

**Institutional Utilization (IUQ)**

Variable Name	MR Screen Name	Question type	Question text/description	Code list
IUPROBE	IU1	yes/no	<p>SHOW CARD IU1</p> <p>[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?</p> <p>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.</p> <p>[ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.]</p>	<p>(01) YES                      (02) NO                      (03) INDICATED YES BY DATAPREP                      (-8) Don't Know                      (-9) Refused</p>
PROVIDER_IU	IU2	roster	<p>Where [were you/was (SP)] a patient -- in which nursing home?</p> <p>SELECT OR ADD ONLY ONE FACILITY.</p> <p>[PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE INSTITUTION.]</p>	<p>[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&gt;02.                      (01) continuous answer</p>
PROVNAME	IU2	verbatim	<p>ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW.</p> <p>[PROVE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL]</p> <p>NAME:                      [PROVIDER LOOKUP CALLED FROM THIS SCREEN]</p>	
GROUPNAM	IU2		<p>GROUP:</p>	
	BOX IU1	routing	<p>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.</p>	
VAPLACE	IU3	yes/no	<p>Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?</p>	<p>(01) YES                      (02) NO                      (-8) Don't Know                      (-9) Refused</p>
EVBEGMM	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p> <p>Admission Date:</p>	<p>(01) continuous answer                      (-8) Don't Know                      (-9) Refused</p>
EVBEGDD	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(01) continuous answer                      (-8) Don't Know                      (-9) Refused</p>
EVBEGYY	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(01) continuous answer                      (-8) Don't Know                      (-9) Refused</p>

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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)	