

- A11. Does (SP) have a disability related to (his/her) service in the Armed Forces of the United States?

FPNGDSBL	YES	1 (A12)
	NO	2 (A13)
	DON'T KNOW	-8 (A13)

- A12. What is (SP's) current VA disability rating?

FPVARATE	RATING = _____ %
	DON'T KNOW

- A13. In studies like this, people are sometimes grouped together according to income.

Looking at this card, please tell me what is the total yearly income for (SP) [and (his/her) spouse] received from jobs, businesses, interest, Social Security, Railroad Retirement, Supplemental Security Income (SSI), pensions, and any other sources of income, before taxes or any deductions.

SHOW CARD A4

SPFACINC	AMOUNT \$ _____	(SECTION B)
	REFUSED	-7 (A14)
	DON'T KNOW	-8 (A14)

A14. Is it less than \$25,000?

SPINCL25	YES	1 (A15)
	NO	2 (A16)
	REFUSED	-7 (SECTION B)
	DON'T KNOW	-8 (SECTION B)

A15. Would you say it is . . .

SPFACIN3	Less than \$5,000;	1	} (SECTION B)
	\$5,000 to \$9,999;	2	
	\$10,000 to \$14,999;	3	
	\$15,000 to \$19,999; or	4	
	\$20,000 to \$24,999?	5	
	REFUSED	-7	
	DON'T KNOW	-8	

A16. Would you say it is . . .

SPFACIN4	\$25,000 to \$29,999;	1
	\$30,000 to \$34,999;	2
	\$35,000 to \$39,999;	3
	\$40,000 to \$44,999;	4
	\$45,000 to \$49,999; or	5
	\$50,000 or more?	6
	REFUSED	-7
	DON'T KNOW	-8

GO TO SECTION B, RESIDENCE HISTORY

B. RESIDENCE HISTORY

B1. Is (SP) currently a resident of this (facility/home)?

CURRESID	YES	1 (ENTER 00/00/00 AS DISCHARGE DATE, CIRCLE "ALIVE" ON FLAP. THEN GO TO B8)
	NO	2 (B2)
	DON'T KNOW	-8 (B3)

B2. When was (SP) formally discharged?

ENTER "DISCHARGE DATE" ON FLAP, AND SKIP TO B4. IF (SP) WAS NOT FORMALLY DISCHARGED, ASK B3.

DISCHMM, DISCHDD, DISCHYY

B3. Is a bed being held for (SP) at this facility?

BEDHELD	YES	1 (ENTER 00/00/00 AS DISCHARGE DATE, CIRCLE "ALIVE" ON FLAP. THEN GO TO B5)
	NO	2 (ASK B2 AND RECODE)
	DON'T KNOW	-8 (ENTER 00/00/00 AS DISCHARGE DATE AND GO TO B4)

B4. Was (SP) discharged alive?

ALIVE	YES	1 (CIRCLE ALIVE ON FLAP. THEN GO TO B5)
	NO	2 (CIRCLE DECEASED ON FLAP, THEN GO TO B8)
	DON'T KNOW	-8 (CIRCLE UNKNOWN ON FLAP, THEN GO TO B8)

B5. Look at this card and tell me what best describes the place where SP went [after being discharged]?

SHOW CARD B1	PLACENEW	ALONE OR WITH OTHERS IN A HOUSE/APARTMENT	
		(INDEPENDENT LIVING)	1 (B6)
		HOSPITAL	2
		NURSING HOME	3
		RETIREMENT HOME	4
		DOMICILIARY OR PERSONAL	
		CARE FACILITY	5
		MENTAL HEALTH FACILITY	6
		INSTITUTION FOR THE MENTALLY	
		RETARDED/DEVELOPMENTALLY	
		DISABLED	7
		MENTAL HEALTH CENTER	8
		LIFE CARE/CONTINUING CARE	
		FACILITY	9
PLACENOS	ASSISTED LIVING FACILITY	10	
	REHABILITATION FACILITY	11	
	OTHER (WHAT KIND OF PLACE		
	WAS THAT?)	91	
	DON'T KNOW	-8	

B6. What is (SP's) address and telephone number?

STADDR1			
ADDRESS			
CITY		STATE	
CITY		STATE	
ZIPCODE	PHONAREA	PHONEXCH	PHONLOCL
ZIP	()	TELEPHONE	

SKIP TO B8

B7. What is the name and address of that place?

NEWFNONE	PLACE HAS NO NAME	1
NFACNAME	NAME	
NFACADDR	ADDRESS	
NFACCITY		
NFACST	CITY	STATE
NFACZIP	ZIP	
	DON'T KNOW	-8

B8. When was (SP) **first** admitted to this (facility/home)?
ENTER DATE AS "ADMISSION DATE" ON FLAP.

B9. Where was (SP) just before being admitted here on (ADMISSION DATE)?

SHOW CARD B1	BEFORESP	ALONE OR WITH OTHERS IN A HOUSE/ APARTMENT (INDEPENDENT LIVING)...	1	}	BOX B1
		HOSPITAL	2		
		NURSING HOME	3		
		RETIREMENT HOME	4		
		DOMICILIARY OR PERSONAL CARE FACILITY	5		
		MENTAL HEALTH FACILITY	6		
		INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED	7		
		MENTAL HEALTH CENTER	8		
		LIFE CARE/CONTINUING CARE FACILITY	9		
		ASSISTED LIVING FACILITY	10		
		REHABILITATION FACILITY	11		
		OTHER (WHAT KIND OF PLACE WAS THAT?)	91		
		DON'T KNOW	-8		
	BEFOREOS				

B10. At that time, was (SP) living with relatives, with non-relatives, or alone?

LIVWRELA	WITH RELATIVES.....	1	}	BOX B1
	WITH NON-RELATIVES.....	2		
	BOTH.....	3		
	ALONE	4		
	WITH OTHERS, RELATIONSHIP NOT KNOWN	5		
	DON'T KNOW	-8		

BOX B1	IS THE ADMISSION DATE...	
	BEFORE THE REFERENCE DATE	1 (B11)
	THE SAME AS THE REFERENCE DATE	2
	AFTER THE REFERENCE DATE	3
KEYDATMM, KEYDATDD, KEYDATYY		(ENTER ADMISSION DATE AS KEY DATE ON FLAP AND GO TO B15.)

B11. Was SP a resident of this (facility/home) on (REFERENCE DATE)?

SPFACRES	YES	1 (ENTER REFERENCE DATE AS KEY DATE, GO TO B15)
	NO	2 (B12)

B12. Since the (REFERENCE DATE), when was the first time (SP) was admitted to this facility/home? ENTER DATE AS "KEY DATE" ON FLAP.

KEYDATMM, KEYDATDD, KEYDATYY

B13. Look at this card and tell me what best describes where (SP) was prior to being admitted here?

SHOW CARD B1

BEFREFSP	ALONE OR WITH OTHERS IN A HOUSE/APARTMENT (INDEPENDENT LIVING)	1 (B14)	} (B15)
	HOSPITAL	2	
	NURSING HOME	3	
	RETIREMENT HOME	4	
	DOMICILIARY OR PERSONAL CARE FACILITY	5	
	MENTAL HEALTH FACILITY	6	
	INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED	7	
	MENTAL HEALTH CENTER	8	
	LIFE CARE/CONTINUING CARE FACILITY	9	
	ASSISTED LIVING FACILITY	10	
	REHABILITATION FACILITY	11	
	OTHER (WHAT KIND OF PLACE WAS THAT?)	91	
BEFREFOS	DON'T KNOW	-8	

B14. At that time, was (SP) living with relatives, with non-relatives, or alone?

SPRELREF	WITH RELATIVES.....	1	} (B15)
	WITH NON-RELATIVES.....	2	
	BOTH.....	3	
	ALONE	4	
	WITH OTHERS, RELATIONSHIP NOT KNOWN	5	
	DON'T KNOW	-8	

B15. Between (KEY DATE) and [DISCHARGE DATE (ITEM 7 ON FLAP)/today], was (SP) ever formally discharged from this (facility/home) and readmitted?

CFACDISC

YES	1 (B16)
NO	2 (SECTION C)
DON'T KNOW	-8 (SECTION C)

B16. What were the discharge and readmission dates for any periods between (KEY DATE) and [(DATE IN B2)/today] that (SP) was not a resident here?

<u>DISCHARGE DATE</u>				<u>READMISSION DATE</u>		
FDISCMM	FDISCDD	FDISCCY		FREADMM	FREADDD	FREADY
PERIOD 1: _____	_____/_____/_____	THROUGH _____		_____/_____/_____		
	(MONTH) (DAY) (YEAR)			(MONTH) (DAY) (YEAR)		

B17. Look at this card and tell me what best describes the place where SP went after being discharged?

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD B1 </div>	WHEREGO	ALONE OR WITH OTHERS IN A HOUSE/APARTMENT (INDEPENDENT LIVING)	1 (B18)	} (B19)	
		HOSPITAL	2		
		NURSING HOME	3		
		RETIREMENT HOME	4		
		DOMICILIARY OR PERSONAL CARE FACILITY	5		
		MENTAL HEALTH FACILITY	6		
		INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED	7		
		MENTAL HEALTH CENTER	8		
		LIFE CARE/CONTINUING CARE FACILITY	9		
		ASSISTED LIVING FACILITY	10		
		REHABILITATION FACILITY	11		
		OTHER (WHAT KIND OF PLACE WAS THAT?)	91		
		WHEREOS			
		DON'T KNOW	-8		

B18. At that time, was (SP) living with relatives, with non-relatives, or alone?

IREFRELA	WITH RELATIVES.....	1	} (B19)
	WITH NON-RELATIVES.....	2	
	BOTH.....	3	
	ALONE	4	
	WITH OTHERS, RELATIONSHIP NOT KNOWN	5	
	DON'T KNOW	-8	

B19. Was there another time that (SP) was formally discharged from this (facility/home) and readmitted?

IFACREF

YES	1 (COMPLETE SUPPLEMENT SECTION FOR EACH DISCHARGE EPISODE)
NO	2 (SECTION C)
DON'T KNOW	-8 (SECTION C)

C. HEALTH STATUS AND FUNCTIONING

BOX C1	REFER TO FLAP, ITEM 8.		
	VITAL STATUS IS CODED:		
	"ALIVE" (1) OR "UNKNOWN" (3)	1	(C1)
	"DECEASED" (2)	2	(D1)

C1. I'd like to ask about (SP's) health. In general, would you say that (SP's) health is . . .

GENHELTH

excellent,	1
very good,	2
good,	3
fair, or	4
poor?	5

C2. How much of the time during the past month has (his/her) health limited (SP's) social activities, like visiting with friends or close relatives? Would you say . . .

HELMTACT

None of the time,	1
Some of the time,	2
Most of the time, or	3
All of the time?	4

C3. Does (SP) wear eyeglasses or contact lenses?

ECHELP

YES	1	(C4)
NO	2	(C4)
SP IS BLIND	3	(C6)

C4. Which statement best describes (SP's) vision (wearing glasses or contact lenses) -- no trouble seeing, a little trouble, or a lot of trouble?

ECTROUB

NO TROUBLE SEEING	1
A LITTLE TROUBLE SEEING	2
A LOT OF TROUBLE SEEING	3

C5. Has (SP) ever had an operation for cataracts?

ECCATOP

YES	1
NO	2
DON'T KNOW	-8

C6. Does (SP) use a hearing aid?

HCHelp

YES	1	(C7)
NO	2	(C7)
SP IS DEAF	3	(C8)
DON'T KNOW	-8	(C7)

- C7. Which statement best describes (SP's) hearing (with a hearing aid) -- no trouble hearing, a little trouble, or a lot of trouble?

HCTROUB

NO TROUBLE HEARING	1
A LITTLE TROUBLE HEARING	2
A LOT OF TROUBLE HEARING	3

- C8. Does (SP) ever have difficulty eating solid foods because of problems with (his/her) mouth or teeth?

DCTROUB

YES	1
NO	2

- C9. How tall is (SP)?

HEIGHTFT _____
HEIGHTIN _____
 FEET INCHES

- C10. How much does (SP) weigh?

WEIGHT _____
 POUNDS

BOX C2	REFER TO QUESTION A1 (PAGE 1).		
	SP IS ...		
	FEMALE	1	(C11)
	MALE	2	(C14)

- C11. Has (SP) had a mammogram or breast X-ray since (TODAY'S DATE) a year ago?

MAMMOGRM

YES	1
NO	2
DON'T KNOW	-8

- C12. Has (SP) had a Pap smear since (TODAY'S DATE) a year ago?

PAPSMEAR

YES	1 (C14)
NO	2
DON'T KNOW	-8

- C13. Has (SP) ever had a hysterectomy?

HYSTEREC

YES	1
NO	2
DON'T KNOW	-8

C14. The next two questions are about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter?

[EXPLAIN IF NECESSARY: Did SP get a flu shot any time during the period from September through December of the previous year?]

FLUSHOT	YES	1
	NO	2
	DON'T KNOW	-8

C15. Has (SP) ever had a shot for pneumonia?

PNEUSHOT	YES	1
	NO	2
	DON'T KNOW	-8

C16. The next couple of questions are about smoking. Has (SP) ever smoked cigarettes, cigars or pipe tobacco?

EVERSMOK	YES	1 (C17)
	NO	2 (INTRODUCTION ABOVE C18)
	DON'T KNOW	-8 (INTRODUCTION ABOVE C18)

C17. Does (SP) smoke now?

SMOKNOW	YES	1
	NO	2

Now, I'm going to ask about how difficult it is, on the average, for (SP) to do certain kinds of activities. Please tell me for each activity whether (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

C18. How much difficulty, if any, does (SP) have stooping, crouching, or kneeling? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD C1 </div>	DIFSTOOP	NO DIFFICULTY AT ALL	1
		A LITTLE DIFFICULTY	2
		SOME DIFFICULTY	3
		A LOT OF DIFFICULTY	4
		NOT ABLE TO DO IT	5

C19. How much difficulty, if any, does (SP) have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD C1 </div>	DIFLIFT	NO DIFFICULTY AT ALL	1
		A LITTLE DIFFICULTY	2
		SOME DIFFICULTY	3
		A LOT OF DIFFICULTY	4
		NOT ABLE TO DO IT	5

C20. What about reaching or extending arms above shoulder level?

**SHOW
CARD
C1**

DIFREACH

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

C21. How much difficulty, if any, does (SP) have either writing or handling and grasping small objects? Would you say (SP) has no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it?

**SHOW
CARD
C1**

DIFWRITE

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

C22. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

**SHOW
CARD
C1**

DIFWALK

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

C23. Next, I'm going to read a list of medical conditions. Please tell me if a doctor ever told (SP) that (he/she) had any of these conditions.

a. Hardening of the arteries or arteriosclerosis?

OCARTERY

YES	1
NO	2
DON'T KNOW	-8

b. Hypertension, sometimes called high blood pressure?

OCHBP

YES	1
NO	2
DON'T KNOW	-8

c. Has a doctor ever told (SP) that (he/she) had a myocardial infarction or a heart attack ?

OCMYOCAR

YES	1
NO	2
DON'T KNOW	-8

d. What about angina pectoris or coronary heart disease?

OCCHD

YES	1
NO	2
DON'T KNOW	-8

- e. What about other heart conditions such as congestive heart failure, problems with the valves in the heart , or problems with the rhythm of (SP's) heartbeat?

OCOTHART	YES	1
	NO	2
	DON'T KNOW	-8

- f. A stroke, a brain hemorrhage, or a cerebrovascular accident?

OCSTROKE	YES	1
	NO	2
	DON'T KNOW	-8

- g. Skin cancer?

OCCSKIN	YES	1
	NO	2
	DON'T KNOW	-8

- h. Any other kind of cancer, malignancy, or tumor?

OCCANCER	YES	1 (i)
	NO	2 (j)
	DON'T KNOW	-8 (j)

- i. On what part or parts of (SP's) body was the cancer or tumor found? (CIRCLE ALL THAT APPLY.)

	OCCLUNG	Lung	1
	OCCECOLON	Colon, rectum, or bowel	2
	OCCBREAST	Breast	3
	OCCUTER	UTERUS	4
	OCCPROST	PROSTATE	5
OCCKIDNY	OCCBLAD	BLADDER	6
OCCBRAIN	OCCOVARY	OVARY	7
OCCTHROA	OCCSTOM	STOMACH	8
OCCBACK	OCCCERVX	CERVIX	9
OCCHEAD	OCCOTHER	Other (SPECIFY)	91
OCCFONEC	OCCOS	

- j. Has a doctor ever told (SP) that (s/he) had diabetes, sugar in (his/her) urine, or high blood sugar?

OCDIABTS	YES	1
	NO	2
	DON'T KNOW	-8

- k. Rheumatoid arthritis?

OCARTHRH	YES	1
	NO	2
	DON'T KNOW	-8

l. Arthritis, other than rheumatoid arthritis?

[EXPLAIN, IF NECESSARY: This includes osteoarthritis.]

OCARTH	YES	1 (m)
	NO	2 (n)
	DON'T KNOW	-8 (n)

m. What part or parts of (SP's) body have been affected by arthritis? (CIRCLE ALL THAT APPLY.)

OCAARM	Arms, shoulders or hands	1
OCAFEET	Hips, knees, feet OR ANYWHERE ON LEGS.....	2
OCABACK	Back	3
OCANECK	NECK	4
OCAALOVR	ALL OVER OR JOINTS	5
OCAOTHER	Other (SPECIFY)	91
OCAOS	_____	

n. Has a physician ever told (SP) that (s/he) had mental retardation?

OCMENTAL	YES	1
	NO	2
	DON'T KNOW	-8

o. Alzheimer's disease or dementia?

OCALZHMR	YES	1
	NO	2
	DON'T KNOW	-8

p. Has a physician ever told (SP) (s/he) had any mental or psychiatric disorder?

OCPSYCH	YES	1
	NO	2
	DON'T KNOW	-8

q. Osteoporosis, sometimes called fragile or soft bones?

OCOSTEOP	YES	1
	NO	2
	DON'T KNOW	-8

r. A broken hip?

OCBRKHIP	YES	1
	NO	2
	DON'T KNOW	-8

s. Parkinson's disease?

OCPARKIN	YES	1
	NO	2
	DON'T KNOW	-8

- t. Emphysema, asthma or COPD?
[COPD = CHRONIC OBSTRUCTIVE PULMONARY DISEASE]

OCEMPHYS YES 1
NO 2
DON'T KNOW -8

- u. Has a doctor ever told (SP) that (he/she) had complete or partial paralysis?

OCPPARAL YES 1
NO 2
DON'T KNOW -8

- v. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE YES AND DO NOT ASK C23v.
OTHERWISE ASK: What about absence or loss of an arm or leg?

OCAMPUTE YES 1
NO 2
DON'T KNOW -8

BOX C3	REFER TO FOLDOUT FLAP		
	SP IS ...		
	65 OR OLDER	1	(INTRODUCTION ABOVE C27)
	UNDER 65	2	(C24)

- C24. You told me that (SP) has had (MEDICAL CONDITIONS TO WHICH RESPONDENT ANSWERED YES IN C23a THRU v). (Was this/Were any of these) the original cause of (SP's) becoming eligible for Medicare?

EMCOND YES 1 **BOX C4**
NO 2 (C25)
DON'T KNOW -8 (INTRO ABOVE C27)

- C25. What was the original cause of (SP's) becoming eligible for Medicare? RECORD VERBATIM.

EMCAUSE1 **EMCAUSC1** _____
EMCAUSE2 **EMCAUSC2** _____
EMCAUSE3 _____ GO TO INTRODUCTION ABOVE C27.

BOX C4	REFER TO C23a-v		
	MORE THAN ONE CONDITION MENTIONED.....	1	(C26)
	ONLY ONE CONDITION MENTIONED	2	(INTRODUCTION ABOVE C27)

- C26. Which of these conditions was the cause of (him/her) becoming eligible for Medicare?
RECORD ALL CONDITIONS MENTIONED. RECORD VERBATIM.

EMARTERY **EMCSKIN** **EMMENTAL** **EMPARKIN** **EMOTHOS** _____
EMBP **EMCANCER** **EMALZHMR** **EMEMPHYS** **EMOS** _____
EMMYOCAR **EMDIABTS** **EMPSYCH** **EMPPARAL** GO TO INTRODUCTION ABOVE C27.
EMCHD **EMARTHRH** **EMOSTEOP** **EMAMPUTE**
EMOTHART **EMARTH** **EMBRKHIP** **EMSTROKE**

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Now I'm going to ask about some everyday activities and whether (SP) has any difficulty doing them by (himself/herself).

C27. Because of a health or physical problem, does (SP) have any difficulty . . .

(1)
using the telephone?

YES 1 Ω (NEXT
NO 2 : ACTIV.) \rightarrow
 Σ
DOESN'T
DO 3 (C28)

PRBTELE

(2)
shopping for personal items (such as toilet items or medicines)?

YES 1 Ω (NEXT
NO 2 : ACTIV.) \rightarrow
 Σ
DOESN'T
DO 3 (C28)

PRBSHOP

(3)
managing money (like keeping track of expenses or paying bills)?

YES 1 Ω
NO 2 :
 Σ
DOESN'T
DO 3 (C28)

PRBBILS

BOX
C5

C28. Is this because of a health or physical problem?

YES 1 Ω (NEXT
NO 2 : ACTIV.)
 Σ
DONTTELE

YES 1 Ω (NEXT
NO 2 : ACTIV.)
 Σ
DONTSHOP

YES 1 Ω
NO 2 :
 Σ
DONTBILS

BOX
C5

BOX
C5

ASK C29 FOR EACH "YES" IN C27 OR C28. IF NO "YES" ANSWERS, GO ON TO INTRODUCTION ABOVE C30.

C29. [You said that (IADL) is something (SP has difficulty doing/SP doesn't do).] Does SP receive help from another person with (IADL)?

YES 1 Ω (NEXT ACTIV.
: CODED "YES"
: IF NONE:
NO 2 : INTRO ABOVE
: C30)
 Σ

HELPTTELE

YES 1 Ω (NEXT ACTIV.
: CODED "YES"
: IF NONE:
NO 2 : INTRO ABOVE
: C30)
 Σ

HELPSHOP

YES 1 Ω (INTRO ABOVE
NO 2 : C30)
 Σ

HELPBILS

ACTIVITIES OF DAILY LIVING (ADLs)

Now I'll ask about some other everyday activities. I'd like to know whether (SP) has any difficulty doing each one by (himself/herself) and without special equipment.

	(1) bathing or showering?	(2) dressing?	(3) eating?	(4) getting in and out of chairs?	(5) walking?	(6) using the toilet?
C30. Because of a health or physical problem, does (SP) have <u>any</u> difficulty . . .	YES..... 1 Ω (NEXT NO 2 : ACTIV.) Σ	YES 1 Ω (NEXT NO 2 : ACTIV.) Σ	YES..... 1 Ω (NEXT NO..... 2 : ACTIV.) Σ	YES1 Ω (NEXT NO2 : ACTIV.) Σ	YES..... 1 Ω (NEXT NO..... 2 : ACTIV.) Σ	YES..... 1 Ω (NEXT NO..... 2 : ACTIV.) Σ
	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)
	HPPDBATH	HPPDDRES	HPPDEAT	HPPDCHAR	HPPDWALK	HPPDTOIL
C30a. Is this because of a health or physical problem?	YES..... 1 Ω (NEXT NO 2 : ACTIV.) Σ	YES 1 Ω (NEXT NO 2 : ACTIV.) Σ	YES..... 1 Ω (NEXT NO..... 2 : ACTIV.) Σ	YES1 Ω (NEXT NO2 : ACTIV.) Σ	YES..... 1 Ω (NEXT NO..... 2 : ACTIV.) Σ	YES..... 1 Ω (NEXT NO..... 2 : ACTIV.) Σ
	DONTBATH	DONTDRES	DONTEAT	DONTCHAR	DONTWALK	DONTTOIL
BOX C6	ASK C31-C33 AS APPROPRIATE FOR EACH ADL CODED "YES" IN C30 OR C30a. IF NO "YES" ANSWERS, GO TO C34.					
C31. [You said (SP's) health makes (ADL) difficult./You said that (ADL) is something (SP) doesn't do.] Does (SP) receive help from another person with (ADL)?	YES..... 1 (C33) NO 2 (C32)	YES 1 (C33) NO 2 (C32)	YES..... 1 (C33) NO..... 2 (C32)	YES 1 (C33) NO 2 (C32)	YES..... 1 (C33) NO..... 2 (C32)	YES..... 1 (C33) NO..... 2 (C32)
	HELPBATH	HELPDRES	HELPEAT	HELPCHAR	HELPWALK	HELPTOIL
C32. Does someone usually stay nearby just in case (SP) needs help with (ADL)? [That is, does someone usually stay or come into the room to check on (him/her)?]	YES..... 1 NO 2	YES 1 NO 2	YES..... 1 NO..... 2	YES 1 NO 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	PCHKBATH	PCHKDRES	PCHK EAT	PCHKCHAR	PCHKWALK	PCHKTOIL
C33. Does (SP) use special equipment or aids to help (him/her) with (ADL)?	YES..... 1 NO 2	YES 1 NO 2	YES..... 1 NO..... 2	YES 1 NO 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
	EQUIPBATH	EQUIPDRES	EQUIPEAT	EQUIPCHAR	EQUIPWALK	EQUIPTOIL

- C34. I'd like to ask about a health problem that is more common than people think. (SHOW CARD C2.) Please look at this card and tell me how often, if at all, (SP) lost urine beyond (his/her) control during the past 12 months.

**SHOW
CARD
C2**

LOSTURIN

MORE THAN ONCE A WEEK	1
ABOUT ONCE A WEEK	2
2-3 TIMES A MONTH	3
ABOUT ONCE A MONTH	4
EVERY 2-3 MONTHS	5
ONCE OR TWICE A YEAR	6
NOT AT ALL	7
SP IS ON DIALYSIS OR CATHETERIZATION	8

GO TO SECTION D, HEALTH
INSURANCE

D. HEALTH INSURANCE

- D1. The Medicare number is needed to allow (SP's) Medicare records to be easily and accurately located and identified for statistical research purposes. What is (SP's) Medicare claim number?

FMCARNUM	-
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- D2. Since (SP) was first admitted to this facility, has (SP) ever been covered by (Medicaid/STATE NAME FOR MEDICAID)?

FAIDCOVR	YES	1 (D3)
	NO	2 (D7)

- D3. When was (SP) first covered by (Medicaid/STATE NAME FOR MEDICAID)? PROBE FOR MONTH IF WITHIN PAST 2 YEARS.

MSTARTMM _____ / _____
MSTARTYY _____ MONTH _____ YEAR

- D4. At any time since (SP) was first covered by (Medicaid/STATE NAME FOR MEDICAID), was there a period of time during which (SP) was not covered by (Medicaid/STATE NAME FOR MEDICAID)?

NOMCAID YES 1 (D5)
NO 2 (D7)

- D5. What were the periods of time (SP) was not covered by (Medicaid/STATE NAME FOR MEDICAID)?

	<u>FROM</u>		<u>TO</u>
	FNOMMM1	FNOMYY1	FNOMEMM1 FNOMEYY1
PERIOD 1:	_____/_____ MONTH YEAR		_____/_____ MONTH YEAR
	FNOMMM2	FNOMYY2	FNOMEMM2 FNOMEYY2
PERIOD 2:	_____/_____ MONTH YEAR		_____/_____ MONTH YEAR

- D6. At any time since (REFERENCE DATE), has (SP) been covered by (Medicaid/STATE NAME FOR MEDICAID)?

AIDCOVER	YES	1
	NO	2

- D7. At any time since (REFERENCE DATE), has (SP) been covered by any other public assistance program (besides Medicaid/STATE NAME FOR MEDICAID) that pays for medical care?

PUBCOVER	YES	1 (D8)
	NO	2 (D9)

D8. What is the name of the program that covered (SP)?

FPLNNAME	_____
FPLNTYPE	PROGRAM NAME

D9. I would like to ask about other types of health insurance. At any time since (REFERENCE DATE), has (SP) been covered by a health insurance plan, an HMO, or by any other medical insurance that pays hospital or doctor bills or covers the cost of prescribed medicines?

PRVCOVER	YES	1 (D11)
	NO	2 (D10)

D10. Some people who are eligible for Medicare have additional coverage that is sometimes referred to as Medigap or Medicare Supplement. At any time since (REFERENCE DATE) did (SP) have this type of health insurance coverage?

GAPCOVER	YES	1 (D11)
	NO	2 (SECTION L)
	DON'T KNOW	-8 (SECTION L)

D11. What is the name of each of the plans that provide (SP's) medical insurance coverage? LIST EACH PLAN IN A SEPARATE COLUMN.

PLAN 1:	PLAN 2:	PLAN 3:
FPLNNAME		
_____	_____	_____
PLAN NAME	PLAN NAME	PLAN NAME
FPLNTYPE		

GO TO SECTION L, TRACING AND
CLOSING

L. TRACING AND CLOSING

L1. Can you give me the name, address and telephone number of (SP's) next of kin or responsible person?

ISNOK	Yes	1 (L2)
	No	2 (L3)

L2. RECORD NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP BELOW.

1.

FNOKFNAM	FNOKMINT	FNOKLNAM
NAME		
FNOKADDR		
FNOKCITY	ADDRESS FNOKSTAT	FNOKZIP
CITY	STATE	ZIP
() _____		
	PHONE	
FNOKREL	FNOKRLOS	FNOKAREA FNOKEXCH FNOKLOCL
RELATIONSHIP _____		

2. **FNOKFNAM** **FNOKMINT** **FNOKLNAM**

NAME

FNOKADDR

ADDRESS

FNOKCITY **FNOKSTAT** **FNOKZIP**

CITY STATE ZIP

()

PHONE

FNOKAREA, FNOKEXCH, FNOKLOCL

RELATIONSHIP **FNOKREL**

COMPLETE L3-L6 FOR EACH RESPONDENT	RESPONDENT 1	RESPONDENT 2
L3. Thank you. (ENTER RESPONDENT NAME) FRESFNAM FRESMINT FRESLNAM	NAME: _____ _____	NAME: _____ _____
L4. What is your job title? FRESTITL	TITLE: _____ _____	TITLE: _____ _____
L5. INTERVIEWER: WERE PATIENT RECORDS USED? FRESREC	YES 1 NO 2	YES 1 NO 2
L6. INTERVIEWER: WHICH SECTIONS DID RESPONDENT ANSWER? (CIRCLE ALL THAT APPLY) FRESSECA FRESSECB FRESSECC FRESSECD FRESSECL	A B C D L	A B 3 C D L

RESPONDENT 3	RESPONDENT 4
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
YES1 NO2	YES1 NO2
A B C D L	A B C D L

MRESETIM

TIME INTERVIEW ENDED: _____ AM/PM

FOLD OUT FLAP

1. SURVEY ROUND (CIRCLE ONE)

FACLBRND

10 11 12 13 14 15 16 17 18

2. REFERENCE DATE

MREFDATE

_____/_____/_____
MONTH DAY YEAR

3. DATE OF INTERVIEW

MRESEDATE

_____/_____/_____
MONTH DAY YEAR

4. DATE OF BIRTH

HHDOBMM

HHDOBDD

HHDOBY

_____/_____/_____
MONTH DAY YEAR

5. ADMISSION DATE

ADMINMM

ADMINDD

ADMINYY

_____/_____/_____
MONTH DAY YEAR

6. KEY DATE

KEYDATMM

KEYDATDD

KEYDATYY

_____/_____/_____
MONTH DAY YEAR

7. DISCHARGE DATE

DISCHMM

DISCHDD

DISCHYY

_____/_____/_____
MONTH DAY YEAR

8. VITAL STATUS:

VITALS

ALIVE 1

DECEASED 2

UNKNOWN 3