

IU. INSTITUTIONAL UTILIZATION  
(CORE ONLY)

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 <b>BOX IU2</b>
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 <b>BOX IU2</b>
		"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

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** **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?

**TEMP** YES..... 1 (IU2)  
NO ..... 2 **BOX HHS1**  
REFUSED ..... -7 **BOX HHS1**  
DON'T KNOW ..... -8 **BOX HHS1**