

MCBS MAIN STUDY - ROUND 37, FALL 2003

COMMUNITY COMPONENT

IU. INSTITUTIONAL UTILIZATION

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| BOX IU1A | IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, 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.]

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| 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

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| BOX IU1 | a. SP HAS USED V.A. FACILITIES (HI36 = 1) 1 (b) SP HAS NOT USED V.A. (HI36 = 2 OR MISSING) 2 BOX IU2 b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX IU2 "V.A. FLAG" NOT SET 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

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| 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)?

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

IU5. OMITTED.

IU6. OMITTED.

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?

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| YES | 1 | (IU2) |
| NO | 2 | BOX HHS1 |
| REFUSED | -7 | BOX HHS1 |
| DON'T KNOW | -8 | BOX HHS1 |