

## Community Questionnaire Introduction Screen

**NORC**  
at the UNIVERSITY of CHICAGO

(INQ) Introduction Recording: ✓ [Restore](#)

Case: 02097979      Question: ATDOOR

REVIEW WITH THE RESPONDENT THE FOLLOWING IMPORTANT FACTS FROM THE "AT-THE-DOOR SHEET"  
**All survey information will be kept private to the extent permitted by law, as prescribed by the Privacy Act of 1974.**

**Medicare benefits will not be affected in any way by survey responses or participation.**  
REFER TO THE "AT-THE-DOOR SHEET" IF THE RESPONDENT NEEDS ADDITIONAL REASSURANCE.

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OMB No. 0938-0568, expires 8/31/2022 v1122

## Community Questionnaire End Screen

**NORC**  
at the UNIVERSITY of CHICAGO

(END) End of Interview Recording: ✓

Case: 02097979      Question: THANK\_SP

**[I would like to thank you for keeping the planner for this interview.] I would [also] appreciate it if you would [continue to] record health care visits and keep information about medical expenses for the next interview. Thank you for your time and cooperation during this interview.**

CIRCLE TODAY'S DATE IN THE PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS AS NECESSARY.

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## Community Questionnaire End Screen for Baseline Beneficiaries

**NORC**  
at the UNIVERSITY of CHICAGO

(END) End of Interview

Recording:

Case: Question: THANK\_SUPP

I would like to give you this planner [HAND PLANNER TO RESPONDENT] to record any health care visits with any kind of medical professional or facility.

Here is a folder to keep any medical bills, receipts, Medicare statements, and insurance statements that would be connected to health care visits and other medical expenses so that we can talk about them during the next interview. I'd like to thank you for your time and cooperation and I look forward to seeing you soon.

CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.

CONTINUE

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## Facility Instrument Screenshot

Blaise 4.8 Data Entry - d:\projects\101010\B6\_FAC\_1\TRAINF61000852 SCOTSDOWN

Forms Arrow Navigate Help

MCSFAC | MainBreakOff | Roster | StayReport

**FQ1**  
TRINF61000852, 11/14/2019

IF SP IS IN AN ADULT/GROUP HOME OR SIMILAR RESIDENCE AT ANOTHER LOCATION, CODE "2" OR "3" WITHOUT ASKING.

**Before we begin, I need to verify that our information is correct. Is Fraser Meadows Health Care Center the exact name of the place where Sophia Perez was physically located on or around August 29, 2019?**

0. NO  
 1. YES  
 2. DISPLAYED GROUP HOME NAME IS CORRECT  
 3. DISPLAYED GROUP HOME NAME IS NOT CORRECT

Yes

FQ1  
FQCLOSE7  
FQ1A

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