Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			INSTITUTIONAL UTILIZATION QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after OPQ.		
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 INTELLECTUALLY DISABLED, 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	(01) IU2 - PROVIDER_IU (02) BOX IU3 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX IU3 (-9) BOX IU3
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	IF EXISTING PROVIDER SELECTED, GO TO BOX IU1. ELSE IF "ADD ANOTHER" SELECTED, GO TO IU2-PROVNAME
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] YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK. NAME: [PROVIDER LOOKUP CALLED FROM THIS SCREEN]		IU2-GROUPNAM
GROUPNAM	IU2		GROUP:		BOX IU1
	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	IU4 - EVBEGMM
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	IU4 - EVBEGDD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EVBEGDD	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVBEGYY
EVBEGYY	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVENDMM
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	IU4 - EVENDDD
EVENDDD	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU4 - EVENDYY
EVENDYY	IU4	date	When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	(01) continuous answer (-8) Don't Know (-9) Refused	IU7 - IUMORE
IPADD	IU4B	choose one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) IU4-EVBEGMM (02) IU4B-NAVIGATOR
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	(01-N) BOX IU3 (N+1) IP16-IUMORE
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	(01) IU2 - PROVIDER_IU (02) BOX IU3 (-8) BOX IU3 (-9) BOX IU3
	BOX IU3	routing	IF INTTYPE in(C001, C004, C009), GO TO HHS. IF INTTYPE in(C002, C005, C006, C007, C010), GO TO HHQ.		