Medicare Current Beneficiary Survey

Section Specifications for HAQ

HOUSING CHARACTERISTICS

ROUND 70

Created on 4/29/2015

BOX HA1

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail), GO TO HAINTRO - HAINT.

ELSE IF (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD RAMPS AT ENTRANCES) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD MODIFICATIONS TO ANY BATHROOM) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAS SPECIAL RAILINGS), GO TO HAINTRO2A - HAINT2.

ELSE GO TO BOX HA1B.

OTHER PROGRAMMING INSTRUCTIONS
DESIGN NOTES

Important note regarding BOX HA1:

The technical notes 442, 443, 444 need to be evaluated as separate checks. It is important to check for the most recent HOUS record prior to the current round where the HOUS field ^= EMPTY.

For each field being checked, the most recent HOUS record where the HOUS field ^= EMPTY could be on different HOUS records.

HAINTRO   No Entry

QUESTION TEXT

IF THE SP IS HOMELESS, IS TRANSIENT WITH NO PERMANENT HOME, OR IS IN JAIL OR PRISON, SELECT NEXT PAGE WITHOUT READING THIS INTRODUCTION.

I would like to ask a few questions about [your/(SP's)] housing situation or living arrangements.

FIELD 1: HAINT
FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HA1 - DWELLING
	Empty	HA1 - DWELLING

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HA1   Code 1

QUESTION TEXT

SHOW CARD HA1

IF TYPE OF HOUSING IS OBVIOUS, CODE WITHOUT ASKING. SELECT "SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON" WITHOUT ASKING.

[IF HOUSING TYPE IS NOT OBVIOUS, ASK:] Which of these best describes [your/(SP's)] home?

FIELD 1: DWELLING

FIELD 1 ROUTING

Value	Label	Route
1	ONE-FAMILY, DETACHED	HA2 - HLEVELS
2	TWO-FAMILY OR DUPLEX	HA2 - HLEVELS
3	APARTMENT OR CONDOMINIUM BUILDING	HA2 - HLEVELS
4	MOBILE HOME, TRAILER	HAINTRO2 - HAINT1
5	ROWHOUSE, TOWNHOUSE	HA2 - HLEVELS
6	"MOTHER-IN-LAW" APARTMENT	HA2 - HLEVELS
91	SOMETHING ELSE	HA1 - DWELLOS
96	SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON	BOX HA4
	Don't Know	HA2 - HLEVELS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.DWELLING	1

FIELD 2: DWELLOS

SOMETHING ELSE (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HA2 - HLEVELS

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.DWELLOS	1

HA2

Code 1

QUESTION TEXT

How many levels are in [your/(SP's)] (house/apartment or condominium building/place of residence)?

[THE NUMBER OF LEVELS REFERS TO THE TOTAL NUMBER OF FLOORS INCLUDING BOTH FINISHED AND UNFINISHED BASEMENTS AND FINISHED ATTICS. DO NOT INCLUDE UNFINISHED ATTICS OR ROOF TERRACES.]FIELD 1: HLEVELS

FIELD 1 ROUTING

Value	Label	Route
1	ONE	HAINTRO2 - HAINT1
2	TWO	HA3 - HELEVTR
3	THREE OR MORE	HA3 - HELEVTR
	Don't Know	HA3 - HELEVTR
	Refused	HA3 - HELEVTR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HLEVELS	1

HA3

Yes/No

QUESTION TEXT

Does [your/(SP's)] (house/apartment or condominium building/place of residence) have an elevator?

[DO NOT INCLUDE ESCALATORS, WHEELCHAIR LIFTS, OR STAIR LIFTS.]

FIELD 1: HELEVTR

FIELD 1 ROUTING

Value	Label	Route
1	YES	HA4 – HONELEVL
2	NO	HA4 – HONELEVL
	Don't Know	HA4 – HONELEVL
	Refused	HA4 – HONELEVL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HELEVTR	1

HA4

Yes/No

QUESTION TEXT

Is the living space in [your/(SP's)] (house/own apartment or condominium/place of residence) all on one level?

FIELD 1: HONELEVL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HAINTRO2 - HAINT1
2	NO	HA5 – HBTHLEVL
	Don't Know	HA5 – HBTHLEVL
	Refused	HA5 – HBTHLEVL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HONELEVL	1

HA5   Yes/No

QUESTION TEXT

Does [your/(SP's)] (house/own apartment or condominium/place of residence) have either a full bathroom or a half bathroom on all levels?

[PROBE: Bathroom facilities must contain at least a flush toilet, or a bathtub or shower.]

FIELD 1: HBTHLEVL

FIELD 1 ROUTING

Value	Label	Route
1	YES	HAINTRO2 - HAINT1
2	NO	HAINTRO2 - HAINT1
	Don't Know	HAINTRO2 - HAINT1
	Refused	HAINTRO2 - HAINT1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HBTHLEVL	1

HAINTRO2 No Entry

QUESTION TEXT

Next, I would like to ask about access or mobility modifications that [you/(SP)] may have in (your/his/her) (house/apartment or condominium building/mobile home/place of residence).

FIELD 1: HAINT1

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX HA1AB
	Empty	BOX HA1AB

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HAINTRO2A No Entry

QUESTION TEXT

When we were here about a year ago, we asked about access or mobility modifications that may have been a part of [your/(SP's)] residence at that time. Now, I would like to update our information about such modifications.

FIELD 1: HAINT2

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX HA1AB
	Empty	BOX HA1AB

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

BOX HA1AB

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD RAMPS AT ENTRANCES), GO TO HA6 - HRAMPS.

ELSE GO TO BOX HA1AC.

HA6　　　　　　　　Yes/No

QUESTION TEXT

Does [your/(SP's)] (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)?

FIELD 1: HRAMPS
FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HA1AC
2	NO	BOX HA1AC
	Don't Know	BOX HA1AC
	Refused	BOX HA1AC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HRAMPS	1

BOX HA1AC

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD MODIFICATIONS TO ANY BATHROOM), GO TO HA7 - HBATHRM.

ELSE GO TO BOX HA1AD.

HA7 Yes/No

QUESTION TEXT

Does [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) have modifications to any bathroom such as grab bars or a shower seat?

FIELD 1: HBATHRM

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HA1AD
2	NO	BOX HA1AD
	Don't Know	BOX HA1AD
	Refused	BOX HA1AD

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HBATHRM	1

BOX HA1AD

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAS SPECIAL RAILIINGS), GO TO HA8 - HRAILING.

ELSE GO TO BOX HA1B.

HA8 Yes/No

QUESTION TEXT

Other than stair railings, does [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) have special railings to help (you/him/her) move around?

[DO NOT INCLUDE HANDRAILS IN BATHROOMS.]

FIELD 1: HRAILING

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HA1B
2	NO	BOX HA1B
	Don't Know	BOX HA1B
	Refused	BOX HA1B

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HRAILING	1

BOX HA1B

BOX INSTRUCTIONS

IF (THE SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (THE TYPE OF HOUSING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN), GO TO HA9 - HOUSTYPE.

ELSE IF TYPE OF HOUSING WAS REPORTED LAST TIME IT WAS ASKED, GO TO HAINTRO3 - HAINT3.

ELSE GO TO BOX HA4.

HA9

Yes/No

QUESTION TEXT

SHOW CARD HA2

Please look at this card. Is [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) a part of one of these communities?

[IF A RESPONDENT EXPLAINS THAT THE PLACE OF RESIDENCE IS SIMILAR TO ONE LISTED ON THE CARD BUT CALLED BY ANOTHER NAME, SELECT "YES".]

FIELD 1: HOUSTYPE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HA10 - HCOMUNTY
2	NO	BOX HA3
	Don't Know	HA10 - HCOMUNTY
	Refused	BOX HA3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HOUSTYPE	1

HA10   Code 1

QUESTION TEXT

SHOW CARD HA2

[IF NECESSARY, ASK:] Which category best describes [your/(SP's)] type of housing?

FIELD 1: HCOMUNTY

FIELD 1 ROUTING

Value	Label	Route
1	RETIREMENT COMMUNITY	HA11 - HPERCARE
2	SENIOR CITIZENS HOUSING	HA11 - HPERCARE
3	ASSISTED LIVING FACILITY	HA11 - HPERCARE
4	CONTINUING CARE COMMUNITY	HA11 - HPERCARE
5	STAGED LIVING COMMUNITY	HA11 - HPERCARE
6	RETIREMENT APARTMENTS	HA11 - HPERCARE
7	CHURCH-PROVIDED HOUSING	HA11 - HPERCARE
8	PERSONAL OR RESIDENTIAL CARE HOME	HA11 - HPERCARE
91	OTHER	HA10 - HCOMUNOS
	Don't Know	HA11 - HPERCARE
	Refused	HA11 - HPERCARE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HCOMUNTY	1

FIELD 2: HCOMUNOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	HA11 - HPERCARE

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HCOMUNOS	1

HAINTRO3 No Entry

QUESTION TEXT

The type of community [you/(SP)] (live/lives) in sometimes gives its residents access to personal care services. Next, I would like to update our records regarding [your/(SP's)] access to such services.

FIELD 1: HAINT3

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	HA11 - HPERCARE
	Empty	HA11 - HPERCARE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

HA11   Yes/No

QUESTION TEXT

SHOW CARD HA3

Does [your/(SP's)] place of residence give (you/him/her) access to personal care services like any of those listed on this card?

[THE RESPONDENT ONLY HAS TO HAVE ONE PERSONAL CARE SERVICE AVAILABLE TO HIM/HER TO QUALIFY AS A "YES" FOR THIS QUESTION.]

FIELD 1: HPERCARE

FIELD 1 ROUTING

Value	Label	Route
1	YES	HA12 - MEALPROB
2	NO	BOX HA3
	Don't Know	HA12 - MEALPROB
	Refused	BOX HA3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HPERCARE	1

HA12 List

QUESTION TEXT

We are interested in personal services that might be available here in addition to housing. [In [your/(SP's)] place of residence], [do you/does (SP)] have access to…

FIELD 1: MEALPROB

Prepared meals?

FIELD 1 ROUTING

Value	Label	Route
1	YES	HA12 - MAIDPROB
2	NO	HA12 - MAIDPROB
	Don't Know	HA12 - MAIDPROB
	Refused	HA12 - MAIDPROB

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.MEALPROB	1

FIELD 2: MAIDPROB

Housekeeping, maid, or cleaning services?

FIELD 2 ROUTING

Value	Label	Route
1	YES	HA12 - WASHPROB
2	NO	HA12 - WASHPROB
	Don't Know	HA12 - WASHPROB
	Refused	HA12 - WASHPROB

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.MAIDPROB	1

FIELD 3: WASHPROB

Laundry services?

FIELD 3 ROUTING

Value	Label	Route
1	YES	HA12 - HELPPROB
2	NO	HA12 - HELPPROB
	Don't Know	HA12 - HELPPROB
	Refused	HA12 - HELPPROB

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.WASHPROB	1

FIELD 4: HELPPROB

Help with medications?

FIELD 4 ROUTING

Value	Label	Route
1	YES	HA12 - TRANPROB
2	NO	HA12 - TRANPROB
	Don't Know	HA12 - TRANPROB
	Refused	HA12 - TRANPROB

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.HELPPROB	1

FIELD 5: TRANPROB

Transportation?

FIELD 5 ROUTING

Value	Label	Route
1	YES	HA12 - RECPROB
2	NO	HA12 - RECPROB
	Don't Know	HA12 - RECPROB
	Refused	HA12 - RECPROB

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.TRANPROB	1

FIELD 6: RECPROB

Recreational services, such as exercise facilities, movies, activities programs, library, card rooms, pool tables, etc.?

FIELD 6 ROUTING

Value	Label	Route
1	YES	BOX HA2
2	NO	BOX HA2
	Don't Know	BOX HA2
	Refused	BOX HA2

FIELD 6 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.RECPROB	1

BOX HA2

BOX INSTRUCTIONS

IF SP HAD ACCESS TO AT LEAST ONE PERSONAL SERVICE LISTED AT HA12, GO TO HA13 - SERVINCL.

ELSE GO TO BOX HA2A.

HA13 Code 1

QUESTION TEXT

Are these services included as part of the cost of [your/(SP's)] housing or is there a separate charge for them?

FIELD 1: SERVINCL

FIELD 1 ROUTING

Value	Label	Route
1	ALL INCLUDED	BOX HA2A
2	SOME INCLUDED/SOME SEPARATE	BOX HA2A
3	ALL SEPARATE	BOX HA2A
	Don't Know	BOX HA2A
	Refused	BOX HA2A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.SERVINCL	1

BOX HA2A

BOX INSTRUCTIONS

IF (THE SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (WHETHER OR NOT SP IS ALLOWED TO CONTINUE LIVING IN HOME IF SUBSTANTIAL CARE IS NEEDED IS UNKNOWN), GO TO HA14 - STAYPUT.

ELSE GO TO BOX HA4.

HA14 Yes/No

QUESTION TEXT

Would the place where [you/(SP)] currently (live/lives) allow (you/him/her) to continue living in (your/his/her) (house/apartment or condominium/mobile home/home) if (you/he/she) needed substantial care?

[PROBE: Could [you/(SP)] stay where (you/he/she) (live/lives) now if (you/he/she) needed a much greater level of care?]

FIELD 1: STAYPUT

FIELD 1 ROUTING

Value	Label	Route
1	YES	HA16 - REQAGE
2	NO	HA15 - CAREPART
	Don't Know	HA16 - REQAGE
	Refused	HA16 - REQAGE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.STAYPUT	1

HA15   Yes/No

QUESTION TEXT

If (you/he/she) needed substantial care, would that care be provided in another part of this same place of residence?

FIELD 1: CAREPART

FIELD 1 ROUTING

Value	Label	Route
1	YES	HA16 - REQAGE
2	NO	HA16 - REQAGE
	Don't Know	HA16 - REQAGE
	Refused	HA16 - REQAGE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.CAREPART	1

HA16   Yes/No

QUESTION TEXT

Does the place where [you/(SP)] (live/lives) now require residents to be a certain age to live there or receive services?

FIELD 1: REQAGE

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HA3
2	NO	BOX HA3
	Don't Know	BOX HA3
	Refused	BOX HA3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.REQAGE	1

BOX HA3

BOX INSTRUCTIONS

IF HA5 - HBTHLEVL = 1/Yes OR HA7 - HBATHRM = 1/Yes, GO TO HA18 - NBRROOMS.

ELSE GO TO HA17 - PERSBATH.

HA17 Yes/No

QUESTION TEXT

Now I have a few questions about the rooms in [your/(SP's)] place of residence.

[Do you/Does (SP)] have (your/his/her) own bathroom facilities?

[EXPLAIN IF NECESSARY: Own bathroom facilities may be defined as the sink, flush toilet, and bathtub or shower used primarily by [you/(SP)] and is not used on a regular basis by someone not living in the household.]

FIELD 1: PERSBATH

FIELD 1 ROUTING

Value	Label	Route
1	YES	HA18 - NBRROOMS
2	NO	HA18 - NBRROOMS
	Don't Know	HA18 - NBRROOMS
	Refused	HA18 - NBRROOMS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.PERSBATH	1

HA18 Numeric

QUESTION TEXT

How many rooms are there in [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence), not counting bathrooms, hallways, or unfinished basements?

FIELD 1: NBRROOMS

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HA19 - PERKITCH
	Don't Know	HA19 - PERKITCH
	Refused	HA19 - PERKITCH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.NBRROOMS	1

HA19

Yes/No

QUESTION TEXT

[Do you/Does (SP)] have (your/his/her) own kitchen?

[EXPLAIN IF NECESSARY: Own kitchen is defined as an area with a sink, non-portable cooking equipment and a refrigerator used primarily by [you/(SP)] and not on a regular basis by someone not living in the household. Also includes kitchenettes.]

FIELD 1: PERKITCH

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX HA4
2	NO	BOX HA4
	Don't Know	BOX HA4
	Refused	BOX HA4

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HOUS.PERKITCH	1

BOX HA4

BOX INSTRUCTIONS
GO TO NEXT SECTION