

*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

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

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



QUESTIONNAIRE ADMINISTRATION SCHEDULE (Continued)

FFCs&

FCFs:

Non-Fall Rounds

Fall Rounds

RH

RH

IN

IN

HS

HS

USE

USE

PM

PM

EX

EX

SSMs:

Non-Fall Rounds

Fall Rounds

N/A

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**