

MAIN STUDY - ROUND 10

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

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)
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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

EVBE GMM **EVENDMM**
EVBE GDD **EVENDDD**
EVBE GYY **EVENDYY**

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