

OMB #: 0938-0568
EXPIRES: 11/97

RESPONDENT 1: _____

TITLE: _____

RESPONDENT 2: _____

TITLE: _____

RESPONDENT 3: _____

TITLE: _____

SP ID #: _____

SP NAME: **ROSTFNAM** **ROSTLNAM** **ROSTMINI**

DATE OF INTERVIEW: **MRESBDAT**

INTERVIEWER NAME: _____

INTERVIEWER ID: **MRESINIT**

FACILITY ID: **FACID**

START TIME: **MRESBTIM** AM/PM

GENDER OF SP: M F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCING ADMINISTRATION

MEDICARE CURRENT BENEFICIARY SURVEY
CONDUCTED BY WESTAT

FACILITY COMPONENT SUPPLEMENT TO THE CORE QUESTIONNAIRE

S Q

In this questionnaire we will be collecting information about (SP's) health status.

Do you have the medical files and records for SP? IF NOT, ASK RESPONDENT TO GET RECORDS.

ASSURANCE OF CONFIDENTIALITY

Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence by Westat and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

JANUARY 1996

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?

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD A2 </div>	FPRACE	AMERICAN INDIAN	1
		ASIAN OR PACIFIC ISLANDER	2
		BLACK/AFRICAN AMERICAN	3
		WHITE	4
	FPRACEOS	OTHER (SPECIFY)	91
		DON'T KNOW	-8

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 -8

- 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	-
\$5,000 to \$9,999;	2	.
\$10,000 to \$14,999;	3	.
\$15,000 to \$19,999; or	4	° (SECTION B)
\$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 ° (B7)
		MENTAL HEALTH CENTER 8 .
		LIFE CARE/CONTINUING CARE FACILITY 9 .
		ASSISTED LIVING FACILITY 10 .
		REHABILITATION FACILITY 11 .
	PLACENOS	OTHER (WHAT KIND OF PLACE WAS THAT?) 91 .
	
		DON'T KNOW -8 ®

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

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

SKIP TO B8

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

NEWPNONE	PLACE HAS NO NAME 1
NFACNAME	NAME
NFADADDR	ADDRESS
	NFACST
NFACCITY	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 (B10)	
		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 ° BOX B1	
		MENTAL HEALTH CENTER		8 .	
		LIFE CARE/CONTINUING CARE FACILITY		9 .	
		ASSISTED LIVING FACILITY		10 .	
		REHABILITATION FACILITY		11 .	
		BEFOREOS	OTHER (WHAT KIND OF PLACE WAS THAT?)		91 .
			DON'T KNOW		-8 ®

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

LIVWRELA	WITH RELATIVES	1 -
	WITH NON-RELATIVES	2 .
	BOTH	3 .
	ALONE	4 ° BOX B1
	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 ° (ENTER ADMISSION
	AFTER THE REFERENCE DATE	3® DATE AS KEY DATE
	KEYDATMM KEYDATDD KEYDATYY	ON FLAP AND GO TO B15.)

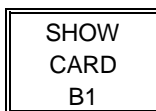
B11. Was SP a resident of this (facility/home) on (REFERENCE DATE)?

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?



BEFREFSP ALONE OR WITH OTHERS IN A HOUSE/APARTMENT (INDEPENDENT LIVING) 1 (B14)
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 ° (B15)
MENTAL HEALTH CENTER 8 .
LIFE CARE/CONTINUING CARE FACILITY 9 .
ASSISTED LIVING FACILITY 10 .
REHABILITATION FACILITY 11 .
BEFREFOS OTHER (WHAT KIND OF PLACE WAS THAT?) 91 .
DON'T KNOW -8 ®

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

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

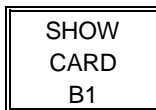
B15. Between (KEY DATE) and [DISCHARGE DATE (ITEM 7 ON FLAP)/today], was (SP) ever formally discharged from this (facility/home) and readmitted?

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?



WHEREGO

ALONE OR WITH OTHERS IN A HOUSE/APARTMENT
(INDEPENDENT LIVING) 1 (B18)
 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 ° (B19)
 MENTAL HEALTH CENTER 8 .
 LIFE CARE/CONTINUING CARE
 FACILITY 9 .
 ASSISTED LIVING FACILITY 10 .
 REHABILITATION FACILITY 11 .
WHEREOS
 OTHER (WHAT KIND OF PLACE
 WAS THAT?) 91 .

 DON'T KNOW -8 ®

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

IREFRELA

WITH RELATIVES 1 -
 WITH NON-RELATIVES 2 .
 BOTH 3 .
 ALONE 4 ° (B19)
 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	<p>REFER TO CORE QUESTIONNAIRE FOLD OUT FLAP, ITEM 4, VITAL STATUS IS CODED:</p> <p style="text-align: right;">"ALIVE" (1) OR "UNKNOWN" (3) 1 (C1) "DECEASED" (2)..... 2 (D1)</p>
-----------	--

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?

ECHHELP	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 (C8)

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?

HEIGHTFT _____
HEIGHTIN _____ POUNDS

BOX C2	REFER TO FRONT COVER, 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

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

PAPSMEAR YES 1 (C14)
NO 2

C13. Has (SP) ever had a hysterectomy?

HYSTEREC	YES	1
	NO	2

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

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

PNEUSHOT	YES	1
	NO	2

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><div>SHOW CARD C1</div></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?

SHOW CARD C1

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.)

OCCKIDNY	OCCLUNG	LUNG	1
OCCBRAIN	OCCCOLON	COLON, RECTUM, OR BOWEL	2
OCCTHROA	OCCBREST	BREAST	3
OCCBACK	OCCUTER	UTERUS	4
OCCHEAD	OCCPROST	PROSTATE	5
OCCFONEC	OCCBLAD	BLADDER	6
	OCCOVARY	OVARY	7
	OCCSTOM	STOMACH	8
	OCCCERVX	CERVIX	9
	OCCOTHER	OTHER (SPECIFY)	91
	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	GO TO INTRODUCTION ABOVE C27.
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C24. NOT ASKED IN SUPPLEMENT.

C25. NOT ASKED IN SUPPLEMENT.

BOX C4	NOT ASKED IN SUPPLEMENT.
-----------	--------------------------

C26. NOT ASKED IN SUPPLEMENT.

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 W(NEXT
NO 2 : ACTIV.)
S
DOESN'T
DO 3 (C28)

PRBTELE

(2)

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

YES 1 W(NEXT
NO 2 : ACTIV.)
S
DOESN'T
DO 3 (C28)

PRBSHOP

(3)

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

YES 1 W
NO 2 :
S
DOESN'T
DO 3 (C28)

PRBBILS

BOX
C5

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

(1)

YES 1 W(NEXT
NO 2 : ACTIV.)
S
DONTTELE

(2)

YES 1 W(NEXT
NO 2 : ACTIV.)
S
DONTSHOP

(3)

YES 1 W
NO 2 :
S
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)?

(1)

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

HELPTTELE

(2)

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

HELPSHOP

(3)

YES 1 W(INTRO ABOVE
: C30)
NO 2 :
S
HELPBILS

17

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.

C30.	Because of a health or physical problem, does (SP) have <u>any</u> difficulty . . .	(1) bathing or showering?	(2) dressing?	(3) eating?	(4) getting in and out of chairs?	(5) walking?	(6) using the toilet?	
		YES..... 1 W (NEXT NO 2 : ACTIV.) S	YES 1 W (NEXT NO 2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES1 W (NEXT NO2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES..... 1 W NO..... 2 : S	BOX C6
		DOESN'T DO 3 (C30a)	DOESN'T DO 3 (C30a)	DOESN'T DO..... 3 (C30a)	DOESN'T DO3 (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 W (NEXT NO 2 : ACTIV.) S	YES 1 W (NEXT NO 2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES1 W (NEXT NO2 : ACTIV.) S	YES..... 1 W (NEXT NO..... 2 : ACTIV.) S	YES..... 1 W NO..... 2 : S	BOX C6
		DONTBATH	DONTDRES	DONTEAT	DONTCHAR	DONTWALK	DONTTOIL	

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BOX C6	ASK C31-C33 AS APPROPRIATE FOR EACH ADL CODED "YES" IN C30 OR C30a. IF NO "YES" ANSWERS, GO TO C34.
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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 NO 2	YES 1 NO 2	YES..... 1 NO..... 2	YES 1 NO 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
		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	PCHKKEAT	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/THE LAST SUPPLEMENT TO THE CORE INTERVIEW DATE], 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)?

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

- 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 [(SP) was first admitted to this facility/THE LAST SUPPLEMENT TO THE CORE INTERVIEW 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 [(SP) was first admitted to this facility/THE LAST SUPPLEMENT TO THE CORE INTERVIEW 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 [(SP) was first admitted to this facility/THE LAST SUPPLEMENT TO THE CORE INTERVIEW DATE], did (SP) have this type of health insurance coverage?

GAPCOVER	YES	1 (D11)
	NO	2 (TIME ENDED)
	DON'T KNOW	-8 (TIME ENDED)

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	FPLNNAME	FPLNNAME
_____	_____	_____
PLAN NAME	PLAN NAME	PLAN NAME
FPLNTYPE	FPLNTYPE	FPLNTYPE

TIME INTERVIEW ENDED: _____ AM/PM

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		
ADDRESS		
FNOKCITY	FNOKSTAT	FNOKZIP
CITY	STATE	ZIP
()		FNOKAREA
FNOKREL		FNOKECHX
PHONE		FNOKLOCL
FNOKRLOS		
RELATIONSHIP		

2.

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

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 1	RESPONDENT 2
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
YES1 NO2	YES1 NO2
A B C D L	A B 3 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

MRESEDAT

_____/_____/_____
MONTH DAY YEAR

4. DATE OF BIRTH

HHDOBMM

HHDOBDD

HHDOBYY

_____/_____/_____
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