

MCBS MAIN STUDY - ROUND 43, FALL 2005

COMMUNITY COMPONENT

IU. INSTITUTIONAL UTILIZATION

BOX IU1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), 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
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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 ≠ 1) 2 BOX IU2 b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER 1 BOX IU2 "V.A. FLAG" = -1 FOR THIS PROVIDER 2 (IU3)
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IU3. Is (PROVIDER) a Department of Veterans Affairs, or V.A., facility?

VAPLACE	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 (PROVIDER)?

ADMISSION	_____	/	_____	/	_____	DISCHARGE	_____	/	_____	/	_____
	MM		DD		YY		MM		DD		YY
EVBE	GMM					EVEN	DMM				
EVBE	GDD					EVEN	DDD				
EVBE	GY					EVEN	DYY				

IU5 OMITTED IN ROUND 3.

IU6 OMITTED IN ROUND 3.

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

IU Addendum

Segments: EVNT
PROV
HRND

BOX IU1:

- "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE \neq -1
- "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1