

MCBS MAIN STUDY - ROUND 28, FALL 2000

COMMUNITY COMPONENT

IU. INSTITUTIONAL UTILIZATION

BOX IU1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX HHS1 . 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	IUPROBE YES 1 (IU2) NO 2 BOX HHS1 REFUSED -7 BOX HHS1 DON'T KNOW -8 BOX HHS1
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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 BOX IU2 b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX IU2 "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (IU3)
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IU3. Is (INSTITUTION) a Department of Veterans Affairs, or V.A., facility?

VAPLACE
 YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX IU2	IF IU EVENT ADDED IN UTS, RETURN TO UTSINTRC. OTHERWISE, GO TO IU4.
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IU4. When (were you/was SP) admitted to and discharged from (INSTITUTION)?

ADMISSION	_____	/	_____	/	_____	DISCHARGE	_____	/	_____	/	_____
	MM		DD		YY		MM		DD		YY
EVBE	GMM					EVEN	DMM				
EVBE	GDD					EVEN	DDD				
EVBE	GY					EVEN	DYY				

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	BOX HHS1
	REFUSED	-7	BOX HHS1
	DON'T KNOW	-8	BOX HHS1