

# **Medicare Current Beneficiary Survey**

Section Specifications for 2012 R64 HAQ

HOUSING CHARACTERISTICS

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# 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: HAI****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 - HAIN1
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)?

## **FIELD 1: HLEVELS**

### **FIELD 1 ROUTING**

Value	Label	Route
1	ONE	HAINTRO2 - HAIN1
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?

## 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 - HAIN1
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 - HAIN1
2	NO	HAINTRO2 - HAIN1
	Don't Know	HAINTRO2 - HAIN1
	Refused	HAINTRO2 - HAIN1

### **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: HAIT1****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: HAIT2****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**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	YES	BOX HA1AC
2	NO	BOX HA1AC
	Don't Know	BOX HA1AC
	Refused	BOX HA1AC

### **FIELD 1 ATTRIBUTES**

<b>Cheshire Name</b>	<b>Answers Allowed</b>
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**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	YES	BOX HA1AD
2	NO	BOX HA1AD
	Don't Know	BOX HA1AD
	Refused	BOX HA1AD

### **FIELD 1 ATTRIBUTES**

<b>Cheshire Name</b>	<b>Answers Allowed</b>
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 RAILINGS), 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?

## **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 - HAINTR3.

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?

## **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: HAIN3****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?

## **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 (this/these) (TYPE OF 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



Value	Label	Route
	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

Value	Label	Route
	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**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	YES	BOX HA2
2	NO	BOX HA2
	Don't Know	BOX HA2
	Refused	BOX HA2

**FIELD 6 ATTRIBUTES**

<b>Cheshire Name</b>	<b>Answers Allowed</b>
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 [(TYPE OF HOUSING)/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/these) same (TYPE OF HOUSING)/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