Attachment I
Pretest Resident Questionnaire

INSTRUCTIONS: SELECT SAMPLE OF RESIDENTS WITH SITE CONTACT. ONCE YOU HAVE SELECTED THE RESIDENTS, DETERMINE WHICH STAFF WILL BE COMPLETING A QUESTIONNAIRE ON EACH SELECTED RESIDENT.

In order to obtain national level data about the residents of residential care facilities such as this one, we are collecting information from a sample of current residents. I will be asking questions about the background, health status, and charges for each sampled resident.

Any identifiable information will be held confidential and will be used only by NCHS staff, contractors or agents, only when necessary and with strict controls, and will not be disclosed to anyone else without the consent of your facility. By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you. This questionnaire should take about 30 minutes to complete per person.

Do you have the resident records for sampled resident number: {NUMBER OF SAMPLED RESIDENT) from the resident roster? You may want to use the resident file in answering a few of the questions in this survey. If you have not retrieved the records and would like to do so now, I can wait a few minutes while you obtain them.

REVIEW CONSENT WITH STAFF MEMBER

As discussed in the consent form, the information we are collecting will be kept confidential by project staff. The responses you provide will not be linked to any information that would identify you, the resident, or the facility. The only exception is that we will ask you for the first name or initials of the resident that was sampled. This will be used to personalize each question.

===
Resident Survey
===
R_A Background

R_A_INTRO1
INTERVIEWER READ:

In order to obtain national level data about the residents of residential care facilities such as this one, we are collecting information from a sample of current residents. I will be asking questions about the background, health status, and charges for each sampled resident. The information you provide will be held in strict confidence and will be used only by persons involved in the survey and only for the purpose of the survey. The interview for each of the selected respondents should take about 30 minutes to complete.

PRESS "1" AND ENTER TO CONTINUE.

Question Type: TContinue
CONTINUE   1 CONTINUE

R_A_INTRO1A
I am going to ask questions about the following resident -- ^R_A_Name.

PRESS "1" AND ENTER TO CONTINUE.

Question Type: TContinue
CONTINUE   1 CONTINUE

R_A_INTRO2
Do you have the resident records for ^R_A_Name?

You may want to use the resident file in answering a few of the questions in this survey. If you have not retrieved the records and would like to do so now, I can wait a few minutes while you obtain them.

Question Type: TRecords
record_   1 RECORD OBTAINED
norecord_   2 RECORD NOT OBTAINED

R_A_INTRO4
As discussed, the information we are collecting will be kept confidential by project staff. The responses you provide will not be linked to any information that would identify you, the resident, or the facility.

PRESS "1" AND ENTER TO CONTINUE.

Question Type: TContinue
CONTINUE   1 CONTINUE

2

R_A1

Please tell me ^R_A_Name's gender?

Question Type: TGender

male	1	MALE
female	2	FEMALE

Logic after:

Use gender to set gender pronoun fills his/her him/her for the rest of the interview

----

R_A2

Please tell me ^R_A_Name's age?

Question Type: 0..120

Logic after:

CAPI - IF A2 = 1 - 17 THEN GOTO ENDINT ELSE GOTO A3

ENDINT

I am sorry but our survey is about residents that are 18 or older. Since this person is not eligible, I won't complete an interview for this particular resident. I need to check my records for any other selected residents for whom you were identified as a caregiver.

INTERVIEWER: CHECK YOUR 'RESIDENT SELECTION FORM' FOR OTHER RESIDENTS FOR WHOM THIS
CAREGIVER WAS A DESIGNATED RESPONDENT.

TO EXIT THIS SCREEN, PRESS "1" AND ENTER.

Question Type: TContinue

CONTINUE	1	CONTINUE

Logic after:

CAPI - GOTO END OF INTERVIEW NOTE FROM FC HERE, NEED TO CHECK WITH SAMPLING PEOPLE IF
THIS UNIT GETS DROPPED WITH OR WITHOUT REPLACEMENT

R_A3

Is ^R_A_Name of Hispanic, Latino, or Spanish origin or descent?

Question Type: TYESNO

Yes	1	YES
No	2	NO

R_A4
HAND SHOWCARD R_A4.

Which of these groups best describe ^R_A_Name?

You may select more than one category.

Question Type: *TGroupSET*
white	1 WHITE/CAUCASIAN
black	2 BLACK OR AFRICAN AMERICAN
Asian	3 ASIAN
Native	4 HAWAIIAN OR OTHER PACIFIC ISLANDER
Amind	5 AMERICAN INDIAN OR ALASKA NATIVE

Logic before:
Do not allow F3 (Don't know) since Unknown is a response option.
R_A5
What is the highest grade or level of education ^R_A_Name completed?

Question Type: *TSchool, nodk*
High	1 High school or less
Coll	2 Some college or more
Unk	3 UNKNOWN

Logic before:
Do not allow F3 (Don't know) since Unknown is a response option.
R_A6
Is ^R_A_Name currently married, divorced, legally separated, widowed or never married?

Question Type: *TMaritalStatus, nodk*
Married	1 Married
Divorced	2 Divorced
Legally	3 Legally separated
Widowed	4 Widowed
Never	5 Never married
Unknown	6 UNKNOWN

4

R_A7

How well does ^R_A_Name speak English?

Question Type: TEnglish

Excellent	1	Excellent
Verywell	2	Very well
Well	3	Well
Fair	4	Fair
Poor	5	Poor or not at all
NA	6	RESIDENT DOES NOT SPEAK BECAUSE OF A DISABILITY

Logic after:
IF R_A7 = 6 skip to R_A9_INTRO, else continue.

R_A8

Is ^R_A_Name more comfortable speaking English or another language?

Question Type: TEng_oth

English	1	ENGLISH
ANOTHLANG	2	ANOTHER LANGUAGE

R_A9_INTRO

The next few questions are about ^R_A_Name's living arrangements.

For these questions, please consider these definitions of apartments and rooms. An @bapartment@b is a
 living unit that includes lockable doors, a bathroom with a sink, toilet, and shower or bath, and a kitchen
area which includes a sink, a refrigerator, and at least a cook top, hotplate, or microwave.

A @broom@b may be attached to a bathroom and contain a bed, but will not include a kitchen or private
entrance.

Question Type: TContinue

CONTINUE	1	CONTINUE

R_A9

Does ^R_A_Name live in a. . .?

Question Type: TRoom

studio	1	Studio apartment
onebed	2	One-bedroom apartment
twobed	3	Two-bedroom apartment
ROOM1	4	Room designed for one person
ROOM2	5	Double occupancy room
ROOM3	6	Room for three or more residents

Logic before:

IF R_A9 ne ROOM1 continue, else go to R_A13

R_A10

Does ^R_A_Name currently share this room or apartment with another person?

Question Type: TYesNo

Yes   1 YES
No   2 NO

Question Fill: ^FillR_A10

 apartment   apartment
 room   room

Logic after:

If R_A10 NE YES goto R_A13

R_A11

Is this person the resident's spouse or other relative? Other relative can include a sibling, a parent, child, or cousin.

Question Type: TYesNo

Yes   1 YES
No   2 NO

Logic before:

If R_A10 eq yes continue, else go to R_A13

R_A12

How many other residents not counting ^R_A_Name live in the room or apartment?

Question Type: TOthres

one   1 One other resident
twomore   2 Two or more other residents

R_A13

Does ^R_A_Name live in a Dementia/Alzheimer's Special Care Unit?

Question Type: TYesno

Yes   1 YES
No   2 NO

R_A14a

Does ^R_A_Name's room or apartment include a kitchen area that contains:

A cook top or hotplate?

Question Type: TYesNo

Yes   1 YES
No   2 NO

R_A14b

(Does ^R_A_Name's room or apartment include a kitchen area that contains:)

a microwave?

Question Type: TYesNo

Yes   1 YES
No   2 NO

R_A14c

(Does ^R_A_Name's room or apartment include a kitchen area that contains:)

an oven?

Question Type: TYesNo

Yes   1 YES
No   2 NO

R_A15

Does ^R_A_Name's room or apartment have a door to the hallway that can be locked?

Question Type: TYesNo

Yes   1 YES
No   2 NO

R_A15A

Does ^R_A_Name's room or apartment have a bathroom located inside the room?

Question Type: TYesNo

Yes   1 YES
No   2 NO

Logic before:
IF R_A15a = yes then ask R_A15Bath else skip to R_A16a

R_A15Bath

Does ^R_A_Name's room or apartment. . .

Question Type: TRoomType

fullbath   1 have a @bfull bathroom@b including a toilet, sink, and shower or tub located within the room

halfbath   2 have a @bhalf-bath@b including a sink and toilet located within the room

7

R_A16a

I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.

Cards, board games, bingo

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16b

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Arts, or crafts, such as sewing, knitting

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16c

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Exercise or sports

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16d

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Playing or listening to music

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16e

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Reading or writing

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16f

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Spiritual or religious activities

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16g

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Shopping or trips

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16h

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Watching television

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16i

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Walking, or getting outside

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16j

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Talking with friends or relatives

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16k

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Going out to the movies or other social activities

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16l

(I am going to read a list of activities. Please tell me whether ^R_A_Name regularly participates in each activity whether or not it is offered or arranged by the facility.)

Any other hobbies or activities

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_A16_outside_1

Does ^R_A_Name go outside the facility to

work at a job for pay

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16_outside_2

(Does ^R_A_Name go outside the facility to)

participate in a sheltered workshop

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16_outside_3

(Does ^R_A_Name go outside the facility to)

participate in a work training program

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16_outside_4

(Does ^R_A_Name go outside the facility to)

attend day programs for social or recreational activities

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A16_outside_5

(Does ^R_A_Name go outside the facility to)

attend an educational program

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_A17

Does ^R_A_Name still drive?

Question Type: *Tyesno*

Yes	1	YES
No	2	NO

Logic before:
IF R_A17 = 1 (YES) then ask R_A18

R_A18

How often does ^R_A_Name drive?

Question Type: *THowOftenDrive*

daily	1	Daily or every other day
onceTwiceWeek	2	Once or twice a week
lessOnceWeek	3	Less than once per week
notAtAll	4	Not at all

R_AEND

PRESS "1" AND ENTER TO CONTINUE.

Question Type: *TContinue*

CONTINUE   1 CONTINUE

R_B Characteristics

R_B1Month

The next set of questions ask about the resident's characteristics.

When did ^R_A.R_A_Name first move into this facility?

MONTH

Question Type: *TMonth*

jan	1 January
feb	2 February
mar	3 March
apr	4 April
may	5 May
jun	6 June
jul	7 July
aug	8 August
sep	9 September
oct	10 October
nov	11 November
dec	12 December

Logic after:

Programmer note, this table should be setup as follows - 1 Month : 1-12 2 Year : 1990-2009.

R_B1Year

When did ^R_A.R_A_Name first move into this facility?

YEAR

Question Type: *TInt1990_2009*

| _1990_2009 | 1 1970..2009 |

Logic before:

if R_B1year = DK or R_B1year > 2002 then ask R_B1Range, else skip to R_B2

R_B1Range

SHOWCARD R_B1RANGE

Please look at this card and tell me approximately how long it has been since ^R_A.R_A_Name first moved
 into this facility?

Question Type: *TMoveRange*

_0_3	1 0 to 3 months
More3_6	2 More than 3 months to 6 months
More6_yr	3 More than 6 months to 1 year
More1_3	4 More than 1 year to 3 years
More3_5	5 More than 3 years to 5 years
More5	6 More than 5 years

R_B2

Was ^R_A.R_A_Name directly admitted from a @bshort-term stay@b at a:

Question Type: *TAdmit*

Hosp	1	Hospital
Rehab	2	Rehabilitation facility
Nurse	3	Nursing home
None	4	NONE OF THE ABOVE

R_B3

Where did ^R_A.R_A_Name live prior to entering this facility? If directly admitted from a hospital, rehabilitation facility, or nursing home, where did ^R_A.R_A_Name live @bbefore@ that? Was it a…

Question Type: *Tlivepr*

Private	1	Private home, apartment, rented room, or family residence
different	2	Different residential care, assisted living, or group home facility
retirement	3	Retirement or independent living community
nursing	4	Nursing home (this excludes short nursing home stays for rehabilitation)
other	5	Other

Logic before:

if R_B3 = 5 (other) ask R_B3OTH

R_B3OTH

What was that other location?

Question Type: *STRING[50]*

R_B4

For last month, what was the total charge for ^R_A.R_A_Name to live in this facility? Include the basic monthly charge and charges for any additional services.

INTERVIEWER: ENTER AMOUNT PER MONTH

Question Type: *0..9995*

Logic after:

Put in a soft edit so that if response is < 1000 or more than 2500, it asks "I have recorded _____, is that correct?"

R_B5

During the last 30 days did ^R_A.R_A_Name have @bsome or all@b of ^Fills.HisHer long-term care services @bat this facility@b paid by Medicaid?

Question Type: *TYesNo*

Yes	1	YES
No	2	NO

R_B6

Is ^R_A.R_A_Name a veteran of U.S. Military service?

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_BEND

PRESS "1" AND ENTER TO CONTINUE.

Question Type: *TContinue*

CONTINUE   1 CONTINUE

R_C Health Status and Physical Functioning

- -

R_C_INTRO

The next questions are about ^R_A.R_A_Name's health status and physical functioning.

Question Type: *TContinue*
CONTINUE   1 CONTINUE

- -

R_C1
SHOWCARD R_C1

As far as you know, has a doctor or other health professional ever diagnosed ^R_A.R_A_Name with any of the following conditions? Please tell me the numbers that apply from this card.

Question Type: *Tdiagnoses*

diab	1	DIABETES
paralys	2	PARTIAL OR TOTAL PARALYSIS
alzheim	3	ALZHEIMER'S DISEASE OR OTHER DEMENTIA
arthritis	4	ARTHRITIS OR RHEUMATOID ARTHRITIS
gout	5	GOUT, LUPUS, OR FIBROMYALGIA
hbp	6	HIGH BLOOD PRESSURE OR HYPERTENSION
heartfail	7	CONGESTIVE HEART FAILURE
coronary	8	CORONARY HEART DISEASE
myocard	9	HEART ATTACK (MYOCARDIAL INFARCTION)
othheart THAN	10	ANY OTHER KIND OF HEART CONDITION OR HEART DISEASE (OTHER

   LISTED ABOVE)

stroke	11	STROKE
kidney	12	KIDNEY DISEASE
cancer	13	CANCER OR MALIGNANT NEOPLASM OF ANY KIND
asthma	14	ASTHMA
emphys	15	EMPHYSEMA
bronch	16	CHRONIC BRONCHITIS
copd	17	COPD
palsy	18	CEREBRAL PALSY
muscular	19	MUSCULAR DYSTROPHY
osteo	20	OSTEOPOROSIS
nerves	21	NERVOUS SYSTEM DISORDERS, INCLUDING MULTIPLE SCLEROSIS, PARKINSON'S DISEASE, AND EPILEPSY
mental PSYCHOSIS	22	SERIOUS MENTAL PROBLEMS SUCH AS SCHIZOPHRENIA OR

depress	23	DEPRESSION
othment	24	OTHER MENTAL, EMOTIONAL OR NERVOUS CONDITION
devel	25	INTELLECTUAL OR DEVELOPMENTAL DISABILITIES SUCH AS MENTAL RETARDATION, SEVERE AUTISM, OR DOWN SYNDROME
spine	26	SPINAL CORD INJURY
brain	27	TRAUMATIC BRAIN INJURY
otherspec	28	OTHER
none	29	NONE OF THESE

Logic before:
If R_C1 eq cancer ask R_C1_Cancer
R_C1_Cancer
SHOWCARD R_C1_CANCER

What kind of cancer? Please tell me the numbers that apply from this card.

Question Type: Tcancer

bladder	1	BLADDER
blood	2	BLOOD
Bone	3	BONE
Brain	4	BRAIN
Breast	5	BREAST
Cervix	6	CERVIX
Colon	7	COLON
Esophag	8	ESOPHAGUS
Gallblad	9	GALLBLADDER
Kidney	10	KIDNEY
Larynx	11	LARYNX, WINDPIPE
Leukemia	12	LEUKEMIA
Liver	13	LIVER
Lung	14	LUNG
Lymph	15	LYMPHOMA
Melanoma	16	MELANOMA
Mouth	17	MOUTH, TONGUE, OR LIP
Ovary	18	OVARY
Pancreas	19	PANCREAS
Prostate	20	PROSTATE
Rectum	21	RECTUM
Skin	22	SKIN, NON-MELANOMA
Skin_DK	23	SKIN, DON'T KNOW WHAT KIND
Tissue	24	SOFT TISSUE (MUSCLE OR FAT)
Stomach	25	STOMACH
Testis	26	TESTIS
Throat	27	THROAT, PHARYNX
Thyroid	28	THYROID
Uterus	29	UTERUS
Other	30	OTHER

Logic before:
If R_C1 = other ask R_C1OTH
R_C1OTH
Specify other condition
Question Type: STRING[50]

R_C1_impair_4

Which statement best describes ^R_A.R_A_Name's hearing without a hearing aid?

Question Type: *Thearing*

good	1 ^Fills.HisHerCaps hearing is good
little	2 ^Fills.HeSheCaps has a little trouble hearing
alot	3 ^Fills.HeSheCaps has a lot of trouble hearing
deaf	4 ^Fills.HeSheCaps is Deaf

R_C1_impair_6

Is ^R_A.R_A_Name blind or unable to see?

Question Type: *tYesNo*

| Yes | 1 YES |
| No | 2 NO |

Logic before:

If R_C1_impair_6 eq yes skip to R_C2a, else continue

R_C1_impair_5

Does ^R_A.R_A_Name have any trouble seeing even when wearing glasses or contact lenses?

Question Type: *TYesNo*

| Yes | 1 YES |
| No | 2 NO |

Logic before:

If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since ^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2a

^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22 ^Fills.R_C2b ^R_A.R_A_Name:

been treated in a hospital emergency room

Question Type: *TYesNo*

| Yes | 1 YES |
| No | 2 NO |

Question Fill: *^FillR_C21*

| LT12MO11 | months since |
| GE12MO12 | |

Question Fill: *^FillR_C22*

| LT12MO21 | moved into this residential care facility. |
| GE12MO22 | last 12 months. |

Logic before:
If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since
^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2b

(^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22   ^Fills.R_C2b
^R_A.R_A_Name:)

been a patient in a hospital overnight or longer excluding trips to the emergency room that did not result in
a hospital stay

Question Type: TYesNo
Yes   1 YES
No   2 NO
Question Fill: ^FillR_C21
 LT12MO11   months since
 GE12MO12
Question Fill: ^FillR_C22
 LT12MO21   moved into this residential care facility.
 GE12MO22   last 12 months.

Logic before:
If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since
^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2c

(^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22   ^Fills.R_C2b
^R_A.R_A_Name:)

had a stroke

Question Type: TYesNo
Yes   1 YES
No   2 NO
Question Fill: ^FillR_C21
 LT12MO11   months since
 GE12MO12
Question Fill: ^FillR_C22
 LT12MO21   moved into this residential care facility.
 GE12MO22   last 12 months.

Logic before:
If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since ^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2d
(^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22   ^Fills.R_C2b ^R_A.R_A_Name:)

had a heart attack

Question Type: *TYesNo*
Yes   1 YES
No   2 NO
Question Fill: *^FillR_C21*
 LT12MO11   months since
 GE12MO12
Question Fill: *^FillR_C22*
 LT12MO21   moved into this residential care facility.
 GE12MO22   last 12 months.

Logic before:
If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since ^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2e
(^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22   ^Fills.R_C2b ^R_A.R_A_Name:)

had a fall that caused a hip fracture

Question Type: *TYesNo*
Yes   1 YES
No   2 NO
Question Fill: *^FillR_C21*
 LT12MO11   months since
 GE12MO12
Question Fill: *^FillR_C22*
 LT12MO21   moved into this residential care facility.
 GE12MO22   last 12 months.

Logic before:
If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since ^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2f

(^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22   ^Fills.R_C2b ^R_A.R_A_Name:)

had a fall that caused an injury other than a hip fracture

Question Type: TYesNo

Yes   1 YES
No   2 NO

Question Fill: ^FillR_C21
  LT12MO11   months since
  GE12MO12
Question Fill: ^FillR_C22
  LT12MO21   moved into this residential care facility.
  GE12MO22   last 12 months.

Logic before:
If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since ^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2g

(^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22   ^Fills.R_C2b ^R_A.R_A_Name:)

had a stay in a nursing home

Question Type: TYesNo

Yes   1 YES
No   2 NO

Question Fill: ^FillR_C21
  LT12MO11   months since
  GE12MO12
Question Fill: ^FillR_C22
  LT12MO21   moved into this residential care facility.
  GE12MO22   last 12 months.

Logic before:
If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR) (FILL: since
^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty>) (FILL: last 12 months.)
IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C2h
(^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22   ^Fills.R_C2b
^R_A.R_A_Name:)

had another health emergency

Question Type: TYesNo
Yes   1 YES
No   2 NO
Question Fill: ^FillR_C21
  LT12MO11   months since
  GE12MO12
Question Fill: ^FillR_C22
  LT12MO21   moved into this residential care facility.
  GE12MO22   last 12 months.

Logic before:
If C2h = yes (OTHER) ask R_C2_oth

R_c2_oth
SPECIFY:

Question Type: STRING[50]

Logic before:
IF R_C2 includes 1 (emergency) as a response ask R_C3 else goto R_C4

If R_B1 < 12 MONTHS AGO, then   (FILL: TODAYMONTHYEAR - R_B1MONTHYEAR)   (FILL: since
^R_A_NAME moved into this residential care facility.)
If R_B1 >= TO 12 MONTHS, then ' (FILL: <empty- no number months necessary>)   (FILL: last 12
months.)

IF R_B1 = DK OR RF THEN USE RESPONSE TO R_B1Range FOR TIME REFERENCE FILL

R_C3
^Fills.R_C2a ^NUMMONTHSSTR^FILLS.R_C21 ^TEMPNAME^FILLS.R_C22 ^Fills.R_C3a
^R_A.R_A_Name
^Fills.R_C3b

Question Type: 1..35

Question Fill: ^FillR_C21
  LT12MO11   months since
  GE12MO12
Question Fill: ^FillR_C22
  LT12MO21   moved into this residential care facility.
  GE12MO22   last 12 months.

R_C4a

Does ^R_A.R_A_Name currently use any of the following:

Dentures, including a partial plate

Question Type: TYesNo
Yes   1 YES
No   2 NO

R_C4b

(Does ^R_A.R_A_Name currently use:)

Glasses or contact lenses

Question Type: TYesNo
Yes   1 YES
No   2 NO

R_C4c

(Does ^R_A.R_A_Name currently use:)

Hearing aid

Question Type: TYesNo
Yes   1 YES
No   2 NO

R_C4d

(Does ^R_A.R_A_Name currently use:)

Cane, including a tripod cane

Question Type: TYesNo
Yes   1 YES
No   2 NO

R_C4e

(Does ^R_A.R_A_Name currently use:)

Walker

Question Type: TYesNo
Yes   1 YES
No   2 NO

R_C4f

(Does ^R_A.R_A_Name currently use:)

Manual wheel chair

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_C4g

(Does ^R_A.R_A_Name currently use:)

Electric or motorized wheel chair

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_C4h

(Does ^R_A.R_A_Name currently use:)

Oxygen

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_C4i

(Does ^R_A.R_A_Name currently use:)

Communication board or other appliance to communicate

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

R_C4j

(Does ^R_A.R_A_Name currently use:)

Artificial limb

Question Type: *TYesNo*
Yes   1 YES
No   2 NO

Logic before:
IF C1_impair_6 = YES OR IF C1_impair_5 = YES CONTINUE. ELSE R_C5a
R_C4k

Does ^R_A.R_A_Name now use telescopic lenses, Braille, readers, a guide dog, white cane, or any other
 equipment for people with severe visual impairments?

Question Type: *TYesNo*

Yes	1 YES
No	2 NO

R_C5a

Is ^R_A.R_A_Name @Blimited in any way@B because of difficulty remembering or because
^R_A.R_A_Name experiences periods of confusion?

Question Type: *tYesNo*

Yes	1 YES
No	2 NO

R_C5

During the last 7 days, has ^R_A.R_A_Name given evidence of a problem with short-term memory, such
as difficulty remembering what ^Fills.HeShe had for breakfast or something you told ^Fills.HimHer a few
minutes earlier?

Question Type: *TYesNo*

Yes	1 YES
No	2 NO

R_C6

During the last 7 days, has ^R_A.R_A_Name given evidence of a problem with long-term memory, such
as
 forgetting how old ^Fills.HeShe is or forgetting that ^Fills.HeShe was married?

Question Type: *TYesNo*

Yes	1 YES
No	2 NO

R_C7

During the last 7 days, has ^R_A.R_A_Name had any of the following problems with orientation, such as:

READ CHOICES AND CODE ALL THAT APPLY.

Question Type: *Torientset*

Knowloc   1 Knowing the location of his/her bedroom?
Recface   2 Recognizing staff names/faces?
knowfac   3 Knowing that he/she is in a facility?
knowsea   4 Knowing what the season of the year is?
none   5 NONE OF THE ABOVE

R_C8

During the last 7 days, which of the following best describes ^R_A.R_A_Name's decision-making about such things as what to wear, how to organize ^Fills.HisHer day, etc? Would you say:

Question Type: *TDecision*

Independent   1 Independent - decisions were consistent, reasonable
Modified   2 Modified independence - he/she had some difficulty in new situations
Moderately   3 Moderately impaired - his/her decisions were poor; cues and supervision
                                    were required
Severely   4 Severely impaired- he/she never or rarely made decisions

----

R_C9

During the last 7 days, which of the following best describes ^R_A.R_A_Name's ability to make ^Fills.HimselfHerself understood by others? Is ^Fills.HeShe:

Question Type: *TUnderstood*

always   1 Always understood by others
usually   2 Usually understood - difficulty finding words or finishing thoughts
sometimes   3 Sometimes understood - ability is limited to making concrete requests
Rarely   4 Rarely or never understood

Logic after:
IF R_C9 = 1 SKIP R_C9a; ELSE ASK R_C9a

R_C9a

Is ^R_A.R_A_Name's difficulty in making ^Fills.HimselfHerself understood by others due to a severe speech impairment or other disability?

Question Type: *TYesNo*

Yes   1 YES
No   2 NO

R_C10

Next, I would like to ask about everyday activities and whether ^R_A.R_A_Name receives any assistance in doing them. By assistance, I mean help from special equipment, supervision or cueing by another person, or hands-on assistance performing the task.

PRESS "1" AND ENTER TO CONTINUE.

Question Type: *Tcontinue*
CONTINUE   1 CONTINUE

R_c10a

Does ^R_A.R_A_Name currently receive assistance in bathing or showering?

Question Type: *TYesno*
Yes   1 YES
No   2 NO

Logic before:
if C10a = 1 ask R_C10a1

R_c10a1

Does ^R_A.R_A_Name bathe or shower with the help of:

CODE ALL THAT APPLY.

Question Type: *TSpecialSET*
Special   1 Special Equipment
Another   2 Another Person

R_c10b

Does ^R_A.R_A_Name currently receive assistance in dressing?

Question Type: *TYesno*
Yes   1 YES
No   2 NO

Logic before:
IF c10b = 1 ask R_C10b1

R_c10b1

Does ^R_A.R_A_Name dress with the help of:

CODE ALL THAT APPLY.

Question Type: *Tspecialset1*
Special   1 Special Equipment, such as zipper pulls or button hook aids
Another   2 Another Person

R_c10c

Does ^R_A.R_A_Name currently receive assistance in eating, such as cutting up food?

Question Type: *TYesno*

Yes   1 YES
No   2 NO

Logic before:

if c10c = 1 ask R_C10c1

R_c10c1

Does ^R_A.R_A_Name eat with the help of:

CODE ALL THAT APPLY.

Question Type: *TspecialSET*

Special   1 Special Equipment
Another   2 Another Person

R_C10d

Is ^R_A.R_A_Name confined to bed by health problems?

Question Type: *Tyesno*

Yes   1 YES
No   2 NO

Logic before:

IF R_C10d = 1 THEN SKIP TO R_C10i

R_C10e

Is ^R_A.R_A_Name confined to a chair by health problems?

Question Type: *Tyesno*

Yes   1 YES
No   2 NO

R_C10f

Does ^R_A.R_A_Name currently receive any assistance in transferring in and out of bed or a chair?

Question Type: *Tyesno*

Yes   1 YES
No   2 NO

Logic before:
if R_C10f = 1 ask R_C10f1

R_C10f1

Does ^R_A.R_A_Name transfer in or out of a bed or a chair with the help of:

CODE ALL THAT APPLY.

Question Type: TspecialSET

| Special | 1 Special Equipment |
| Another | 2 Another Person |

R_c10g

Does ^R_A.R_A_Name currently receive any assistance in walking?

Question Type: Tyesno

| Yes | 1 YES |
| No | 2 NO |

Logic before:
if R_C10h = 1 ask R_C10g1

R_C10g1

Does ^R_A.R_A_Name walk with the help of:

CODE ALL THAT APPLY.

Question Type: TspecialSET

| Special | 1 Special Equipment |
| Another | 2 Another Person |

R_C10h

Does ^R_A.R_A_Name go outside the grounds of this facility?

Question Type: Tyesno

| Yes | 1 YES |
| No | 2 NO |

Logic before:
if R_C10h = 1 ask R_C10h1

R_C10h1

When ^R_A.R_A_Name goes outside the grounds does ^R_A.R_A_Name require the help of:

CODE ALL THAT APPLY.

Question Type: TSPECIALSET

| Special | 1 Special Equipment |
| Another | 2 Another Person |

R_C10i

Does ^R_A.R_A_Name have an ostomy, an indwelling catheter or similar device?

Question Type: TYESNO

Yes   1 YES
No   2 NO

Logic before:
if R_C10i = 1 ask R_C10i1

R_C10i1

Does ^R_A.R_A_Name receive any help from another person in caring for this device?

Question Type: Tyesno

Yes   1 YES
No   2 NO

R_C10j

Does ^R_A.R_A_Name currently receive any assistance using the bathroom?

Question Type: Tassist

yes   1 YES
no   2 NO
doesnot   3 DOES NOT USE TOILET (AN OSTOMY PATIENT, USES CHAIRFAST, ETC.)

Logic before:
if C10j = 1 ask R_C10j1

R_C10j1

Does ^R_A.R_A_Name require the help of:

CODE ALL THAT APPLY.

Question Type: TspecialSET

Special   1 Special Equipment
Another   2 Another Person

R_C10k

Has ^R_A.R_A_Name had any episode of bowel incontinence during the last 7 days?

Question Type: Tbincont

yes   1 YES
no   2 NO
notappl   3 NOT APPLICABLE (e.g. Had a colostomy)

R_C10l

Has ^R_A.R_A_Name had any episode of urinary incontinence during the last 7 days?

Question Type: *Tyesnocath*

Yes   1 YES
No   2 NO
Norappl   3 NOT APPLICABLE (E.G., HAS AN INDWELLING CATHETER, HAD AN OSTOMY)

R_C10m

Is ^R_A.R_A_Name able to get out of the facility without help in case of an emergency?

Question Type: *tYesNo*

Yes   1 YES
No   2 NO

R_C11

For the next questions, please respond yes, no, or resident does not perform this activity.

PRESS "1" AND ENTER TO CONTINUE.

Question Type: *TContinue*

CONTINUE   1 CONTINUE

R_C11a

Does ^R_A.R_A_Name currently need help from another person with:

Shopping for personal items, such as toilet items or medicine?

Question Type: *Tyesnonot*

Yes   1 YES
No   2 NO
Doesnotper   3 DOES NOT PERFORM THIS ACTIVITY

R_C11b

(Does ^R_A.R_A_Name currently need help from another person with:)

Managing money, such as keeping track of expenses or paying bills?

Question Type: *Tyesnonot*

Yes   1 YES
No   2 NO
Doesnotper   3 DOES NOT PERFORM THIS ACTIVITY

R_C11c

Does ^R_A.R_A_Name currently need help from another person or a special device with:

Using the telephone? This includes TTY.

Question Type: TYesNoNot

Yes   1 YES
No   2 NO
Doesnotper   3 DOES NOT PERFORM THIS ACTIVITY

Logic before:
 if R_C11c=YES

R_C11c_1

Does ^R_A.R_A_Name receive help using the telephone from another person or a special device?

Question Type: TPersonDevice

person   1 ANOTHER PERSON
device   2 SPECIAL DEVICE
both   3 BOTH

R_C11d

(Does ^R_A.R_A_Name currently need help from another person with:)

Doing light housework, like straightening up his or her room or apartment?

Question Type: TYesNoNot

Yes   1 YES
No   2 NO
Doesnotper   3 DOES NOT PERFORM THIS ACTIVITY

R_C11e

(Does ^R_A.R_A_Name currently need help from another person with:)

Taking medication -- this includes opening the bottle, remembering to take medication on time, and taking the prescribed dosage?

Question Type: Tyesnonot

Yes   1 YES
No   2 NO
Doesnotper   3 DOES NOT PERFORM THIS ACTIVITY

R_C12a

Does ^R_A.R_A_Name now use an amplifier for the telephone, a TDD, TTY or teletype, closed caption TV,
 assistive listening or signaling devices, an interpreter, or any other equipment for people with hearing or speech impairments?

Question Type: *TYesNo*

Yes	1 YES
No	2 NO

R_C13

Does ^R_A.R_A_Name have a landline telephone or cellular telephone in ^Fills.HisHer room?

Question Type: *TYesNo, dk, rf*

Yes	1 YES
No	2 NO

Logic before:
If R_C10d = yes or R_C10e = yes, skip to R_C12a2

R_C12a1
SHOWCARD R_C12a1- 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Walk a quarter mile, about three city blocks? Please tell me the numbers that apply from this card.

Question Type: *Tdifficult*

notdiff	1 NOT AT ALL DIFFICULT
litldiff	2 ONLY A LITTLE DIFFICULT
somewhat	3 SOMEWHAT DIFFICULT
verydiff	4 VERY DIFFICULT
cantdo	5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo	6 DOES NOT DO THIS ACTIVITY

R_C12a2
STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Walk up 10 steps without resting?

Question Type: *Tdifficult*

notdiff	1 NOT AT ALL DIFFICULT
litldiff	2 ONLY A LITTLE DIFFICULT
somewhat	3 SOMEWHAT DIFFICULT
verydiff	4 VERY DIFFICULT
cantdo	5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo	6 DOES NOT DO THIS ACTIVITY

R_C12a3

STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Stand or be on feet for about two hours?

Question Type: *Tdifficult*

notdiff	1 NOT AT ALL DIFFICULT
litldiff	2 ONLY A LITTLE DIFFICULT
somewhat	3 SOMEWHAT DIFFICULT
verydiff	4 VERY DIFFICULT
cantdo	5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo	6 DOES NOT DO THIS ACTIVITY

R_C12a4

STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Sit for about two hours?

Question Type: *Tdifficult*

notdiff	1 NOT AT ALL DIFFICULT
litldiff	2 ONLY A LITTLE DIFFICULT
somewhat	3 SOMEWHAT DIFFICULT
verydiff	4 VERY DIFFICULT
cantdo	5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo	6 DOES NOT DO THIS ACTIVITY

R_C12a5

STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Stoop, bend, or kneel?

Question Type: *Tdifficult*

notdiff	1 NOT AT ALL DIFFICULT
litldiff	2 ONLY A LITTLE DIFFICULT
somewhat	3 SOMEWHAT DIFFICULT
verydiff	4 VERY DIFFICULT
cantdo	5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo	6 DOES NOT DO THIS ACTIVITY

R_C12a6
STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Reach up over head?

Question Type: *Tdifficult*

notdiff   1 NOT AT ALL DIFFICULT
litldiff   2 ONLY A LITTLE DIFFICULT
somewhat   3 SOMEWHAT DIFFICULT
verydiff   4 VERY DIFFICULT
cantdo   5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo   6 DOES NOT DO THIS ACTIVITY

R_C12a7
STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Use fingers to grasp or handle small objects?

Question Type: *Tdifficult*

notdiff   1 NOT AT ALL DIFFICULT
litldiff   2 ONLY A LITTLE DIFFICULT
somewhat   3 SOMEWHAT DIFFICULT
verydiff   4 VERY DIFFICULT
cantdo   5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo   6 DOES NOT DO THIS ACTIVITY

R_C12a8
STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Lift or carry something as heavy as 10 pounds, such as a bag of groceries?

Question Type: *Tdifficult*

notdiff   1 NOT AT ALL DIFFICULT
litldiff   2 ONLY A LITTLE DIFFICULT
somewhat   3 SOMEWHAT DIFFICULT
verydiff   4 VERY DIFFICULT
cantdo   5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo   6 DOES NOT DO THIS ACTIVITY

R_C12a9
STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Push or pull a large object like a living room chair?

Question Type: *Tdifficult*

notdiff	1 NOT AT ALL DIFFICULT
litldiff	2 ONLY A LITTLE DIFFICULT
somewhat	3 SOMEWHAT DIFFICULT
verydiff	4 VERY DIFFICULT
cantdo	5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo	6 DOES NOT DO THIS ACTIVITY

R_C12a10
STAY WITH SHOWCARD R_C12a1 - 10

Without assistance and without equipment, how difficult is it for ^R_A.R_A_Name to...

Go out to do things like shopping, movies, or sporting events?

Question Type: *Tdifficult*

notdiff	1 NOT AT ALL DIFFICULT
litldiff	2 ONLY A LITTLE DIFFICULT
somewhat	3 SOMEWHAT DIFFICULT
verydiff	4 VERY DIFFICULT
cantdo	5 CAN'T DO AT ALL WITHOUT HELP OR EQUIPMENT
dontdo	6 DOES NOT DO THIS ACTIVITY

R_C12
Over the last 30 days, how often did ^R_A.R_A_Name receive one or more outside visitors? Would you say...

Question Type: *Tvisitor*

every	1 every day
atleast	2 at least several times a week
about	3 about once a week
several	4 several times during the past 30 days but less than every week
atleas30	5 at least once in the last 30 days
noneatall	6 none at all in the last 30 days

R_C14

In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?

PRESS "1" AND ENTER TO CONTINUE.

Question Type: *TContinue*

CONTINUE   1 CONTINUE

R_C14a

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Refusing to take prescribed medicines at the appropriate time or in the prescribed dosage? Would you say…

Question Type: *TBehaveMeds*

often   1 Often
sometimes   2 Sometimes
never   3 Never
noMedications   4 RESIDENT DOES NOT TAKE ANY PRESCRIBED MEDICATIONS
notFacility   5 FACILITY DOES NOT HANDLE RESIDENTS' MEDICATIONS

R_C14c

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Creating disturbances or being excessively noisy by knocking on doors, getting lost, or moving aimlessly in the building or grounds? Would you say…

Question Type: *Tbehave*

often   1 Often
sometimes   2 Sometimes
never   3 Never

R_C14d

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Refusing to bathe or clean oneself? Would you say…

Question Type: *Tbehave*

often   1 Often
sometimes   2 Sometimes
never   3 Never

R_C14e

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Rummaging through or taking other people's belongings? Would say…

Question Type: *Tbehave*

often	1 Often
sometimes	2 Sometimes
never	3 Never

R_C14f

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Damaging or destroying property? Would you say…

Question Type: *Tbehave*

often	1 Often
sometimes	2 Sometimes
never	3 Never

R_C14g

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Verbally threatening other persons including staff or other residents? Would you say…

Question Type: *Tbehave*

often	1 Often
sometimes	2 Sometimes
never	3 Never

R_C14h

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Being physically aggressive towards other persons including staff or other residents? Would you say…

Question Type: *Tbehave*

often	1 Often
sometimes	2 Sometimes
never	3 Never

R_C14i

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Removing clothing in public? Would you say…

Question Type: *Tbehave*

often	1 Often
sometimes	2 Sometimes
never	3 Never

R_C14j

(In the past 30 days, how often has ^R_A.R_A_Name exhibited any of the following behaviors?)

Making unwanted sexual advances towards staff or other residents? Would you say…

Question Type: *Tbehave*

often	1 Often
sometimes	2 Sometimes
never	3 Never

Logic before:

IF R_C14a or R_C14c or R_C14d or R_C14e or R_C14f or R_C14g or R_C14h or R_C14i or RCC14j = "Often" or "Sometimes" then C15, else C16

R_C15

Does a physician ever prescribe medications to help control ^R_A.R_A_Name's behavior or to reduce agitation?

Question Type: *TYesNo*

Yes	1 YES
No	2 NO

R_C16a

Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?

Special diets

Question Type: *Tyesno*

Yes	1 YES
No	2 NO

R_C16b

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Assistance with activities of daily living

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16c

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Assistance with a bath or shower at least once a week

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16d

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Skilled nursing services

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16e

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Basic health monitoring (e.g. blood pressure and weight checks)

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16f

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Social and recreational activities within the facility

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16g

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Social and recreational activities outside the facility

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16h

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Incontinence care

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16i

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Transportation to medical appointments

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16j

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Transportation to stores and elsewhere

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16k

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Personal laundry

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16L

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Linen laundry services

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C16m

(Does ^R_A.R_A_Name use any of the following services offered by facility staff or provided at the facility by non-facility staff?)

Social services counseling

Question Type: *Tyesno*
Yes   1 YES
No   2 NO

R_C17

The next few questions are about you.

How long have you worked at this facility?

Question Type: TC17

lessthan6   1 6 MONTHS OR LESS
lessthanyr   2 MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR
lessthantwo   3 AT LEAST ONE YEAR TO LESS THAN TWO YEARS
morethantwo   4 TWO YEARS OR MORE

R_C18

SHOWCARD R_C18

Please look at this showcard and tell me which best describes your position at this facility:

Question Type: TFacilityPosition

RN   1 RN
LPN   2 LPN
Certaide   3 CERTIFIED MEDICATION AIDE OR SUPERVISOR
Persaide   4 PERSONAL CARE AIDE
Staff   5 ACTIVITY DIRECTOR OR STAFF
OwnAdmin   6 OWNER, ADMINISTRATOR, DIRECTOR, OR MANAGER
Other   7 SOME OTHER POSITION

Logic before:
IF C_18 = other then continue, else skip to R_CEND

R_C18SPEC

What is that position?

Question Type: STRING[50]

R_CEND

Thank you. These are all the questions I have for you regarding this resident. Now I need to check my records if there are any other selected residents for whom you were identified as a caregiver.

INTERVIEWER: CHECK YOUR 'RESIDENT SELECTION FORM' FOR OTHER RESIDENTS FOR WHOM THIS
CAREGIVER WAS A DESIGNATED RESPONDENT.

TO EXIT THIS SCREEN, PRESS "1" AND ENTER.

Question Type: TContinue
CONTINUE   1 CONTINUE

- -

R_C_DR

@rINTERVIEWER: ARE YOU READY TO FINALIZE THIS RESIDENT INTERVIEW?

HAVE YOU ANSWERED ALL QUESTIONS TO THE BEST OF YOUR ABILITY AND THAT OF YOUR RESPONDENT(S)?

IF THERE ARE QUESTIONS ANSWERED DON'T KNOW @b(?)@b OR REFUSED @b(!)@b FOR WHICH YOU
CAN STILL DO DATA RETRIEVAL, ANSWER NO ON THIS SCREEN.@r

Question Type: TYesNo, NoDK, NoRF

Yes   1 YES
No   2 NO

Logic after:
IF R_C_D7=NO, THEN SAVE CMS CODE 391. IF F_D7=YES, THEN SAVE CMS CODE 491.