

MAIN STUDY - ROUND 19  
COMMUNITY COMPONENT  
IU. INSTITUTIONAL UTILIZATION

BOX IU1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX HHS1</b> . OTHERWISE GO TO IU1.
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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 Department of Veterans Affairs, or V.A., facility?

<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>EVBE GMM</b>				<b>EVENDMM</b>			
<b>EVBE GDD</b>				<b>EVENDDD</b>			
<b>EVBE GYY</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?

**TEMP**

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