Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
NVF	NAV1		Admission Date: (NAV ADMISSION DATE) Vital Status: (VITAL STATUS)	SELECT THE SECTION YOU WOULD LIKE TO COMPLETE FOR (SP).
NVF	NAV2	SELECT A RESPONDENT BELOW OR ADD TO THE PERSON ROSTER.		PRESS "CTRL/R" TO ADD A RESPONDENT TO THE PERSON ROSTER.
FQF	FQ1	IF SP IS IN AN ADULT/GROUP HOME OR SIMILAR RESIDENCE AT ANOTHER LOCATION, CODE "2" OR "3" WITHOUT ASKING.	Before we begin, I need to verify that our information is correct. Is (PRELOAD FACILITY) the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)?	
FQF	FQ1A		What is the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]?	
FQF	FQ2		Next, I would like to verify the address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]. I have it listed as [READ ADDRESS BELOW]. Is this correct?	
FQF	FQ2A		What is the correct address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]?	PRESS F1 FOR STATE ABBREVIATIONS.
FQF	FQ3	(CODE "2" WITHOUT ASKING.)	[Is (ADMINISTRATOR'S NAME)/Are you] (still) the current administrator of (FACILITY)?	
FQF	FQ3A		What is the current administrator's name?	SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FQ4		Next, I would like to verify your office address. I have it listed as [READ ADDRESS LISTED BELOW]. Is this correct?	
FQF	FQ4A		What is the correct address for your office?	PRESS F1 FOR STATE ABBREVIATIONS.
FQF	FQ5	(VERIFY PHONE NUMBER IS FOR FQ RESPONDENT. DO NOT READ ALOUD.)	Is (FACILITY AREA CODE AND PHONE NUMBER) the correct phone number for (FACILITY)?	
FQF	FQ5A		What is the phone number?	
FQF	FAINTRO1		Now I have a few questions about the structure of (FACILITY) and its certification and licensing to confirm that it is eligible for this study.	PRESS "1" TO CONTINUE.
FQF	FA1	SHOW CARD FA2	What type of place is (FACILITY)?	PRESS F1 FOR PLACE DEFINITIONS. IF RESPONDENT REPORTS CCRC OR RETIREMENT COMMUNITY, PROBE FOR TYPE OF PLACE FOR UNIT WHERE SP RESIDES. DO NOT ENTER "OTHER".
FQF	FA1A	IF ALREADY KNOWN, CODE WITHOUT ASKING:	Do you prefer that I call (FACILITY) a home or a facility?	
FQF	FA2	SHOW CARD FA3	You mentioned that (FACILITY) is a hospital. Please look at this card and tell me what kind of hospital it is.	
FQF	FA2A		Does (FACILITY) have any beds that are either certified or licensed as a nursing facility or certified or licensed as an ICF-MR (Intermediate Care Facility for the Mentally Retarded)?	PRESS F1 FOR SUGGESTED PROBES.
FQF	FA3		Is (FACILITY) part of a larger facility or campus?	PRESS F1 FOR DEFINITION, EXAMPLES OF "LARGER" PLACES.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FA4	SHOW CARD FA1	What type of place is (FACILITY) part of?	PRESS F1 FOR HOSPITAL DEFINITIONS.
FQF	FA5		What is the name of the (CATEGORY SELECTED IN FA4 - PLACTYP2/place)?	
FQF	FA5A	SHOW CARD FA4	Which one of the categories on this card best describes the ownership of (FACILITY)?	
FQF	FA10		Would you be able to answer some questions about the certification status, services offered, and number of beds for (FACILITY)?	
FQF	FA11		What is the name of the most knowledgeable person to answer questions about (FACILITY)?	SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.
FQF	FA12		How many beds does (FACILITY) have?	PRESS F1 FOR EXPANDED DEFINITION OF "BEDS".
FQF	FA13		Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility (NF) beds? [READ IF NECESSARY: We are concerned only with the place where (SP) is physically located.]	IF R MENTIONS: ICF-MR (INTERMEDIATE CARE FACILITY--MENTAL RETARDATION), SAY THAT YOU WILL ASK ABOUT THOSE IN A MOMENT.
FQF	FA14		Does (FACILITY) have any beds certified by Medicare as SNF beds?	
FQF	FA15		Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds?	
FQF	FA16		Does (FACILITY) have any beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing home beds by the (STATE) State Health Department or by some other State or Federal Agency?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FA18		Does (FACILITY) have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the (STATE) State Health Department or by some other state or local government agency?	
FQF	FA19		In addition to room and board, does (FACILITY) routinely provide…	
FQF	FA19A		Does (FACILITY) provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?	
FQF	FA20		Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week?	
FQF	FA22		The next questions are about the number of nursing beds and residents by payer type and staffing. Can you answer these questions about (FACILITY)?	
FQF	FA23		Who would be the best person to answer questions about (FACILITY)?	SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.
FQF	FA24PRE		From information I collected earlier, I understand that (FACILITY) has a total of (NUMBER OF BEDS IN FACILITY) beds. [IF NECESSARY: We are concerned only with the place where (SP) is physically located.]	PRESS "1" TO CONTINUE.
FQF	FA24		Does (FACILITY) have any beds that are not licensed or certified or otherwise identified as nursing or other long-term care beds?	PRESS F1 FOR DEFINITION OF "OTHERWISE IDENTIFIED".
FQF	FA25		How many beds are not licensed or certified or otherwise identified as nursing or other long-term care beds?	
FQF	FA26		I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FA27		I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds. How many beds are certified under [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] (only)?	
FQF	FA28		I have recorded that (FACILITY) contains beds that are certified by Medicare as Skilled Nursing Facility beds. How many beds are certified under Medicare (only)?	
FQF	FA29		I have recorded that (FACILITY) contains beds that are licensed as nursing facility beds but not certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] or Medicare. How many beds are licensed but not certified as nursing home beds (only)?	
FQF	FA30		I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds. How many beds are certified as ICF-MR beds (only)?	
FQF	FA31		I recorded earlier that (FACILITY) contains beds that are licensed as personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care (only)?	
FQF	FA32		So, there are a total of (TOTAL # LTC BEDS) LTC beds in the (facility/home). [REVIEW NUMBER OF BEDS BY TYPE.] That leaves (NUMBER OF BEDS LEFT) long-term care beds that are neither certified or licensed as nursing home or other long-term care beds. Is that correct?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FA32VB	PLEASE ENTER A BRIEF EXPLANATION:		
FQF	FA35		How many residents were in (FACILITY) altogether at midnight last night?	
FQF	FB0PRE		Would you be able to answer some questions about the certification status, services offered, and the number of beds for (FACILITY)?	
FQF	FB1PRE		I would like to review with you some information that I collected about (FACILITY) the last time I was here.	PRESS "1" TO CONTINUE.
FQF	FB2		Is (FACILITY) (still) certified by Medicaid as a Nursing Facility (NF)?	
FQF	FB5		Is (FACILITY) (still) certified by Medicare as a Skilled Nursing Facility (SNF)?	
FQF	FB9		Is (FACILITY) (still) certified by Medicaid as an Intermediate Care Facility for the Mentally Retarded (ICF-MR)?	
FQF	FB11		Does (FACILITY) (still have/have any) beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing (facility/home) beds by the (STATE) State Health Department or by some other State or Federal agency?	
FQF	FB14		Is (FACILITY) (still) licensed as a personal care home, board and care home, assisted living facility, domiciliary care home or rest home by the (STATE) State Health Department or by some other state or local government agency?	
FQF	FB15		In addition to room and board, does (FACILITY) routinely provide…	
FQF	FB15A		Does (FACILITY) provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?	
FQF	FB16		Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FB17		I have recorded that (FACILITY) has [PREVIOUS TOTAL # LTC BEDS] beds that provide long-term care. Is this still the number of beds providing long-term care in (FACILITY)?	
FQF	FB18		How many beds does (FACILITY) have that provide long-term care? [PROBE: Do not count "independent living" beds or those that don't provide 24-hour a day assistance or supervision with daily living activities.]	
FQF	FB19		Who would be the best person to answer these questions about (FACILITY)?	SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.
FQF	FB20		I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds and by Medicare as Skilled Nursing Facility beds. How many beds are dually certified (that is, certified by both)?	
FQF	FB21		[I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as Nursing Facility beds.] How many beds are certified under [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] (only)?	
FQF	FB22		[I have recorded that (FACILITY) contains beds that are certified by Medicare as Skilled Nursing Facility beds.] How many beds are certified under Medicare (only)?	
FQF	FB23		I have recorded that (FACILITY) contains beds that are licensed as nursing facility beds but not certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] or Medicare. How many beds are licensed but not certified as nursing home beds (only)?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FB24		I have recorded that (FACILITY) contains beds that are certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds. How many beds are certified as ICF-MR beds (only)?	
FQF	FB25		I recorded earlier that (FACILITY) contains beds that are licensed as personal care, board and care, assisted living, domiciliary care, or other type of long-term care beds. How many beds are licensed as one of these types of long-term care (only)?	
FQF	FB26		So, there are a total of (TOTAL # LTC BEDS) LTC beds in the (facility/home). [REVIEW NUMBER OF BEDS BY TYPE.] Is that correct?	
FQF	FB26VB	PLEASE ENTER A BRIEF EXPLANATION:		
FQF	FB27		How many residents were in (FACILITY) altogether at midnight last night?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FR1PRE		Next, I'd like to get some information on the basic rates residents in (FACILITY) are charged. Most facilities have one or more set rates they charge their residents for room and board and basic services. Usually this rate includes basic nursing services and sometimes it includes medical services as well. I'm interested in the basic rates charged by (FACILITY) for [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID], Medicare, and private pay/[(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] and private pay/Medicare and private pay/private pay) residents. [IF NECESSARY: We are concerned only with the place where (SP) is physically located.]	PRESS "1" TO CONTINUE.
FQF	FR2		Do you have more than one basic rate?	
FQF	FR3		What is the highest rate you bill for residents' basic care?	ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".
FQF	FR4		What is the lowest rate you bill for residents' basic care?	ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".
FQF	FR5		What is the rate you bill for residents' basic care?	ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	CLOSING1		Thank you. Those are all the questions I have for you at the moment. Someone from my office may call you to verify some of the data I have collected. We appreciate your help on this important study.	THE FACILITY-LEVEL QUESTIONS FOR THIS CASE ARE COMPLETE FOR THIS ROUND. PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.
FQF	FACLOSE2	YOU ARE ABOUT TO LEAVE FQ BECAUSE THE FACILITY IS INELIGIBLE. IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, ENTER 1.		
FQF	FBCLOSE2	YOU ARE ABOUT TO LEAVE FQ BECAUSE THE FACILITY IS INELIGIBLE.		

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FACLOSE5	YOU ARE ABOUT TO LEAVE FQ BECAUSE THIS IS A "HOME OFFICE" WITH NO RESIDENTS. IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, COLLECT FACILITY CONTACT INFORMATION FOR FACILITY WHERE SP IS LOCATED.		
FQF	CLOSING6		Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to (NAMED RESPONDENT).	PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.
FQF	CLOSING6B		Thank you. Those are all the questions I have for you at the moment. Right now, I need to make arrangements to speak to (NAMED RESPONDENT).	PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQF	FQCLOSE7	YOU ARE ABOUT TO LEAVE FQ BECAUSE THE RESPONDENT IS NOT ABLE TO VERIFY INFORMATION ABOUT THE FACILITY. IF THIS IS NOT RIGHT, BACK UP TO MAKE APPROPRIATE CORRECTIONS. OTHERWISE, PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.		
RHF	RH1PRE		Now, I would like to ask you about the places where (SP) stayed for one night or more between [January 1, (CURRENT YEAR)/(his/her) admission to this (facility/home)/(his/her) readmission to this (facility/home)] and today including staying in [other parts of (LARGER FACILITY),] hospitals or other places. In answering these questions, it might be helpful for you to review records that show discharges or transfers from (FACILITY) to [other parts of (LARGER FACILITY),] hospitals or other places.	PRESS "1" TO CONTINUE.
RHF	RH2PRE		On my last visit on (REF DATE), (SP) was alive and a resident of (FACILITY). Now, I would like to ask you about all the places (SP) has stayed since my last visit, including staying in [other parts of (LARGER FACILITY)], hospitals or other places.	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
RHF	RH2		On what date was (SP) most recently admitted to (FACILITY)?	
RHF	RH2A		On what date [on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE),] do your records show (SP) was admitted to (FACILITY)?	IF SP NEVER ADMITTED, ENTER "DK" IN MONTH FIELD.
RHF	RH2AVB	DESCRIBE WHY THERE IS A DISCREPANCY BETWEEN THE ADMISSION DATE REPORTED BY A PREVIOUS SOURCE AND THE ADMISSION DATE ENTERED DURING THIS INTERVIEW.		
RHF	RH3		Please tell me the name and title of someone in (FACILITY) who could give me that information.	RECORD RESPONDENT INFORMATION ON PERSON ROSTER AND SELECT ENTRY WHEN RH IS RESTARTED. PRESS "1" TO CONTINUE.
RHF	RH6	ASK IF NOT OBVIOUS.	Is (SP) male or female?	
RHF	RH7		Is (SP) alive?	
RHF	RH8		On what date did (SP) die?	
RHF	RH9		What (is/was) (SP's) date of birth?	ENTER A 4-DIGIT YEAR.
RHF	RH10		Approximately how old is (SP)?	
RHF	RH11A		Between (REF DATE), (the date of my last visit), and (RH END OF REFERENCE PERIOD) has (SP) been in (FACILITY) the whole time or has (he/she) spent one or more nights [in another part of (LARGER FACILITY),] in a hospital, or in some other place?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
RHF	RH11B		Between (REF DATE) and (RH END OF REFERENCE PERIOD) has (SP) been in (FACILITY) the whole time or has (she/he) spent one or more nights [in another part of (LARGER FACILITY),] in a hospital, or in some other place?	
RHF	RH12		Between (CURRENT START DATE) and (END OF RH REFERENCE PERIOD) was (SP) in (CURRENT PLACE) the whole time?	
RHF	RH12A		Was (he/she) in (CURRENT PLACE) when (he/she) died on (DATE OF DEATH) or somewhere else?	
RHF	RH12B		Is (he/she) still at (CURRENT PLACE)?	
RHF	RH13		When did (SP) leave (CURRENT PLACE)?	
RHF	RH14		About how many nights did (he/she) spend there?	
RHF	RH21		[Where did (he/she) go on (START DATE)?/Where is (he/she) living now?/Where was (he/she) staying when (he/she) died on (DATE OF DEATH)?]	SELECT NAME FROM LIST OR SELECT "[NEED TO ADD PLACE]".
RHF	RH21A	ENTER THE NAME OF THE PLACE.		
RHF	RH21B		Is (ADDED PLACE NAME) part of (LARGER FACILITY NAME)?	
RHF	RH22	SHOW CARD RH1	Please look at this card and tell me what kind of place (ADDED PLACE NAME) is:	PRESS F1 FOR DEFINITIONS.
RHF	RH25		Was (SP) staying in a SNF wing or SNF unit of (CURRENT PLACE)?	
RHF	RH27		Was (he/she) staying in a nursing wing, nursing unit, assisted living unit, or personal care unit of (CURRENT PLACE)?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
RHF	RH28	[INTERVIEWER: ASK THE FOLLOWING QUESTIONS AND RECORD THE INFORMATION, AS AVAILABLE. SELECT "DON'T KNOW" FOR ANY ITEM THAT IS NOT AVAILABLE.]	What is the name of this nursing wing, nursing unit, assisted living unit or personal care unit?	
RHF	RH29		Was (he/she) staying in a private home or apartment at (CURRENT PLACE)?	
RHF	RH30A		(Did/Does) (SP) live there alone?	
RHF	RH30		Who (lived/lives) with (him/her) there?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
RHF	RH36		Earlier you told me (SP) had been discharged to (DISCHARGE PLACE). Was (SP) formally discharged from (FACILITY) for the stay at (LAST PLACE NAME FROM RH21) that began on (DISCHARGE DATE)?	PRESS F1 FOR DEFINITION OF FORMAL DISCHARGE.
RHF	RH48		Please tell me the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE).	
RHF	RH49		What is the relationship of (CONTACT NAME FROM RH48) to (SP)?	
RHF	RH49A	WAS "CONSENT" REQUIRED AND OBTAINED FOR THIS SP?		PRESS F1 FOR A DEFINITION OF "CONSENT".
RHF	RH49B	WAS THE "CONSENT" WRITTEN OR VERBAL (BY TELEPHONE)?		
RHF	RH50	DID YOU ABSTRACT?		
RHF	RH51	WHY DID YOU ABSTRACT?		

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
RHF	RH3B		Thank you. Those are all the questions I have for you at the moment. Someone from my office may call you to verify some of the data I have collected. We appreciate your help on this important study.	PRESS "1" TO CONTINUE.
RHF	RHEND	THANK THE RESPONDENT.		PRESS "1" TO RETURN TO THE NAVIGATION SCREEN.
BQF	BQCONREF	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.		
BQF	BQ1PRE1		The following questions are about (SP's) background including (his/her) use of long-term care, demographics, and (his/her) 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/background.	IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.
BQF	BQRH22A	SHOW CARD RH1	Please look at this card and tell me what kind of place (SP) was in just before being admitted here on (ADMISSION DATE).	PRESS F1 FOR DEFINITIONS.
BQF	BQRH30AA		Did (SP) live there alone?	
BQF	BQRH30A		Who lived with (him/her) there?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
BQF	BQRH30A1		How many daughters lived there?	
BQF	BQRH30A2		How many sons lived there?	
BQF	BQRH30A3		How many sisters lived there?	
BQF	BQRH30A4		How many brothers lived there?	
BQF	BQRH30A5		How many daughters-in-law lived there?	
BQF	BQRH30A6		How many sons-in-law lived there?	
BQF	BQRH30A7		How many granddaughters lived there?	
BQF	BQRH30A8		How many grandsons lived there?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
BQF	BQRH30A9		How many nieces lived there?	
BQF	BQRH30A10		How many nephews lived there?	
BQF	BQRH30A11		How many friends lived there?	
BQF	BQRH30A12		How many (OTHER FEMALE RELATIVE)s lived there?	
BQF	BQRH30A13		How many (OTHER MALE RELATIVE)s lived there?	
BQF	BQRH30A14		How many (OTHER NONRELATIVE)s lived there?	
BQF	BQ9PRE		The next few questions are about (SP's) (level of education,) race, ethnicity, and military service.	PRESS "1" TO CONTINUE.
BQF	BQ9		As far as you know, what (is/was) the highest level of schooling (SP) completed?	IF DK, USE CATEGORIES AS PROBES.
BQF	BQ10A		(Is/Was) (SP) of Hispanic or Latino origin?	
BQF	BQ10B	SHOW CARD BQ1AA.	Looking at this card, (is/was) (SP) Mexican, Mexican American, or (Chicano/Chicana), Puerto Rican, Cuban, or of another Hispanic, (Latino/Latina) or Spanish origin?	CHECK ALL THAT APPLY.
BQF	BQ11A	SHOW CARD BQ1A	Please look at this card and tell me what (is/was) (SP's) race.	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
BQF	BQ11B	SHOW CARD BQ1B.	Looking at this card, (is/was) (SP) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group? You can choose more than one group.	CHECK ALL THAT APPLY.
BQF	BQ11C	SHOW CARD BQ1C.	Looking at this card, (is/was) (SP) Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group? You can choose more than one group.	CHECK ALL THAT APPLY.
BQF	BQ12		Did (SP) ever serve on active duty in the Armed Forces?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
BQF	BQ12A	SHOW CARD BQ1	Looking at this card, which time periods best describe when (SP) served in the Armed Forces?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
BQF	BQ12B		Was (SP) ever an active member of a National Guard or military reserve unit of the United States?	
BQF	BQ12C		Was all of (SP's) active duty related to National Guard or military reserve training?	
BQF	BQ12E		What (is/was) (SP's) (current/most recent) VA disability rating?	THE VA DISABILITY RATING IS A PERCENTAGE IN MULTIPLES OF 10 (I.E., 10%, 20%, ETC.). ENTER THE NUMBER AS A WHOLE NUMBER. DO NOT ENTER THE "%" SIGN.
BQF	BQ13		(Is/Was) (SP) married, widowed, divorced, separated, or never married?	
BQF	BQ15	SHOW CARD BQ2	Please look at this card and tell me where (SP's) (husband/wife) lives now.	
BQF	BQ18PRE		The next few questions are about (SP's) immediate family.	PRESS "1" TO CONTINUE.
BQF	BQ18		How many living daughters altogether (does/did) (SP) have, including any who may live far away?	PRESS F1 FOR DEFINITION OF DAUGHTER.
BQF	BQ19		How many living sons altogether (does/did) (SP) have, including any who may live far away?	PRESS F1 FOR DEFINITION OF SON.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
BQF	BQ24		In studies like this, people are sometimes grouped together according to income. SHOW CARD BQ3 Looking at this card, please tell me what (is/was) the total yearly income (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.	ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY ".00"
BQF	BQ25		(Is/Was) it less than $25,000?	
BQF	BQ26		Would you say it (is/was)…	
BQF	BQ27		Would you say it (is/was)…	
BQF	BQ28	DID YOU ABSTRACT?		
BQF	BQ29	WHY DID YOU ABSTRACT?		
BQF	BQEND	(YOU HAVE COMPLETED THE BACKGROUND SECTION FOR THIS SP.)		PRESS "1" TO RETURN TO NAVIGATION SCREEN.
INF	INCONREF	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.		
INF	IN1PRE2		The following questions are about (SP's) health insurance.	IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.
INF	IN1		Has (SP) ever been covered by [READ NAME(S) FROM ABOVE]?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
INF	IN1A		(The last time we asked about (SP's) health insurance, (he/she) was not covered by [READ NAME(S) FROM ABOVE].) Is (SP) now covered by [READ NAME(S) FROM ABOVE]?	
INF	IN2		Do you have a document that shows (SP's) most current [READ NAME(S) FROM ABOVE] ID number?	
INF	IN3		[Please read me (SP's) [READ NAME(S) FROM ABOVE] ID number from the document/Please tell me (SP's) [READ NAME(S) FROM ABOVE] ID number.]	
INF	IN4		I'd like to verify the [READ NAME(S) FROM ABOVE] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	
INF	IN5A		Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. (Is/Was) (SP) enrolled in a [READ NAME(S) FROM ABOVE] HMO?	
INF	IN6		Was (SP) covered by [READ NAME(S) FROM ABOVE] [on September 1, (CURRENT YEAR)?/when (he/she) was admitted on (FAD/RAD)?]	
INF	IN13A		Our records show that (SP) is covered by Medicare. I'd like to ask some questions about (his/her) Medicare coverage. Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	PRESS F1 FOR PART D DEFINITIONS.
INF	IN18		On [September 1, (CURRENT YEAR)/(FAD/RAD)], was (SP) covered by private health insurance that pays for some or all charges for inpatient and outpatient hospital and physician services and/or supplements Medicare (Medigap policy)?	
INF	IN19		What is the name of the insurance company? [PROBE: Any others?]	IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
INF	IN20		On [September 1, (CURRENT YEAR)/(FAD/RAD)], was (SP) covered by private health insurance that pays for some or all charges for more than 100 days of nursing home care, that is, a long-term care policy?	
INF	IN21		What is the name of the insurance company? [PROBE: Any others?]	
INF	IN22		Was (SP) covered by either TRICARE or CHAMPVA for hospital or physician care on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	PRESS F1 FOR EXPLANATION OF TRICARE AND CHAMPVA.
INF	IN23		Was (SP) covered by any other Department of Veterans Affairs (VA) program or contract on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	
INF	IN24		(Besides [READ NAME(S) FROM ABOVE], was/Was) (SP) covered by any other public assistance health insurance program on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	
INF	IN25		What (is/was) the name of the public assistance health insurance program?	
INF	INBQ13A		Is (SP) currently married, widowed, divorced, separated, or never married?	
INF	INEND	(YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.)		PRESS "1" TO RETURN TO NAVIGATION SCREEN.
HSF	HSCONREF	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.		
HSF	HSPRE	THIS SCREEN BEGINS THE HEALTH STATUS SECTION FOR (SP).		IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA1PRE1		The next questions are about (SP)'s health status on or around (HS REF DATE). We have found that much of the data we are collecting is usually located in the resident's full Minimum Data Set (MDS) assessments, the Quarterly Review forms, and other medical chart notes. Please take a moment to locate the records now and confirm they are the records closest to (HS REF DATE).	PRESS "1" TO CONTINUE.
HSF	HA1PRE2		The following questions are about (SP)'s health status on or around (HS REF DATE).	PRESS "1" TO CONTINUE.
HSF	HA1		Do you have (SP)'s medical records for the (admission) period on or around (HS REF DATE)?	
HSF	HA1B		Is there someone else I should speak with, or do the records exist elsewhere?	DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE MEDICAL RECORDS?
HSF	HA2		Do (SP)'s medical records contain (another/a full) MDS assessment (or Quarterly Review) form dated (after/on or around (HS REF DATE)/(LAST MDS DATE)?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA2B1		Is there someone else I should speak with, or do the records exist elsewhere?	DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS?

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA3A		[What is the assessment date on the full MDS assessment that was completed for (SP) on or around (HS REF DATE)/What is the assessment date on the full MDS assessment that was completed for (SP) at admission, that is, on or around (HS REF DATE)/What is the assessment date on the full MDS assessment or Quarterly Review that was completed for (SP) closest to (HS REF DATE) after (HA3A DISPLAY DATE/LAST HS REF DATE)/What is the assessment date on that form]?	ENTER DATE IN "MM DD YY" FORMAT. (IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.)
HSF	HA4		Please tell me if the form with the assessment date of (LAST ASSESSMENT DATE) is a full MDS or a quarterly review.	
HSF	HA5		Besides the form you just told me about, does (SP)'s medical record contain any other (full) MDS form (or Quarterly Review form) dated closer to (HS REF DATE)?	
HSF	HA6		What was the primary reason for the assessment on the full MDS assessment dated (BCVAD/CCVAD)?	
HSF	HA7A		Does (SP)'s medical record contain a full MDS assessment dated between (HS DATE RANGE)?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA7B		What is the date of the full MDS assessment closest to (HS REF DATE)?	IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.
HSF	HA7C		Please refer to the (FORM TYPE) with the assessment date of (CLOSEST VALID ASSESSMENT DATE) when answering the following questions. [If the information is not found on the Quarterly Review, (please refer to the full MDS form with the assessment date of (BACKUP MDS ASSESSMENT DATE)/please refer to (SP)'s medical record) to answer the questions.]	PRESS "1" TO CONTINUE.
HSF	HA44PREB		This next section asks for (SP)'s Medicaid number as recorded on the MDS assessment form.	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA47B		Please read me (SP)'s [(PREFERRED NAME FOR MEDICAID)/MEDICAID] ID number from the MDS assessment form.	IF NO MEDICAID NUMBER, ENTER 96.
HSF	HA48B		I'd like to verify the [(PREFERRED NAME FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID NUMBER). Is this correct?	
HSF	HA51B		As far as you know, what (is/was) the highest level of schooling (SP) completed?	IF DK, USE CATEGORIES AS PROBES.
HSF	HA9PREB		Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home)]. [(Please refer to (SP)'s medical record/Since I will be collecting information about (SP) on or around (HS REF DATE) and there is no MDS or Quarterly Review available close to that date, please refer to (SP)'s medical record for the information/Since you do not have a medical record at hand for reference, please think about the information found in (SP)'s medical record) to answer these questions.]	PRESS "1" TO CONTINUE.
HSF	HA9B		Did (SP)'s record indicate any history of mental retardation, mental illness, or developmental disability problems? Exclude diagnoses of organic brain syndrome, Alzheimer's disease, and related dementia.	
HSF	HA11B		Was (SP) in a persistent vegetative state with no discernible consciousness on (HS REF DATE)?	
HSF	HA12AAB		Should a brief interview for Mental Status (C0200-C0500) be conducted?	
HSF	HA12AB	ENTER SUMMARY SCORE (0-15) FROM BIMS.		ENTER ''99'' IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.
HSF	HA12PREB		The next series of questions deal with (SP)'s memory or recall ability.	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA12B		On or around (HS REF DATE), was (SP)'s short-term memory okay, that is, did (she/he) seem or appear to recall things after 5 minutes?	
HSF	HA13B		Was (SP)'s long-term memory okay; that is, did (she/he) seem or appear to recall events in the distant past?	
HSF	HA14B		On or around (HS REF DATE), was (SP) able to recall…	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA15B		How skilled was (SP) in making daily decisions? Was (she/he) independent, did (she/he) exhibit modified independence, was (she/he) moderately impaired, or was (she/he) severely impaired?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA16B		What was the condition of (SP)'s hearing, with a hearing appliance, if used, on or around (HS REF DATE)? Did (she/he) hear adequately, did (she/he) have minimal difficulty, did (she/he) have moderate difficulty, or was (her/his) hearing highly impaired?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA17B		Did (she/he) have a hearing aid?	
HSF	HA18PREB		The next section deals with how (SP) communicated with others and how well (she/he) was understood by others.	PRESS "1" TO CONTINUE.
HSF	HA18B		Which statement best describes how effective (SP) was at making (herself/himself) understood on or around (HS REF DATE)? Was (she/he) always understood, usually understood, sometimes understood, or rarely or never understood?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA19B		Which statement best describes how well (SP) understood others on or around (HS REF DATE)? Did (SP) always understand, usually understand, sometimes understand, or rarely or never understand?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA20PREB		Next is a question concerning (SP)'s vision on or around (HS REF DATE).	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA20B		Which of the following statements best described (SP)'s ability to see in adequate light with visual aids, if used? Would you say (her/his) vision was adequate, impaired, moderately impaired, highly impaired, or severely impaired?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA20AB		Does (SP) use a visual appliance such as glasses, contact lenses, or a magnifying glass?	
HSF	HA21B		How often did the following behavioral problems occur on or around (HS REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	
HSF	HA21AB		Did any of (SP)'s behavior…	
HSF	HA21BB		Did any of (SP)'s behavior…	
HSF	HA21CB		How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals for health and well-being on or around (HS REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	
HSF	HA21DB		How often did (SP) wander on or around (HS REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	
HSF	HA21EB		Did any of (SP)'s wandering…	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA22PREB		The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (HS REF DATE). I will read you a list of activities and would like you to tell me if (SP)'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. [By self-performance I mean what (SP) actually did for (himself/herself) and how much help was required by staff members.]	PRESS "1" TO CONTINUE.
HSF	HA22B	(SHOW CARD HA1)	Please tell me (SP)'s level of self-performance in…	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA23B		Again referring to the time on or around (HS REF DATE), what was (SP)'s level of self-performance when bathing: was (she/he) independent, did (she/he) require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was (she/he) totally dependent, or did the activity not occur?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA24PREB		The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (HS REF DATE).	PRESS "1" TO CONTINUE.
HSF	HA24B		On or around (HS REF DATE) did (he/she) use…	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA25PREB		The next questions are about (SP)'s bowel and bladder control on or around (HS REF DATE).	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA25B		What was the level of (SP)'s bowel control on or around (HS REF DATE)? Was (she/he) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (she/he) not rated?	
HSF	HA26B		What was the level of (SP)'s bladder control on or around (HS REF DATE)? Was (she/he) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (she/he) not rated?	
HSF	HA28PREB		The questions in the next section deal with (SP)'s active diagnoses or conditions during the time on or around (HS REF DATE). [By active I mean those diseases associated with (her/his) ADL status, cognition, behavior, medical treatments, or risk of death on or around (HS REF DATE). Please think about what is in (SP)'s medical record when answering the following questions.]	PRESS "1" TO CONTINUE.
HSF	HA28B		What active diseases were checked on (SP)'s MDS assessment?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA28B2	SHOW CARD HA3	Look at the following list and tell me what active diseases did (SP) have on or around (HS REF DATE).	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA29B	(SHOW CARD HA4)	[What active infections were checked on (SP)'s MDS assessment?] [Look at the following list and tell me what active infections (SP) had on or around (HS REF DATE) according to the medical record notes.]	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA30B		Were there any active diagnoses entered on the MDS form in the section for additional active diagnoses?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA31B	SHOW CARD HA5	What were the diagnoses?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.

ENTER ICD-9 CODES WHEN DIAGNOSIS TEXT IS MISSING OR ILLEGIBLE. |
HSF	HA31BO1	ENTER OTHER DIAGNOSIS 1.		
HSF	HA31BO2	ENTER OTHER DIAGNOSIS 2.		
HSF	HA31BO3	ENTER OTHER DIAGNOSIS 3.		
HSF	HA31BO4	ENTER OTHER DIAGNOSIS 4.		
HSF	HA34PREB		The next few items are about the other conditions (SP) may have had on or around (HS REF DATE). (Again, please refer to the MDS.)	PRESS "1" TO CONTINUE.
HSF	HA34B		Did (SP) experience dehydration on or around (HS REF DATE)?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA35B		Did (SP) experience delusions on or around (HS REF DATE)?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA36B		Did (SP) experience hallucinations on or around (HS REF DATE)?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA37AB		On or around (HS REF DATE), did (SP) experience the swallowing problem of…	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA37BB		On or around (HS REF DATE), did (SP) experience the oral problem of…	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA38B		What (is/was) (SP)'s height in inches?	
HSF	HA39B		What was (SP)'s weight on or around (HS REF DATE)?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA10B		(The rest of the health status questionnaire is not from the MDS.) Now, please tell me which of the following advanced directives were listed in (SP)'s record or chart for the period on or around (HS REF DATE). Did (SP)'s record indicate…	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA32		Can you add any other active diagnoses for (SP) on or around (HS REF DATE) that have not yet been mentioned? Please refer to the medical record including (SP)'s medications chart for (HS REF DATE MONTH).	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA33	SHOW CARD HA5	What were the diagnoses?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. ENTER ICD-9 CODES, IF AVAILABLE, WHEN DIAGNOSIS TEXT IS MISSING OR ILLEGIBLE.
HSF	HA33O1	ENTER OTHER DIAGNOSIS 1.		
HSF	HA33O3	ENTER OTHER DIAGNOSIS 3.		
HSF	HA33O4	ENTER OTHER DIAGNOSIS 4.		
HSF	HA33PRE		[While you are referring to (SP)'s medical record/(Now)] I have some (additional) questions about the conditions you mentioned earlier. (These questions cannot be found on the MDS).	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA33B		Please refer to (SP)'s medical record and tell me in what part or parts of the body was the cancer found?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA33D		Still referring to the medical record, has (SP) ever had a myocardial infarction or heart attack?	
HSF	HA33E		Has (SP) ever had an operation for cataracts?	
HSF	HA33F		You told me that (SP) has had [READ CONDITIONS LISTED BELOW.] (Was this/Were any of these) the original cause of (SP)'s becoming eligible for Medicare?	
HSF	HA33G		What was the original cause of (SP)'s becoming eligible for Medicare?	RECORD VERBATIM
HSF	HA33H		Which of these conditions was a cause of (him/her) becoming eligible for Medicare?	
HSF	HA43APRE		The next items are about procedures (SP) may have had since (CURRENT MONTH AND DAY) a year ago.	PRESS "1" TO CONTINUE.
HSF	HA43A		Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a mammogram or breast x-ray?	
HSF	HA43B		Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a Pap smear?	
HSF	HA43C		Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a hysterectomy?	
HSF	HA43D		Has (SP) ever had a hysterectomy?	
HSF	HA43DAPR		The next items are about procedures (SP) may have had since (MONTH & DAY OF TODAY'S DATE) a year ago.	PRESS "1" TO CONTINUE.
HSF	HA43DA		Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a digital rectal examination of the prostate?	
HSF	HA43DB		Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a blood test for detection of prostate cancer, such as a PSA?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA43DC		Next, a question or two about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter? [EXPLAIN IF NECESSARY: Did (SP) have a flu shot anytime during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]	
HSF	HA43DD		Has (SP) ever had a shot for pneumonia?	
HSF	HA43E		The next couple of questions are about smoking. Has (SP) ever smoked cigarettes, cigars, or pipe tobacco?	
HSF	HA43F		Does (SP) smoke now?	
HSF	HA43GPRE		Now I'm going to ask about how difficult it was, on the average, for (SP) to do certain kinds of activities on or around (HS REF DATE). Please tell me for each activity whether (SP) had no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or was not able to do it.	PRESS "1" TO CONTINUE.
HSF	HA43G	SHOW CARD HA6	On or around (HS REF DATE), how much difficulty, if any, did (SP) have…	
HSF	HA43H1		Now I'm going to ask about some everyday activities and whether (SP) had any difficulty doing them by (himself/herself) because of a health or physical problem on or around (HS REF DATE). Did (SP) have any difficulty on or around (HS REF DATE) using the telephone?	
HSF	HA43I1		You said that using the telephone is something that (SP) doesn't do. Is this because of a health or physical problem?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA43H2		Did (SP) have any difficulty on or around (HS REF DATE) shopping for personal items (such as toilet items or medicines)?	
HSF	HA43I2		You said that shopping is something that (SP) doesn't do. Is this because of a health or physical problem?	
HSF	HA43H3		Did (SP) have any difficulty on or around (HS REF DATE) managing money (like keeping track of money or paying bills)?	
HSF	HA43I3		You said that managing money is something that (SP) doesn't do. Is this because of a health or physical problem?	
HSF	HA43J		[Finally, I have a few questions on (SP)'s general health.] In general, compared to other people of (his/her) age, would you say that (SP)'s health is excellent, very good, good, fair or poor?	
HSF	HA43K		Compared to one year ago, how would you rate (SP)'s health in general now? Would you say (SP)'s health is . . .	
HSF	HA43L		How much of the time during the past month has (SP)'s health limited (his/her) social activities, like visiting with friends or close relatives? Would you say . . .	
HSF	HC2		DID YOU ABSTRACT?	
HSF	HC3		WHY DID YOU ABSTRACT?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA1PRE1T2		The next questions are about (SP)'s health status on or around (T2 REF DATE). We have found that much of the data we are collecting is usually located in the resident's (full Minimum Data Set (MDS) assessments, the Quarterly Review forms, and other medical chart notes/medical record). Please take a moment to locate the records now and confirm they are the records closest to (T2 REF DATE).	PRESS "1" TO CONTINUE.
HSF	HA1PRE2T2		[Those are all of the questions we have about (SP)'s health on (HS REF DATE). Now, I would like to ask some questions about (his/her) health at (T2 REF DATE)./The following questions are about (SP)'s health status on or around (T2 REF DATE)].	PRESS "1" TO CONTINUE.
HSF	HA1T2		Do you have (SP)'s medical records for the period on or around (T2 REF DATE)?	
HSF	HA1BT2		Is there someone else I should speak with, or do the records exist elsewhere?	DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE MEDICAL RECORDS?
HSF	HA2T2		Do the medical records contain any full MDS assessment or Quarterly Review Forms?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA2B1T2		Is there someone else I should speak with, or do the records exist elsewhere?	DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS?
HSF	HA2BT2		Do (SP)'s medical records contain (a full/another) MDS assessment or Quarterly Review form dated [after (PreloadSP.PRVHSREF)/after (PreloadSP.LASTVAD)/on or around (T2 REF DATE)/after BCVAD)]?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA2CT2		Is there someone else I should speak with, or do the records exist elsewhere?	DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT?
HSF	HA3BT2		What is the assessment date on the full MDS assessment or Quarterly Review that was completed closest to (T2 REF DATE) for (SP) after [(RAD+14)/BCVAD/PreloadSP.LASTVAD].	ENTER DATE IN "MM DD YY" FORMAT. (IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.)
HSF	HA4T2		Please tell me if the form with the assessment date of (T2 ASSESS DATE) is a full MDS or a quarterly review.	
HSF	HA5T2		Besides the form you just told me about, does (SP)'s medical record contain any other MDS form or Quarterly Review form dated closer to (T2 REF DATE)?	
HSF	HA6T2		What was the primary reason for the assessment on the full MDS assessment dated (TCVAD)?	
HSF	HA7AT2		Does (SP)'s medical record contain a full MDS assessment dated between (T2 DATE RANGE).	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA7BT2		What is the date of the full MDS assessment closest to (T2 REF DATE)?	IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.
HSF	HA7CT2		Please refer to the (FORM TYPE) with the assessment date of (CLOSEST VALID ASSESSMENT DATE) when answering the following questions. [If the information is not found on the Quarterly Review, please refer to the full MDS form with the assessment date of (BACKUP MDS ASSESSMENT DATE)/If the information is not found on the MDS form, please refer to (SP)'s medical record) to answer the questions.]	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA9PREBT2		Now I have some questions concerning (SP)'s health on or around (T2 REF DATE). [Since I will be collecting information about (SP) on or around (T2 REF DATE) and there is no MDS or Quarterly Review available close to that date, please refer to (SP)'s medical record for the information/Since you do not have a medical record at hand for reference, please think about the information found in (SP)'s medical record) to answer these questions.]	PRESS "1" TO CONTINUE.
HSF	HA11BT2		Was (SP) in a persistent vegetative state with no discernible consciousness on (T2 REF DATE)?	
HSF	HA12AABT2		Should a brief interview for Mental Status (C0200-C0500) be conducted?	
HSF	HA12ABT2	ENTER SUMMARY SCORE (0 - 15) FROM BIMS.		ENTER ''99'' IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.
HSF	HA12PREBT2		The next series of questions deal with (SP)'s memory or recall ability.	PRESS "1" TO CONTINUE.
HSF	HA12BT2		On or around (T2 REF DATE), was (SP)'s short-term memory okay, that is, did (he/she) seem or appear to recall things after 5 minutes?	
HSF	HA13BT2		Was (SP)'s long-term memory okay; that is, did (she/he) seem or appear to recall events in the distant past?	
HSF	HA14BT2		On or around (T2 REF DATE), was (SP) able to recall…	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
HSF	HA15BT2		How skilled was (SP) in making daily decisions? Was (she/he) independent, did (she/he) exhibit modified independence, was (she/he) moderately impaired, or was (she/he) severely impaired?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA21BT2		How often did the following behavioral problems occur on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	
HSF	HA21ABT2		Did any of (SP)'s behavior…	
HSF	HA21BBT2		Did any of (SP)'s behavior…	
HSF	HA21CBT2		How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals for health and well-being on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	
HSF	HA21DBT2		How often did (SP) wander on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	
HSF	HA21EBT2		Did any of (SP)'s wandering…	
HSF	HA22PREBT2		The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (T2 REF DATE). I will read you a list of activities and would like you to tell me if (SP)'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. [By self-performance I mean what (SP) actually did for (himself/herself) and how much help was required by staff members.]	PRESS "1" TO CONTINUE.
HSF	HA22BT2	(SHOW CARD HA1)	Please tell me (SP)'s level of self-performance in…	PRESS F1 KEY FOR COMPLETE DEFINITIONS.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
HSF	HA23BT2		Again referring to the time on or around (T2 REF DATE), what was (SP)'s level of self-performance when bathing: was (she/he) independent, did (she/he) require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was (she/he) totally dependent, or did the activity not occur?	PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA24PREBT2		The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (T2 REF DATE).	PRESS "1" TO CONTINUE.
HSF	HA24BT2		On or around (T2 REF DATE) did (he/she) use…	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. PRESS F1 KEY FOR COMPLETE DEFINITIONS.
HSF	HA39BT2		What was (SP)'s weight on or around (T2 REF DATE)?	
HSF	HC2T2		DID YOU ABSTRACT?	
HSF	HC3T2		WHY DID YOU ABSTRACT?	
HSF	HSFINSCR	(RETURN TO NAVIGATOR TO CONTINUE INTERVIEW. THE HEALTH STATUS SECTION WAS NOT COMPLETED./YOU HAVE COMPLETED THE HEALTH STATUS SECTION FOR THIS SP.)		PRESS "1" TO RETURN TO NAVIGATION SCREEN.
USF	USCONREF	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.		

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
USF	US1PRE		This series of questions is about the health care services that (SP) may have received between (US REFERENCE START DATE) and (US REFERENCE END DATE) while (he/she) resided in (FACILITY). [The questions include any services that (he/she) received outside this (facility/home), as well as care from any providers who saw (him/her) here. The kinds of services I will be asking about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. I will be asking about the type of provider and the frequency or duration of the services. Please do not include care while (he/she) was an overnight inpatient in an acute care hospital.]	IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.
USF	US1		Between (US REFERENCE START DATE) and (US REFERENCE END DATE) while a resident in this (facility/home), did (SP) see a medical doctor of any kind, outside the (facility/home), excluding mental health therapy provided by a psychiatrist?	
USF	US2		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see doctors outside this (facility/home)?	
USF	US3		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a medical doctor of any kind, here, in this (facility/home), excluding mental health therapy provided by a psychiatrist?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
USF	US3A		Please tell me the name and title of someone in (FACILITY) who could give me that information. Thank you for your time, those are all the questions I have for you. Right now I need to continue with [PERSON NAMED] to complete these questions.	PRESS "CTRL/R" TO ADD A PERSON TO THE PERSON ROSTER. PRESS "1" TO CONTINUE.
USF	US5A		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see any doctor here?	
USF	US6PRE		The following questions are about services used both inside and outside this (facility/home). We are only interested in services (SP) received while residing in (FACILITY).	PRESS "1" TO CONTINUE.
USF	US6		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care?	
USF	US7		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care?	
USF	US8		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a psychiatrist or any other mental health care professional either inside or outside this (facility/home)?	
USF	US9		What type of mental health specialist did (he/she) see? [PROBE: Any others?]	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
USF	US10A		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a licensed clinical social worker?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
USF	US11A		Were these individual sessions, group sessions, or some of both?	
USF	US10B		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric nurse?	
USF	US11B		Were these individual sessions, group sessions, or some of both?	
USF	US10C		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric social worker?	
USF	US11C		Were these individual sessions, group sessions, or some of both?	
USF	US10D		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatrist?	
USF	US11D		Were these individual sessions, group sessions, or some of both?	
USF	US10E		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychologist?	
USF	US11E		Were these individual sessions, group sessions, or some of both?	
USF	US10F		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a (OTHER MENTAL HEALTH SPECIALIST)?	
USF	US11F		Were these individual sessions, group sessions, or some of both?	
USF	US12		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a therapist such as a physical therapist, speech therapist, I.V. therapist, occupational therapist, or respiratory therapist?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
USF	US13	SHOW CARD US1	Please look at this card and tell me about how often each week therapy was provided.	PRESS F1 FOR INFORMATION ON "ONE-TIME EVALUATION".
USF	US14	SHOW CARD US2	Now look at this card. Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period was therapy provided?	
USF	US22A		Between (US REFERENCE START DATE) and (US REFERENCE END DATE) was (SP) seen by a podiatrist (either inside or outside this (facility/home))?	
USF	US23		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive educational or habilitational services (either inside or outside this (facility/home))? [PROBE: "Habilitational services" include training in daily living skills, self care, and so on, in a structured program.]	
USF	US24		Were those services educational, habilitational, or both?	
USF	US25	SHOW CARD US2	Please look at this card and tell me, between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these (educational/habilitational) services provided?	
USF	US27	SHOW CARD US2	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these habilitational services provided?	
USF	US29	SHOW CARD US3 FOR PROMPTING AS NEEDED.	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive care from any other licensed or certified health care provider (either inside or outside this (facility/home))?	PRESS F1 FOR "ANY OTHER PROVIDER" CLARIFICATION.
USF	US30		What kind of provider was that?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
USF	US31PRE		The next few questions are about any visits (SP) may have made to a hospital emergency room from (US REFERENCE START DATE) through (US REFERENCE END DATE). Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays.	PRESS "1" TO CONTINUE.
USF	US32		While (he/she) was in this (facility/home), did (he/she) make any visits to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE)?	
USF	US33	COLLECT ALL ER VISITS.	Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE).	[PROBE: Were there any more visits to the ER?] IF NO MORE DATES, PRESS ENTER TO CONTINUE.
USF	US37		[Besides the (health care providers and emergency room/health care providers/emergency room) visits you have already told me about, did (he/she) ever go to the hospital and return on the same day/Did (he/she) ever go to the hospital and return on the same day]?	
USF	US38		How many times did this happen between (US REFERENCE START DATE) and (US REFERENCE END DATE)?	
USF	US40	SHOW CARD US4	Now I'd like to ask you about any kind of supplies, equipment, or other types of medical services (SP) received other than the ones I've already mentioned. Please look at this first card and tell me what supplies or services (SP) received between (US REFERENCE START DATE) and (US REFERENCE END DATE).	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
USF	US42	SHOW CARD US5	Please look at this second card and tell me what medical devices or equipment (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE).	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
USF	US43		Please tell me if (SP) received any of the following medical services. Did (he/she) receive…	
USF	US45	SHOW CARD US6	Now I'd like to ask about any other medically necessary items or provider services (SP) received that we haven't talked about already. Please look at this last card and tell me what other items or services (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE)?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
USF	US46	DID YOU ABSTRACT?		
USF	US47	WHY DID YOU ABSTRACT?		
USF	USEND	(YOU HAVE COMPLETED THE USE SECTION FOR THIS SP.)		PRESS "1" TO RETURN TO NAVIGATION SCREEN.
PMF	PM1PRE		The following questions are about all of the medicines prescribed for (SP) in (FACILITY) [in (PM REFERENCE START MONTH)/between (PM REFERENCE START MONTH) and (PM REFERENCE END MONTH)].	PRESS "1" TO CONTINUE.
PMF	PM1BB		Is the (PM REFERENCE MONTH) prescribed medicine chart currently available for (SP)?	[IF "NO", PROBE TO DETERMINE FUTURE AVAILABILITY.]
PMF	PM1B		Does the chart show any prescribed medicines administered in (PM REFERENCE MONTH)?	PRESS F1 FOR EXPLANATION OF "ADMINISTERED".

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
PMF	PM1C		In (PM REFERENCE MONTH), what was the total number of times (FULL MEDICINE NAME) (FULL MEDICINE DOSAGE) was administered?	COUNT EACH TIME THE DRUG WAS GIVEN ON EACH DAY. IF DRUG IS A TYPE OF INSULIN, ENTER "995" TO ENTER TOTAL NUMBER OF UNITS FOR THE MONTH. IF DRUG NOT LISTED ON CHART - AS SPECIFIED, ENTER "999" FOR NUMBER OF TIMES.
PMF	PM1CHK	AFTER COMPLETING ALL DRUG INFORMATION ENTER "1" TO CONTINUE.		
PMF	PM2		What was the name of the prescribed medicine administered to (SP)?	PRESS F1 FOR EXPLANATION OF "ADMINISTERED." SELECT PRESCRIBED MEDICINE FROM LOOKUP OR SELECT "[DRUG NAME/STRENGTH NOT LISTED]" FROM LOOKUP.
PMF	PM2A		What was the name of the prescribed medicine administered to (SP)?	
PMF	PM3		In what form was (PM2A MEDICINE NAME)?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
PMF	PM4A		What was the strength of (PM2A MEDICINE NAME)?	IF NO STRENGTH SPECIFIED, ENTER 0 IN NUMBER FIELD AND SELECT "NO STRENGTH" IN UNITS. IF A COMPOUND MEDICINE, ENTER 0 IN NUMBER FIELD AND SELECT "CO" IN UNITS.
PMF	PM4B		What was the strength of the first compound medicine in (PM2A MEDICINE NAME)?	IF NO STRENGTH SPECIFIED, ENTER 0 IN NUMBER FIELD AND SELECT "NO STRENGTH" IN UNITS.
PMF	PM4C		What was the strength of the second compound medicine in (PM2A MEDICINE NAME)?	IF NO STRENGTH SPECIFIED, ENTER 0 IN NUMBER FIELD AND SELECT "NO STRENGTH" IN UNITS.
PMF	PM5		[The next few questions ask about the dosage of (FULL MEDICINE NAME). As you know, dosage has two attributes -- the number of units (pills, injections, patches, and so on) of a particular strength of medicine to be received at one time and how often this number of units was to be received. First, let me ask about the number of units.] What was a single dose of (FULL MEDICINE NAME)?	(PRESS F1 FOR EXPLANATION OF "DOSAGE".) IF NO NUMBER OF UNITS, ENTER "96".
PMF	PM7		How often was this dose [of (DOSAGE NUMBER)] of (FULL MEDICINE NAME) prescribed to be administered?	
PMF	PM7A	THIS MEDICINE WAS TO BE TAKEN EVERY…		

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
PMF	PM7B	HOW MANY TIMES PER WEEK WAS THIS DOSE TO BE ADMINISTERED?		
PMF	PM7C		THIS MEDICINE WAS TO BE TAKEN EVERY _____ WEEKS.	
PMF	PM8		In (PM REFERENCE MONTH), what was the total number of times (FULL MEDICINE DOSAGE) of (FULL MEDICINE NAME) was administered?	COUNT EACH TIME THE DRUG WAS GIVEN ON EACH DAY. IF DRUG IS A TYPE OF INSULIN, ENTER "995" TO ENTER TOTAL NUMBER OF UNITS FOR THE MONTH.
PMF	PM9		Were any other prescribed medicines administered to (SP)?	
PMF	PMMTHFIN	YOU HAVE COMPLETED THE PRESCRIBED MEDICINE ENTRY FOR THIS MONTH.		PRESS "1" TO CONTINUE.
PMF	PM10	DID YOU ABSTRACT?		
PMF	PM11	WHY DID YOU ABSTRACT?		
PMF	PMENDSCR	YOU HAVE COMPLETED THE PRESCRIBED MEDICINE SECTION FOR THIS SP.		PRESS "1" TO RETURN TO NAVIGATION SCREEN.
EXF	EX15PRES1		The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services. (Please do not include non-health-related services such as hairdressing, television, or telephone).	PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES. PRESS "1" TO CONTINUE.
EXF	EX16S1		Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX17S1		Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	
EXF	EX18S1		Altogether, what was the total charge for those health-related ancillary services?	
EXF	EX20S1PRE		The next questions are about about (SP)'s expenditures for room and board while a resident of (FACILITY).	
EXF	EX20S1		Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?	
EXF	EX21AAS1		Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	
EXF	EX21ABS1		What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.
EXF	EX21ACS1		What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	
EXF	EX21BS1		Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her). Please tell me why Medicare paid for (SP) during this billing period.	RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT. IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX22S1		There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?	PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".
EXF	EX23A1S1		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX23A2S1		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX23AS1		Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	
EXF	EX23BS1		I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	
EXF	EX24AS1		Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX25S1		It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (her/his) care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX26S1		Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?	IF NECESSARY, BACK UP TO CORRECT PAYMENTS.
EXF	EX27S1		Can you tell me why the Medicare payment is so small?	RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.
EXF	EX28S1		Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?	
EXF	EX29AAS1		Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	
EXF	EX29ABS1		What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.
EXF	EX29ACS1		What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX30S1		There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".
EXF	EX31A1S1		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX31A2S1		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX31AS1		Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	
EXF	EX31BS1		I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	
EXF	EX32AS1		Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX33S1		It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (his/her) ancillary services?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS..
EXF	EX33BS1	THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS.		PRESS "1" TO CONTINUE.
EXF	EX34S1		Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?	
EXF	EX35S1		Can you explain this to me?	RECORD VERBATIM BELOW.
EXF	EX35AS1		The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?	
EXF	EX1PRE		This series of questions asks about (SP)'s expenditures for room and board and ancillary charges while a resident of (FACILITY). [The first few questions are about billing and sources of payment when (he/she) first became a resident here on (FAD/RAD).]	PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX2		The following questions are about (SP)'s basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE). Was there a charge for (her/his) room and board and basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE)? Please include any charges to (SP), (her/his) family, or a third party, such as Medicaid, Medicare, or a legal guardian.	
EXF	EX2A		Please tell me the name of someone in (FACILITY) who could give me that information.	SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.
EXF	EX3		Why were there no charges?	IF ANSWER IS "MEDICAID PAID", BACK UP TO EX2 AND ENTER "1". RECORD VERBATIM.
EXF	EX4		Between (EX REFERENCE START DATE) and (EX REFERENCE END DATE), was (SP) billed separately for health-related ancillary services? (That is, were there charges for ancillary services that were not included in the basic rate?)	IF FACILITY NEVER BILLS SEPARATELY FOR ANCILLARIES, ENTER 96. PRESS F1 FOR DEFINITION OF ANCILLARY SERVICES.
EXF	EX5		Through what date do you have complete billing records for the services provided to (SP)?	
EXF	EX6		What is the length of the (facility/home)'s billing period? Is it…	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX7PRE	FACILITY HAS UP-TO-DATE RECORDS THROUGH (COMPLETED RECORDS DATE) LENGTH OF BILLING PERIOD: (LENGTH OF BILLING PERIOD.) START WITH EARLIEST BILLING PERIOD. COLLECT BILLING INFORMATION FROM (EX REFERENCE START DATE) THROUGH (EX REFERENCE END DATE).		PRESS "1" TO CONTINUE.
EXF	FEX2		Do you prefer to report billing information for all billing periods before reporting any payment information or do you prefer to report billing and then payment information for a billing period, then billing and payment information for each remaining billing period?	
EXF	EX8	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD.		ENTER DATES IN "MM DD YY" FORMAT.
EXF	EX9		Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?	PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.
EXF	EX10		Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX10A		Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days. Can you tell me why I have this discrepancy?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
EXF	EX11		Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.) [PROBE: If more than one rate was billed, let's start with the first rate within the billing period.]	
EXF	EX15PRE		The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services. (Please do not include non-health-related services such as hairdressing, television, or telephone).	PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES. PRESS "1" TO CONTINUE.
EXF	EX16		Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	
EXF	EX17		Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	
EXF	EX18		Altogether, what was the total charge for those health-related ancillary services?	
EXF	EX20		Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?	
EXF	EX21AA		Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX21AB		What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.
EXF	EX21AC		What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	
EXF	EX21B		Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her). Please tell me why Medicare paid for (SP) during this billing period.	RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT. IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.
EXF	EX22		There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?	PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".
EXF	EX23A1		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX23A2		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX23A		Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	
EXF	EX23B		I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	
EXF	EX24A		Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX25		It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (her/his) care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX26		Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?	IF NECESSARY, BACK UP TO CORRECT PAYMENTS.
EXF	EX27		Can you tell me why the Medicare payment is so small?	RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX28		Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?	
EXF	EX29AA		Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	
EXF	EX29AB		What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.
EXF	EX29AC		What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	
EXF	EX30		There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".
EXF	EX31A1		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX31A2		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX31A		Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	
EXF	EX31B		I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	
EXF	EX32A		Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX33		It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (his/her) ancillary services?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX33B	THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS.		PRESS "1" TO CONTINUE.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX34		Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?	
EXF	EX35		Can you explain this to me?	RECORD VERBATIM BELOW.
EXF	EX35A		The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?	
EXF	EX8B2	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD.		
EXF	EX9B2		Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?	PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.
EXF	EX10B2		Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
EXF	EX10AB2		Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days. Can you tell me why I have this discrepancy?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.
EXF	EX11B2		Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.) [PROBE: If more than one rate was billed, let's start with the first rate within the billing period.]	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX15PREB2		The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services. (Please do not include non-health-related services such as hairdressing, television, or telephone).	PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES. PRESS "1" TO CONTINUE.
EXF	EX16B2		Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	
EXF	EX17B2		Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	
EXF	EX18B2		Altogether, what was the total charge for those health-related ancillary services?	
EXF	EX20B2		Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?	
EXF	EX21AAB2		Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	
EXF	EX21ABB2		What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.
EXF	EX21ACB2		What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX21BB2		Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her). Please tell me why Medicare paid for (SP) during this billing period.	RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT. IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.
EXF	EX22B2		There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?	PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".
EXF	EX23A1B2		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX23A2B2		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX23AB2		Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	
EXF	EX23BB2		I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX24AB2		Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX25B2		It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (her/his) care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX26B2		Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?	IF NECESSARY, BACK UP TO CORRECT PAYMENTS.
EXF	EX27B2		Can you tell me why the Medicare payment is so small?	RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.
EXF	EX28B2		Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?	
EXF	EX29AAB2		Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX29ABB2		What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.
EXF	EX29ACB2		What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	
EXF	EX30B2		There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".
EXF	EX31A1B2		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX31A2B2		I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX31AB2		Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EX31BB2		I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	
EXF	EX32AB2		Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX33B2		It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (his/her) ancillary services?	IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.
EXF	EX33BB2	THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD .		PRESS "1" TO CONTINUE.
EXF	EX34B2		Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?	
EXF	EX35B2		Can you explain this to me?	RECORD VERBATIM BELOW.
EXF	EX35AB2		The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
EXF	EXEND		(Thank you for your time, I will need to talk to this person to complete these questions.)	(YOU HAVE COMPLETED THE EXPENDITURES SECTION FOR THIS SP.) PRESS "1" TO RETURN TO NAVIGATION SCREEN.
FQM	FQMISS1	THE FOLLOWING ITEMS ARE MISSING FROM FQ. CONFIRM THAT THE RESPONDENT CAN ANSWER AT LEAST ONE QUESTION.		PRESS "1" TO CONTINUE.
FQM	FQM1A		I need to verify that our information about you is correct. Is (FACILITY) the exact name of this (facility/home)?	
FQM	FQM1B		What is the exact name of the place where (SP) was physically located on (REFERENCE DATE)?	
FQM	FQM2A		Is [READ ADDRESS LISTED BELOW] the correct address of the place where (SP) was physically located on (REFERENCE DATE)?	
FQM	FQM2B		What is the correct address of the place where (SP) was physically located on (REFERENCE DATE)?	
FQM	FQM2C		Is [READ ADDRESS LISTED BELOW] the correct address for your office?	
FQM	FQM2D		What is the correct address for your office?	
FQM	FQM3A		[Is (ADMINISTRATOR'S NAME)/Are you] (still) the current administrator of (FACILITY)?	
FQM	FQM3B		What is the current administrator's name?	SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQM	FQM4A	(VERIFY PHONE NUMBER IS FOR FQ RESPONDENT. DO NOT READ ALOUD.)	Is (FACILITY AREA CODE AND PHONE NUMBER) the correct phone number for (FACILITY)?	
FQM	FQM4B		What is the phone number?	
FQM	FQM5A	SHOW CARD FA2	What type of place is (FACILITY)?	PRESS F1 FOR PLACE DEFINITIONS. IF RESPONDENT REPORTS CCRC OR RETIREMENT COMMUNITY, PROBE FOR TYPE OF PLACE FOR UNIT WHERE SP RESIDES. DO NOT ENTER "OTHER".
FQM	FQM6A		How many beds does (FACILITY) have?	PRESS F1 FOR EXPANDED DEFINITIONS OF "BEDS".
FQM	FQM7A		Is (FACILITY) certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as a Nursing Facility (NF)?	IF R MENTIONS: -ICF (INTERMEDIATE CARE FACILITY), NOTE IN COMMENTS AND ENTER 1. -ICF/MR (INTERMEDIATE CARE FACILITY- MENTAL RETARDATION), NOTE IN COMMENTS AND ENTER 0.
FQM	FQM8A		Is (FACILITY) certified by Medicare as a SNF?	
FQM	FQM9A		Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF-MR (Intermediate Care Facility for the Mentally Retarded) beds?	
FQM	FQM10A		Is (FACILITY) licensed as a nursing (facility/home) by the (STATE) State Health Department or by some other agency?	

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
FQM	FQM11A		Does (FACILITY) have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the (STATE) State Health Department or by some other state agency?	
FQM	FQMEND	YOU HAVE REACHED THE END OF THE SECTION FOR FACILITY LEVEL MISSING DATA.		PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.
BQM	BQMISS1		THE FOLLOWING ITEMS ARE MISSING FROM BQ. CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE OF THESE ITEMS.	PRESS "1" TO CONTINUE.
BQM	BQM1A	SHOW CARD BQ1A	Please look at this card and tell me what (is/was) (SP's) race.	SELECT ALL THAT APPLY, OR ENTER "95" R NEVER WILL KNOW. SEPARATE RESPONSES BY USING THE SPACEBAR.
BQM	BQM1AB	SHOW CARD BQ1B.	Looking at this card, (is/was) (SP) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group? You can choose more than one group.	CHECK ALL THAT APPLY.
BQM	BQM1AC	SHOW CARD BQ1C.	Looking at this card, (is/was) (SP) Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group? You can choose more than one group.	CHECK ALL THAT APPLY.
BQM	BQM2A		(Is/was) (SP) married, widowed, divorced, separated, or never married?	IF R NEVER WILL KNOW, ENTER "95".

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
BQM	BQMEND	YOU HAVE REACHED THE END OF THE SECTION FOR BACKGROUND QUESTIONNAIRE MISSING DATA.		PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.
RHM	RHMISS1	THE FOLLOWING ITEMS ARE MISSING FROM RH. CONFIRM THAT RESPONDENT CAN ANSWER AT LEAST ONE OF THESE ITEMS.		PRESS "1" TO CONTINUE.
RHM	RHM2		Is (SP) alive?	ENTER "95" IF RESPONDENT NEVER WILL KNOW.
RHM	RHM3		On what date did (SP) die?	ENTER "95" IN MONTH , DAY, AND YEAR IF RESPONDENT NEVER WILL KNOW DATE.
RHM	RHM6		When did (SP) leave (CURRENT PLACE)?	
RHM	RHM6B		About how many nights did (he/she) spend there?	ENTER "995" IF RESPONDENT NEVER WILL KNOW.
RHM	RHMSTCNT			PRESS "1" TO CONTINUE.
RHM	RHMEND	YOU HAVE COMPLETED THE MISSING RESIDENCE HISTORY ITEMS FOR THIS SP. THANK RESPONDENT AND PRESS "1" TO RETURN TO THE NAVIGATION SCREEN.		

Category	ItemTag	Interviewer Instruction I	Question Text	Interviewer Instruction II
PRF	PR1	ENTER PERSON'S NAME AND PRESS ENTER TO SELECT PERSON'S TITLE OR PRESS "CTRL/E" TO RETURN TO THE INSTRUMENT.		
PRF	PR2	ENTER PERSON'S TITLE AND PRESS ENTER.		
BRF	BR1	PRESS "1" TO BREAK OFF THIS CASE AND RETURN TO THE IMS.

PRESS "CTRL/E" TO RETURN TO THE INSTRUMENT. | | |
| SRF | SR1 | | | PRESS "1" TO REFRESH THE STAY REPORT.

PRESS "CTRL/E" TO RETURN TO THE INSTRUMENT. |