Institutional Utilization (IUQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
IUPROBE	IU1	yes/no	SHOW CARD IU1 [Since (REFERENCE DATE/UTILDATE), [have you/has (SP)] been/Between (REFERENCE DATE) and (DATE OF DEATH/ENDUTILD), was (SP)/Other than the current institutional stay that started on (DATE OF INSTITUTIONALIZATION), between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] a patient in (a/another) nursing home or any similar place that provides long-term care -- such as the places shown on this card? LONG-TERM CARE PLACES INCLUDE SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, BOARD AND CARE HOMES, NURSING HOME UNITS IN HOSPITALS, FACILITIES FOR THE MENTALLY RETARDED, PSYCHIATRIC FACILITIES AND GROUP HOMES. [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused
PROVIDER_IU	IU2	roster	Where [were you/was (SP)] a patient -- in which nursing home? SELECT OR ADD ONLY ONE FACILITY. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE INSTITUTION.]	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] N+1. ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. (01) continuous answer
PROVNAME	IU2	verbatim	ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW. [PROVE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL] NAME: [PROVIDER LOOKUP CALLED FROM THIS SCREEN]	
GROUPNAM	IU2		GROUP:	
	BOX IU1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO IU3 - VAPLACE. ELSE TO IU4 - EVBEGMM.	
VAPLACE	IU3	yes/no	Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused
EVBEGMM	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? Admission Date:	(01) continuous answer (-8) Don't Know (-9) Refused
EVBEGDD	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused
EVBEGYY	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused

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EVENDMM	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? Discharge Date:	(01) continuous answer (-8) Don't Know (-9) Refused
EVENDDD	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused
EVENDYY	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused
IPADD	IU4B	choose one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE
NAVIGATOR	IU4_IN	instance navigator	YOU HAVE ENTERED DATES FOR THE FOLLOWING EVENTS. SELECT AN EVENT TO DISCUSS WITH SP OR PRESS [PREVIOUS] TO GO BACK AND ADD MORE EVENTS. [DISPLAY ALL EVENTS ADDED AT IP4] [EVENT DATE, PROVIDER]	(01) EVENT1 (02) EVENT2 … (N) EVENT N (N+1) CONTINUE INTERVIEW
IUMORE	IU7	yes/no	IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK: [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you had/has (SP) had/did (SP) have] any other stays in this or any other nursing home or similar place that provides long-term care? [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.]	(01) YES (02) NO (-8) Don't know (-9) Refused
	BOX IU3	routing	GO TO NEXT SECTION (HHS)	