

MCBS MAIN STUDY - ROUND 34 – FALL 2002

COMMUNITY COMPONENT

HA. HOUSING CHARACTERISTICS

BOX HA1	<p>IF THIS IS NOT A FALL "SUPPLEMENTAL" ROUND, GO TO BOX HIS1A.</p> <p>IF THIS IS A FALL "SUPPLEMENTAL" ROUND AND THE SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX HIS1A. IF SP IN CONTINUING SAMPLE AND HA NOT ADMINISTERED IN PREVIOUS FALL "SUPPLEMENTAL" ROUND, GO TO HAINTRO. IF SP IN CONTINUING SAMPLE AND SPMOVED ≠ 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, GO TO HAINTRO2A. IF SP IN CONTINUING SAMPLE AND SPMOVED = 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, GO TO HAINTRO.</p> <p>OTHERWISE, GO TO HAINTRO.</p>
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HAINTRO. I would like to ask a few questions about (your/SP's) housing situation or living arrangements.
[PRESS ENTER TO CONTINUE]

HA1. INTERVIEWER: IF TYPE OF HOUSING IS OBVIOUS, CODE WITHOUT ASKING. IF HOUSING TYPE IS NOT OBVIOUS, ASK: Which of these best describes (your/ SP's) home?

SHOW CARD HA1	DWELLING	ONE-FAMILY, DETACHED.....	1 (HA2)
		TWO-FAMILY OR DUPLEX.....	2 (HA2)
		APARTMENT OR CONDOMINIUM	
		BUILDING.....	3 (HA2)
		MOBILE HOME, TRAILER.....	4 (HAINTRO2)
	DWELLOS	ROWHOUSE, TOWNHOUSE.....	5 (HA2)
		"MOTHER-IN-LAW" APARTMENT.....	6 (HA2)
		SOMETHING ELSE (SPECIFY) _____	91 (HA2)
		DON'T KNOW	-8 (HA2)

HA2. How many levels are in (your/SP's) (house/apartment or condominium building/place of residence)?

HLEVELS	ONE	1 (HAINTRO2)
	TWO.....	2 (HA3)
	THREE OR MORE.....	3 (HA3)
	REFUSED.....	-7 (HA3)
	DON'T KNOW	-8 (HA3)

HA3. Does (your/SP's) (house/apartment or condominium building/place of residence) have an elevator?

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

HA4. Is the living space in (your/SP's) (house/own apartment or condominium/place of residence) all on one level?

HONELEV YES 1 (HAINTRO2)
 NO 2 (HA5)
 REFUSED -7 (HA5)
 DON'T KNOW -8 (HA5)

HA5. Does (your/SP's) (house/own apartment or condominium/place of residence) have either a full bathroom or a half bathroom on all levels?

[PROBE: Bathroom facilities must contain at least a flush toilet OR a bathtub or shower]

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

HAINTRO2. Next, I would like to ask about access or mobility modifications that (you/SP) may have in (your/his/her) (house/apartment or condominium building/mobile home/place of residence).

[PRESS ENTER TO CONTINUE]

BOX HA1A	GO TO HA6.
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HAINTRO2A. When we were here about a year ago, we asked about access or mobility modifications that may have been a part of (your/SP's) residence at that time. Now, I would like to update our information about such modifications.

[PRESS ENTER TO CONTINUE]

HA6. Does (your/SP's) (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)?

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

HA7. Does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have modifications to any bathroom such as grab bars or a shower seat?

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

HA8. Other than stair railings, does (your/SP's) (house/own apartment or condominium/mobile home/place of residence) have special railings to help (you/him/her) move around?

HRAILING

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

BOX HA1B	<p>IF SP IN SUPPLEMENTAL SAMPLE, IN CONTINUING SAMPLE AND SPMOVED = 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, OR IF IN CONTINUING SAMPLE AND HA NOT ADMINISTERED IN PREVIOUS FALL "SUPPLEMENTAL" ROUND, GO TO HA9.</p> <p>IF SP IN CONTINUING SAMPLE AND SPMOVED ≠ 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, AND HOUSTYPE = 1 OR -8 IN THE MOST RECENT PREVIOUS FALL "SUPPLEMENTAL" ROUND, GO TO HAINTRO3.</p> <p>IF SP IN CONTINUING SAMPLE AND SPMOVED ≠ 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD AND HOUSTYPE = 2 OR -7 IN THE MOST RECENT PREVIOUS FALL "SUPPLEMENTAL" ROUND, GO TO BOX HIS1A.</p>
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HA9. Now, please look at this card and tell me if (you live/SP lives) in any of these types of housing.

SHOW CARD HA2	<p>HOUSTYPE</p> <table> <tr> <td>YES</td> <td>1 (HA10)</td> </tr> <tr> <td>NO</td> <td>2 BOX HA3</td> </tr> <tr> <td>REFUSED</td> <td>-7 BOX HA3</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8 (HA10)</td> </tr> </table>	YES	1 (HA10)	NO	2 BOX HA3	REFUSED	-7 BOX HA3	DON'T KNOW	-8 (HA10)
YES	1 (HA10)								
NO	2 BOX HA3								
REFUSED	-7 BOX HA3								
DON'T KNOW	-8 (HA10)								

HA10. IF NECESSARY, ASK: Which category best describes (your/SP's) type of housing?

SHOW CARD HA2	<p>HCOMUNTY</p> <table> <tr> <td>RETIREMENT COMMUNITY</td> <td>1</td> </tr> <tr> <td>SENIOR CITIZENS HOUSING</td> <td>2</td> </tr> <tr> <td>ASSISTED LIVING FACILITY</td> <td>3</td> </tr> <tr> <td>CONTINUING CARE COMMUNITY</td> <td>4</td> </tr> <tr> <td>STAGED LIVING COMMUNITY</td> <td>5</td> </tr> <tr> <td>RETIREMENT APARTMENTS</td> <td>6</td> </tr> <tr> <td>CHURCH-PROVIDED HOUSING</td> <td>7</td> </tr> <tr> <td>PERSONAL OR RESIDENTIAL CARE HOME</td> <td>8</td> </tr> <tr> <td>HCOMUNOS OTHER (SPECIFY)</td> <td>91</td> </tr> <tr> <td>REFUSED</td> <td>-7</td> </tr> <tr> <td>DON'T KNOW</td> <td>-8</td> </tr> </table>	RETIREMENT COMMUNITY	1	SENIOR CITIZENS HOUSING	2	ASSISTED LIVING FACILITY	3	CONTINUING CARE COMMUNITY	4	STAGED LIVING COMMUNITY	5	RETIREMENT APARTMENTS	6	CHURCH-PROVIDED HOUSING	7	PERSONAL OR RESIDENTIAL CARE HOME	8	HCOMUNOS OTHER (SPECIFY)	91	REFUSED	-7	DON'T KNOW	-8
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BOX HA1C	GO TO HA11.
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HAINTRO3. The type of housing (you live/SP lives) in sometimes gives its residents access to personal care services. Next, I would like to update our records regarding (your/SP's) access to such services.
[PRESS ENTER TO CONTINUE]

HA11. Does (your/SP's) place of residence give (you/him/her) access to personal care services like any of those listed on this card?

SHOW CARD HA3	HPERCARE	YES	1 (HA12)
		NO	2 BOX HA3
		REFUSED	-7 BOX HA3
		DON'T KNOW	-8 (HA12)

HA12. We are interested in personal services that might be available here in addition to housing. [In (this/these) (CATEGORY FROM HA10)/In (your/SP's) place of residence], (do you/does SP) have access to ...

		YES	NO
MEALPROB	a. prepared meals?	1	2
MAIDPROB	b. housekeeping, maid, or cleaning services?	1	2
WASHPROB	c. laundry services?	1	2
HELPPROB	d. help with medications?	1	2
TRANPROB	e. transportation?	1	2
RECPROB	f. recreational services, such as exercise facilities, movies, activities programs, library, card rooms, pool tables, etc.?	1	2

BOX HA2	IF ANY "YES" TO HA12a-f, GO TO HA13. OTHERWISE, GO TO BOX HA2A.
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HA13. Are these services included as part of the cost of (your/SP's) housing or is there a separate charge for them?

SERVINCL	ALL INCLUDED	1
	SOME INCLUDED/SOME SEPARATE	2
	ALL SEPARATE	3
	REFUSED	-7
	DON'T KNOW	-8

BOX HA2A	IF SP IN SUPPLEMENTAL SAMPLE, IN CONTINUING SAMPLE AND SPMOVED = 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, OR IF IN CONTINUING SAMPLE AND HA NOT ADMINISTERED IN PREVIOUS FALL "SUPPLEMENTAL" ROUND, GO TO HA14. OTHERWISE, IF SP IN CONTINUING SAMPLE AND SPMOVED ≠ 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, GO TO BOX HIS1A
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- HA14. Would the (CATEGORY FROM HA10/place) where (you currently live/SP currently lives) allow (you/him/her) to continue living in (your/his/her) (house/apartment or condominium/mobile home/home) if (you/he/she) needed substantial care?

PROBE: Could (you/SP) stay where (you live/he lives/she lives) live now if (you/he/she) needed a much greater level of care?

STAYPUT

YES	1 (HA16)
NO	2 (HA15)
REFUSED	-7 (HA16)
DON'T KNOW	-8 (HA16)

- HA15. If (you/he/she) needed substantial care, would that care be provided in another part of (this/these) same (CATEGORY FROM HA10/place of residence)?

CAREPART

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

- HA16. Does the place where (you live/SP lives) now require residents to be a certain age to live there or receive services?

REQAGE

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

BOX HA3	<p>IF SP IN CONTINUING SAMPLE AND SPMOVED ≠ 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, GO TO BOX HIS1A.</p> <p>IF SP IN SUPPLEMENTAL SAMPLE, IN CONTINUING SAMPLE AND SPMOVED = 1 IN THE PREVIOUS SURVEY REFERENCE PERIOD, OR IF IN CONTINUING SAMPLE AND HA NOT ADMINISTERED IN PREVIOUS FALL "SUPPLEMENTAL" ROUND, AND HA5 OR HA7 = 1, GO TO HA18. OTHERWISE, GO TO HA17.</p>
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- HA17. Now I have a few questions about the rooms in (your/SP's) place of residence.
(Do you/Does SP) have (your/his/her) own bathroom facilities?

[EXPLAIN IF NECESSARY: Own bathroom facilities may be defined as the sink, flush toilet, and bathtub or shower used primarily by (you/SP) and is not used on a regular basis by someone not living in the household.]

PERSBATH

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

- HA18. How many rooms are there in (your/SP's) (house/own apartment or condominium/mobile home/place of residence), not counting bathrooms, hallways, or unfinished basements?

NBRROOMS	NUMBER OF ROOMS	_____
	REFUSED.....	-7
	DON'T KNOW	-8

- HA19. (Do you/Does SP) have (your/his/her) own kitchen?

[EXPLAIN IF NECESSARY: Own kitchen is defined as an area with a sink, non-portable cooking equipment and a refrigerator used primarily by (you/SP) and not on a regular basis by someone not living in the household. Also includes kitchenettes.]

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