

MCBS MAIN STUDY - ROUND 43 – FALL 2005
COMMUNITY COMPONENT
AH. CONTACT INFORMATION FOR HA FACILITIES

BOX AH1A	IF ANY "1" IN HA12a-e, GO TO AHINTRO. OTHERWISE, GO TO BOX CL1 .
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BOX AH1 OMITTED IN ROUND 40.

AHINTRO. Knowing about the kind of services available to Medicare beneficiaries in their communities is another important aspect of how people on Medicare manage their health care and personal needs. We would like to know more general information about the kind of place where (you reside/SP resides). We are planning to conduct a short interview with places like this about the kind of services that they provide.

[PRESS ENTER TO CONTINUE]

AH1. Can you tell me the name and the phone number of the manager or administrator of (your/SP's) (CATEGORY FROM HA10/place of residence)?
[EXPLAIN IF NECESSARY: The questions that we will ask will not be about (you/SP); (your/his/her) name will not be mentioned in our interview with the contact person you give me. We are only interested in learning more general information about this kind of housing and the services that it offers to its residents.]

AHCONTAC	INFORMATION AVAILABLE	1 (AH2a)
	DOES NOT HAVE INFORMATION.....	2 (AH3a)
	INFORMATION REFUSED	3 (AH3a)

AH2 OMITTED IN ROUND 40.

AH3 OMITTED IN ROUND 40.

AH2a. [INTERVIEWER: ASK THE FOLLOWING QUESTIONS AND RECORD THE INFORMATION, AS AVAILABLE. ENTER SHIFT/8 FOR ANY ITEM THAT IS NOT AVAILABLE.]

What is the name of this (CATEGORY FROM HA10/place)?

What is the name of the manager or administrator of (NAME OF PLACE)?

Please give me the phone number for (NAME OF ADMINISTRATOR), if you have it.

What is the address where we can reach (NAME OF ADMINISTRATOR)?

AHPLACE NAME OF PLACE: _____

AHNAME NAME OF ADMINISTRATOR: _____

AHAREA

AHEXCHNG PHONE NUMBER: () _____ -- _____

AHLOCAL

AHSTREET STREET ADDRESS OF PLACE: _____

AHCITY

AHSTATE CITY: _____ STATE: _____ ZIP CODE: _____

AHZIPCOD

BOX AH2	IF AH2a NAME OF PLACE = -7 OR -8, AND/OR AH2a PHONE NUMBER (AREA CODE OR EXCHANGE OR LOCAL NUMBER) = -7 OR -8, AND/OR AH2a STATE = -7 OR -8, GO TO AH3a. OTHERWISE, GO TO BOX CL1 .
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AH3a. INTERVIEWER: RECORD ON THE LAVENDER "HA FACILITIES CONTACT INFORMATION SHEET" THAT (NONE OF THE INFORMATION WAS)/THE FOLLOWING INFORMATION WAS NOT) AVAILABLE FROM THE RESPONDENT(./:)
(NAME OF PLACE)
(PHONE NUMBER)
(STATE)

[AFTER RECORDING AS APPROPRIATE ON THE HA FACILITIES CONTACT INFORMATION SHEET, PRESS ENTER TO CONTINUE] **BOX CL1**

AH Addendum

Segments: HOUS