

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| | | | <p>HOUSING CHARACTERISTICS QUESTIONNAIRE SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY Other: N/A</p> <p><u>PLACEMENT</u> Administer after ENS.</p> | | |
| | BOX HA | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE), GO BOX HA1. ELSE GO TO HA1A-SPMOVED. | | |
| SPMOVED | HA1A | yes/no | IF ANSWER IS KNOWN, CODE WITHOUT ASKING: [Have you/Has (SP)] moved since [LAST FALL ROUND DATE]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HA1 |
| | BOX HA1 | routing | 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 [SPMOVED=1/YES]) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/Homeless/Jail), 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. | | |
| HAINT | HAINTRO | no entry | 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. | | |
| DWELLING | HA1 | code one | 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? | (01) ONE-FAMILY, DETACHED (02) TWO-FAMILY OR DUPLEX (03) APARTMENT OR CONDOMINIUM BUILDING (04) MOBILE HOME, TRAILER (05) ROWHOUSE, TOWNHOUSE (06) "MOTHER-IN-LAW" APARTMENT (91) SOMETHING ELSE (96) SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON (-8) Don't Know (-9) Refused | (01) HA2 - HLEVELS (02) HA2 - HLEVELS (03) HA2 - HLEVELS (04) HAINTRO2 - HAINT1 (05) HA2 - HLEVELS (06) HA2 - HLEVELS (91) HA1 - DWELLOS (96) BOX HA4 (-8) HA2 - HLEVELS (-9) HA2 - HLEVELS |
| DWELLOS | HA1 | verbatim text | SOMETHING ELSE (SPECIFY) | (01) continuous answer | HA2 - HLEVELS |
| HLEVELS | HA2 | code one | 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.] | (01) ONE (02) TWO (03) THREE OR MORE (-8) Don't Know (-9) Refused | (01) HAINTRO2 - HAINT1 (02) HA3 - HELEVTR (03) HA3 - HELEVTR (-8) HA3 - HELEVTR (-9) HA3 - HELEVTR |
| HELEVTR | HA3 | yes/no | Does [your/(SP's)] (house/apartment or condominium building/place of residence) have an elevator? [DO NOT INCLUDE ESCALATORS, WHEELCHAIR LIFTS, OR STAIR LIFTS.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA4 - HONELEVEL |
| HONELEVEL | HA4 | yes/no | Is the living space in [your/(SP's)] (house/own apartment or condominium/place of residence) all on one level? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HAINTRO2 - HAINT1 (02) HA5 - HBTHLEVEL (-8) HA5 - HBTHLEVEL (-9) HA5 - HBTHLEVEL |
| HBTHLEVEL | HA5 | yes/no | 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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HAINTRO2 - HAINT1 |
| HAINT1 | HAINTRO2 | no entry | 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). | | BOX HA1AB |
| HAINT2 | HAINTRO2A | no entry | 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. | | BOX HA1AB |

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| | BOX HA1AB | routing | 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. | | |
| HRAMPS | HA6 | yes/no | Does [your/(SP's)] (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HA1AC |
| | BOX HA1AC | routing | 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. | | |
| HBATHRM | HA7 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HA1AD |
| | BOX HA1AD | routing | 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. | | |
| HRAILING | HA8 | yes/no | 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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HA1B |
| | BOX HA1B | routing | 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. | | |
| HOUSTYPE | HA9 | yes/no | 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".] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HA10 - HCOMUNTY (02) BOX HA3 (-8) BOX HA3 (-9) BOX HA3 |
| HCOMUNTY | HA10 | code one | SHOW CARD HA2 [IF NECESSARY, ASK:] Which category best describes [your/(SP's)] type of housing? | (01) RETIREMENT COMMUNITY (02) SENIOR CITIZENS HOUSING (03) ASSISTED LIVING FACILITY (04) CONTINUING CARE COMMUNITY (05) STAGED LIVING COMMUNITY (06) RETIREMENT APARTMENTS (07) CHURCH-PROVIDED HOUSING (08) PERSONAL OR RESIDENTIAL CARE HOME (91) OTHER (-8) Don't Know (-9) Refused | (01) HA11 - HPERCARE (02) HA11 - HPERCARE (03) HA11 - HPERCARE (04) HA11 - HPERCARE (05) HA11 - HPERCARE (06) HA11 - HPERCARE (07) HA11 - HPERCARE (08) HA11 - HPERCARE (91) HA10 - HCOMUNOS (-8) HA11 - HPERCARE (-9) HA11 - HPERCARE |
| HCOMUNOS | HA10 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | HA11 - HPERCARE |
| HAINTR3 | HAINTRO3 | no entry | 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. | | HA11 - HPERCARE |
| HPERCARE | HA11 | yes/no | 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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HA12 - MEALPROB (02) BOX HA3 (-8) HA12 - MEALPROB (-9) BOX HA3 |

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| MEALPROB | HA12 | list | 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... prepared meals? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA12 - MAIDPROB |
| MAIDPROB | HA12 | list | 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... housekeeping, maid, or cleaning services? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA12 - WASHPROB |
| WASHPROB | HA12 | list | 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... laundry services? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA12 - HELPPROB |
| HELPPROB | HA12 | list | 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... help with medications? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA12 - TRANPROB |
| TRANPROB | HA12 | list | 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... transportation? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA12 - RECPROB |
| RECPROB | HA12 | list | 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... recreational services, such as exercise facilities, movies, activities programs, library, card rooms, pool tables, etc.? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HA2 |
| | BOX HA2 | routing | IF SP HAD ACCESS TO AT LEAST ONE PERSONAL SERVICE LISTED AT HA12, GO TO HA13 - SERVINCL. ELSE GO TO BOX HA2A. | | |
| SERVINCL | HA13 | code one | Are these services included as part of the cost of [your/(SP's)] housing or is there a separate charge for them? | (01) ALL INCLUDED (02) SOME INCLUDED/SOME SEPARATE (03) ALL SEPARATE (-8) Don't Know (-9) Refused | BOX HA2A |
| | BOX HA2A | routing | 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. | | |
| STAYPUT | HA14 | yes/no | 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/place of residence) 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?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HA16 - REQAGE (02) HA15 - CAREPART (-8) HA16 - REQAGE (-9) HA16 - REQAGE |
| CAREPART | HA15 | yes/no | If (you/he/she) needed substantial care, would that care be provided in another part of this same place of residence? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA16 - REQAGE |
| REQAGE | HA16 | yes/no | Does the place where [you/(SP)] (live/lives) now require residents to be a certain age to live there or receive services? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HA3 |
| | BOX HA3 | routing | IF HA5 - HBTHLEVL = 1/Yes OR HA7 - HBATHRM = 1/Yes, GO TO HA18 - NBRROOMS. ELSE GO TO HA17 - PERSBATH. | | |
| PERSBATH | HA17 | yes/no | 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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HA18 - NBRROOMS |
| NBRROOMS | HA18 | numeric | 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? | (01) continuous answer (-8) Don't Know (-9) Refused | HA19 - PERKITCH |

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| PERKITCH | HA19 | yes/no | [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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HA4 |
| | BOX HA4 | routing | IF INTTYPE in(C001, C002, C003, C004, C005, C006), GO TO HIQ. | | |