

*MCBS Facility  
Component*

**SECTION  
AND  
SP TYPE  
OVERVIEW**

# **MCBS FACILITY QUESTIONNAIRES**

**FACILITY (FQ)**

**RESIDENCE HISTORY (RH)**

**BACKGROUND (BQ)**

**HEALTH INSURANCE (IN)**

**HEALTH STATUS(HS)**

**USE OF HEALTH SERVICES (USE)**

**PRESCRIBED MEDICINES (PM)**

**EXPENDITURES (EX)**

# MCBS SP TYPES

Continuing Facility Resident (**CFR**)

Community – Facility Crossover (**CFC**)

Facility – Facility Crossover (**FFC**)

Facility – Community – Facility Crossover (**FCF**)

Supplemental Sample Member (**SSM**)

# QUESTIONNAIRE ADMINISTRATION SCHEDULE – SP LEVEL

<b>CFRs:</b>	<b><u>Non-Fall Rounds</u></b>	<b><u>Fall Rounds</u></b>
	RH	RH
	USE	IN
	PM	HS
	EX	USE
		PM
		EX

<b>CFCs:</b>	<b><u>Non-Fall Rounds</u></b>	<b><u>Fall Rounds</u></b>
	RH	RH
	BQ	BQ
	IN	IN
	HS	HS
	USE	USE
	PM	PM
	EX	EX



# QUESTIONNAIRE ADMINISTRATION SCHEDULE (Continued)

## FFCs&

### FCFs:

#### Non-Fall Rounds

RH  
IN  
HS  
USE  
PM  
EX

#### Fall Rounds

RH  
IN  
HS  
USE  
PM  
EX

### SSMs:

#### Non-Fall Rounds

N/A

#### Fall Rounds

RH  
BQ  
IN  
HS



# REFERENCE DATES

## REFERENCE START DATE:

**DATE OF LAST INTERVIEW, or DATE OF  
ADMISSION, or DATE OF READMISSION**

## REFERENCE END DATE:

**DATE OF CURRENT INTERVIEW, or  
DATE OF DEATH**