Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			HOUSING CHARACTERISTICS QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after ENS.		
	BOX HA	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE [C003]), GO BOX HA1. ELSE GO TO HA1A-SPMOVED.		
SPMOVED	HA1A	yes/no	IF ANSWER IS KNOWN, CODE WITHOUT ASKING: [Have you/Has (SP)] moved since [LAST FALL ROUND DATE]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HA1
	BOX HA1	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE [C003]) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR [P_NOHA=1]) OR (SP MOVED IN THE PREVIOUS YEAR [SPMOVED=1/YES]) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN [P_DWELLING=-7, -8, .]) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail [P_DWELLING=96]), GO TO HAINTRO - HAINT. ELSE IF (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD RAMPS AT ENTRANCES [P_HRAMPS ^= 1]) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD MODIFICATIONS TO ANY BATHROOM [P_HBATHRM ^= 1]) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAS SPECIAL RAILINGS [P_HRAILING ^= 1]), GO TO HAINTRO2A - HAINT2. ELSE GO TO BOX HA1B.		
HAINT	HAINTRO	no entry	IF THE SP IS HOMELESS, IS TRANSIENT WITH NO PERMANENT HOME, OR IS IN JAIL OR PRISON, SELECT NEXT PAGE WITHOUT READING THIS INTRODUCTION. I would like to ask a few questions about [your/(SP's)] housing situation or living arrangements.		HA1- DWELLING
DWELLING	HA1	code one	SHOW CARD HA1 IF TYPE OF HOUSING IS OBVIOUS, CODE WITHOUT ASKING. SELECT "SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON" WITHOUT ASKING. [IF HOUSING TYPE IS NOT OBVIOUS, ASK:] Which of these best describes [your/(SP's)] home?	(01) ONE-FAMILY, DETACHED (02) TWO-FAMILY OR DUPLEX (03) APARTMENT OR CONDOMINIUM BUILDING (04) MOBILE HOME, TRAILER (05) ROWHOUSE, TOWNHOUSE (06) "MOTHER-IN-LAW" APARTMENT (91) SOMETHING ELSE (96) SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON (-8) Don't Know (-9) Refused	(01) HA2 - HLEVELS (02) HA2 - HLEVELS (03) HA2 - HLEVELS (04) HAINTRO2 - HAINT1 (05) HA2 - HLEVELS (06) HA2 - HLEVELS (91) HA1 - DWELLOS (96) HA20-LIVNGSIT (-8) HA2 - HLEVELS (-9) HA2 - HLEVELS
DWELLOS	HA1	verbatim text	SOMETHING ELSE (SPECIFY)	(01) continuous answer	HA2 - HLEVELS
HLEVELS	HA2	code one	How many levels are in [your/(SP's)] (house/apartment or condominium building/place of residence)? [THE NUMBER OF LEVELS REFERS TO THE TOTAL NUMBER OF FLOORS INCLUDING BOTH FINISHED AND UNFINISHED BASEMENTS AND FINISHED ATTICS. DO NOT INCLUDE UNFINISHED ATTICS OR ROOF TERRACES.]	(01) ONE (02) TWO (03) THREE OR MORE (-8) Don't Know (-9) Refused	(01) HAINTRO2 - HAINT1 (02) HA3 - HELEVTR (03) HA3 - HELEVTR (-8) HA3 - HELEVTR (-9) HA3 - HELEVTR

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HELEVTR	HA3	yes/no	Does [your/(SP's)] (house/apartment or condominium building/place of residence) have an elevator? [DO NOT INCLUDE ESCALATORS, WHEELCHAIR LIFTS, OR STAIR LIFTS.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA4 - HONELEVL
HONELEVL	HA4	yes/no	Is the living space in [your/(SP's)] (house/own apartment or condominium/place of residence) all on one level?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HAINTRO2 - HAINT1 (02) HA5 - HBTHLEVL (-8) HA5 - HBTHLEVL (-9) HA5 - HBTHLEVL
HBTHLEVL	HA5	yes/no	Does [your/(SP's)] (house/own apartment or condominium/place of residence) have either a full bathroom or a half bathroom on all levels? [PROBE: Bathroom facilities must contain at least a flush toilet, or a bathtub or shower.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HAINTRO2 - HAINT1
HAINT1	HAINTRO2	no entry	Next, I would like to ask about access or mobility modifications that [you/(SP)] may have in (your/his/her) (house/apartment or condominium building/mobile home/place of residence).		BOX HA1AB
HAINT2	HAINTRO2A	no entry	When we were here about a year ago, we asked about access or mobility modifications that may have been a part of [your/(SP's)] residence at that time. Now, I would like to update our information about such modifications.		BOX HA1AB
	BOX HA1AB	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE [C003]) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR [P_NOHA=1]) OR (SP MOVED IN THE PREVIOUS YEAR [SPMOVED=1/YES]) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN [P_DWELLING=-7, -8, .]) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail [P_DWELLING=96]) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD RAMPS AT ENTRANCES [P_HRAMPS ^= 1]), GO TO HA6 - HRAMPS. ELSE GO TO BOX HA1AC.		
HRAMPS	HA6	yes/no	Does [your/(SP's)] (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HA1AC
	BOX HA1AC	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE [C003]) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR [P_NOHA=1]) OR (SP MOVED IN THE PREVIOUS YEAR [SPMOVED=1/YES]) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN [P_DWELLING=-7, -8, .]) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail [P_DWELLING=96]) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD MODIFICATIONS TO ANY BATHROOM [P_HBATHRM ^= 1]), GO TO HA7 - HBATHRM. ELSE GO TO BOX HA1AD.		
HBATHRM	HA7	yes/no	Does [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) have modifications to any bathroom such as grab bars or a shower seat?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HA1AD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA1AD	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE [C003]) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR [P_NOHA=1]) OR (SP MOVED IN THE PREVIOUS YEAR [SPMOVED=1/YES]) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN [P_DWELLING=-7, -8, .]) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail [P_DWELLING=96]) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAS SPECIAL RAILIINGS [P_HRAILING ^= 1]), GO TO HA8 - HRAILING. ELSE GO TO BOX HA1B.		
HRAILING	HA8	yes/no	Other than stair railings, does [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) have special railings to help (you/(SP)) move around?[DO NOT INCLUDE HANDRAILS IN BATHROOMS.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HA1B
	BOX HA1B	routing	IF (THE SP IS IN THE SUPPLEMENTAL SAMPLE [C003]) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR [P_NOHA=1]) OR (SP MOVED IN THE PREVIOUS YEAR [SPMOVED=1/YES]) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail [P_DWELLING=96]) OR (THE TYPE OF HOUSING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN [P_HOUSETYPE ^=1 or 2]), GO TO HA9 - HOUSTYPE. ELSE IF TYPE OF HOUSING WAS REPORTED LAST TIME IT WAS ASKED [P_HOUSETYPE=1], GO TO HAINTRO3 - HAINT3. ELSE GO TO HA20-LIVNGSIT.		
HOUSTYPE	HA9	yes/no	SHOW CARD HA2 Please look at this card. Is [your/(SP's)] [house/own apartment or condominium/mobile home/place of residence] a part of one of these communities?[IF A RESPONDENT EXPLAINS THAT THE PLACE OF RESIDENCE IS SIMILAR TO ONE LISTED ON THE CARD BUT CALLED BY ANOTHER NAME, SELECT "YES".]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HA10 - HCOMUNTY (02) BOX HA3 (-8) BOX HA3 (-9) BOX HA3
HCOMUNTY	HA10	code one	SHOW CARD HA2 [IF NECESSARY, ASK:] Which category best describes [your/(SP's)] type of housing?	(01) RETIREMENT COMMUNITY (02) SENIOR CITIZENS HOUSING (03) ASSISTED LIVING FACILITY (04) CONTINUING CARE COMMUNITY (05) STAGED LIVING COMMUNITY (06) RETIREMENT APARTMENTS (07) CHURCH-PROVIDED HOUSING (08) PERSONAL OR RESIDENTIAL CARE HOME (91) OTHER (-8) Don't Know (-9) Refused	(01) HA11 - HPERCARE (02) HA11 - HPERCARE (03) HA11 - HPERCARE (04) HA11 - HPERCARE (05) HA11 - HPERCARE (06) HA11 - HPERCARE (07) HA11 - HPERCARE (08) HA11 - HPERCARE (91) HA10 - HCOMUNOS (-8) HA11 - HPERCARE (-9) HA11 - HPERCARE
HCOMUNOS	HA10	verbatim text	OTHER (SPECIFY)	(01) continuous answer	HA11 - HPERCARE
HAINT3	HAINTRO3	no entry	The type of community [you/(SP)] [live/lives] in sometimes gives its residents access to personal care services. Next, I would like to update our records regarding [your/(SP's)] access to such services.		HA11 - HPERCARE

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HPERCARE	HA11	yes/no	SHOW CARD HA3 Does [your/(SP's)] place of residence give (you/(SP)) access to personal care services like any of those listed on this card? [READ IF NECESSARY: This question is asking about whether [you have/(SP) has] access to these services, not whether [you use/(SP) uses] these services.] [THE RESPONDENT ONLY HAS TO HAVE ONE PERSONAL CARE SERVICE AVAILABLE TO HIM/HER TO QUALIFY AS A "YES" FOR THIS QUESTION.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HA12 - MEALPROB (02) BOX HA3 (-8) HA12 - MEALPROB (-9) BOX HA3
MEALPROB	HA12	list	We are interested in personal services that might be available here in addition to housing. In [your/(SP's)] place of residence], [do you/does (SP)] have access to… prepared meals?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA12 - MAIDPROB
MAIDPROB	HA12	list	We are interested in personal services that might be available here in addition to housing. In [your/(SP's)] place of residence], [do you/does (SP)] have access to… housekeeping, maid, or cleaning services?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA12 - WASHPROB
WASHPROB	HA12	list	We are interested in personal services that might be available here in addition to housing. In [your/(SP's)] place of residence], [do you/does (SP)] have access to… laundry services?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA12 - HELPPROB
HELPPROB	HA12	list	We are interested in personal services that might be available here in addition to housing. In [your/(SP's)] place of residence], [do you/does (SP)] have access to… help with medications?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA12 - TRANPROB
TRANPROB	HA12	list	We are interested in personal services that might be available here in addition to housing. In [your/(SP's)] place of residence], [do you/does (SP)] have access to… transportation?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA12 - RECPROB
RECPROB	HA12	list	We are interested in personal services that might be available here in addition to housing. In [your/(SP's)] place of residence], [do you/does (SP)] have access to… recreational services, such as exercise facilities, movies, activities programs, library, card rooms, pool tables, etc.?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HA2
	BOX HA2	routing	IF SP HAD ACCESS TO AT LEAST ONE PERSONAL SERVICE LISTED AT HA12, GO TO HA13 - SERVINCL. ELSE GO TO BOX HA2A.		
SERVINCL	HA13	code one	Are these services included as part of the cost of [your/(SP's)] housing or is there a separate charge for them?	(01) ALL INCLUDED (02) SOME INCLUDED/SOME SEPARATE (03) ALL SEPARATE (-8) Don't Know (-9) Refused	BOX HA2A

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA2A	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE [C003]) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR [P_NOHA=1]) OR (SP MOVED IN THE PREVIOUS YEAR [SPMOVED=1/YES]) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN [P_DWELLING=-7, -8, .]) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail [P_DWELLING=96]) OR (WHETHER OR NOT SP IS ALLOWED TO CONTINUE LIVING IN HOME IF SUBSTANTIAL CARE IS NEEDED IS UNKNOWN [P_STAYPUT = -7, -8, .]), GO TO HA14 - STAYPUT. ELSE GO TO HA20-LIVNGSIT.		
STAYPUT	HA14	yes/no	Would the (place where [you/(SP)] currently (live/lives)) allow (you/(SP)) to continue living in (your/(SP)'s) (house/apartment or condominium/mobile home/place of residence) if (you/(SP)) needed substantial care? [PROBE: Could [you/(SP)] stay where (you/(SP)) (live/lives) now if (you/(SP)) needed a much greater level of care?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) HA16 - REQAGE (02) HA15 - CAREPART (-8) HA16 - REQAGE (-9) HA16 - REQAGE
CAREPART	HA15	yes/no	If (you/(SP)) needed substantial care, would that care be provided in another part of this same place of residence?	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA16 - REQAGE
REQAGE	HA16	yes/no	Does the place where [you/(SP)] (live/lives) now require residents to be a certain age to live there or receive services?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX HA3
	BOX HA3	routing	IF HA5 - HBTHLEVL = 1/Yes OR HA7 - HBATHRM = 1/Yes, GO TO HA18 - NBRROOMS. ELSE GO TO HA17 - PERSBATH.		
PERSBATH	HA17	yes/no	Now I have a few questions about the rooms in [your/(SP's)] place of residence. [Do you/Does (SP)] have (your/(SP)'s) own bathroom facilities? [EXPLAIN IF NECESSARY: Own bathroom facilities may be defined as the sink, flush toilet, and bathtub or shower used primarily by [you/(SP)] and is not used on a regular basis by someone not living in the household.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA18 - NBRROOMS
NBRROOMS	HA18	numeric	How many rooms are there in [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence), not counting bathrooms, hallways, or unfinished basements?	(01) continuous answer (-8) Don't Know (-9) Refused	HA19 - PERKITCH
PERKITCH	HA19	yes/no	[Do you/Does (SP)] have (your/(SP)'s) own kitchen? [EXPLAIN IF NECESSARY: Own kitchen is defined as an area with a sink, non-portable cooking equipment and a refrigerator used primarily by [you/(SP)] and not on a regular basis by someone not living in the household. Also includes kitchenettes.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	HA20 - LIVNGSIT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
LIVNGSIT	HA20	code one	SHOW CARD HA4 Which of these best describes [your/(SP's)] living situation today? [Do you/Does (SP)] have a steady place to live, have a place to live today but [are/is] worried about losing it in the future, or [do you/does (SP)] not have a steady place to live? [IF NEEDED: Not having a steady place to live includes temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park.]	(01) HAVE A STEADY PLACE TO LIVE (02) HAVE A PLACE TO LIVE TODAY, BUT WORRIED ABOUT LOSING IT IN THE FUTURE (03) DO NOT HAVE A STEADY PLACE TO LIVE (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSPEST
HOUSPEST	HA21	grid	Think about the place [you/(SP)] [live/lives]. [Do you/does (SP)] have problems with any of the following? Please indicate yes or no to each one. Pests such as bugs, ants, or mice	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSMOLD
HOUSMOLD	HA21	grid	Mold	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSLEAD
HOUSLEAD	HA21	grid	Lead paint or pipes	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSHEAT
HOUSHEAT	HA21	grid	Lack of heat	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSCOOL
HOUSCOOL	HA21	grid	Lack of cooling system	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSOVEN
HOUSOVEN	HA21	grid	Oven or stove not working	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSSMOK
HOUSSMOK	HA21	grid	Smoke detectors missing or not working	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HA21-HOUSWATR
HOUSWATR	HA21	grid	Water leaks	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HA4
	BOX HA4	routing	IF INTTYPE in (C001, C002, C003, C004, C005, C006), GO TO HIQ.		