BQ. BACKGROUND QUESTIONNAIRE

(BASELINE ONLY)

BOX BQ1	If first time through BQ for this respondent, continue; else, go to BQ1PRE2.

BQ1PRE1

The following questions are about {SP's} background including {her/his} life-time use of long-term care, demographics, and {her/his} immediate family. In answering some of these questions, you might find it useful to refer to various records. Some of these questions refer to specific points in time while others are more general in nature. I'd like to begin by asking a few questions about prior use of long-term care.

PRESS ENTER TO CONTINUE.

BOX BQ2	Go to BQ1.

BQ1

The first question is about the time before {SP} was a resident of {FACILITY/ELIGIBLE UNIT} {on or about {REF DATE}}. Before that, had {she/he} _ever_ been in a nursing home, residential care facility including personal care home, or some other kind of long-term care facility?

YES...	1	
NO...	0	(BOX BQ3A)
DK	-8	(BOX BQ3A)
RF	-7	(BOX BQ3A)

BQ2

What type of facility was that?

PROBE: Which of these was the _first_ one?

NURSING HOME...	1
PERSONAL CARE HOME/RESIDENTIAL CARE FACILITY.......	2
OTHER LONG-TERM CARE FACILITY	3

PRESS F1 FOR DEFINITIONS.

BQ3

When was the first time that {SP} _ever_ entered {a nursing home {,}/a residential care facility including a personal care home {or}/some other kind of long-term care facility}?

MONTH (   )   YEAR (   )

DK	-8
RF	-7

BOX BQ3	If DK to YR, go to BQ4. If YR = RF, go to BQ5. If FLU YR = REF DATE YR, go to BOX BQ3A, otherwise go to BQ5.

BQ4

About how long ago was it? Would you say...

about 1 year, ...	1
about 2 years, ...	2
about 5 years, or	3
10 or more years?	4

BQ5

How many different nursing homes, personal care homes, or other long-term care facilities had {SP} been in prior to {FACILITY/ELIGIBLE UNIT} {in which {he/she} was a resident on or about {REF DATE}}?

NUMBER OF LTC FACILITIES

BQ6

Between {her/his} first use of long-term care {in {FLU YR}} and when {she/he} entered a nursing home or personal care home {on or about {REF DATE}}, how much of that time did {SP} spend in a nursing home, personal care home, or other long-term care facility? Would you say ...

all, ...	1	(BOX BQ3A)
more than half, or	2	
half or less than half?	3	(BQ8)
DK	-8	(BOX BQ3A)
RF	-7	(BOX BQ3A)

BQ7

Would you say more or less than three-fourths of {her/his} time?

MORE	1	(BOX BQ3A)
LESS...	2	(BOX BQ3A)
DK	-8	(BOX BQ3A)
RF	-7	(BOX BQ3A)

BQ8

Would you say more or less than one-fourth of {her/his} time?

MORE	1
LESS...	2

BOX BQ3A	If SP type is SSM1 or CFC, continue. Else, go to BQ9PRE.

RH22A

Please look at this card and tell me what kind of place {SP} was in just before being admitted here on {ADMISSION DATE}.

SHOW CARD RH1	

OTHER NURSING HOME/REHAB CENTER 1
PERSONAL CARE HOME/RESIDENTIAL CARE FACILITY 2
CCRC/RETIREMENT HOME/CENTER 3
HOSPITAL 4
PRIVATE HOME OR APARTMENT... 5
OTHER LTC FACILITY 7
OTHER (SPECIFY: _____) 91

PRESS F1 FOR DEFINITIONS.

BOX BQ3B	If RH22A = 5 or 91, continue. Else, go to BQ9PRE.

RH30A

Who lived with {her/him} there?

SELECT ALL THAT APPLY.

1. ALONE
2. SPOUSE
3. DAUGHTER
4. SON
5. MOTHER
6. FATHER
7. SISTER
8. BROTHER
9. DAUGHTER-IN-LAW
10. SON-IN-LAW
11. GRANDDAUGHTER
12. GRANDSON
13. NIECE
14. NEPHEW
15. FRIEND
16. NURSE/AIDE
17. BOARDER
18. GUARDIAN
91. OTHER FEMALE RELATIVE, SPECIFY
92. OTHER MALE RELATIVE, SPECIFY
93. OTHER NONRELATIVE, SPECIFY

{How many {PLURAL FORM OF RELATIONSHIP CODE} {live/lived} there? (   )}

DEMOGRAPHICS

BQ9PRE

The next few questions are about {SP's} {level of education,} race, ethnicity, and military service.

PRESS ENTER TO CONTINUE.

| BOX BQ4 | If HA51 of Health Status is -8 (DK), -7 (RF), or -1, go to BQ9; else go to BQ10A. |

BQ9

As far as you know, what {is/was} the highest level of schooling {SP} completed?

IF DK, USE CATEGORIES AS PROBES.

EDLEVELF	NO FORMAL SCHOOLING	1
SPDEGRCV	ELEMENTARY (1ST-8TH GRADES)	2
	SOME HIGH SCHOOL (9TH-12TH GRADES)	3
	COMPLETED HIGH SCHOOL, NO COLLEGE	4
	TECHNICAL OR TRADE SCHOOL	5
	SOME COLLEGE	6
	COLLEGE GRADUATE	7
	GRADUATE DEGREE	8
	DK	-8
	RF	-7

BQ10 omitted in Round 22.

BQ10A

{Is/Was} {SP} of Hispanic or Latino origin?

HISPORIG	YES	1
D_ETHNIC	NO	0

BQ11 omitted in Round 22.

BQ11A

Please look at this card and tell me what {is/was} {SP}'s race.
SELECT ALL THAT APPLY.

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SHOW
CARD
BQ1A
```

RACEAI	AMERICAN INDIAN OR ALASKA NATIVE
RACEAS	ASIAN
RACEAA	BLACK OR AFRICAN AMERICAN
RACENH	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
RACEWH	WHITE
RACEOTH	ANOTHER RACE (SPECIFY) _____
D_RACE	
D_RACE2	

BOX BQ5	If SP < 15 years old, go to BQ18PRE; else, continue.

BQ12

Did {SP} ever serve on active duty in the Armed Forces?

D_AFEVER	YES	1	
	NO	0	(BQ12B)
	DK	-8	(BQ12B)
	RF	-7	(BQ12B)

BQ12A

Looking at this card, which time periods best describe when {SP} served in the Armed Forces?
SELECT ALL THAT APPLY.

SHOW CARD BQ1	**D_AFIRAF**	**IRAQ OR AFGHANISTAN CONFLICT (2001 - Present)**
	D_AFGULF	**PERSIAN GULF WAR (Aug 1990 – March 1991)**
	D_AFVIET	VIETNAM ERA (Aug. 1964 - May 1975)
	D_AFKORE	KOREAN CONFLICT (June 1950 - Jan. 1955)
	D_AFWWII	WORLD WAR II (Sept. 1940 - July 1947)
	D_AFWWI	WORLD WAR I (1917 - 1918)
	D_AFPEAC	PEACE TIME ONLY (ALL OTHER TIMES)
		DON'T KNOW

BQ12B

Was {SP} ever an active member of a National Guard or military reserve unit of the United States?

D_NGEVER	YES	1	
	NO...	0	(BOX BQ5A)
	DK	-8	(BOX BQ5A)
	RF	-7	(BOX BQ5A)

BQ12C

Was all of {SP's} active duty related to National Guard or military reserve training?

D_NGALL	YES	1	(BQ12D)
	NO...	0	(BQ12D)

BOX BQ5A	If BQ12 = 1, continue; else, go to BQ13PRE.

BQ12D

Does {SP} have a disability related to (his/her) service in the Armed Forces of the United States?

D_NGDSBL	YES	1	
	NO...	0	(BQ13PRE)
	DK	-8	(BQ13PRE)
	RF	-7	(BQ13PRE)

BQ12E

What is {SP's} current VA disability rating?

D_VARATE   RATING = _____%
                                IMMEDIATE FAMILY

BQ13PRE

Next I am going to ask you some questions about {SP's} marital status and immediate family.

PRESS ENTER TO CONTINUE.

BOX BQ5B	If CFC or SSM2, go to BQ14. Else, go to BQ13.

BQ13

On January 1, {SAMPLE YEAR}, was {SP} married, widowed, divorced, separated, or never married?

SPMARSTA
MARRIED	1	(BQ15)
WIDOWED...	2	
DIVORCED	3	
SEPARATED	4	
NEVER MARRIED	5	(BQ18PRE)
DK	-8	
RF	-7	

BOX BQ6	If SP type is SSM1, go to BQ18PRE. Else, continue.

BQ14

When {SP} was admitted to {FACILITY/ELIGIBLE UNIT} on {FAD}, was {he/she} married, widowed, divorced, separated, or never married?

MARRIED	1	
WIDOWED...	2	(BQ18PRE)
DIVORCED	3	(BQ18PRE)
SEPARATED	4	(BQ18PRE)
NEVER MARRIED	5	(BQ18PRE)
DK	-8	(BQ18PRE)
RF	-7	(BQ18PRE)

BQ15

Please look at this card and tell me where {SP's} {husband/wife} lives now.

SHOW CARD BQ2	IN THIS FACILITY	1
	OTHER NURSING HOME/REHAB CENTER	2
	PERSONAL CARE HOME/RESIDENTIAL CARE FACILITY..........	3
	CCRC/RETIREMENT HOME/CENTER	4
	HOSPITAL	5
	PRIVATE HOME OR APARTMENT	6
	SPOUSE DECEASED	7
	OTHER LTC FACILITY	8
	OTHER (SPECIFY:_____)	91

BOX BQ7	If BQ15 = 1 and FACILITY has more than one part, go to BQ15a; else if BQ15 = 6, go to BQ16; otherwise go to BOX BQ9.

BQ15a

In which part of {LARGER FACILITY} does {he/she} live? PROBE: Is it [READ NAMES FROM PLACE ROSTER]?

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER.
TO EXIT, PRESS ESC.

BOX BQ8	Go to BOX BQ9.

BQ16

Who owns that home or apartment, {SP} and/or {her/his} spouse, a relative, or does someone else, such as a landlord, own it?

SP/SPOUSE OWNS HOME/APARTMENT................................. 1
RELATIVE OWNS HOME/APARTMENT 2
SOMEONE ELSE OWNS HOME/APARTMENT 3

BOX BQ9	If BQ15 = "7" go to BQ18PRE; else go to BQ17.

BQ17

In general, compared to other people of {her/his} age would you say {SP's} {husband's/wife's} health is excellent, very good, good, fair, or poor?

EXCELLENT 1
VERY GOOD 2
GOOD 3
FAIR 4
POOR 5

BQ18PRE

The next few questions are about {SP's} immediate family.

PRESS ENTER TO CONTINUE.

BOX BQ10	If SP < 15 years old, go to BQ20; else, continue.

BQ18-21

How many {VARIABLE TEXT} altogether does {SP} have, including any who may live far away?

BQ18

Living <u>daughters</u>?   (   ) **SPCHNLNM**

PRESS F1 FOR DEFINITION OF DAUGHTER.

BQ19

Living <u>sons</u>?   (   ) **SPCHNLNM**

PRESS F1 FOR DEFINITION OF SON.

BQ20

Living <u>sisters</u>?   (   )

PRESS F1 FOR DEFINITION OF SISTER.

BQ21

Living <u>brothers</u>?   (   )

PRESS F1 FOR DEFINITION OF BROTHER.

BOX BQ11	Check SP date of birth or age from Residence History. If SP AGE $\geq$ 65, go to BQ24; else go to BQ22-23.

BQ22-23

Is {SP's} {VARIABLE TEXT} still living?

BQ22

YES = 1, NO = 0

<u>Mother</u>?   (   )

BQ23

<u>Father</u>?   (   )

PRESS F1 FOR DEFINITIONS OF MOTHER AND FATHER.

BQ24

In studies like this, people are sometimes grouped together according to income.

Looking at this card, please tell me what {is/was} the total yearly income for {SP} {and (his/her) spouse} received from jobs, businesses, interest, Social Security, Railroad Retirement, Supplemental Security Income (SSI), pensions, and any other sources of income, before taxes or any deductions.

SHOW CARD BQ3	AMOUNT $_____ .... (BQ28) DK .... (BQ25) RF .... (BQ25)

BQ25

{Is/Was} it less than $25,000?

YES..	1	
NO	0	(BQ27)
DK..	-8	(BQ28)
REFUSED...	-7	(BQ28)

BQ26

Would you say it {is/was}...

Less than $5,000;	1	
$5,000 to $9,999;...................................	2	
$10,000 to $14,999;	3	
$15,000 to $19,999; or	4	(BQ28)
$20,000 to $24,999?	5	
DK..	-8	
REFUSED...	-7	

BQ27

Would you say it {is/was}...

$25,000 to $29,999;	1
$30,000 to $34,999;	2
$35,000 to $39,999;	3
$40,000 to $44,999;	4
$45,000 to $49,999; or	5
$50,000 or more?	6

BQ28

DID YOU ABSTRACT?

ALL	1	
MAJORITY	2	
HALF	3	
SOME	4	
NONE	5	(BQEND)

BQ29

WHY DID YOU ABSTRACT?

NO KNOWLEDGEABLE RESPONDENT AVAILABLE	1
NO TIME/STAFF BURDEN TOO GREAT	2
REFUSAL--UNWILLING TO COOPERATE	3
OTHER (SPECIFY:_____)	91

BQEND

YOU HAVE COMPLETED THE BACKGROUND SECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.

BQ HELP (F1) SCREENS

BQ2

NURSING HOME

Nursing homes are licensed or certified facilities that provide nursing services 24-hours a day to the resident.

PERSONAL CARE HOME/RESIDENTIAL CARE FACILITY

Assisted living facilities, board and care homes, domiciliary care homes, personal care homes, and rest homes are various terms for residential care facilities: places that offer residents help with activities such as bathing and dressing, but do not provide 24-hour nursing services. (Some residents at a residential care facility may not require such assistance, but it must be available to them.)

Some other common terms for residential care facilities are: (IL) shelter care facilities, community living facilities; community residential alternatives; home individualized programs.
(MD) group home for the mentally disabled; group senior-assisted housing for the elderly.
(MO) residential care centers; group care homes; group homes (adult); foster care homes; group homes.
(VA) homes for adults; residential facilities.

LONG-TERM CARE FACILITY

A place that provides a residence and some surveillance and available living assistance for persons no longer willing or able to live on their own for the long term.

BQ18

"Living daughters" includes natural, adopted, and step-children.

BQ19

"Living sons" includes natural, adopted, and step-children.

BQ20

"Living sisters" includes siblings related to the sampled person by blood, adoption, or marriage.

BQ21

"Living brothers" includes siblings related to the sampled person by blood, adoption, or marriage.

BQ22

"Mother" refers to natural or step-mother.

BQ23

"Father refers to natural or step-father.