Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			FACILITY QUESTIONNAIRE SECTION SPECIFICATIONS CRITERIA SAMPLE TYPE=ALL SEASON=ALL PLACEMENT Start of Facility Interview		
	BOX FQ1	routing	GO TO FQ1 - FNAMEOK.		
FNAMEOK	FQ1	code one	IF SP IS IN AN ADULT/GROUP HOME OR SIMILAR RESIDENCE AT ANOTHER LOCATION, CODE "2" OR "3" WITHOUT ASKING. Before we begin, I need to verify that our information is correct. Is (PRELOAD FACILITY) the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)?	(00) NO (01) YES (02) DISPLAYED GROUP HOME NAME IS CORRECT (03) DISPLAYED GROUP HOME NAME IS NOT CORRECT (-8) Don't Know (-9) Refused	(00) FQ1A - PLACNAME (01) FQ2 - FADDROK (02) FQ2 - FADDROK (03) FQ1A - PLACNAME (-8) FQCLOSE7 - NOTRESP (-9) FQCLOSE7 - NOTRESP
PLACNAME	FQ1A	text	What is the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ2 - FADDROK (-8) FQ2 - FADDROK (-9) FQ2 - FADDROK
FADDROK	FQ2	yes/no	Next, I would like to verify the address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]. I have it listed as [READ ADDRESS BELOW]. Is this correct?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FQ2A - ADDRESS (01) FQ3 - FADMNOK (-8) FQ3 - FADMNOK (-9) FQ3 - FADMNOK
ADDRESS	FQ2A	address	What is the correct address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]? PRESS F1 FOR STATE ABBREVIATIONS. ADDRESS	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ2A - ADDRCITY (-8) FQ2A - ADDRCITY (-9) FQ2A - ADDRCITY
ADDRCITY	FQ2A	address	CITY	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ2A - ADDRSTAT (-8) FQ2A - ADDRSTAT (-9) FQ2A - ADDRSTAT
ADDRSTAT	FQ2A	address	STATE	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ2A - ADDRZIP (-8) FQ2A - ADDRZIP (-9) FQ2A - ADDRZIP
ADDRZIP	FQ2A	address	ZIP	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ3 - FADMNOK (-8) FQ3 - FADMNOK (-9) FQ3 - FADMNOK
FADMNOK	FQ3	code one	(CODE "2" WITHOUT ASKING.) [Is (ADMINISTRATOR'S NAME)/Are you] (still) the current administrator of (FACILITY)?	(00) NO (01) YES (02) RESPONDENT CONSIDERED ADMINISTRATOR (-8) Don't Know (-9) Refused	(00) FQ3A - FACRNAM1 (01) FQ4 - MADDROK (02) FQ4 - MADDROK (-8) FQ4 - MADDROK (-9) FQ4 - MADDROK
FACRNAM1	FQ3A	roster	What is the current administrator's name? SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.	(01) [Continuous answer.]	(01) FQ4 - MADDROK
MADDROK	FQ4	yes/no	Next, I would like to verify your office address. I have it listed as [READ ADDRESS LISTED BELOW]. Is this correct?	(00) NO (01) YES (-9) Refused	(00) FQ4A - MAILADD1 (01) FQ5 - FPHONOK (-9) FQ5 - FPHONOK

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
FQ4A	FQ4A	text	What is the correct address for your office? PRESS F1 FOR STATE ABBREVIATIONS. ADDRESS	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ4A - MAILCIT1 (-8) FQ4A - MAILCIT1 (-9) FQ4A - MAILCIT1
MAILCIT1	MAILADD1	text	CITY	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ4A - MAILSTA1 (-8) FQ4A - MAILSTA1 (-9) FQ4A - MAILSTA1
MAILSTA1	FQ4A	text	STATE	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ4A - MAILZIP1 (-8) FQ4A - MAILZIP1 (-9) FQ4A - MAILZIP1
MAILZIP1	FQ4A	text	ZIP	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ5 - FPHONOK (-8) FQ5 - FPHONOK (-9) FQ5 - FPHONOK
FPHONOK	FQ5	yes/no	(VERIFY PHONE NUMBER IS FOR FQ RESPONDENT. DO NOT READ ALOUD.) Is (FACILITY AREA CODE AND PHONE NUMBER) the correct phone number for (FACILITY)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FQ5A - ADDRAREA (01) BOX FQ7 (-8) BOX FQ7 (-9) BOX FQ7
ADDRAREA	FQ5A	Numeric	What is the phone number? AREACODE	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ5A - ADDREXCH (-8) FQ5A - ADDREXCH (-9) FQ5A - ADDREXCH
ADDREXCH	FQ5A	Numeric	EXCHANGE	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQ5A - ADDRLOCL (-8) FQ5A - ADDRLOCL (-9) FQ5A - ADDRLOCL
ADDRLOCL	FQ5A	Numeric	LOCAL	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FQ7 (-8) BOX FQ7 (-9) BOX FQ7
	BOX FQ7	routing	IF BASELINE FQ, GO TO FAINTRO1 - FAINT1TC. IF FALL ROUND OR ANNUAL FQ, GO TO FB0PRE - ANSWERFB. ELSE GO TO FC1PRE - FC1PRECT.		
FAINT1TC	FAINTRO1	code one	Now I have a few questions about the structure of (FACILITY) and its certification and licensing to confirm that it is eligible for this study. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX FA1
	BOX FA1	routing	IF ADULT/GROUP HOME, GO TO FA5A - EFOWNDES. ELSE GO TO FA1 - PLACTYP1.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PLACTYP1	FA1	code one	SHOW CARD FA2 What type of place is (FACILITY)? PRESS F1 FOR PLACE DEFINITIONS. IF RESPONDENT REPORTS CCRC OR RETIREMENT COMMUNITY, PROBE FOR TYPE OF PLACE FOR UNIT WHERE SP RESIDES. DO NOT ENTER "OTHER".	(01) FREE STANDING NURSING HOME (04) NURSING HOME UNIT WITHIN A CCRC OR RETIREMENT CENTER (06) HOSPITAL (07) HOSPITAL-BASED SNF UNIT (08) ASSISTED LIVING FACILITY (09) BOARD AND CARE HOME (10) DOMICILIARY CARE HOME (11) PERSONAL CARE HOME (12) REST HOME/RETIREMENT HOME (13) HOME OFFICE OR MANAGEMENT OFFICE FOR A CHAIN OR GROUP OF OFF-SITE NURSING FACILITIES (15) MENTAL HEALTH CENTER/PSYCHIATRIC SETTING (16) INSTITUTION FOR THE INTELLECTUALLY DISABLED/DEVELOPMENTALLY DISABLED (17) REHABILITATION FACILITY (91) OTHER (-9) Refused	(01) FA1A - FACHOME (04) FA1A - FACHOME (06) FA2 - HOSPKIND (07) FA1A - FACHOME (08) FA1A - FACHOME (09) FA1A - FACHOME (10) FA1A - FACHOME (11) FA1A - FACHOME (12) FA1A - FACHOME (13) FACLOSE5 - LVNORES (15) FA1A - FACHOME (16) FA1A - FACHOME (17) FA1A - FACHOME (91) FA1 - PLACTPO1 (-9) FA1A - FACHOME
PLACTPO1	FA1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) FA1A - FACHOME
FACHOME	FA1A	code one	IF ALREADY KNOWN, CODE WITHOUT ASKING: Do you prefer that I call (FACILITY) a home or a facility?	(01) PREFERS HOME (02) PREFERS FACILITY (03) NO PREFERENECE	(01) BOX FA1A (02) BOX FA1A (03) BOX FA1A
	BOX FA1A	routing	IF PLACTYP1 = 4/NursingHomeUnitCCRC or 7/HospitalBasedSNF, GO TO FA4 - PLACTYP2. IF FA1-PLACTYP1 = 1/FreeStandingNursingHome, GO TO FA5A - EFOWNDES. ELSE GO TO FA3 - FACLPART.		
HOSPKIND	FA2	code one	SHOW CARD FA3 You mentioned that (FACILITY) is a hospital. Please look at this card and tell me what kind of hospital it is.	(01) ACUTE CARE HOSPITAL (02) PRIVATE PYSCHIATRIC HOSPITAL (03) STATE OR COUNTY HOSPITAL FOR THE MENTALLY ILL (04) VA HOSPITAL, VA MEDICAL CENTER (05) STATE HOSPITAL FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (06) CHRONIC DISEASE, REHABILITATION, GERIATRIC, OR OTHER LONG-TERM CARE HOSPITAL (91) OTHER	(01) FA2A - LCNDBEDS (02) FA2A - LCNDBEDS (03) FA2A - LCNDBEDS (04) FA2A - LCNDBEDS (05) FA2A - LCNDBEDS (06) FA2A - LCNDBEDS (91) FA2 - HOSPKIOS
HOSPKIOS	FA2	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) FA2A - LCNDBEDS
LCNDBEDS	FA2A	yes/no	Does (FACILITY) have any beds that are either certified or licensed as a nursing facility or certified or licensed as an ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities)? PRESS F1 FOR SUGGESTED PROBES.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FA2A (01) FA3 - FACLPART (-8) BOX FA2A (-9) BOX FA2A
	BOX FA2A	routing	IF FA2 - HOSPKIND = 1/AcuteCareHospital, GO TO FACLOSE2 - LEAVINEL. ELSE GO TO FA3 - FACLPART.		
FACLPART	FA3	Yes/No	Is (FACILITY) part of a larger facility or campus? PRESS F1 FOR DEFINITION, EXAMPLES OF "LARGER" PLACES.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA5A - EFOWNDES (01) FA4 - PLACTYP2 (-8) BOX FA6 (-9) BOX FA6

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PLACTYP2	FA4	code one	SHOW CARD FA1 What type of place is (FACILITY) part of? PRESS F1 FOR HOSPITAL DEFINITIONS.	(03) CONTINUING CARE RETIREMENT COMMUNITY (CCRC) (05) RETIREMENT COMMUNITY (06) HOSPITAL (08) ASSISTED LIVING FACILITY (09) BOARD AND CARE HOME (10) DOMICILIARY CARE HOME (11) PERSONAL CARE HOME (12) REST HOME/RETIREMENT HOME (91) OTHER (-8) Don't Know (-9) Refused	(03) FA5 - LGPLCNAM (05) FA5 - LGPLCNAM (06) FA5 - LGPLCNAM (08) FA5 - LGPLCNAM (09) FA5 - LGPLCNAM (10) FA5 - LGPLCNAM (11) FA5 - LGPLCNAM (12) FA5 - LGPLCNAM (91) FA4 - PLACTPO2 (-8) FA5 - LGPLCNAM (-9) FA5 - LGPLCNAM
PLACTPO2	FA4	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) FA5 - LGPLCNAM
LGPLCNAM	FA5	text	What is the name of the (CATEGORY SELECTED IN FA4 - PLACTYP2/place)?	(01) [Continuous answer.]	(01) FA5A - EFOWNDES
EFOWNDES	FA5A	code one	SHOW CARD FA4 Which one of the categories on this card best describes the ownership of (FACILITY)?	(01) FOR PROFIT (INDIVIDUAL, PARTNERSHIP, OR CORPORATION) (02) PRIVATE NONPROFIT (RELIGIOUS GROUP, NONPROFIT CORPORATION, ETC) (03) CITY/COUNTY GOVERNMENT (04) STATE GOVERNMENT (05) VETERAN'S ADMINISTRATION (06) OTHER FEDERAL AGENCY (91) OTHER	(01) BOX FA6 (02) BOX FA6 (03) BOX FA6 (04) BOX FA6 (05) BOX FA6 (06) BOX FA6 (91) FA5A - EFOWNDOS
EFOWNDOS	FA5A	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX FA6
	BOX FA6	routing	GO TO BOX FA6A.		
	BOX FA6A	routing	IF FACILTIY IS ELIGIBLE, GO TO FA10 - ANSRELIG. ELSE GO TO FACLOSE2 - LEAVINEL.		
ANSRELIG	FA10	yes/no	Would you be able to answer some questions about the certification status and services offered at (FACILITY)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA11 - FACRNAM2 (01) BOX FA7A (-8) FA11 - FACRNAM2 (-9) FA11 - FACRNAM2
FACRNAM2	FA11	roster	What is the name of the most knowledgeable person to answer questions about (FACILITY)? SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.	(01) [Continuous answer.]	(01) CLOSING6 - FINOTRES
	BOX FA7A	routing	IF PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility, GO TO CCNINTRO. ELSE GO TO FA12A - TOTLBEDA.		
CCNINTRO	FA11A	yes/no	Does [FACILITY] have a CMS Certification Number, also referred to as a Medicare/Medicaid-Provider Number, or Medicare Identification Number? The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicare and/or Medicaid. [IF NEEDED: The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.] [IF NEEDED: The CMS Certification Number also used to be called the OSCAR Provider Number.]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00)FA12A - TOTLBEDA (01) CASPER_LU-CCN (-8) FA12A - TOTLBEDA (-9) FA12A - TOTLBEDA

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CCN	CASPER_LUA	lookup	Please tell me the CMS Certification Number. It would be helpful if I could look at a document with the CMS Certification Number on it, such as an MDS form or other document. These materials will ensure that I record the number accurately. [IF NEEDED: If you don't know the CMS Certification Number I can look up the number using your Facility name and address.] [IF REFERENCING THE MDS : The CMS Certification Number can be found in section A0100 B. of the MDS form.] START TYPING OR DOUBLE CLICK IN THE "CASPER_LU" BOX TO LAUNCH THE LOOKUP. IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, PROBE TO CONFIRM THAT THE FACILITY IS CERTIFIED BY MEDICARE AND/OR MEDICAID. AFTER YOU HAVE CONFIRMED THIS, YOU CAN SEARCH THE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME AND/ OR ADDRESS. ACCORDING TO THE ADDRESS OF THIS FACILITY, THE FIRST TWO DIGITS OF THE CMS CERTIFICATION NUMBER SHOULD BE [STATE PREFIX FILL].	(01) (value selected from lookup) (-8) DON'T KNOW (-9) REFUSED (NF) NOT FOUND	(01) BOX FA7C (-8) BOX FA7C (-9) BOX FA7C (NF) BOX FA7C
		lookup	SEARCH FOR THE FACILITY'S CCN BY TYPING THE CCN IN THE SEARCH BOX.WHEN YOU FIND THE CORRECT CCN, HIGHLIGHT THE ROW AND PRESS THE SELECT BUTTON. IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, SEARCHTHE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME OR ADDRESS. IF YOU CANNOT FIND THE FACILITY'S CCN, PRESS THE "NOT FOUND" BUTTON. IF YOU NEED TO EXIT THE LOOKUP, PRESS THE "CLOSE" BUTTON.		
	BOX FA7C	routing	IF CCN IN ('NF', MISSING, DK, RF), GO TO FA12A - TOTLBEDA. ELSE GO TO BOX FA8.		
TOTLBEDA	FA12A	Numeric	How many beds does (FACILITY) have that provide long-term care? [PROBE: Do not count "independent living" beds or those that don't provide 24-hour a day assistance or supervision with daily living activities.] IF THIS FACILITY CONTAINS BEDS THAT ARE CERTIFIED AS ICF/IID (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES), THEN COUNT ICF/IID BEDS IN THE TOTAL. PRESS F1 FOR LONG-TERM CARE DEFINITION..	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FA8 (-8) BOX FA8 (-9) BOX FA8
	BOX FA8	routing	IF FA12A - TOTLBEDA < 3 AND FA12A - TOTLBEDA <> DK,RF, GO TO FACLOSE2 - LEAVINEL. ELSE IF PLAC.PLACTYPE = 1/Free Standing Nursing Home, 4/NursingHomeorNHUnit, 7/HospitalBasedSNF, OR 17/RehabilitationFacility, GO TO FA13 - CAIDCRT1. ELSE IF PLAC.PLACTYPE = 16/InstitutionForMentallyRetarded OR FA2 - HOSPKIND = 3/StateCountyHospitalForMentallyIll OR 5/StateHospitalForIndividualsWithIntellectualDisabilities OR 6/ChronicDiseaseLongTermHospital, GO TO FA15 - CAIDICF. ELSE GO TO FA18 - HDEPTPCH.		
CAIDCRT1	FA13	yes/no	Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility (NF) beds? [READ IF NECESSARY: We are concerned only with the place where (SP) is physically located.] IF R MENTIONS: ICF/IID (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES), SAY THAT YOU WILL ASK ABOUT THOSE IN A MOMENT.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA14 - CARECRT1 (01) FA14 - CARECRT1 (-8) FA14 - CARECRT1 (-9) FA14 - CARECRT1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CARECRT1	FA14	yes/no	Does (FACILITY) have any beds certified by Medicare as SNF beds?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA15 - CAIDICF (01) FA15 - CAIDICF (-8) FA15 - CAIDICF (-9) FA15 - CAIDICF
CAIDICF	FA15	yes/no	Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF/IID (Intermediate Facilities For Individuals With Intellectual Disabilities) beds?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA16 - HDEPTLIC (01) FA16 - HDEPTLIC (-8) FA16 - HDEPTLIC (-9) FA16 - HDEPTLIC
HDEPTLIC	FA16	code one	Does (FACILITY) have any beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing home beds by the (STATE) State Health Department or by some other State or Federal Agency?	(00) NO, NOT LICENSED (01) YES, LICENSED BY STATE HEALTH DEPARTMENT (02) YES, LICENSED BY SOME OTHER AGENCY (-8) Don't Know (-9) Refused	(00) FA18 - HDEPTPCH (01) FA18 - HDEPTPCH (02) FA16 - HDEPTLOS (-8) FA18 - HDEPTPCH (-9) FA18 - HDEPTPCH
HDEPTLOS	FA16	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) FA18 - HDEPTPCH
HDEPTPCH	FA18	code one	Does (FACILITY) have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the (STATE) State Health Department or by some other state or local government agency?	(00) NO, NOT LICENSED (01) YES, LICENSED BY STATE HEALTH DEPARTMENT (02) YES, LICENSED BY SOME OTHER AGENCY (-8) Don't Know (-9) Refused	(00) BOX FA9 (01) BOX FA9 (02) FA18 - HDEPTPOS (-8) BOX FA9 (-9) BOX FA9
HDEPTPOS	FA18	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) BOX FA9
	BOX FA9	routing	IF CCN IN ('NF', MISSING, DK, RF), GO TO FA19 - NORMCARE. ELSE GO TO BOX FA13.		
NORMCARE	FA19	list	In addition to room and board, does (FACILITY) routinely provide… a. nursing or medical care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA19 - SUPRMEDI (01) FA19 - SUPRMEDI (-8) FA19 - SUPRMEDI (-9) FA19 - SUPRMEDI
SUPRMEDI	FA19	list	b. supervision over medications?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA19 - HELPBATH (01) FA19 - HELPBATH (-8) FA19 - HELPBATH (-9) FA19 - HELPBATH
HELPBATH	FA19	list	c. help with bathing?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA19 - HELPDRES (01) FA19 - HELPDRES (-8) FA19 - HELPDRES (-9) FA19 - HELPDRES
HELPDRES	FA19	list	d. help with dressing?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA19 - HELPEAT (01) FA19 - HELPEAT (-8) FA19 - HELPEAT (-9) FA19 - HELPEAT
HELPEAT	FA19	list	e. help with eating?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FA13 (01) BOX FA13 (-8) BOX FA13 (-9) BOX FA13
	BOX FA13	routing	IF FA13 - CAIDCRT1, FA14 - CARECRT1, OR FA15 - CAIDICF = 1/Yes, GO TO FA20 - CARESUP. ELSE GO TO FA19A - RNLPNSUP.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RNLPNSUP	FA19A	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FA16A (01) BOX FA16A (-8) BOX FA16A (-9) BOX FA16A
CARESUP	FA20	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FA16A (01) BOX FA16A (-8) BOX FA16A (-9) BOX FA16A
	BOX FA16A	routing	GO TO BOX FA16.		
	BOX FA16	routing	IF FQ.ELIGSTAT = 1/FacilityEligible and CCN IN ('NF', MISSING, DK, OR RF), GO TO FA22 - ANSRFACQ. IF FQ.ELIGSTAT = 1/FacilityEligible and (CCN=NON-MISSING AND CCN NOT EQUAL TO 'NF'), GO TO FA35 - MIDNTRES. ELSE IF FQ.ELIGSTAT = 2/FacilityIneligible, GO TO FACLOSE2 - LEAVINEL. ELSE GO TO FA11 - FACRNAM2.		
ANSRFACQ	FA22	yes/no	The next questions are about the number of nursing beds and residents by payer type and staffing. Can you answer these questions about (FACILITY)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FA23 - FACRNAM3 (01) BOX FA17 (-8) BOX FA17 (-9) FA23 - FACRNAM3
FACRNAM3	FA23	roster	Who would be the best person to answer questions about (FACILITY)? SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.	(01) [Continuous answer.]	(01) CLOSING6 - FINOTRES
	BOX FA17	routing	IF FA12A - TOTLBEDA <> DK OR RF, GO TO FA24PRE - FA24PRCT. ELSE GO TO BOX FA18.		
FA24PRCT	FA24PRE	code one	From information I collected earlier, I understand that (FACILITY) has a total of (NUMBER OF BEDS IN FACILITY) beds. [IF NECESSARY: We are concerned only with the place where (SP) is physically located.] PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX FA18
	BOX FA18	routing	IF FACILITY CERTIFIED BY BOTH MEDICAID AND MEDICARE, GO TO FA26 - MANDMBED. ELSE IF FACILITY IS CERTIFIED BY MEDICAID, GO TO FA27 - MCAIDBED. ELSE GO TO BOX FA20.		
MANDMBED	FA26	Numeric	I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FA27 - MCAIDBED (-8) FA27 - MCAIDBED (-9) FA27 - MCAIDBED
MCAIDBED	FA27	Numeric	I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds. How many beds are certified under [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FA20 (-8) BOX FA20 (-9) BOX FA20
	BOX FA20	routing	IF FA14 - CARECRT1 = 1/Yes, GO TO FA28 - MCAREBED. ELSE GO TO BOX FA21.		
MCAREBED	FA28	Numeric	I have recorded that (FACILITY) contains beds that are certified by Medicare as Skilled Nursing Facility beds. How many beds are certified under Medicare (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FA21 (-8) BOX FA21 (-9) BOX FA21
	BOX FA21	routing	IF FA16 - HDEPTLIC = 1/YesStateHealthDept OR 2/YesOtherAgency, GO TO FA29 - MNORMBED. ELSE GO TO BOX FA22.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MNORMBED	FA29	Numeric	I have recorded that (FACILITY) contains beds that are licensed as nursing facility beds but not certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] or Medicare. How many beds are licensed but not certified as nursing home beds (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FA22 (-8) BOX FA22 (-9) BOX FA22
	BOX FA22	routing	IF FA15 - CAIDICF = 1/Yes, GO TO FA30 - ICFMRBED. ELSE GO TO BOX FA23.		
ICFMRBED	FA30	Numeric	I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) beds. How many beds are certified as ICF/IID beds (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FA23 (-8) BOX FA23 (-9) BOX FA23
	BOX FA23	routing	IF FA18 - HDEPTPCH = 1/YesStateHealthDept OR 2/YesOtherAgency, GO TO FA31 - OTLTCBED. ELSE GO TO BOX FA24.		
OTLTCBED	FA31	Numeric	I recorded earlier that (FACILITY) contains beds that are licensed as personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FA24 (-8) BOX FA24 (-9) BOX FA24
	BOX FA24	routing	IF CANNOT CALCULATE NUMBER OF REMAINING BEDS, GO TO FA35 - MIDNTRES. ELSE, GO TO FA32 - NHBEDCOR.		
NHBEDCOR	FA32	yes/no	So, there are a total of (TOTAL # LTC BEDS) LTC beds in the (facility/home). [REVIEW NUMBER OF BEDS BY TYPE.] That leaves (NUMBER OF BEDS LEFT) long-term care beds that are neither certified or licensed as nursing home or other long-term care beds. Is that correct?	(00) No (01) Yes	(00) FA32VB - NHBEDEX (01) FA35 - MIDNTRES
NHBEDEX	FA32VB	verbatim	PLEASE ENTER A BRIEF EXPLANATION:	(01) [Continuous answer.]	(01) FA35 - MIDNTRES
MIDNTRES	FA35	Numeric	How many residents were in (FACILITY) altogether at midnight last night?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FR1PRE - FR1PRECT (-8) FR1PRE - FR1PRECT (-9) FR1PRE - FR1PRECT
ANSWERFB	FB0PRE	yes/no	Would you be able to answer some questions about the certification status and services offered at (FACILITY)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB19 - FACRNAM4 (01) FB1PRE - FB1PRECT (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
FB1PRECT	FB1PRE	code one	I would like to review with you some information that I collected about (FACILITY) the last time I was here. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX FA36
	BOX FA36	routing	IF BPRELOADPLAC.PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility AND PRELOADED CMS CERTIFICATION NUMBER (BPRELOADFQ.CCN) IS NON-MISSING AND NOT IN (DK, RF, "NF") GO TO FB11A - CCNCNFRM. IF BPRELOADPLAC.PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility AND PRELOADED CMS CERTIFICATION NUMBER (BPRELOADFQ.CCN) IN ("NF", MISSING, DK, RF), GO TO FB11B - CCNINTRO. ELSE GO TO BOX FB1.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CCNCNFRM	FB11A	yes/no	You previously told me that (FACILITY)'s CMS Certification Number is [(BPRELOADFQ.CCN). Is that still your CMS Certification Number? [IF NEEDED: The CMS Certification Number is also referred to as a Medicare/Medicaid Provider Number, Medicare Identification Number, or Provider Number. The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicaire and/or Medicaid.The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB11B - CCNINTRO (01) BOX FB1 (-8) FB11B - CCNINTRO (-9) FB11B - CCNINTRO
CCNINTRO	FB11B	yes/no	Does [FACILITY] have a CMS Certification Number, also referred to as a Medicare/Medicaid-Provider Number,- or Medicare Identification Number? The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicare and/or Medicaid. [IF NEEDED: The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.] [IF NEEDED: The CMS Certification Number also used to be called the OSCAR Provider Number.]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FB1 (01) CASPER_LU-CCN (-8) BOX FB1 (-9) BOX FB1
CCN	CASPER_LUB	lookup	Please tell me the CMS Certification Number. It would be helpful if I could look at a document with the CMS Certification Number on it, such as an MDS form or other document. These materials will ensure that I record the number accurately. [IF NEEDED: If you don't know the CMS Certification Number I can look up the number using your Facility name and address.] [IF REFERENCING THE MDS : The CMS Certification Number can be found in section A0100 B. of the MDS form.] START TYPING OR DOUBLE CLICK IN THE "CASPER_LU" BOX TO LAUNCH THE LOOKUP. IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, PROBE TO CONFIRM THAT THE FACILITY IS CERTIFIED BY MEDICARE AND/OR MEDICAID. AFTER YOU HAVE CONFIRMED THIS, YOU CAN SEARCH THE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME AND/ OR ADDRESS. ACCORDING TO THE ADDRESS OF THIS FACILITY, THE FIRST TWO DIGITS OF THE CMS CERTIFICATION NUMBER SHOULD BE [STATE PREFIX FILL].	(01) (value selected from lookup) (-8) DON'T KNOW (-9) REFUSED (NF) NOT FOUND	(01) BOX FB1 (-8) BOX FB1 (-9) BOX FB1 (NF) BOX FB1
		lookup	SEARCH FOR THE FACILITY'S CCN BY TYPING THE CCN IN THE SEARCH BOX.WHEN YOU FIND THE CORRECT CCN, HIGHLIGHT THE ROW AND PRESS THE SELECT BUTTON. IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, SEARCH THE LOOKUP-USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME OR ADDRESS. IF YOU CANNOT FIND THE FACILITY'S CCN, PRESS THE "NOT FOUND" BUTTON. IF YOU NEED TO EXIT THE LOOKUP, PRESS THE "CLOSE" BUTTON.		
	BOX FB1	routing	IF PreloadFQ.CAIDCERT = EMTPY, GO TO BOX FB3. ELSE GO TO FB2 - CAIDCERT.		
CAIDCERT	FB2	yes/no	Is (FACILITY) (still) certified by Medicaid as a Nursing Facility (NF)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB5 - CARECERT (01) FB5 - CARECERT (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
CARECERT	FB5	yes/no	Is (FACILITY) (still) certified by Medicare as a Skilled Nursing Facility (SNF)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FB3 (01) BOX FB3 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX FB3	routing	IF PreloadFQ.FMRCERT <> EMPTY, GO TO FB9 - FMRCERT. ELSE GO TO BOX FB4.		
FMRCERT	FB9	yes/no	Is (FACILITY) (still) certified by Medicaid as an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FB4 (01) BOX FB4 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
	BOX FB4	routing	IF PreloadFQ.HDLICEN <> EMPTY, GO TO FB11 - HDLICEN. ELSE GO TO FB14 - PCHLICEN.		
HDLICEN	FB11	code one	Does (FACILITY) (still have/have any) beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing (facility/home) beds by the (STATE) State Health Department or by some other State or Federal agency?	(00) NO, NOT LICENSED (01) YES, LICENSED BY STATE HEALTH DEPARTMENT (02) YES, LICENSED BY SOME OTHER AGENCY (-8) Don't Know (-9) Refused	(00) FB14 - PCHLICEN (01) FB14 - PCHLICEN (02) FB11 - HDLICOS (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
HDLICOS	FB11	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) FB14 - PCHLICEN
PCHLICEN	FB14	code one	Is (FACILITY) (still) licensed as a personal care home, board and care home, assisted living facility, domiciliary care home or rest home by the (STATE) State Health Department or by some other state or local government agency?	(00) NO, NOT LICENSED (01) YES, LICENSED BY STATE HEALTH DEPARTMENT (02) YES, LICENSED BY SOME OTHER AGENCY (-8) Don't Know (-9) Refused	(00) BOX FB4A (01) BOX FB4A (02) FB14 - PCHLICOS (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
PCHLICOS	FB14	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) BOX FB4A
	BOX FB4A	routing	IF CCN= MISSING, DK, RF, NF GO TO FB15 - NURSCARE ELSE GO TO BOX FB5.		
NURSCARE	FB15	List	In addition to room and board, does (FACILITY) routinely provide… a. nursing or medical care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB15 - MEDISUPR (01) FB15 - MEDISUPR (-8) FB15 - MEDISUPR (-9) FB15 - MEDISUPR
MEDISUPR	FB15	List	b. supervision over medications?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB15 - BATHHELP (01) FB15 - BATHHELP (-8) FB15 - BATHHELP (-9) FB15 - BATHHELP
BATHHELP	FB15	List	c. help with bathing?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB15 - DRESHELP (01) FB15 - DRESHELP (-8) FB15 - DRESHELP (-9) FB15 - DRESHELP
DRESHELP	FB15	List	d. help with dressing?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB15 - EATHELP (01) FB15 - EATHELP (-8) FB15 - EATHELP (-9) FB15 - EATHELP

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EATHELP	FB15	List	e. help with eating?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FB5AA (01) BOX FB5AA (-8) BOX FB5AA (-9) BOX FB5AA
	BOX FB5AA	routing	IF ANY ITEM IN FB15 = DK OR RF, GO TO FB19 - FACRNAM4. ELSE GO TO BOX FB5.		
	BOX FB5	routing	IF FB2-CAIDCERT = 1/Yes OR FB5-CARECERT = 1/Yes OR FB9-FMRCERT = 1/Yes, GO TO FB16 - CGIVSUP. ELSE GO TO FB15A - NURSSUP.		
NURSSUP	FB15A	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FB8 (01) BOX FB8 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
CGIVSUP	FB16	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FB8 (01) BOX FB8 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
	BOX FB8	routing	IF FB2-CAIDCERT = 1/Yes OR FB5-CARECERT = 1/Yes OR FB9-FMRCERT = 1/Yes OR FB11-HDLICEN = 1/YesStateHealthAgency OR 2/YesOtherAgency OR FB14-PCHLICEN = 1/YesStateHealthAgency OR 2/YesOtherAgency OR FQ.PROVHELP = 1/Indicated OR FB15A-NURSSUP = 1/Yes OR FB16-CGIVSUP = 1/Yes OR CCN= NON-MISSING, GO TO BOX FB9. ELSE GO TO FBCLOSE2 - LEVINEL2.		
	BOX FB9	routing	IF PreloadFQ.TOTELBED = DK, RF AND CCN in ('NF', MISSING, DK, RF), GO TO FB18 - TOTELBED. ELSE IF CCN IN ('NF', MISSING, DK, RF) AND PreloadFQ.TOTELBED<>DK and PreloadFQ.TOTELBED<>REF, GO TO FB17 - SAMEBEDS. ELSE GO TO FB27-MIDNTCNT.		
SAMEBEDS	FB17	Yes/No	I have recorded that (FACILITY) has [PREVIOUS TOTAL # LTC BEDS] beds that provide long-term care. Is this still the number of beds providing long-term care in (FACILITY)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FB18 - TOTELBED (01) BOX FB11 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
TOTELBED	FB18	Numeric	How many beds does (FACILITY) have that provide long-term care? [PROBE: Do not count "independent living" beds or those that don't provide 24-hour a day assistance or supervision with daily living activities.] IF THIS FACILITY CONTAINS BEDS THAT ARE CERTIFIED AS ICF/IID (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES), THEN COUNT ICF/IID BEDS IN THE TOTAL. PRESS F1 FOR LONG-TERM CARE DEFINITION.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FB11 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
FACRNAM4	FB19	Roster	Who would be the best person to answer these questions about (FACILITY)? SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.	(01) [Continuous answer.]	(01) CLOSING6B - FINOTRSB
	BOX FB11	routing	IF FQ.ELIGSTAT = 2/FacilityIneligible, GO TO FBCLOSE2 - LEVINEL2. ELSE IF FB2-CAIDCERT = 1/Yes AND FB5-CARECERT = 1/Yes, GO TO FB20 - CANDCBED. ELSE GO TO BOX FB12.		
CANDCBED	FB20	Numeric	I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FB12 (-8) BOX FB12 (-9) BOX FB12

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX FB12	routing	IF FB2-CAIDCERT = 1/Yes, GO TO FB21 - CAIDBEDS. ELSE GO TO BOX FB13.		
CAIDBEDS	FB21	Numeric	[I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds.] How many beds are certified under [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FB13 (-8) BOX FB13 (-9) BOX FB13
	BOX FB13	routing	IF FB5-CARECERT = 1/Yes, GO TO FB22 - CAREBEDS. ELSE, GO TO BOX FB14.		
CAREBEDS	FB22	Numeric	[I have recorded that (FACILITY) contains beds that are certified by Medicare as Skilled Nursing Facility beds.] How many beds are certified under Medicare (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FB14 (-8) BOX FB14 (-9) BOX FB14
	BOX FB14	routing	IF FB11-HDLICEN = 1/YesStateHealthAgency or 2/YesOtherAgency, GO TO FB23 - HDLICBED. ELSE GO TO BOX FB15.		
HDLICBED	FB23	Numeric	I have recorded that (FACILITY) contains beds that are licensed as nursing facility beds but not certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] or Medicare. How many beds are licensed but not certified as nursing home beds (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FB15 (-8) BOX FB15 (-9) BOX FB15
	BOX FB15	routing	IF FB9-FMRCERT = 1/Yes, GO TO FB24 - FMRBEDS. ELSE GO TO BOX FB16.		
FMRBEDS	FB24	Numeric	I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) beds. How many beds are certified as ICF/IID beds (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FB16 (-8) BOX FB16 (-9) BOX FB16
	BOX FB16	routing	IF FB14-PCLICEN = 1/YesStatHealthDept OR 2/YesOtherAgency, GO TO FB25 - PCHBED. ELSE GO TO BOX FB17.		
PCHBED	FB25	Numeric	I recorded earlier that (FACILITY) contains beds that are licensed as personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care (only)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FB17 (-8) BOX FB17 (-9) BOX FB17
	BOX FB17	routing	IF CANNOT CALCULATE NUMBER OF REMAINING BEDS, GO TO FB27 - MIDNTCNT. ELSE GO TO FB26 - FBBEDCOR.		
FBBEDCOR	FB26	yes/no	So, there are a total of (TOTAL # LTC BEDS) LTC beds in the (facility/home). [REVIEW NUMBER OF BEDS BY TYPE.] Is that correct?	(00) NO (01) YES	(00) FB26VB - FBBEDEX (01) FB27 - MIDNTCNT
FBBEDEX	FB26VB	verbatim	PLEASE ENTER A BRIEF EXPLANATION:	(01) [Continuous answer.]	(01) FB27 - MIDNTCNT
MIDNTCNT	FB27	Numeric	How many residents were in (FACILITY) altogether at midnight last night?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FR1PRE - FR1PRECT (-8) FR1PRE - FR1PRECT (-9) FR1PRE - FR1PRECT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
FR1PRECT	FR1PRE	No Entry	Next, I'd like to get some information on the basic rates residents in (FACILITY) are charged. Most facilities have one or more set rates they charge their residents for room and board and basic services. Usually this rate includes basic nursing services and sometimes it includes medical services as well. I'm interested in the basic rates charged by (FACILITY) for [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID], Medicare, and private pay/[(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID and private pay/Medicare and private pay/private pay)] residents. [IF NECESSARY: We are concerned only with the place where (SP) is physically located.] PRESS "1" TO CONTINUE.	(01) Continue	(01) FR2 - RATEPRB
RATEPRB	FR2	yes/no	Do you have more than one basic rate?	(00) NO (01) YES (-8) Don't Know	(00) FR5 - SINGRATE (01) FR3-HIGHRATE (-8) FR5 - SINGRATE
HIGHRATE	FR3	Quantity Unit	What is the highest rate you bill for residents' basic care? ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FR3 - HIGHPER (-8) FR4-LOWRATE (-9) BOX FR2
HIGHPER	FR3	code one	HIGH RATE UNIT	(01) DAY (02) WEEK (03) MONTH (91) OTHER	(01) FR4 - LOWRATE (02) FR4 - LOWRATE (03) FR4 - LOWRATE (91) FR3 - HIGHPROS
HIGHPROS	FR3	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) FR4 - LOWRATE
LOWRATE	FR4	Quantity Unit	HIGHEST RATE: [INPUT AT FR3-HIGHRATE] HIGHEST RATE UNIT: [INPUT AT FR3-HIGHPER] What is the lowest rate you bill for residents' basic care? ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FR4 - LOWPER (-8) BOX FR2 (-9) BOX FR2
LOWPER	FR4	code one	HIGHEST RATE: [INPUT AT FR3-HIGHRATE] HIGHEST RATE UNIT: [INPUT AT FR3-HIGHPER] LOW RATE UNIT	(01) DAY (02) WEEK (03) MONTH (91) OTHER	(01) BOX FR2 (02) BOX FR2 (03) BOX FR2 (91) FR4 - LOWPEROS
LOPEROS	FR4	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX FR2
SINGRATE	FR5	Quantity Unit	What is the rate you bill for residents' basic care? ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FR5 - SINGPER (-8) BOX FR2 (-9) BOX FR2
SINGPER	FR5	code one	SINGLE RATE UNIT	(01) DAY (02) WEEK (03) MONTH (91) OTHER	(01) BOX FR2 (02) BOX FR2 (03) BOX FR2 (91) FR5 - SINGPEROS
SINGPEROS	FR5	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX FR2
	BOX FR2	routing	GO TO CLOSING1 - RETURNAV.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RETURNAV	CLOSING1	code one	Thank you. Those are all the facility-level questions I have for you at the moment. Next we will move on to questions about (SP). Someone from my office may call you to verify some of the data I have collected. We appreciate your help on this important study. THE FACILITY-LEVEL VERIFICATION AND/OR CERTIFICATION STATUS QUESTIONS FOR THIS CASE ARE COMPLETE FOR THIS ROUND. FACILITY-LEVEL QUESTIONS ABOUT THE FACILITY'S COVID-19 PANDEMIC EXPERIENCES MAY BE ASKED IN A LATER SECTION. PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.	(01) Continue	(01) BOX FACEND
LEAVINEL	FACLOSE2	code one	YOU ARE ABOUT TO LEAVE FQ BECAUSE THE FACILITY IS INELIGIBLE. IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, ENTER 1.	(01) Continue	(01) BOX FACEND
LEVINEL2	FBCLOSE2	code one	YOU ARE ABOUT TO LEAVE FQ BECAUSE THE FACILITY IS INELIGIBLE.	(01) Continue	(01) BOX FACEND
LVNORES	FACLOSE5	code one	YOU ARE ABOUT TO LEAVE FQ BECAUSE THIS IS A "HOME OFFICE" WITH NO RESIDENTS. IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, COLLECT FACILITY CONTACT INFORMATION FOR FACILITY WHERE SP IS LOCATED.	(01) Continue	(01) BOX FACEND
FINOTRES	CLOSING6	code one	Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to (NAMED RESPONDENT). PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.	(01) Continue	(01) BOX FACEND
FINOTRSB	CLOSING6B	code one	Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to (NAMED RESPONDENT). PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.	(01) Continue	(01) BOX FACEND
NOTRESP	FQCLOSE7	code one	YOU ARE ABOUT TO LEAVE FQ BECAUSE THE RESPONDENT IS NOT ABLE TO VERIFY INFORMATION ABOUT THE FACILITY. IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.	(01) Continue	(01) BOX FACEND
	BOX FACEND	routing	GO TO NAVIGATOR		