Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			FACILITY QUESTIONNAIRE MISSING DATA SECTION SPECIFICATIONS CRITERIA SAMPLE TYPE= ALL and at least one key FQ variable is DK, RF, or NULL SEASON=ALL PLACEMENT Administered in flexible order after FQ and RH sections are completed.		
	BOX FQMBEG	routing	GO TO FQMISS1 - FQMISSNG.		
FQMISSNG	FQMISS1	code one	THE FOLLOWING ITEMS ARE MISSING FROM FQ. CONFIRM THAT THE RESPONDENT CAN ANSWER AT LEAST ONE QUESTION. PRESS "1" TO CONTINUE.	(01) CONTINUE	(01) BOX FQM1
	BOX FQM1	routing	IF (FQ1A - PLACNAME = DK OR RF) AND (FQM1A - MSFNAME = DK, EMPTY, OR NULL), GO TO FQM1A - MSFNAME. ELSE GO TO BOX FQM2.		
MSFNAME	FQM1A	Yes/No	I need to verify that our information about you is correct. Is (FACILITY) the exact name of this (facility/home)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FQM1B - ADDRNAME (01) BOX FQM2 (-8) BOX FQM2 (-9) BOX FQM2
ADDRNAME	FQM1B	text	What is the exact name of the place where (SP) was physically located on (REFERENCE DATE)?	(01) [Continuous answer]	(01) BOX FQM2
	BOX FQM2	routing	IF (FQ2 - FADDROK = DK OR RF) AND (FQM2A - MSFADDR = DK, EMPTY, OR NULL), GO TO FQM2A - MSFADDR. ELSE GO TO BOX FQM2A1.		
MSFADDR	FQM2A	Yes/No	Is [READ ADDRESS LISTED BELOW] the correct address of the place where (SP) was physically located on (REFERENCE DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FQM2B - ADDRESS (01) BOX FQM2A1 (-8) BOX FQM2A1 (-9) BOX FQM2A1
ADDRESS	FQM2B	Address	What is the correct address of the place where (SP) was physically located on (REFERENCE DATE)? ADDRESS	(01) [Continuous answer]	(01) FQM2B - ADDRCITY
ADDRCITY	FQM2B	Address	CITY	(01) [Continuous answer]	(01) FQM2B - ADDRSTAT
ADDRSTAT	FQM2B	Address	STATE	(01) [Continuous answer]	(01) FQM2B - ADDRZIP
ADDRZIP	FQM2B	Address	ZIP	(01) [Continuous answer]	(01) BOX FQM2A1
	BOX FQM2A1	routing	IF (FQ4 - MADDROK = RF) AND (FQM2C - MSMADDR = EMPTY, OR NULL), GO TO FQM2C - MSMADDR. ELSE GO TO BOX FQM3.		
MSMADDR	FQM2C		Is [READ ADDRESS LISTED BELOW] the correct address for your office?	(00) NO (01) YES (-9) Refused	(00) FQM2D - MAILADDR (01) BOX FQM3 (-9) BOX FQM3
MAILADDR	FQM2D	Text	What is the correct address for your office? ADDRESS	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQM2D - MAILCITY (-8) FQM2D - MAILCITY (-9) FQM2D - MAILCITY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MAILCITY	FQM2D	Text	CITY	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQM2D - MAILSTAT (-8) FQM2D - MAILSTAT (-9) FQM2D - MAILSTAT
MAILSTAT	FQM2D	Text	STATE	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQM2D - MAILSTAT (-8) FQM2D - MAILSTAT (-9) FQM2D - MAILSTAT
MAILZIP	FQM2D	Text	ZIP	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQM2D - MAILZIP (-8) FQM2D - MAILZIP (-9) FQM2D - MAILZIP
	BOX FQM3	routing	IF (FQ3 - FADMNOK = DK OR RF) AND (FQM3A - MSFADMN = DK, EMPTY, OR NULL), GO TO FQM3A - MSFADMN. ELSE GO TO BOX FQM4.		
MSFADMN	FQM3A	Yes/No	[Is (ADMINISTRATOR'S NAME)/Are you] (still) the current administrator of (FACILITY)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FQM3B - FACRNAMM (01) BOX FQM4 (-8) BOX FQM4 (-9) BOX FQM4
FACRNAMM	FQM3B	text	What is the current administrator's name? SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.	(01) [Continuous answer]	(01) BOX FQM4
	BOX FQM4	routing	IF (FQ5 - FPHONOK = DK OR RF) AND (FQM4A - MSFPHON = DK, EMPTY, OR NULL), GO TO FQM4A - MSFPHON. ELSE GO TO BOX FQM5.		
MSFPHON	FQM4A	Yes/No	(VERIFY PHONE NUMBER IS FOR FQ RESPONDENT. DO NOT READ ALOUD.) Is (FACILITY AREA CODE AND PHONE NUMBER) the correct phone number for (FACILITY)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) FQM4B - ADDRAREA (01) BOX FQM5 (-8) BOX FQM5 (-9) BOX FQM5
ADDRAREA	FQM4B	Numeric	What is the phone number? AREA CODE	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQM4B - ADDREXCH (-8) FQM4B - ADDREXCH (-9) FQM4B - ADDREXCH
ADDREXCH	FQM4B	Numeric	EXCHANGE	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FQM4B - ADDRLOCL (-8) FQM4B - ADDRLOCL (-9) FQM4B - ADDRLOCL
ADDRLOCL	FQM4B	Numeric	LOCAL	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FQM5 (-8) BOX FQM5 (-9) BOX FQM5
	BOX FQM5	routing	IF (FA1 - PLACTYP1 = RF) AND (FQM5A - MSPLACTY = EMPTY OR NULL), GO TO FQM5A - MSPLACTY. ELSE GO TO BOX FQM6.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MSPLACTY	FQM5A	code one	SHOW CARD FA2 What type of place is (FACILITY)? PRESS F1 FOR PLACE DEFINITIONS. IF RESPONDENT REPORTS CCRC OR RETIREMENT COMMUNITY, PROBE FOR TYPE OF PLACE FOR UNIT WHERE SP RESIDES. DO NOT ENTER "OTHER".	(01) FREE STANDING NURSING HOME (04) NURSING HOME UNIT WITHIN A CCRC OR RETIREMENT CENTER (06) HOSPITAL (07) HOSPITAL-BASED SNF UNIT (08) ASSISTED LIVING FACILITY (09) BOARD AND CARE HOME (10) DOMICILIARY CARE HOME (11) PERSONAL CARE HOME (12) REST HOME/RETIREMENT HOME (13) HOME OFFICE OR MANAGEMENT OFFICE FOR A CHAIN OR GROUP OF OFF-SITE NURSING FACILITIES (15) MENTAL HEALTH CENTER/PSYCHIATRIC SETTING (16) INSTITUTION FOR THE INTELLECTUALLY DISABLED/DEVELOPMENTALLY DISABLED (17) REHABILITATION FACILITY (91) OTHER (-9) Refused	(01) BOX FQM6 (04) BOX FQM6 (06) DO NOT DISPLAY. (07) DO NOT DISPLAY. (08) BOX FQM6 (09) BOX FQM6 (10) BOX FQM6 (11) BOX FQM6 (12) BOX FQM6 (13) DO NOT DISPLAY. (15) BOX FQM6 (16) BOX FQM6 (17) BOX FQM6 (91) FQM5A - MSPLTPOS (-9) BOX FQM6
MSPLTPOS	FQM5A	text	OTHER (SPECIFY)	(01) [Continuous answer]	(01) BOX FQM6
	FQM6		IF (FA12A - TOTLBEDA = DK OR RF AND CCN='NF', MISSING, DK, RF), GO TO FQM6B-MSTOTLBA. ELSE GO TO BOX FQM7.		
MSTOTLBA	FQM6B	Numeric	How many beds does (FACILITY) have that provide long-term care? [PROBE: Do not count "independent living" beds or those that don't provide 24-hour a day assistance or supervision with daily living activities.] IF THIS FACILITY CONTAINS BEDS THAT ARE CERTIFIED AS ICF/IID (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES), THEN COUNT ICF/IID BEDS IN THE TOTAL.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX FQM7 (-8) BOX FQM7 (-9) BOX FQM7
	BOX FQM7	routing	IF (FA13 - CAIDCRT1 = DK OR RF) AND (FQM7A - MSCAIDC1 = DK, EMPTY, OR NULL), GO TO FQM7A - MSCAIDC1. ELSE GO TO BOX FQM8.		
MSCAIDC1	FQM7A	Yes/No	Is (FACILITY) certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as a Nursing Facility (NF)? IF R MENTIONS: -ICF (INTERMEDIATE CARE FACILITY), NOTE IN COMMENTS AND ENTER 1. ICF/IID (INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES), NOTE IN COMMENTS AND ENTER 0.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FQM8 (01) BOX FQM8 (-8) BOX FQM8 (-9) BOX FQM8
	BOX FQM8	routing	IF (FA14 - CARECRT1 = DK OR RF) AND (FQM8A - MSCAREC1 = DK, EMPTY, OR NULL), GO TO FQM8A - MSCAREC1. ELSE GO TO BOX FQM9.		
MSCAREC1	FQM8A	Yes/No	Is (FACILITY) certified by Medicare as a SNF?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FQM9 (01) BOX FQM9 (-8) BOX FQM9 (-9) BOX FQM9
	BOX FQM9	routing	IF (FA15 - CAIDICF = DK OR RF) AND (FQM9A - MSCAIDIC = DK, EMPTY, OR NULL), GO TO FQM9A - MSCAIDIC. ELSE GO TO BOX FQM10.		
MSCAIDIC	FQM9A	Yes/No	Does (FACILITY) have any beds certified by [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] as ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) beds?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX FQM10 (01) BOX FQM10 (-8) BOX FQM10 (-9) BOX FQM10

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX FQM10	routing	IF (FA16 - HDEPTLIC = DK OR RF) AND (FQM10A - MSHDEPTL = DK, EMPTY, OR NULL) AND (FA13 - CAIDCRT1, FA14 - CARERCRT1, FA15 - CAIDICF, FQM7A - MSCAIDC1, FQM8A - MSCAREC1 AND FQM9A - MSCAIDIC <> 1/Yes) GO TO FQM10A - MSHDEPTL. ELSE GO TO BOX FQM11.		
MSHDEPTL	FQM10A	code one	Is (FACILITY) licensed as a nursing (facility/home) by the (STATE) State Health Department or by some other agency?	(00) NO, NOT LICENSED (01) YES, LICENSED BY STATE HEALTH DEPARTMENT (02) YES, LICENSED BY SOME OTHER AGENCY (-8) Don't Know (-9) Refused	(00) BOX FQM11 (01) BOX FQM11 (02) FQM10A - MSHDPLOS (-8) BOX FQM11 (-9) BOX FQM11
MSHDPLOS	FQM10A	text	OTHER AGENCY (SPECIFY)	(01) [Continuous answer]	(01) BOX FQM11
	BOX FQM11	routing	IF (FA18 - HDEPTPCH = DK OR RF) AND (FQM11A - MSHDEPTP = DK, EMPTY, OR NULL), GO TO FQM11A - MSHDEPTP. ELSE GO TO BOX FQMCOMP.		
MSHDEPTP	FQM11A	code one	Does (FACILITY) have any beds licensed as personal care, board and care, assisted living, or domiciliary care beds by the (STATE) State Health Department or by some other state agency?	(00) NO, NOT LICENSED (01) YES, LICENSED BY STATE HEALTH DEPARTMENT (02) YES, LICENSED BY SOME OTHER AGENCY (-8) Don't Know (-9) Refused	(00) BOX FQMCOMP (01) BOX FQMCOMP (02) FQM11A - MSHDPPOS (-8) BOX FQMCOMP (-9) BOX FQMCOMP
MSHDPPOS	FQM11A		OTHER AGENCY (SPECIFY)	(01) [Continuous answer]	(01) BOX FQM11
	BOX FQMCOMP	routing	GO TO FQMEND - FQMSEND.		
FQMSEND	FQMEND	code one	YOU HAVE REACHED THE END OF THE SECTION FOR FACILITY LEVEL MISSING DATA. PRESS "1" TO RETURN TO FACILITY NAVIGATION SCREEN.	(01) CONTINUE	(01) BOX FQMEND
	BOX FQMEND	routing	GO TO NAVIGATOR		