May 2012

Please Print the Following Information:

Facility Name _____

Admission Date _____ **Region** _____ **SP ID#** _____

Round _____ **Target Interviewer** _____ **Target PSU** _____

MEDICARE

CURRENT BENEFICIARY SURVEY

FACILITY SCREENER

Good (morning/afternoon). My name is_____. I am from Westat, a survey research company in Rockville, MD. We are conducting the Medicare Current Beneficiary Survey for the Centers for Medicare and Medicaid Services (CMS), part of the United States Department of Health and Human Services. We are studying a sample of people eligible for Medicare who live in community and facility settings.

I am contacting you to confirm information that a person in our sample has moved to (FACILITY NAME).

Q1. Does (SP) currently live at (FACILITY NAME)?

YES	1	(Q3)
NO	2	(Q2)
DK	3	(Ask to speak to someone who would know admission information)

Q2. Since (LAST INTERVIEW DATE/JANUARY 1, (CURRENT YEAR), has (SP) lived (here/there)?

YES	1	(INSTR1)
NO	2	(CLOSING 3)
DK	3	(Ask to speak to someone who would know admission information)

INSTR1. IF SUPPLEMENTAL SAMPLE, GO TO Q4.
OTHERWISE, CONTINUE.

Q3. I need to verify the address I have for (FACILITY NAME) (in order to send an information packet describing the survey).

VERIFY ADDRESS, RECORD ANY CHANGES IN CHANGE COLUMN, AND GO TO Q6.

ADDRESS	CHANGES
NAME: _____	_____
ADDRESS: _____	_____
_____	_____
PHONE: _____	_____
FAX: _____	_____

Q4. Do you know where (SP) went after living at (FACILITY NAME)?

YES	1	(Q5)
NO	2	(CLOSING 3)
DECEASED	3	(Q4a)

Q4a. What was the date of death?

DOD _____/_____ / _____ (CLOSING 3)
MM DD YY

Q5. Please give me (SP's) new address.

RECORD NEW ADDRESS UNDER CHANGES IN Q3 AND GO TO CLOSING 3.

Q6. What type of facility/place is this?
USE CATEGORIES AS PROBES IF NECESSARY.
(Is this a .....)

CONTINUING CARE RETIREMENT COMMUNITY (CCRC)	1	(Q7)
RETIREMENT COMMUNITY	2	(Q7)
ADULT/GROUP HOME	3	(Q8)
NURSING HOME/UNIT WITHIN A CCRC OR RETIREMENT CENTER	4	(Q9)
HOSPITAL-BASED SNF UNIT	5	(Q9)
ASSISTED LIVING FACILITY	6	(Q9)
BOARD AND CARE HOME	7	(Q9)
DOMICILIARY CARE HOME	8	(Q9)
PERSONAL CARE HOME	9	(Q9)
REST HOME/RETIREMENT HOME	10	(Q9)
MENTAL HEALTH CENTER/PSYCHIATRIC SETTING	11	(Q9)
INSTITUTION FOR THE MENTALLY RETARDED/DEVELOPMENTALLY DISABLED	12	(Q9)
REHABILITATION FACILITY	13	(Q9)
OTHER LONG-TERM CARE FACILITY (SPECIFY)	14	(Q9)
_____		
PRIVATE RESIDENCE.....	15	(CLOSING 2)

Q7. What is the name of the specific place within (FACILITY NAME) where (SP) was residing on or around [ADMISSION DATE/JANUARY 1, (CURRENT YEAR)]?

_____ (Q9)
SPECIFIC PLACE NAME

Q8. Are residents placed in this facility by an agency of state, county, or local government?

YES	1	(Q10)
NO	2	(Q9)

Q9. What is the name of the facility administrator?

_____(CLOSING 1)
FACILITY ADMINISTRATOR'S NAME

Q10. Please give me the name, address, and telephone number of the person who is responsible for the oversight of (SP's) care.

ADDRESS

NAME: _____
PLACE: _____
ADDRESS: _____
_____
PHONE: _____
FAX: _____ (CLOSING 1)

CLOSING 1

Thank you very much for your time. I will mail some information to (you/your facility administrator/NAME IN Q9) explaining the study in detail.

CLOSING 2

TELEPHONE SCREENER:

Thank you very much for your time. A professional interviewer will contact (you/SP) within the next few weeks to arrange for an interview.

IN PERSON SCREENER:

Thank you very much for your time. We will contact (you/SP) to arrange an interview. CONTACT YOUR SUPERVISOR FOR PROCEDURES.

CLOSING 3

Thank you very much for your time.

We will contact you if there are additional questions.