

| Variable Name | MR Screen Name | Question Type | Question Text/Description  | Code List   | Routing  |
|---------------|----------------|---------------|--|---|--|
|               |                |               | <p><b>INSTITUTIONAL UTILIZATION QUESTIONNAIRE SPECIFICATIONS</b></p> <p><u>CRITERIA</u><br/>                     INTTYPE=C001, C002, C004, C005, C006, C007, C010<br/>                     SPALIVE=ALL<br/>                     SEASON=ALL<br/>                     SPPROXY=SP or PROXY<br/>                     Other: N/A</p> <p><u>PLACEMENT</u><br/>                     Administer after OPQ.</p>   |   |  |
| 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 INTELLECTUALLY DISABLED, 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<br/>                     (02) NO<br/>                     (03) INDICATED YES BY DATAPREP<br/>                     (-8) Don't Know<br/>                     (-9) Refused</p>   | <p>(01) IU2 - PROVIDER_IU<br/>                     (02) BOX IU3<br/>                     (03) DO NOT DISPLAY. DATA EDITING ONLY.<br/>                     (-8) BOX IU3<br/>                     (-9) BOX IU3</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>ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER</p>   | <p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS:<br/>                     1. [PROVIDER 1]<br/>                     2. [PROVIDER 2]<br/>                     ...<br/>                     N. [PROVIDER N]<br/>                     N+1. ADD ANOTHER<br/>                     N+2. NEED TO EDIT SPELLING OF EXISTING PROVIDER<br/>                     DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM&gt;02.</p> <p>(01) continuous answer</p> | <p>(01-N) BOX IU1<br/>                     (N+1) IU2-PROVNAME<br/>                     (N+2) CHNGSPL-CHNGSPL</p> <p>IF EXISTING PROVIDER SELECTED, GO TO BOX IU1.<br/>                     ELSE IF "ADD ANOTHER" SELECTED, GO TO IU2-PROVNAME<br/>                     ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL.</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>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.</p> <p>YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY.</p> <p>NAME:</p> <p>[PROVIDER LOOKUP CALLED FROM THIS SCREEN]</p>   |   | <p>IU2-GROUPNAM</p>  |

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| GROUPNAM      | IU2            |               | GROUP:  |  | BOX IU1         |
| CHNGSPL       | CHNGSPL        | roster        | <p>WHICH PROVIDER IS MISPELLED?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.</p> | <p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS:</p> <p>1. [PROVIDER 1]</p> <p>2. [PROVIDER 2]</p> <p>...</p> <p>N. [PROVIDER N]</p> <p>DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM&gt;02.</p> | CRCTSPL-CRCTSPL |
| CRCTSPL       | CRCTSPL        | verbatim      | <p>WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>[DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL]</p>   | (01) [Continuous Answer]   | BOX IU1         |
|               | 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.</p> <p>ELSE TO IU4 - EVBEGMM.</p>  |  |                 |
| VAPLACE       | IU3            | yes/no        | Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?   | <p>(01) YES</p> <p>(02) NO</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>  | IU4 - EVBEGMM   |
| 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</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>   | IU4 - EVBEGDD   |
| EVBEGDD       | IU4            | date          | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?   | <p>(01) continuous answer</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>   | IU4 - EVBEGYY   |
| EVBEGYY       | IU4            | date          | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?   | <p>(01) continuous answer</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>   | IU4 - EVENDMM   |
| EVENDMM       | IU4            | date          | <p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p> <p>Discharge Date:</p>   | <p>(01) continuous answer</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>   | IU4 - EVENDDD   |

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| EVENDDD       | IU4            | date          | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | IU4 - EVENDYY  |
| EVENDYY       | IU4            | date          | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | IU4 - STLLINST   |
| STLLINST      | IU4            | date          | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?  | (01) SP IS STILL IN FACILITY<br>(-7) Empty                | IU4B-IUADD   |
| IUADD         | IU4B           | choose one    | HAVE ALL DATES BEEN ENTERED?<br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]   | (01) ADD ANOTHER<br>(02) ALL DONE                         | (01) IU4-EVBEGMM<br>(02) IU7-IUMORE                                    |
| IUMORE        | IU7            | yes/no        | IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:<br><br>[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?<br><br>[ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] | (01) YES<br>(02) NO<br>(-8) Don't know<br>(-9) Refused    | (01) IU2 - PROVIDER_IU<br>(02) BOX IU3<br>(-8) BOX IU3<br>(-9) BOX IU3 |
|               | BOX IU3        | routing       | GO TO HHQ.   |   |  |