Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			IUQ SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPAISTATUS=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after OPQ.		
IUPROBE	IU1	yes/no	SHOW CARD IU1 [Since (REFERENCE DATE), [have you/has (SP)] been/Between (REFERENCE DATE) and (DATE OF DEATH), was (SP)/Other than the current institutional stay that started on (DATE OF INSTITUTIONALIZATION), between (REFERENCE 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. [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) IU2 - PROVIDER_IU (02) BOX IU3 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX IU3 (-9) BOX IU3
PROVIDER_IU	IU2	roster	Where [were you/was (SP)] a patient -- in which nursing home? SELECT OR ADD ONLY ONE FACILITY. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE INSTITUTION.]	(01) continuous answer	BOX IU1

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	BOX IU1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO IU3 - VAPLACE. ELSE TO IU4 - EVBEGMM.		
VAPLACE	IU3	yes/no	Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused	IU4 - EVBEGMM
EVBEGMM	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVBEGDD
EVBEGDD	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVBEGYY
EVBEGYY	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVENDMM
EVENDMM	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVENDDD
EVENDDD	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVENDYY
EVENDYY	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU7 - IUMORE

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
IUMORE	IU7	yes/no	IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK: [Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you had/has (SP) had/did (SP) have] any other stays in this or any other nursing home or similar place that provides long-term care? [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.]	(01) YES (02) NO (-8) Don't know (-9) Refused	(01) IU2 - PROVIDER_IU (02) BOX IU3 (-8) BOX IU3 (-9) BOX IU3
	BOX IU3	routing	If INTTYPE in(C001, C004, C009), go to HHS. If INTTYPE in(C002, C005, C006, C007, C010), go to HHQ.		