

MCBS Facility COVID-19 Fall Supplement Questions

Variable Name	Question Text	Response Options	Routing
Facility-Level Questions			
	Thank you for agreeing to participate in this short survey about (FACILITY'S NAME) experiences during the coronavirus pandemic, also known as COVID-19 or SARS-CoV-2.	(01) CONTINUE	NEXT QUESTION
SUSINTRO	<p>As of today, are any in-person services currently suspended, inside or outside of (FACILITY NAME), due to the coronavirus pandemic?</p> <p>[IF NEEDED: Please include only in-person services.]</p> <p>[IF NEEDED: Suspension of in-person services means these services are not currently being provided in-person.]</p>	(0) NO, NOT SUSPENDED (1) YES, SUSPENDED (-8) DON'T KNOW (-9) REFUSED	(00) TELINTRO (01) NEXT QUESTION (-8) TELINTRO (-9) TELINTRO
OUTDRSUS	<p>[As of today] are in-person primary care visits with a doctor or other health professional outside this facility currently suspended due to the coronavirus pandemic?</p> <p>[IF NEEDED: Primary care visits are for treating common medical conditions and may be for regular check-ups.]</p>	(0) NO, NOT SUSPENDED (1) YES, SUSPENDED (2) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
OUTDRSP	<p>[As of today] are in-person specialty care visits with a doctor or other health professional outside this facility currently suspended due to the coronavirus pandemic?</p> <p>[IF NEEDED: Specialty care visits may be for more complex health issues, such as chronic conditions.]</p>	(00) NO, NOT SUSPENDED (01) YES, SUSPENDED (2) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION

INDRSUSP	<p>[As of today] are in-person primary care visits with a doctor or other health professional inside this facility currently suspended due to the coronavirus pandemic?</p> <p>[IF NEEDED: Primary care visits are for treating common medical conditions and may be for regular check-ups.]</p>	<p>(0) NO, NOT SUSPENDED (1) YES, SUSPENDED (2) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
INDRSPEC	<p>[As of today] are in-person specialty care visits with a doctor or other health professional inside this facility currently suspended due to the coronavirus pandemic?</p> <p>[IF NEEDED: Specialty care visits may be for more complex health issues, such as chronic conditions.]</p>	<p>(00) NO, NOT SUSPENDED (01) YES, SUSPENDED (3) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
OTHSUSPE	<p>[As of today] are any of the following in-person services, both inside and outside this facility, currently suspended due to the coronavirus pandemic?</p> <p>Ask YES/NO for each:</p> <ul style="list-style-type: none"> • Dental visits • Psychiatrist or other mental health professional visits • Podiatrist visits • Educational or habilitational services • Any other types of services 	<p>(00) NO, NOT SUSPENDED (1) YES, SUSPENDED (2) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
TELINTRO	<p>Did (FACILITY NAME) offer any services through telehealth before the coronavirus pandemic?</p>	<p>(0) NO (1) YES (-8) DON'T KNOW (-9) REFUSED</p>	<p>(00) TELCOVID (01) NEXT QUESTION (-8) TELCOVID (-9) TELCOVID</p>
OUTDRTEL	<p>Were doctor or other health professional visits outside this facility offered through telehealth before the coronavirus pandemic? Please include outside visits for both primary and specialty care.</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY</p>	<p>(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (2) (-9) REFUSED</p>	NEXT QUESTION

	CARE. IF SERVICES WERE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALTY CARE OUTSIDE THE FACILITY ANSWER "YES".		
INDRTELE	<p>Were doctor or other health professional visits inside this facility offered through telehealth before the coronavirus pandemic?</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES WERE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALTY CARE INSIDE THE FACILITY ANSWER "YES".</p>	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
TELMED1	<p>Which of the following services, both inside and outside this facility, were offered through telehealth before the coronavirus pandemic?</p> <p>Ask YES/NO for each:</p> <ul style="list-style-type: none"> • Dental visits • Psychiatrist or other mental health professional visits • Podiatrist visits • Educational or habilitational services • Any other types of services <p>[IF NEEDED: Other types of services inside or outside the facility may include dieticians, nurse practitioners, physician's assistants, registered nurses, or social workers.]</p>	(0) NO (1) YES (2) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
TELCOVID	As of today , are any services provided through telehealth by (FACILITY NAME) due to the coronavirus pandemic?	(0) NO (1) YES (-8) DON'T KNOW (-9) REFUSED	(00) TELEMDS (01) NEXT QUESTION (-8) TELEMDS (-9) TELEMDS
OUTDRTEL	[As of today] are doctor or other health professional visits outside this facility currently offered through telehealth due to the coronavirus pandemic? Please include outside	(00) NO (01) YES (02) NOT APPLICABLE	NEXT QUESTION

	<p>visits for both primary and specialty care.</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES ARE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALTY CARE OUTSIDE THE FACILITY ANSWER "YES".</p>	<p>(-8) DON'T KNOW (-9) REFUSED</p>	
INDRTELE	<p>[As of today] are doctor or other health professional visits inside this facility currently offered through telehealth due to the coronavirus pandemic? Please include inside visits for both primary and specialty care.</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES ARE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALTY CARE INSIDE THE FACILITY ANSWER "YES".</p>	<p>(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
TELMED2	<p>[As of today] which of the following services, both inside and outside this facility, are currently offered through telehealth due to the coronavirus pandemic?</p> <p>Ask YES/NO for each:</p> <ul style="list-style-type: none"> • Dental visits • Psychiatrist or other mental health professional visits • Podiatrist visits • Educational or habilitational services • Any other types of services <p>[IF NEEDED: Other types of services inside or outside the facility may include dieticians, nurse practitioners, physician's assistants, registered nurses, or social workers.]</p>	<p>(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
TELEMDS	<p>Due to the coronavirus pandemic, is (FACILITY NAME) currently conducting any section of the Minimum Data Set Resident Assessment and Care Screenings, also</p>	<p>(0) NO (1) YES (2) NOT APPLICABLE</p>	NEXT QUESTION

	known as the MDS, via video calls, voice calls, or conferencing over the internet, such as with Zoom, Skype, or FaceTime?	(-8) DON'T KNOW (-9) REFUSED	
ACTINTRO	Now I would like to ask you about activities this facility may be using to prevent the spread of COVID-19.	(01) CONTINUE	NEXT QUESTION
PREVVIS1	As of today , does (FACILITY NAME) currently allow visitation, such as by family, friends, or volunteers? [IF NEEDED: Some examples may include allowing visitation for end of life situations, making visitation decisions on a case by case basis, or not restricting visitation at all.]	(0) NO (1) YES (-8) DON'T KNOW (-9) REFUSED	(00) PREVVIS4 (01) NEXT QUESTION (-8) PREVVIS4 (-9) PREVVIS4
PREVVIS3	If visitors are permitted inside, are they required to... Ask YES/NO for each: <ul style="list-style-type: none"> • Wear a face mask • Restrict their visit to the resident's room • Frequently wash hands 	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
PREVVIS4	Does this facility provide alternative methods for visitation such as video conferencing for residents?	(0) NO (1) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
PREVHCP1	Does this facility monitor health care personnel adherence to... Ask YES/NO for each: <ul style="list-style-type: none"> • Hand hygiene • Use of Personal Protective Equipment (PPE) • Cleaning and disinfecting environmental surfaces 	(0) NO (1) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
HCPFLUVC	What is (FACILITY NAME)'s policy about the flu shot for health care personnel ? READ RESPONSE OPTIONS ALOUD:	(01) VACCINE IS REQUIRED (02) VACCINE IS RECOMMENDED	NEXT QUESTION

	<ul style="list-style-type: none"> • Flu shot is required • Flu shot is recommended • Neither 	(03) NEITHER (-8) DON'T KNOW (-9) REFUSED	
HCPCOVVC	What will the (FACILITY NAME)'s policy be about the Coronavirus vaccine for health care personnel ? READ RESPONSE OPTIONS ALOUD: <ul style="list-style-type: none"> • Vaccine will be required • Vaccine will be recommended • Neither • DON'T KNOW 	(01) VACCINE IS/WILL BE REQUIRED (02) VACCINE IS/WILL BE RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
PREVRES1	Does this facility educate residents about... Ask YES/NO for each: <ul style="list-style-type: none"> • COVID-19 symptoms and transmission • Actions they can take to protect themselves such as hand washing • Actions the facility is taking to keep them safe 	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
RESFLUVC	What is (FACILITY NAME)'s policy about the flu shot for residents ? READ RESPONSE OPTIONS ALOUD: <ul style="list-style-type: none"> • Flu shot is required • Flu shot is recommended • Neither 	(01) VACCINE IS REQUIRED (02) VACCINE IS RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
RESCOVVC	What will the (FACILITY NAME)'s policy be about the Coronavirus vaccine for residents ? READ RESPONSE OPTIONS ALOUD: <ul style="list-style-type: none"> • Vaccine will be required • Vaccine will be recommended • Neither • Don't know 	(01) VACCINE IS/WILL BE REQUIRED (02) VACCINE IS/WILL BE RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION

FACLABCS	As of today, is there at least one laboratory-confirmed COVID-19 case in (FACILITY NAME)? Please include residents and facility staff.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ALTPROV1	As of today, have additional health care personnel been recruited in (FACILITY NAME) beyond the usual health care personnel in this facility in response to the coronavirus pandemic? [IF NEEDED: Health care personnel may have been recruited because facility staff have been sick with or exposed to COVID-19.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) MENTHLTH (01) ALTPROV2 (-8) MENTHLTH (-9) MENTHLTH
ALTPROV2	What kind of health care personnel was that? SELECT ALL THAT APPLY. CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES:	(01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) NURSE PRACTITIONERS (05) PHARMACISTS (06) PHLEBOTOMISTS (07) PHYSICIANS (08) TECHNICIANS (09) THERAPISTS (10) NATIONAL GUARD (11) OTHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
MENTHLTH	The next questions are about mental health services.	(01) CONTINUE	NEXT QUESTION
MENTFAC	Does this facility offer... Ask YES/NO to each: <ul style="list-style-type: none"> • Individual Therapy Sessions • Group Therapy Sessions 	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	IF YES TO AT LEAST ONE SUPPORT SERVICE GO TO SUSPCOV ELSE GO TO SOCINTRO

	<ul style="list-style-type: none"> • Support Groups • Art Therapy • Other 		
SUSPCOV	Are any of these support services currently suspended due to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
MTELESER	Are any of these support services currently shifted to an online platform, such as Zoom, Skype, or FaceTime due to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
SOCINTRO	The next questions are about social and recreational activities.	(01) CONTINUE	
ACTINFAC	Does this facility usually provide social and recreational activities within the facility?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ACTOUTFAC	Does this facility usually provide social and recreational activities outside the facility? "OUTSIDE THE FACILITY" REFERS TO ACTIVITIES THAT OCCUR OFF THE FACILITY PREMISES.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	BOX 1
BOX 1	IF ACTINFAC or ACTOUTFAC = (01) YES go to ACTSUSP ELSE go to CVDINTRO		
ACTSUSP	Are any of these activities currently suspended due to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ACTTELE	Are any of these activities currently shifted to an online platform, such as Zoom, Skype, or FaceTime due to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
Beneficiary-Level Questions			

CVDINTRO	I am now going to ask you some questions about different types of coronavirus tests (SP) may have had.	CONTINUE	NEXT QUESTION
CVDTEST	<p>Since (REFERENCE DATE) has (SP) been tested to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test?</p> <p>[IF NEEDED: For example, the test can be done by swabbing someone's nose. This may also be called a PCR test or a rapid test. It is not the same as an antibody test, which looks at someone's blood to see if they have ever been infected.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) ANTICVD (01) NEXT QUESTION (-8) ANTICVD (-9) ANTICVD
TESTRES	Did the test find that (SP) had Coronavirus or COVID-19?	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ANTICVD	<p>Since (REFERENCE DATE) has (SP) received an antibody test to determine if (he/she) had Coronavirus or COVID-19 in the past?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p>	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) MEDICARE (01) NEXT QUESTION (-8) MEDICARE (-9) MEDICARE
ANTIRES	Did the test find that (SP) had Coronavirus or COVID-19?	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET	NEXT QUESTION

		(-8) DON'T KNOW (-9) REFUSED	
MEDICARE	Since (REFERENCE DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19? [IF NEEDED: Please include services provided by all health care personnel.]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) CDCVAC1 (01) NEXT QUESTION (-8) CDCVAC1 (-9) CDCVAC1
PROVTYP	What kind of provider did (he/she) receive care from for the coronavirus or COVID-19?SELECT ALL THAT APPLY. CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES:	(01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) PHARMACISTS (05) PHLEBOTOMISTS (06) PHYSICIANS (07) TECHNICIANS (08) THERAPISTS (09) OTHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
CDCVAC1	Since (DATE of COVID-19 vaccine availability) has (SP) had a COVID-19 vaccination?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(01) NEXT QUESTION (00), (-8), (-9) MDSINTRO
CVDVACNUM	How many COVID-19 vaccinations has (SP) had?	(01) One vaccination (02) Two vaccinations (-8) DON'T KNOW (-9) REFUSED	(01), (02) NEXT QUESTION (-8), (-9) MDSINTRO
DOSEDAT1	Date of <u>first</u> dose of COVID-19 vaccination received – Complete date and skip to the next section if response to question two was 1 ; continue to next question if the response to question two was 2 . Month/Year	MONTH (VACMON1) YEAR (VACYR1)	IF RESPONSE TO CVDVACNUM =(02) GO TO DOSEDAT2. ELSE GO TO MDSINTRO.
DOSEDAT2	Date of <u>second</u> COVID-19 vaccination received – Complete date and skip to the next section Month/Year	MONTH (VACMON2)	NEXT QUESTION

		YEAR (VACYR2)	
MDSINTRO	MOOD The next section is concerning (SP)'s mood on or around (HS REF DATE).	(01) CONTINUE	NEXT QUESTION
PHQINTRO	MOOD [3.0, D0100] On or around (HS REF DATE) was a Resident Mood Interview conducted for (SP)? [IF NEEDED: This is sometimes referred to as the Patient Health Questionnaire-9 or PHQ-9©. If an MDS has been conducted for the resident, it can be found in section D0100.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) PHQSYMPT (01) PHQSCORE (-8) PHQSYMPT (-9) PHQSYMPT
PHQSCORE	MOOD [3.0, D0300] ENTER SYMPTOM FREQUENCY SCORE (00-27) FROM PHQ-9. ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.	(_) CONTINUOUS RESPONSE (99) UNABLE TO COMPLETE INTERVIEW	THANKEND
PHQSYMPT	MOOD [3.0, D0500] Over the last 2 weeks, did the resident have any of the following problems or behaviors? IF THE FACILITY RESPONDENT IS UNSURE AND THIS INFORMATION CANNOT BE FOUND IN THE MEDICAL CHART, BUT THERE IS AN MDS AVAILABLE, YOU CAN REFERENCE THE MDS ITEM [3.0, D0500].	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	If (01) YES TO ANY, GO TO PHQSYMFAQ. ELSE GO TO THANKEND

	<p>Ask YES/NO for each:</p> <p>A. Little interest or pleasure in doing things.</p> <p>B. Feeling or appearing down, depressed, or hopeless.</p> <p>C. Trouble falling or staying asleep, or sleeping too much.</p> <p>D. Feeling tired or having little energy.</p> <p>E. Poor appetite or overeating.</p> <p>F. Indicating that s/he feels bad about self, is a failure, or has let self or family down.</p> <p>G. Trouble concentrating on things, such as reading the newspaper or watching television.</p> <p>H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual.</p> <p>I. States that life isn't worth living, wishes for death, or attempts to harm self.</p> <p>J. Being short-tempered, easily annoyed.</p>		
PHQSYMFAQ	<p>MOOD [3.0, D0500]</p> <p>Over the last 2 weeks, would you say [INSERT PROBLEM OR BEHAVIOR FROM PHQSYMPT] was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)?</p> <p>COLLECT SYMPTOM FREQUENCY FOR EACH PROBLEM/BEHAVIOR THAT IS REPORTED "YES"</p>	<p>(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day)</p>	NEXT QUESTION
THANKEND	Thank you for participating in this important survey.		