Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			COVID-19 FACILITY-LEVEL SECTION SPECIFICATIONS CRITERIA SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR SEASON If SAMPLE TYPE= CFR, then SEASON=FALL If SAMPLE TYPE in (CFC, FFC, FCF), then SEASON= ALL If SAMPLE TYPE= IPR, then SEASON= FALL PLACEMENT Administered in flexible order after FQ and RH sections are completed.		
FC1PRECT	FC1PRE	No Entry	I am now going to ask you some information about (FACILITY)'s experiences during the coronavirus pandemic, also known as COVID-19 or SARS-CoV-2. Given the impact the coronavirus pandemic has had on facilities, the next questions aim to capture the experiences and challenges facilities such as your own have faced due to the pandemic.	(01) Continue	(01) FC39 - TELSERV
TELSERV	FC39	Yes/No	The next questions ask about telehealth services this facility is <u>currently</u> providing. <u>As of today</u>, are any services provided through telehealth by (FACILITY)? [IF NEEDED: Telehealth visits include visits by telephone or video.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FC17 - ACTINTRO (01) FC40 - OUTDRTEL (-8) FC17 - ACTINTRO (-9) FC17 - ACTINTRO
OUTDRTEL	FC40	code one	[As of today] are doctor or other health professional visits <u>outside</u> this facility currently offered through telehealth? Please include outside visits for both primary and specialty care. VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES ARE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALTY CARE OUTSIDE THE FACILITY ANSWER "YES". [IF NEEDED: "Outside" refers to telehealth visits with <u>off-site</u> primary and specialty care doctors or other health professionals.]	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) FC41 - INDRTEL (01) FC41 - INDRTEL (02) FC41 - INDRTEL (-8) FC41 - INDRTEL (-9) FC41 - INDRTEL
INDRTEL	FC41	code one	[As of today] are doctor or other health professional visits <u>inside</u> this facility currently offered through telehealth? Please include inside visits for both primary and specialty care. VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES ARE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALTY CARE INSIDE THE FACILITY ANSWER "YES". [IF NEEDED: "Inside" refers to telehealth visits with primary and specialty care doctors or other health professionals <u>from</u> this facility.]	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) FC42 - TELDENTN (01) FC42 - TELDENTN (02) FC42 - TELDENTN (-8) FC42 - TELDENTN (-9) FC42 - TELDENTN
TELDENTN	FC42	List	[As of today] which of the following services, both inside and outside this facility, are currently offered through telehealth? a. Dental visits	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) FC42- TELMHN (01) FC42- TELMHN (02) FC42- TELMHN (-8) FC42- TELMHN (-9) FC42- TELMHN
TELMHN	FC42	List	b. Psychiatrist or other mental health professional visits	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) FC42 - TELPODN (01) FC42 - TELPODN (02) FC42 - TELPODN (-8) FC42 - TELPODN (-9) FC42 - TELPODN

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TELPODN	FC42	List	c. Podiatrist visits	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) FC42 - TELEDHBN (01) FC42 - TELEDHBN (02) FC42 - TELEDHBN (-8) FC42 - TELEDHBN (-9) FC42 - TELEDHBN
TELEDHBN	FC42	List	d. Educational or habilitational services	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) FC42 - TELOTHN (01) FC42 - TELOTHN (02) FC42 - TELOTHN (-8) FC42 - TELOTHN (-9) FC42 - TELOTHN
TELOTHN	FC42	List	e. Any other types of services [IF NEEDED: Other types of services inside or outside the facility may include dieticians, nurse practitioners, physician's assistants, registered nurses, or social workers.]	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) FC17 - ACTINTRO (01) FC42-TELOTHNS (02) FC17 - ACTINTRO (-8) FC17 - ACTINTRO (-9) FC17 - ACTINTRO
TELOTHNS	FC42	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) FC17 - ACTINTRO
ACTINTRO	FC17	No Entry	Now I would like to ask you about vaccine policies this facility may have to prevent the spread of the flu and COVID-19.	(01) CONTINUE	(01) HCPFLUVC
HCPFLUVC	FC22	code one	What is (FACILITY)'s policy about the flu shot for health care personnel? READ RESPONSE OPTIONS ALOUD: • Flu shot is required • Flu shot is recommended • Neither	(01) VACCINE IS REQUIRED (02) VACCINE IS RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	(01) FC23 - HCPCOVVC (02) FC23 - HCPCOVVC (03) FC23 - HCPCOVVC (-8) FC23 - HCPCOVVC (-9) FC23 - HCPCOVVC
HCPCOVVC	FC23	code one	What (is/will be) (FACILITY)'s policy about the COVID-19 vaccine for health care personnel? READ RESPONSE OPTIONS ALOUD: • Vaccine (is/will be) required • Vaccine (is/will be) recommended • Neither • Don't know	(01) VACCINE (IS/WILL BE) REQUIRED (02) VACCINE (IS/WILL BE) RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	(01) FC25 - RESFLUVC (02) FC25 - RESFLUVC (03) FC25 - RESFLUVC (-8) FC25 - RESFLUVC (-9) FC25 - RESFLUVC
RESFLUVC	FC25	code one	What is (FACILITY)'s policy about the flu shot for residents? READ RESPONSE OPTIONS ALOUD: • Flu shot is required • Flu shot is recommended • Neither	(01) VACCINE IS REQUIRED (02) VACCINE IS RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	(01) FC26 -RESCOVVC (02) FC26 - RESCOVVC (03) FC26 - RESCOVVC (-8) FC26 - RESCOVVC (-9) FC26 - RESCOVVC
RESCOVVC	FC26	code one	What (is/will be) (FACILITY)'s policy about the COVID-19 vaccine for residents? READ RESPONSE OPTIONS ALOUD: • Vaccine (is/will be) required • Vaccine (is/will be) recommended • Neither • Don't know	(01) VACCINE (IS/WILL BE) REQUIRED (02) VACCINE (IS/WILL BE) RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	(01) FC30 - PREMHS (02) FC30 - PREMHS (03) FC30 - PREMHS (-8) FC30 - PREMHS (-9) FC30 - PREMHS
PREMHS	FC30	No Entry	The next questions are about mental health services.	(01) CONTINUE	(01) FC31 - FACMHITS

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
FACMHITS	FC31	List	Does this facility offer… a. Individual Therapy Sessions FOR EACH ITEM INCLUDE SERVICES OFFERED BY THE FACILITY AND/OR COORDINATED BY THE FACILITY.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FC31 - FACMHGTS (01) FC31 - FACMHGTS (-8) FC31 - FACMHGTS (-9) FC31 - FACMHGTS
FACMHGTS	FC31	List	b. Group Therapy Sessions	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FC31 - FACMHSG (01) FC31 - FACMHSG (-8) FC31 - FACMHSG (-9) FC31 - FACMHSG
FACMHSG	FC31	List	c. Support Groups	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FC31 - FACMHAT (01) FC31 - FACMHAT (-8) FC31 - FACMHAT (-9) FC31 - FACMHAT
FACMHAT	FC31	List	d. Art Therapy	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FC31 - FACMHOTH (01) FC31 - FACMHOTH (-8) FC31 - FACMHOTH (-9) FC31 - FACMHOTH
FACMHOTH	FC31	List	e. Any Other Types of Mental Health Services	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FC34 - SOCINTRO (01) FC34 - SOCINTRO (-8) FC34 - SOCINTRO (-9) FC34 - SOCINTRO
SOCINTRO	FC34	No Entry	The next questions are about social and recreational activities.	(01) CONTINUE	(01) FC35 - ACTINFAC
ACTINFAC	FC35	Yes/No	Does this facility provide social and recreational activities within the facility?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FC36 - ACTOUTFC (01) FC36 - ACTOUTFC (-8) FC36 - ACTOUTFC (-9) FC36 - ACTOUTFC
ACTOUTFC	FC36	Yes/No	Does this facility provide social and recreational activities outside the facility? "OUTSIDE THE FACILITY" REFERS TO ACTIVITIES THAT OCCUR OFF THE FACILITY PREMISES.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) FCEND - FCENDCT (01) FCEND - FCENDCT (-8) FCEND - FCENDCT (-9) FCEND - FCENDCT
FCENDCT	FCEND	code one	YOU HAVE COMPLETED THE COVID-19 FACILITY-LEVEL SUPPLEMENT SECTION. PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) CONTINUE	(01) BOX FCEND
	BOX FCEND	routing	GO TO NAVIGATOR		