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FORM AHS-101AR (9-28-2005)	OMB No. 0607-0809: Approval Expires 04/30/2010 U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration		
AGE RESTRICTED LIVING	SCREENER QUESTIONNAIRE USING SURVEY		
Control Nos.: CASEID: FACILITY INFORMATION	Hello. I am from the US Census Bureau. (Here is my ID card.)		
Name:	The U.S. Census Bureau is testing a new method for updating its address lists for facilities that may contain housing units designed for an older population. We will use this information to ensure that these types of units will be more accurately		
Address:	represented in future censuses and surveys. Information you provide will be kept confidential and used		
Contact person: Contact phone number:	for statistical purposes only, as required by Title 13, United States Code, Section 9. The Census Bureau cannot publish or release information that would identify any individual. The Congress has imposed criminal sanctions (up to five years imprisonment and/or up to \$250,000 fine) if any person sworn to uphold the confidentiality of your information violates the provisions of Title 13.		
UNIT INFORMATION	I would like to speak with the person or one of the people who knows where people live or stay at this address.		
Address:	Would that be you, or should I speak with someone else? This voluntary collection should take about 6 minutes. I can provide you with an address at the end of the interview to which written comments or suggestions about this procedure can be directed.		
FACILITY AND UN	NIT INFORMATION		
1. May I have your name please?	Same as on label OR Z		
2. What is your job title?			
3a. Is this (read facility name and address on the label)?	Yes – <i>Skip to 4</i> No		
3b. Was this address ever (read facility name and address on the label) ?	Yes – Make necessary corrections on the label		
	on the reverse side. Then mark item 13, code 37 "Out of Universe"		
4. The following questions are about the BUILDING that contains (read unit address). How many living quarters/apartments/residences are there in that building?	$ \begin{array}{c c} \hline & One \\ & 2-4 \end{array} Go to 5 \end{array} \begin{array}{c c} \hline & 5-9 \\ \hline & 10-19 \\ \hline & 20-29 \\ \hline & 30-39 \\ \hline & 40-49 \\ \hline & 50 \text{ or more} \end{array} $ Skip to 7a		
5. Is there more than one building in this complex?			
	2 No – End interview. Read thank you statement on the reverse side. Then mark item 13, code 37 "Out of Universe"		
6. Do any of the buildings have 5 or more	Ves		
units/apartments in them?	3 No – End interview. Read thank you statement on the reverse side. Then mark item 13, code 37 "Out of Universe"		
7a. Does the BUILDING containing (read unit address) provide special services? By special services I mean residents live independently and are generally self-sufficient, but CAN get some help with at least some of the following:			

Yes – Skip to item 8

Yes – Skip to item 8

Yes – Skip to item 8

4 _

🗌 No

🗌 No

🗌 No

Continue on the back.

- meals, transportation, or housekeeping within
 the unit • managing finances, using the telephone, or shopping, and/or
- personal care such as bathing, eating, moving about, dressing, or toilet use?
- b. What is its current use?

8a.	Was the BUILDING containing (read unit address) built before 1990?	□ Yes □ No – <i>Skip to 9</i>		
8b.	Was this BUILDING originally used as private residential housing?	5 Yes, private – End interview. Read thank you statement below. Then mark item 13, code 37 "Out of Universe"		
		No, something else – Specify		
g	The next questions are about (read unit address) itself. Now I would like to ask about this particular unit. Is (read unit address) a unit for hospice, skilled nursing, dementia, or	6 Yes – End interview. Read thank you statement below. Then mark item 13, code 14 (Type B – OTHER unit)		
	Alzheimers patients?	No		
10a	. Do the residents of this unit live separately from all the other occupants of the building?	 Yes 7 No - End interview. Read thank you statement below. Then mark item 13, code 14 (Type B - OTHER unit) 		
106	. Do the residents of this unit have direct access			
	to their unit from the outside or through a common or public hall?	 No – End interview. Read thank you statement below. Then mark item 13, code 14 (Type B – OTHER unit) 		
11.	Are the residents of this unit free to move about the public areas of the building and to leave the facility anytime they wish?	9 Yes – Read thank you statement below. Then mark item 13, code 1 (Unit eligible)		
		10 No – Read thank you statement below. Then mark item 13, code 14 (Type B – OTHER unit)		
	THANK YOU	STATEMENT		
Thank you for your help. The Census Bureau uses this type of information to select samples that represent the diversity of conditions in our country. The samples are used to conduct studies on a variety of subjects, such as employment, income, health care, and housing.				
	INTERVIEV	V RESULTS		
12.	Incomplete screening Interview:	13. Outcome from screening Interview:		
12. 2	Incomplete screening Interview: Partial interview - Specify	 13. Outcome from screening Interview: 1 Unit eligible for AHS interview at time of screening. (Did not get screened out by questions and FR believes it meets all requirements.) 		
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2 [3 [4 [5 [800 800 800 800 800 800 800 800 800 80	Partial interview – Specify Type A Refused Unable to locate (Call office, determine if PV needed.) Other – Specify ↓	 1 Unit eligible for AHS interview at time of screening. (Did not get screened out by questions and FR believes it meets all requirements.) ▶ Type B (Unit NOT eligible now but status may change in the future.) 12 Permanent or temporary business or commercial storage 14 OTHER unit or staff quarters 15 Occupancy prohibited 16 Interior exposed to the elements 17 Type B not classified above - Specify <i>x</i> ▶ Type C (Unit out of universe for AHS sample, will always be INELIGIBLE for AHS interview.) 30 Demolished or disaster loss 31 Building or mobile home moved 37 Out of universe (Describe type of facility in notes.) 		

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