

MAIN STUDY - ROUND 22
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

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?

VAPLACE	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
EVBEGMM						EVENDMM					
EVBEGDD						EVENDDD					
EVBEGYY						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