

MCBS MAIN STUDY - ROUND 46, FALL 2006

COMMUNITY COMPONENT

IU. INSTITUTIONAL UTILIZATION

BOX IU1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO <b>BOX HHS1</b> . 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	<b>IUPROBE</b> YES ..... 1 (IU2) NO ..... 2 <b>BOX HHS1</b> REFUSED ..... -7 <b>BOX HHS1</b> DON'T KNOW ..... -8 <b>BOX HHS1</b>
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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 <b>BOX IU2</b> b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER ..... 1 <b>BOX IU2</b> "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
<b>EVBE GMM</b>		<b>EVENDMM</b>	
<b>EVBE GDD</b>		<b>EVENDDD</b>	
<b>EVBE GYY</b>		<b>EVENDYY</b>	

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?

<b>TEMP</b>	YES .....	1 (IU2)
	NO .....	2 <b>BOX HHS1</b>
	REFUSED .....	-7 <b>BOX HHS1</b>
	DON'T KNOW .....	-8 <b>BOX HHS1</b>

IU Addendum

Segments: EVNT  
PROV  
HRND

BOX IU1:

- “V.A. FLAG” SET FOR THIS PROVIDER: VAPLACE ≠ -1
- “V.A. FLAG” NOT SET FOR THIS PROVIDER: VAPLACE = -1