Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			FACILITY QUESTIONNAIRE SECTION SPECIFICATIONS CRITERIA This section should be administered to all sample types (MCBSFAC_BPreloadSP.CURRTYPE=1,2,3,5 (ALL)) This section should be administered in every round (MCBSFAC_BPreloadSP.ROUNDTYPE= ALL (1, 2, or 3)) PLACEMENT Start of Facility Interview NOTE: MCBSFAC_BPreloadSP.CURRTYPE values: 1 CFR "CFR - CONTINUING FACILITY RESIDENT", 2 CFC "CFC - COMMUNITY TO FACILITY CROSSOVER", 3 FFC "FFC - FACILITY TO FACILITY CROSSOVER", 4 FCF "FCF - FACILITY TO COMMUNITY TO FACILITY", 5 IPR "IPR - INCOMING PANEL RESPONDENT"		
	BOX FQ1	routing	GO TO FQINTRO.		
FQINTRO	FQINTRO	yes/no	Welcome, and thank you for taking the time to complete this survey! Your input is very important to us. This survey focuses on (FACILITY) and (SP)'s (background and their) time in your facility. Will you be able to answer questions on this topic?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED	(01) BOX FQ2 (02) FACRNAM4 (-8) FACRNAM4 (-9) FACRNAM4
	BOX FQ2	routing	IF RESPONDENT NAME IS PRELOADED (MCBSFAC_BPreloadSP^=.), GO TO RFACNAME. ELSE GO TO RFACNAM2.		
RFACNAM	RFACNAM	yes/no	Before starting the survey let's verify that our information is correct. (Is the name shown on your screen the person completing this survey?/Is [READ NAME BELOW] your name?) [FACILITY RESPONDENT NAME] Minor typos do not need to be corrected. However, if the name on screen is inaccurate or if your name is spelled incorrectly in a way that requires a full correction, please select NO on this screen. You will then be able to update your name on the next screen.	(01) YES (02) NO (-8) Don't Know (-9) REFUSED	(01) RFACTITL (02) RFACNAM2 (-8) FACRNAM4 (-9) FACRNAM4
RFACNAM2	RFACNAM2EAPH	verbatim	Please (enter/tell me) your first and last name.	(01) Continuous answer	(01) RFACNAM2-RFACNMEA
RFACNMEA	RFACNAM2EAPH	verbatim	Please (enter/tell me) your email address.	(01) Continuous answer	(01) RFACNAM2-RFACNMPH
RFACNMPH	RFACNAM2EAPH	verbatim	Please (enter/tell me) phone number.	(01) Continuous answer	(01) RFACTITL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RFACTITL	RFACTITL	code one	Please (select/tell me) the title most appropriate for yourself at (FACILITY).	(01) DIRECTOR OF NURSING/VP OF NURSING (02) ASSISTANT DIRECTOR OF NURSING (03) HEAD NURSE/NURSE SUPERVISOR/CHARGE NURSE (04) NURSE, FLOOR/SHIFT (05) SOCIAL WORKER/CASE WORKER/ACTIVITIES COORDINATOR OR DIRECTOR (06) MEDICAL RECORDS CLERK/SUPERVISOR/DIRECTOR (07) NURSES AID (11) MDS COORDINATOR/NURSE (12) CASE MIX COORDINATOR (13) CARE PLAN COORDINATOR/NURSE (14) QUALITY ASSURANCE COORDINATOR (21) OWNER (22) ADMINISTRATOR (23) ASSISTANT ADMINISTRATOR/ADMINISTRATOR IN TRAINING (24) MEDICAL DIRECTOR (25) ADMISSIONS DIRECTOR/COORDINATOR (26) HUMAN RESOURCES STAFF MEMBER (27) VP FOR OPERATIONS (28) ADMINISTRATIVE ASSISTANT/SECRETARY/RECEPTIONIST (30) VP FOR FINANCE (31) CONTROLLER/COMPTROLLER (32) BUSINESS OFFICE MANAGER (33) ACCOUNTING SUPERVISOR (34) ACCOUNTING/BILLING OR ACCOUNTS RECEIVABLE CLERK/BOOKKEEPER (35) ELECTRONIC DATA PROCESSING STAFF MEMBER (36) HEALTH INFORMATION MANAGER (37) RESIDENT CARE COORDINATOR/DIRECTOR (38) ASSISTED LIVING MANAGER/DIRECTOR (91) OTHER	(01) - (38) FQ1-FNAMEOK (91) RFACTLOS
RFACTLOS	RFACTLOS	verbatim	(Please enter your title on this screen./ENTER TITLE FACILITY RESPONDENT PROVIDED)	(01) [Continuous answer.]	(01) FQ1-FNAMEOK
FNAMEOK	FQ1	yes/no	Is (PRELOAD FACILITY) the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED	(01) FQ2 - FADDROK (02) FQ1A - PLACNAME (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
PLACNAME	FQ1A	text	What is the exact name of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ2 - FADDROK (-8) FQ2 - FADDROK (-9) FQ2 - FADDROK
FADDROK	FQ2	yes/no	Next, let's verify the address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]. The address is recorded as [ADDRESS]. Is this correct?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FQ3A-FACRNAM1 (02) FQ2A - ADDRESS (-8) FQ3A-FACRNAM1 (-9) FQ3A-FACRNAM1
ADDRESS	FQ2A	address	What is the correct address of the place where (SP) (is/was) physically located [on or around (PREVIOUS INTERVIEW DATE)/on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE)]? ADDRESS	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ2A - ADDRCITY (-8) FQ2A - ADDRCITY (-9) FQ2A - ADDRCITY
ADDRCITY	FQ2A	address	CITY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ2A - ADDRSTAT (-8) FQ2A - ADDRSTAT (-9) FQ2A - ADDRSTAT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ADDRSTAT	FQ2A	address	STATE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ2A - ADDRZIP (-8) FQ2A - ADDRZIP (-9) FQ2A - ADDRZIP
ADDRZIP	FQ2A	address	ZIP	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ3A-FACRNAM1 (-8) FQ3A-FACRNAM1 (-9) FQ3A-FACRNAM1
~~FADMNOK~~	~~FQ3~~	~~code one~~	~~[Is (ADMINISTRATOR'S NAME)/Are you] (still) the current administrator of (FACILITY)?~~	~~(00) No~~ ~~(01) Yes~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(00) FQ3A - FACRNAM1~~ ~~(01) FQ4 - MADDROK~~ ~~(-8) FQ4 - MADDROK~~ ~~(-9) FQ4 - MADDROK~~
FACRNAM1	FQ3A	roster	What is the current administrator's name?	(01) [Continuous answer.]	(01) FQ4 - MADDROK
MADDROK	FQ4	yes/no	Next, I would like to verify your office address. I have it listed as [READ ADDRESS LISTED BELOW]. Is this correct?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FQ5 - FPHONOK (02) FQ4A - MAILADD1 (-9) FQ5 - FPHONOK
MAILADD1	FQ4A	text	What is the correct address for your office? ADDRESS	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ4A - MAILCIT1 (-8) FQ4A - MAILCIT1 (-9) FQ4A - MAILCIT1
MAILCIT1	FQ4A	text	CITY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ4A - MAILSTA1 (-8) FQ4A - MAILSTA1 (-9) FQ4A - MAILSTA1
MAILSTA1	FQ4A	text	STATE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ4A - MAILZIP1 (-8) FQ4A - MAILZIP1 (-9) FQ4A - MAILZIP1
MAILZIP1	FQ4A	text	ZIP	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ5 - FPHONOK (-8) FQ5 - FPHONOK (-9) FQ5 - FPHONOK
FPHONOK	FQ5	yes/no	Is (FACILITY AREA CODE AND PHONE NUMBER) the correct phone number for (FACILITY)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FQ7 (02) FQ5A - ADDRAREA (-8) BOX FQ7 (-9) BOX FQ7
ADDRAREA	FQ5A	Numeric	What is the phone number? AREACODE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ5A - ADDREXCH (-8) FQ5A - ADDREXCH (-9) FQ5A - ADDREXCH
ADDREXCH	FQ5A	Numeric	EXCHANGE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FQ5A - ADDRLOCL (-8) FQ5A - ADDRLOCL (-9) FQ5A - ADDRLOCL
ADDRLOCL	FQ5A	Numeric	LOCAL	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX FQ7 (-8) BOX FQ7 (-9) BOX FQ7
	BOX FQ7	routing	IF BASELINE FQ (MCBSFAC_BPreloadSP.CURRTYPE= 2 (CFC), 3 (FFC), 5 (IPR)), GO TO CLOSING1-RETURNAV. IF MCBSFAC_BPreloadSP.ROUNDTYPE = 1 (FALL) OR ANNUAL FQ, GO TO FB0PRE - ANSWERFB. ELSE GO TO CLOSING1 - RETURNAV.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ANSWERFB	FB0PRE	yes/no	Would you be able to answer some questions about the certification status and services offered at (FACILITY)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FB1PRE - FB1PRECT (02) FB19 - FACRNAM4 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
FB1PRECT	FB1PRE	code one	Next we will review some information collected about (FACILITY) during your last survey. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX FA36
	BOX FA36	routing	IF BPRELOADPLAC.PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility AND PRELOADED CMS CERTIFICATION NUMBER (BPRELOADFQ.CCN) IS NON-MISSING AND NOT IN (DK, RF, "NF") GO TO FB11A - CCNCNFRM. IF BPRELOADPLAC.PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility AND PRELOADED CMS CERTIFICATION NUMBER (BPRELOADFQ.CCN) IN ("NF", MISSING, DK, RF), GO TO FB11B - CCNINTRO. ELSE GO TO BOX FB1.		
CCNCNFRM	FB11A	yes/no	You previously reported that (FACILITY)'s CMS Certification Number is [(BPRELOADFQ.CCN]. Is that still your CMS Certification Number? The CMS Certification Number is also referred to as a Medicare/Medicaid Provider Number, Medicare Identification Number, or Provider Number. The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicaire and/or Medicaid.The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FB1 (02) FB11B - CCNINTRO (-8) FB11B - CCNINTRO (-9) FB11B - CCNINTRO
CCNINTRO	FB11B	yes/no	Does [FACILITY) have a CMS Certification Number, also referred to as a Medicare/Medicaid-Provider Number,- or Medicare Identification Number? The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicare and/or Medicaid. The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.] The CMS Certification Number also used to be called the OSCAR Provider Number.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) CASPER_LU-CCN (02) BOX FB1 (-8) BOX FB1 (-9) BOX FB1
CCN	CASPER_LU	lookup	Please enter the CMS Certification Number. If you don't know the CMS Certification Number you can look up the number using your Facility name and address. To launch the lookup, click on the 'Search CCN' box. If your facility uses theMDS form, the CMS Certification Number can be found in section A0100 B. of the MDS form. According to the address of this facility, the first two digits of the CMS Certification Number should be [STATE PREFIX FILL].	(01) (value selected from lookup) (-8) DON'T KNOW (-9) REFUSED (NF) NOT FOUND	(01) BOX FB1 (-8) BOX FB1 (-9) BOX FB1 (NF) BOX FB1
		~~lookup~~	~~INSTRUCTIONS WILL BE UPDATED BASED ON LOOKUP FUNCTIONALITY IN UNICOM:~~ ~~SEARCH FOR THE FACILITY'S CCN BY TYPING THE CCN IN THE SEARCH BOX.WHEN YOU FIND THE CORRECT CCN, HIGHLIGHT THE ROW AND PRESS THE SELECT BUTTON.~~ ~~IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, SEARCH THE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME OR ADDRESS.~~ ~~IF YOU CANNOT FIND THE FACILITY'S CCN, PRESS THE "NOT FOUND" BUTTON.~~ ~~IF YOU NEED TO EXIT THE LOOKUP, PRESS THE "CLOSE" BUTTON.~~		
	BOX FB1	routing	IF PreloadFQ.CAIDCERT = EMTPY, GO TO BOX FB3. ELSE GO TO FB2 - CAIDCERT.		
CAIDCERT	FB2	yes/no	Is (FACILITY) (still) certified by Medicaid as a Nursing Facility (NF)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FB5 - CARECERT (02) FB5 - CARECERT (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CARECERT	FB5	yes/no	Is (FACILITY) (still) certified by Medicare as a Skilled Nursing Facility (SNF)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FB3 (02) BOX FB3 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
	BOX FB3	routing	IF PreloadFQ.FMRCERT <> EMPTY, GO TO FB9 - FMRCERT. ELSE GO TO BOX FB4.		
FMRCERT	FB9	yes/no	Is (FACILITY) (still) certified by Medicaid as an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FB4 (02) BOX FB4 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
	BOX FB4	routing	IF PreloadFQ.HDLICEN <> EMPTY, GO TO FB11 - HDLICEN. ELSE GO TO FB14 - PCHLICEN.		
HDLICEN	FB11	code one	Does (FACILITY) (still have/have any) beds that are [not certified by (Medicaid and Medicare/Medicare/Medicaid) but are] licensed as nursing home beds by the (STATE) State Health Department or by some other State or Federal 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) FB14 - PCHLICEN (01) FB14 - PCHLICEN (02) FB11 - HDLICOS (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
HDLICOS	FB11	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) FB14 - PCHLICEN
PCHLICEN	FB14	code one	Is (FACILITY) (still) licensed as a personal care home, board and care home, assisted living facility, domiciliary care home or rest home by the (STATE) State Health Department or by some other state or local government 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 FB4A (01) BOX FB4A (02) FB14 - PCHLICOS (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
PCHLICOS	FB14	verbatim	OTHER AGENCY (SPECIFY)	(01) [Continuous answer.]	(01) BOX FB4A
	BOX FB4A	routing	IF CCN= MISSING, DK, RF, NF GO TO FB15 - NURSCARE ELSE GO TO BOX FB5.		
NURSCARE	FB15	List	In addition to room and board, does (FACILITY) routinely provide… a. nursing or medical care?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FB15 - MEDISUPR (02) FB15 - MEDISUPR (-8) FB15 - MEDISUPR (-9) FB15 - MEDISUPR
MEDISUPR	FB15	List	b. supervision over medications?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FB15 - BATHHELP (02) FB15 - BATHHELP (-8) FB15 - BATHHELP (-9) FB15 - BATHHELP
BATHHELP	FB15	List	c. help with bathing?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FB15 - DRESHELP (02) FB15 - DRESHELP (-8) FB15 - DRESHELP (-9) FB15 - DRESHELP
DRESHELP	FB15	List	d. help with dressing?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) FB15 - EATHELP (02) FB15 - EATHELP (-8) FB15 - EATHELP (-9) FB15 - EATHELP
EATHELP	FB15	List	e. help with eating?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FB5AA (02) BOX FB5AA (-8) BOX FB5AA (-9) BOX FB5AA
	BOX FB5AA	routing	IF ANY ITEM IN FB15 = DK OR RF, GO TO FB19 - FACRNAM4. ELSE GO TO BOX FB5.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX FB5	routing	IF FB2-CAIDCERT = 1/Yes OR FB5-CARECERT = 1/Yes OR FB9-FMRCERT = 1/Yes, GO TO FB16 - CGIVSUP. ELSE GO TO FB15A - NURSSUP.		
NURSSUP	FB15A	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by an RN or LPN 7 days a week?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FB8 (02) BOX FB8 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
CGIVSUP	FB16	yes/no	Does (FACILITY) provide 24-hour a day, on-site supervision by a caregiver 7 days a week?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FB8 (02) BOX FB8 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
	BOX FB8	routing	IF FB2-CAIDCERT = 1/Yes OR FB5-CARECERT = 1/Yes OR FB9-FMRCERT = 1/Yes OR FB11-HDLICEN = 1/YesStateHealthAgency OR 2/YesOtherAgency OR FB14-PCHLICEN = 1/YesStateHealthAgency OR 2/YesOtherAgency OR FQ.PROVHELP = 1/Indicated OR FB15A-NURSSUP = 1/Yes OR FB16-CGIVSUP = 1/Yes OR CCN= NON-MISSING, GO TO BOX FB9. ELSE GO TO FBCLOSE2 - LEVINEL2.		
	BOX FB9	routing	IF PreloadFQ.TOTELBED = DK, RF AND CCN in ('NF', MISSING, DK, RF), GO TO FB18 - TOTELBED. ELSE IF CCN IN ('NF', MISSING, DK, RF) AND PreloadFQ.TOTELBED<>DK and PreloadFQ.TOTELBED<>REF, GO TO FB17 - SAMEBEDS. ELSE GO TO CLOSING1-RETURNAV.		
SAMEBEDS	FB17	Yes/No	It has been recorded that (FACILITY) has [PREVIOUS TOTAL # LTC BEDS] beds that provide long-term care. Is this still the number of beds providing long-term care in (FACILITY)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX FB11 (02) FB18 - TOTELBED (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
TOTELBED	FB18	Numeric	How many beds does (FACILITY) have that provide long-term care? 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 Faciliites for Individuals with Intellectual Disabilities), then count ICF/IID beds in the total.	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX FB11 (-8) FB19 - FACRNAM4 (-9) FB19 - FACRNAM4
FACRNAM4	FACRNAM4	Roster	Collecting this information is necessary to move forward with the survey. Please enter the name, email address, and phone number for the staff member that would be best suited to answer these questions and they will be contacted to complete the survey.	(01) [Continuous answer.]	(01) CONTFQNM
CONTFQNM	FACRNAM4	verbatim	ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	(01) CONTFQPH
CONTFQPH	FACRNAM4	verbatim	ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	(01) CONTFQEA
CONTFQEA	FACRNAM4	verbatim	ENTER FACILITY STAFF PERSON'S EMAIL ADDRESS	(01) [Continuous answer.]	(01) THANKSCRN2
	BOX FB11	routing	IF FQ.ELIGSTAT = 2/FacilityIneligible, GO TO FBCLOSE2 - LEVINEL2. ELSE GO TO CLOSING1-RETURNAV.		
RETURNAV	CLOSING1	code one	Thank you. Those are all the facility-level questions for the moment. Next are some background questions about (SP).	(01) Continue	(01) BOX RHBEG
LEVINEL2	FBCLOSE2	code one	You are about to exit the survey because your facility is no longer eligible for this study. Thank you for your time and participation.	(01) Continue	(01) BOX END

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			RESIDENCE HISTORY SECTION SPECIFICATIONS CRITERIA This section should be administered to all sample types (SAMPLE_UNIT.SAMPLE TYPE=ALL) This section should be administered in every round (MCBSFAC_BPreloadSP.ROUNDTYPE= (1, 2, or 3)) PLACEMENT Administered after FQ section is completed.		
	BOX RHBEG	routing	GO TO RH1PRE - RH1PRECT .		
RH1PRECT	RH1PRE	yes/no	Now, you will be asked about the places where (SP) stayed for one night or more between [January 1, (CURRENT YEAR)/(SP) admission to this facility/(SP) readmission to this facility /(REF DATE)] and today including staying in [other parts of the larger facility), hospitals or other places. In answering these questions, it might be helpful for you to review records that show discharges or transfers from (FACILITY) to [other parts of the larger facility, hospitals or other places. Will you be able to answer these questions?	(01) Yes (02) No	(01) BOX RH1 (02) RHSTAFF
RHSTAFF	RHSTAFF	Roster	Collecting this information is necessary to move forward with the survey. Please enter the name, email address, and phone number for the staff member that would be best suited to answer these questions and they will be contacted to complete the survey.	(01) [Continuous answer.]	(01) CONTRHNM
CONTRHNM	RHSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	(01) CONTRHPH
CONTRHPH	RHSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	(01) CONTRHEA
CONTRHEA	RHSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE EMAIL ADDRESS	(01) [Continuous answer.]	(01) THANKSCRN2
	BOX RH1	routing	If MCBSFAC_BPreloadSP.CURRTYPE = 1/(CFR), GO TO RH7 - RHALIVE. ELSE IF SP IS EXPECTED IPR1, GO TO RH2 - ADMITMM1. ELSE GO TO RH2A - ADMITMM2.		
ADMITMM1	RH2	date	On what date was (SP) most recently admitted to (FACILITY)? MONTH	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH2 - ADMITDD1 (-8) RHSTAFF (-9) RHSTAFF
ADMITDD1	RH2	date	On what date was (SP) most recently admitted to (FACILITY)? DAY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH2 - ADMITYY1 (-8) RHSTAFF (-9) RHSTAFF
ADMITYY1	RH2	date	On what date was (SP) most recently admitted to (FACILITY)? YEAR	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX RH2 (-8) RHSTAFF (-9) RHSTAFF
ADMITMM2	RH2A	date	On what date [on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE),] do your records show (SP) was admitted to (FACILITY)? MONTH	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH2 - ADMITDD2 (-8) RHSTAFF (-9) RHSTAFF
ADMITDD2	RH2A	date	On what date [on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE),] do your records show (SP) was admitted to (FACILITY)? DAY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH2 - ADMITYY2 (-8) RHSTAFF (-9) RHSTAFF
ADMITYY2	RH2A	date	On what date [on or around (ADMISSION DATE REPORTED BY A PREVIOUS SOURCE),] do your records show (SP) was admitted to (FACILITY)? YEAR	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX RH2A1 (-8) RHSTAFF (-9) RHSTAFF

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX RH2A1	routing	IF SP IS IPR (MCBSFAC_BPreloadSP.CURRTYPE=5) OR RH2A DATE IS WITHIN +/- 7 DAYS OF ADMISSION DATE REPORTED BY A PREVIOUS SOURCE, GO TO BOX RH2. ELSE GO TO RH2AVB - WHYADDIS.		
WHYADDIS	RH2AVB	verbatim	If known, please describe why there is a discrepancy between the admission date previously reported and the admission date entered during this interview.	(01) [Continuous answer.]	(01) BOX RH2
	BOX RH2	routing	IF MCBSFAC_BPreloadSP.CURRTYPE = 5/(IPR), 2/(CFC), OR 3/(FFC), GO TO RH6 - RHSEX. ELSE GO TO RH7 - RHALIVE.		
RHSEX	RH6	code one	Is (SP) male or female?	(01) Male (02) Female	(01) RH7 - RHALIVE (02) RH7 - RHALIVE
RHALIVE	RH7	yes/no	Is (SP) alive?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX RH7 (02) RH8 - RHDODMM (-8) BOX RH7 (-9) BOX RH7
RHDODMM	RH8	date	On what date did (SP) die? MONTH	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH8 - RHDODDD (-8) BOX RH6 (-9) BOX RH6
RHDODDD	RH8	date	DAY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH8 - RHDODYY (-8) RH8 - RHDODYY (-9) RH8 - RHDODYY
RHDODYY	RH8	date	YEAR	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX RH6 (-8) BOX RH6 (-9) BOX RH6
	BOX RH6	routing	IF SP IS MCBSFAC_BPreloadSP.CURRTYPE = 5/(IPR), GO TO THANKSCRN2.. ELSE IF MONTH OR YEAR OF DEATH IS DK OR RF, GO TO RH3 - RH3CT. ELSE, GO TO BOX RH7.		
	BOX RH7	routing	IF SP IS MCBSFAC_BPreloadSP.CURRTYPE = 5/(IPR), GO TO RH9 - RHDOBMM. ELSE GO TO BOX RH9A.		
RHDOBMM	RH9	date	What (is/was) (SP's) date of birth? ENTER A 4-DIGIT YEAR. MONTH	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH9 - RHDOBDD (-8) RH9 - RHDOBDD (-9) RH9 - RHDOBDD
RHDOBDD	RH9	date	DAY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH9 - RHDOBYY (-8) RH9 - RHDOBYY (-9) RH9 - RHDOBYY
RHDOBYY	RH9	date	YEAR	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX RH9A (-8) RH10-RHAGE (-9) RH10-RHAGE
RHAGE	RH10	numeric	Approximately how old is (SP)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX RH9A (-8) BOX RH9A (-9) BOX RH9A
	BOX RH9A	routing	IF SP IS A MCBSFAC_BPreloadSP.CURRTYPE = 1/(CFR), GO TO RH11A - RHPROBE1. ELSE GO TO RH11B - RHPROBE2.		
RHPROBE1	RH11A	yes/no	Between (REF DATE), (the date of the last survey), and (RH END OF REFERENCE PERIOD) has (SP) been in (FACILITY) the whole time or has (SP) spent one or more nights [in another part of the larger facility,] in a hospital, or in some other place?	(01) Yes, they resided in this facility the whole time (02) No, they were also in some other place (-9) REFUSED	(01) BOX RH10 (02) BOX RH13A (-9) BOX RH10
RHPROBE2	RH11B	yes/no	Between (REF DATE) and (RH END OF REFERENCE PERIOD) has (SP) been in (FACILITY) the whole time or has (SP) spent one or more nights [in another part of the larger facility,] in a hospital, or in some other place?	(01) Yes, they resided in this facility the whole time (02) No, they were also in some other place (-9) REFUSED	(01) BOX RH10 (02) BOX RH13A (-9) BOX RH10

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RHPROBE3	RH12	yes/no	Between (CURRENT START DATE) and (END OF RH REFERENCE PERIOD) was (SP) in (CURRENT PLACE) the whole time?	(01) Yes, they resided here the whole time (02) No, they left this place (-8) Don't Know (-9) REFUSED	(01) BOX RH10 (02) BOX RH13A (-8) BOX RH10 (-9) BOX RH10
	BOX RH10	routing	(IF RH11A-RHPROBE1 = 1/YesTheyResidedHereTheWholeTime, OR RH11B-RHPROBE2 = 1/YesTheyResidedHereTheWholeTime, OR RH12-RHPROBE3 = 1/YesTheyResidedHereTheWholeTime) AND SP IS ALIVE OR VITAL STATUS IS NOT KNOWN, GO TO BOX RH24. (IF RH11A-RHPROBE1 = RF, OR RH11B-RHPROBE2 = RF, OR RH12-RHPROBE3 = DK or RF) AND SP IS ALIVE OR VITAL STATUS IS NOT KNOWN, GO TO RH12B - CURSTIL. ELSE GO TO RH12A - CURDIED.		
CURDIED	RH12A	code one	Was (SP) in (CURRENT PLACE) when (SP) died on (DATE OF DEATH) or somewhere else?	(00) Somewhere else (01) In (FACILITY) (-8) Don't Know (-9) REFUSED	(00) BOX RH13A (01) BOX RH24 (-8) BOX RH24 (-9) BOX RH24
CURSTIL	RH12B	yes/no	Is (SP) still at (CURRENT PLACE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX RH24 (02) BOX RH13A (-8) BOX RH24 (-9) BOX RH24
	BOX RH13A	routing	GO TO RH13 - STAYEMM.		
STAYEMM	RH13	date	When did (SP) leave (CURRENT PLACE)? MONTH	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH13 - STAYEDD (-8) RH13 - STAYEDD (-9) RH13 - STAYEDD
STAYEDD	RH13	date	When did (SP) leave (CURRENT PLACE)? DAY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH13 - STAYEYY (-8) RH13 - STAYEYY (-9) RH13 - STAYEYY
STAYEYY	RH13	date	When did (SP) leave (CURRENT PLACE)? YEAR	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX RH11 (-8) BOX RH11 (-9) BOX RH11
	BOX RH11	routing	IF ANY PART OF RH13 DATE IS MISSING, GO TO RH14 - STAYNITE. ELSE GO TO RH21 - XSTPLACS.		
STAYNITE	RH14	numeric	About how many nights did (SP) spend there?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH21 - XSTPLACS (-8) RH21 - XSTPLACS (-9) RH21 - XSTPLACS
XSTPLACS	RH21	roster	[Where did (SP) go on (START DATE)?/Where is (SP) living now?/Where was (SP) staying when (SP) died on (DATE OF DEATH)?] SELECT NAME FROM LIST OR SELECT "[NEED TO ADD PLACE]".	(01) [Continuous answer.]	(01) BOX RH12
	BOX RH12	routing	IF RH21-XSTPLACS = "[NEED TO ADD PLACE]", GO TO RH21A - XSTPLACN. ELSE GO TO BOX RH13.		
XSTPLACN	RH21A	Text	ENTER THE NAME OF THE PLACE.	(01) [Continuous answer.]	(01) BOX RH13
	BOX RH13	routing	IF PLACE ADDED AT RH21A-XSTPLACN, GO TO RH22 - PLACKIRH. ELSE IF PLACE SELECTED IS A HOSPITAL, GO TO RH25 - SNFWING. ELSE GO TO BOX RH18.		
~~LOCTEMP~~	~~RH21B~~	~~yes/no~~	~~Is (ADDED PLACE NAME) part of the larger facility (LARGER FACILITY NAME)?~~	~~(01) Yes~~ ~~(02) No~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) RH22 - PLACKIRH~~ ~~(02) RH22 - PLACKIRH~~ ~~(-8) RH22 - PLACKIRH~~ ~~(-9) RH22 - PLACKIRH~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PLACKIRH	RH22	code one	Please look at the list on your screen and select what kind of place (ADDED PLACE NAME) is:	(01) Nursing Home/Rehab Center (02) Personal Care home/Residential Care Facility (03) CCRC/Retirement Home/Center (04) Hospital (05) Private Home or Apartment (07) Other LTC Facility (91) Other	(01) BOX RH15 (02) BOX RH15 (03) BOX RH15 (04) BOX RH15 (05) BOX RH15 (07) BOX RH15 (91) RH22 - PLKIRHOS
PLKIRHOS	RH22	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX RH15
	BOX RH15	routing	IF RH22 - PLACKIRH = 1/NursingHomeRehabCenter, 2/PersonalCareHome, OR 7/OtherLtcFacility, GO TO BOX RH24. ELSE IF RH22 - PLACKIRH = 3/CcrcRetirementHomeCenter, GO TO BOX RH18. ELSE IF RH22 - PLACKIRH = 4/Hospital, GO TO RH25 - SNFWING. ELSE GO TO RH31A - LIVEALWI.		
SNFWING	RH25	yes/no	Was (SP) staying in a SNF wing or SNF unit of (CURRENT PLACE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX RH24 (02) BOX RH24 (-8) BOX RH24 (-9) BOX RH24
	BOX RH18	routing	IF PLACKIND OF PLACE ADDED OR SELECTED = 1/NursingHomeRehabCenter, 2/PersonalCareHomeResidentialCareFacility, OR 7/OtherLtcFacility AND RH12-RHPROBE3 = 1/Yes AND SP IS ALIVE OR VITAL STATUS IS NOT KNOWN, GO TO BOX RH31. ELSE IF PLACKIND OF PLACE ADDED OR SELECTED = 1/NursingHomeRehabCenter, 2/PersonalCareHomeResidentialCareFacility, OR 7/OtherLtcFacility AND (RH11A-RHPROBE1 = 0/No, DK, or RF, OR RH11B-RHPROBE2 = 0/No, DK, or RF, OR RH12-RHPROBE3 = 0/No, DK, or RF) OR SP IS DECEASED AND PLACE SELECTED IS TARGET FACILITY, GO TO BOX RH24. IF PLACKIND = 5/PrivateHomeOrApartment OR 91/Other, GO TO RH31A - LIVEALWI. ELSE IF PLACKIND = 3/CcrcRetirementHomeCenter, GO TO RH27 - NURWING.		
NURWING	RH27	Yes/No	Was (SP) staying in a nursing wing, nursing unit, assisted living unit, or personal care unit of (CURRENT PLACE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX RH19 (02) BOX RH19 (-8) BOX RH19 (-9) BOX RH19
	BOX RH19	routing	IF RH27-NURWING = 1/Yes, GO TO RH28 - NAMNWING. ELSE GO TO RH29 - PRIVHOME.		
NAMNWING	RH28	Text	What is the name of this nursing wing, nursing unit, assisted living unit or personal care unit?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH28 - NWINGCIT (-8) RH28 - NWINGCIT (-9) RH28 - NWINGCIT
NWINGCIT	RH28	Text	In what city is this place located?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH28 - NWINGSTA (-8) RH28 - NWINGSTA (-9) RH28 - NWINGSTA
NWINGSTA	RH28	Text	In what state is this place located?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BOX RH21 (-8) BOX RH21 (-9) BOX RH21
PRIVHOME	RH29	yes/no	Was (SP) staying in a private home or apartment at (CURRENT PLACE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX RH21 (02) BOX RH21 (-8) BOX RH21 (-9) BOX RH21
	BOX RH21	routing	IF RH29-PRIVHOME = 1/Yes, GO TO RH31A - LIVEALWI. ELSE GO TO BOX RH24.		
LIVEALWI	RH31A	code one	Who (lived/lives) with (SP) there?	(01) Relative (02) Non-relative (03) Both relative and non-relative (04) Alone (-8) Don't Know (-9) REFUSED	(01) BOX RH24 (02) BOX RH24 (03) BOX RH24 (04) BOX RH24 (-8) BOX RH24 (-9) BOX RH24

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX RH24	routing	IF ALL DAYS IN REFERENCE PERIOD ACCOUNTED FOR AND SP'S LAST STAY IS IN A PLACE OTHER THAN THE TARGET FACILITY, GO TO BOX RH36. IF ALL DAYS IN REFERENCE PERIOD ACCOUNTED FOR AND SP IS STILL A RESIDENT OF THE TARGET FACILITY, GO TO BOX BQBEG . ELSE GO TO RH12 - RHPROBE3.		
	BOX RH31	routing	IF (SP IS ALIVE OR SP'S VITAL STATUS IS NOT KNOWN) AND NOT A RESIDENT OF TARGET FACILITY, GO TO BOX RH36. ELSE GO TO BOX BQBEG.		
	BOX RH36	routing	GO TO RH36 - FORMDIS.		
FORMDIS	RH36	yes/no	You reported earlier that (SP) had been discharged to (DISCHARGE PLACE). Was (SP) formally discharged from (FACILITY) for the stay at (LAST PLACE NAME FROM RH21) that began on (DISCHARGE DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTNAME (02) BOX BQBEG (-8) BOX BQBEG (-9) BOX BQBEG
CONTNAME	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). NAME	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTADDR (-8) RH48 - CONTADDR (-9) RH48 - CONTADDR
CONTADDR	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). ADDRESS	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTCITY (-8) RH48 - CONTCITY (-9) RH48 - CONTCITY
CONTCITY	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). CITY	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTSTAT (-8) RH48 - CONTSTAT (-9) RH48 - CONTSTAT
CONTSTAT	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). STATE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTZIP (-8) RH48 - CONTZIP (-9) RH48 - CONTZIP
CONTZIP	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). ZIP CODE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTAREA (-8) RH48 - CONTAREA (-9) RH48 - CONTAREA
CONTAREA	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). AREA CODE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTEXCH (-8) RH48 - CONTEXCH (-9) RH48 - CONTEXCH
CONTEXCH	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). EXCHANGE	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTLOCL (-8) RH48 - CONTLOCL (-9) RH48 - CONTLOCL
CONTLOCL	RH48	text	Please enter the name, address, and telephone number of someone we could contact regarding (SP) at (DISCHARGE PLACE). LOCAL	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) RH48 - CONTREL (-8) RH48 - CONTREL (-9) RH48 - CONTREL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CONTREL	RH49	code one	What is the relationship of (CONTACT NAME FROM RH48) to (SP)?	(02) Spouse (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) REFUSED	(02) BOX BQBEG (56) BOX BQBEG (58) BOX BQBEG (59) BOX BQBEG (60) BOX BQBEG (61)BOX BQBEG (91) RH49 - CONTRFOS (-8) BOX BQBEG (-9) BOX BQBEG
CONTRFOS	RH49	Text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX BQBEG
~~CONTRMOS~~	~~RH49~~	~~Text~~	~~OTHER MALE RELATIVE (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~(01) BOX BQBEG~~
~~CONTNROS~~	~~RH49~~	~~Text~~	~~OTHER NON-RELATIVE (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~(01) BOX BQBEG~~
			BACKGROUND QUESTIONNAIRE SECTION SPECIFICATIONS CRITERIA This section should only be administered to Community to Facility Crossover (CFC) cases and Baseline cases (SAMPLE_UNIT.SAMPLE TYPE= F021 (CFC) OR F020 (IPR)) SEASON This section should be administered in all rounds for Community to Facility Crossover (CFC) cases (SAMPLE_UNIT.SAMPLE TYPE= F021 (CFC) AND MCBSFAC_BPreloadSP.ROUNDTYPE= ALL (1, 2, or 3)) This section should be administered in Fall rounds only for Baseline cases (SAMPLE_UNIT.SAMPLE TYPE= F020 (IPR) AND MCBSFAC_BPreloadSP.ROUNDTYPE=1) PLACEMENT Administered after FQ and RH sections are completed.		
	BOX BQBEG	routing	IF IN MCBSFAC_BPreloadSP.CURRTYPE IN 1/(CFR) OR 3/(FFC), GO TO BQEND-BQENDCT ELSE GO TO BQ1PRE1 - BQ1PRECT.		
BQ1PRECT	BQ1PRE1	yes/no	The following questions are about (SP's) background including (SP's) use of long-term care, demographics, and (SP's) immediate family. In answering some of these questions, you might find it useful to refer to various records. Some of these questions refer to specific points in time while others are more general in nature/background. Will you be able to answer these questions?	(01) Yes (02) No	(01) BQRH22A - BEFORADM (02) BQSTAFF
BQSTAFF	BQSTAFF	Roster	Collecting this information is necessary to move forward with the survey. Please enter the name, email address, and phone number for the staff member that would be best suited to answer these questions and they will be contacted to complete the survey.	(01) [Continuous answer.]	(01) CONTBQNM
CONTBQNM	BQSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	(01) CONTBQPH
CONTBQPH	BQSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	(01) CONTBQEA
CONTBQEA	BQSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE EMAIL ADDRESS	(01) [Continuous answer.]	(01) THANKSCRN2
BEFORADM	BQRH22A	code one	Please look at the list on screen and enter what kind of place (SP) was in just before being admitted here on (ADMISSION DATE).	(01) Nursing Home/Rehab Center (02) Personal Care Home/Residential Care Facility (03) CCRC/Retirment Home/Center (04) Hospital (05) Private Home or Apartment (07) Other Long-Term Care Facility (91) Other (-8) Don't Know (-9) REFUSED	(01) BOX BQ3B (02) BOX BQ3B (03) BOX BQ3B (04) BOX BQ3B (05) BOX BQ3B (07) BOX BQ3B (91) BQRH22A - BEFORAOS (-8) BOX BQ3B (-9) BOX BQ3B
BEFORAOS	BQRH22A	verbatim text	OTHER (SPECIFY)	(01) Continuous answer	BOX BQ3B
	BOX BQ3B	routing	IF BQRH22A - BEFORADM = 5/PrivateHomeOrApartment OR 91/Other, GO TO BQRH31A - BLIVEWAL. ELSE GO TO BQ9PRE - BQ9PRECT.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BLIVEWAL	BQRH31A	code one	Who lived with (SP) there?	(01) Relative (02) Non-relative (03) Both relative and non-relative (04) Alone (-8) Don't Know (-9) REFUSED	(01) BQRH31B - BLIVENUM (02) BQRH31B - BLIVENUM (03) BQRH31B - BLIVENUM (04) BQ9PRE - BQ9PRECT (-8) BQ9PRE - BQ9PRECT (-9) BQ9PRE - BQ9PRECT
BLIVENUM	BQRH31B	Numeric	How many people, including relatives and non-relatives, lived with (SP) there?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BQ9PRE - BQ9PRECT (-8) BQ9PRE - BQ9PRECT (-9) BQ9PRE - BQ9PRECT
BQ9PRECT	BQ9PRE	code one	The next few questions are about (SP's) [level of education,] race, ethnicity, and military service. PRESS "1" TO CONTINUE.	(01) CONTINUE	(01) BOX BQ4
	BOX BQ4	routing	IF HA51-BACK.HEDULEV = DK, RF, EMPTY, OR NULL GO TO BQ9 - EDLEVELF. ELSE GO TO BQ10A - BHISPORG.		
EDLEVELF	BQ9	code one	As far as you know, what (is/was) the highest level of schooling (SP) completed? IF DK, USE CATEGORIES AS PROBES.	(01) No Formal Schooling (02) Elementary (1st - 8th Grades) (03) Some High School (9th-12th Grades) (04) Completed High School, No College (05) Technical or Trade School (06) Some College (09) Associate Degree (10) Bachelor's Degree (08) Graduate Degree (-8) Don't Know (-9) REFUSED	(01) BQ10A - BHISPORG (02) BQ10A - BHISPORG (03) BQ10A - BHISPORG (04) BQ10A - BHISPORG (05) BQ10A - BHISPORG (06) BQ10A - BHISPORG (09) BQ10A - BHISPORG (10) BQ10A - BHISPORG (08) BQ10A - BHISPORG (-8) BQ10A - BHISPORG (-9) BQ10A - BHISPORG
BHISPORG	BQ10A	yes/no	(Is/Was) (SP) of Hispanic or Latino origin?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BQ10B - BHISPORD (02) BQ11A - BQRACE (-8) BQ11A - BQRACE (-9) BQ11A - BQRACE
BHISPORD	BQ10B	code all	(Is/was) (SP) Mexican, Mexican American, or Chicano(a), Puerto Rican, Cuban, or of another Hispanic, Latino(a) or Spanish origin? Select all that apply.	(01) Mexican/Mexican American/Chicano(a) (02) Puerto Rican (03) Cuban (91) Other Hispanic, Latino/a, or Spanish Origin (-8) Don't Know (-9) REFUSED	(01) BQ11A - BQRACE (02) BQ11A - BQRACE (03) BQ11A - BQRACE (91) BQ10B - BHISPDOS (-8) BQ11A - BQRACE (-9) BQ11A - BQRACE
BHISPDOS	BQ10B	verbatim text	OTHER ORIGIN (SPECIFY)	(01) Continuous answer	(01) BQ11A - BQRACE
BQRACE	BQ11A	code all	What (is/was) (SP's) race? Select all that apply.	(01) American Indian or Alaska Native (02) Asian (03) Black or African American (04) Native Hawaiian or Other Pacific Islander (05) White (91) Another Race (-8) Don't Know (-9) REFUSED	(01) BOX BQ4A (02) BOX BQ4A (03) BOX BQ4A (04) BOX BQ4A (05) BOX BQ4A (91) BQ11A - BRACEOS (-8) BOX BQ4A (-9) BOX BQ4A
BRACEOS	BQ11A	verbatim text	ANOTHER RACE (SPECIFY)	(01) Continuous answer	(01) BOX BQ4A
	BOX BQ4A	routing	IF BQ11A-BQRACE INCLUDES 2/Asian, GO TO BQ11B - BRACEASD. ELSE GO TO BOX BQ4B.		
BRACEASD	BQ11B	code all	Looking at the list on your screen, (is/was) (SP) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group? Select all that apply.	(01) Asian Indian (02) Chinese (03) Filipino (04) Japanese (05) Korean (06) Vietnamese (91) Other Asian Group (-8) Don't Know (-9) REFUSED	(01) BOX BQ4B (02) BOX BQ4B (03) BOX BQ4B (04) BOX BQ4B (05) BOX BQ4B (06) BOX BQ4B (91) BQ11B - BRACASOS (-8) BOX BQ4B (-9) BOX BQ4B
BRACASOS	BQ11B	verbatim text	OTHER ASIAN GROUP (SPECIFY)	(01) Continuous answer	(01) BOX BQ4B
	BOX BQ4B	routing	IF BQ11A-BQRACE INCLUDES 4/NativeHawaiianOrOtherPacificIslander, GO TO BQ11C - BRACPIDT. ELSE GO TO BOX BQ5.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BRACPIDT	BQ11C	code all	Looking at the list on your screen, (is/was) (SP) Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group? Select all that apply.	(01) Native Hawaiian (02) Guamanian or Chamorro (03) Samoan (91) Other Pacific Islander Group (-8) Don't Know (-9) REFUSED	(01) BOX BQ5 (02) BOX BQ5 (03) BOX BQ5 (91) BQ11C - BRACPIOS (-8) BOX BQ5 (-9) BOX BQ5
BRACPIOS	BQ11C	verbatim text	OTHER PACIFIC ISLANDER GROUP (SPECIFY)	(01) Continuous answer	(01) BOX BQ5
	BOX BQ5	routing	IF SP IS 15 YEARS OLD OR ORLDER, GO TO BQ12 - BEVERAF. ELSE GO TO BQ18PRE - BQ18PRCT.		
BEVERAF	BQ12	yes/no	Did (SP) ever serve on active duty in the Armed Forces?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BQ12A - BARMEDF (02) BQ12B - BEVERNG (-8) BQ12B - BEVERNG (-9) BQ12B - BEVERNG
BARMEDF	BQ12A	code all	Looking at-the list on screen, which time periods best describe when (SP) served in the Armed Forces? Select all that apply.	(01) Iraq or Afghanistan Conflict (2001 - Present) (02) Persian Gulf War (Aug. 1990 - March 1991) (03) Vietnam Era (Aug. 1964 - May 1975) (04) Korean Conflict (June 1950 - Jan. 1955) (05) World War II (Sept. 1940 - July 1947) (07) Peace Time Only (All Other Times) (-8) Don't Know	(01) BQ12B - BEVERNG (02) BQ12B - BEVERNG (03) BQ12B - BEVERNG (04) BQ12B - BEVERNG (05) BQ12B - BEVERNG (06) DO NOT DISPLAY (07) BQ12B - BEVERNG (-8) BQ12B - BEVERNG
BEVERNG	BQ12B	yes/no	Was (SP) ever an active member of a National Guard or military reserve unit of the United States?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BQ12C - BNGDUTY (02) BOX BQ5A (-8) BOX BQ5A (-9) BOX BQ5A
BNGDUTY	BQ12C	yes/no	Was all of (SP's) active duty related to National Guard or military reserve training?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX BQ5A (02) BOX BQ5A (-8) BOX BQ5A (-9) BOX BQ5A
	BOX BQ5A	routing	IF BQ12 - BEVERAF = 1/Yes OR BQ12B - BEVERNG = 1/Yes, GO TO BQ12E - BVARATE. ELSE GO TO BQ13 - BMRJAN.		
BVARATE	BQ12E	Numeric	What (is/was) (SP's) [current/most recent] VA disability rating? THE VA DISABILITY RATING IS A PERCENTAGE IN MULTIPLES OF 10 (I.E., 10%, 20%, ETC.). ENTER THE NUMBER AS A WHOLE NUMBER. DO NOT ENTER THE "%" SIGN.	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BQ13 - BMRJAN (-8) BQ13 - BMRJAN (-9) BQ13 - BMRJAN
BMRJAN	BQ13	code one	(Is/Was) (SP) married, widowed, divorced, separated, or never married?	(01)Never Married (02) Married (03) Widowed (04) Divorced (05) Separated (-8) Don't Know (-9) REFUSED	(01)BQ18PRE - BQ18PRCT (02) BQ18PRCT BQ15 - BHWLIVES (03) BQ18PRE - BQ18PRCT (04) BQ18PRE - BQ18PRCT (05) BQ18PRE - BQ18PRCT (-8) BQ18PRE - BQ18PRCT (-9) BQ18PRE - BQ18PRCT
BHWLIVES	BQ15	code one	Where does (SP's) spouse lives now?	(01) In This Facility (02) Other Nursing Home/Rehab Center (03) Personal Care Home/Residential Care Facility (04) CCRC/Retirement Home/Center (05) Hospital (06) Private Home or Apartment (07) Spouse Deceased (08) Other Long Term Care Facility (-8) Don't Know (-9) REFUSED	(01) BQ18PRE - BQ18PRCT (02) BQ18PRE - BQ18PRCT (03) BQ18PRE - BQ18PRCT (04) BQ18PRE - BQ18PRCT (05)BQ18PRE - BQ18PRCT (06) BQ18PRE - BQ18PRCT (07) BQ18PRE - BQ18PRCT (08) BQ18PRE - BQ18PRCT (-8) BQ18PRE - BQ18PRCT (-9) BQ18PRE - BQ18PRCT
BQ18PRCT	BQ18PRE	code one	The next few questions are about (SP's) immediate family. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX BQ10

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX BQ10	routing	IF SP IS LESS THAN 15 YEARS OLD, GO TO BQ24 - BINCOAMT. ELSE GO TO BQ20 - BTOTLCHI.		
BTOTLCHI	BQ20	Numeric	Including natural, adopted, and stepchildren, how many living children (does/did) (SP) have?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BQ24 - BINCOAMT (-8) BQ24 - BINCOAMT (-9) BQ24 - BINCOAMT
BINCOAMT	BQ24	Dollar	In studies like this, people are sometimes grouped together according to income. Please enter what (is/was) the total yearly income (SP) [and (their) spouse] received from jobs, businesses, interest, Social Security, Railroad Retirement, Supplemental Security Income (SSI), pensions, and any other sources of income, before taxes or any deductions. Please enter a whole dollar amount followed by ".00"	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) BQEND-BQENDCT (-8) BQ25 - BLESS25 (-9) BQ25 - BLESS25
BLESS25	BQ25	yes/no	(Is/Was) it less than $25,000?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BQ26 - BHOWLESS (02) BQ27 - BHOWMORE (-8) BQEND-BQENDCT (-9) BQEND-BQENDCT
BHOWLESS	BQ26	code one	Would you say it (is/was)…	(01) Less than $5,000, (02) $5,000 - less than $10,000 (03) $10,000 - less than $15,000 (04) $15,000 - less than $20,000 (05) $20,000 - less than $25,000 (-8) Don't Know (-9) REFUSED	(01) BQEND-BQENDCT (02) BQEND-BQENDCT (03) BQEND-BQENDCT (04) BQEND-BQENDCT (05) BQEND-BQENDCT (06) BQEND-BQENDCT (-8) BQEND-BQENDCT (-9) BQEND-BQENDCT
BHOWMORE	BQ27	code one	Would you say it (is/was)…	(01) $25,000 - less than $30,000 (02) $30,000 - less than $40,000 (03) $40,000 - less than $50,000 (04) $50,000 - less than $66,000 (05) $66,000 - less than $109,000 (06) $109,000 or more (-8) Don't Know (-9) REFUSED	(01) BQEND-BQENDCT (02) BQEND-BQENDCT (03) BQEND-BQENDCT (04) BQEND-BQENDCT (05) BQEND-BQENDCT (06) BQEND-BQENDCT (-8) BQEND-BQENDCT (-9) BQEND-BQENDCT
BQENDCT	BQEND	code one	Those are all of the questions we have for you at the moment. After you exit this survey, your facility will be invited to complete two brief follow-up surveys on (SP)'s use of health services and health status, as well as their health insurance coverage and medical service expenditures. On the next two screens, please confirm we have the correct names and contact information for the individuals best fit to complete these surveys.	(01) Continue	(1) HSCONFIRM
HSCONFIRM	HSCONFIRM	yes/no	Our records show that the short survey on (SP)'s use of health services and health status should be sent to: [INSERT NAME FROM CONTHSNM IN FACILITY SCREENER) [INSERT PHONE NUMBER FROM CONTHSPH IN FACILITY SCREENER) [INSERT EMAIL ADDRESS FROM CONTHSEA IN FACILITY SCREENER) Is this correct?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) INCONFIRM (02) CONTHS (-8) INCONFIRM (-9) INCONFIRM
CONTHS	CONTHS		Who is the person that would be most knowledgeable to answer questions about (SP)'s health status and use of health services? Please provide their name, phone number, and email address.	(01) Continue	(01) CONTHSNM
CONTHSNM	CONTHSNM	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	(01) CONTHSPH
CONTHSPH	CONTHSPH	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	(01) CONTHSEA
CONTHSEA	CONTHSEA	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S EMAIL ADDRESS	(01) [Continuous answer.]	(01) INCONFIRM

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
INCONFIRM	INCONFIRM	yes/no	Our records show that the short survey on (SP)'s health insurance and expenditures should be sent to: [INSERT NAME FROM CONTINNM IN FACILITY SCREENER) [INSERT PHONE NUMBER FROM CONTINPH IN FACILITY SCREENER) [INSERT EMAIL ADDRESS FROM CONTINEA IN FACILITY SCREENER) Is this correct?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) ENDSCRN (02) CONTIN (-8) ENDSCRN (-9) ENDSCRN
CONTIN	CONTIN		Who is the person that would be most knowledgeable to answer questions about (SP)'s health insurance and expenditures? Please provide their name, phone number, and email address.	(01) Continue	(01) CONTINNM
CONTINNM	CONTINNM	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	(01) CONTINPH
CONTINPH	CONTINPH	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	(01) CONTINEA
CONTINEA	CONTINEA	verbatim	PLEASE ENTER FACILITY STAFF PERSON'S EMAIL ADDRESS	(01) [Continuous answer.]	(01) THANKSCRN
ENDSCRN	ENDSCRN	no entry	After you exit the survey, an email invitation will be sent to the contact names provided for the two brief surveys on (SP)'s use of health services and health status, as well as their health insurance coverage and medical service expenditures. This concludes the survey. Thank you for your time!		
THANKSCRN	THANKSCRN	no entry	That is all of the information needed at this time. An email invitation will be sent to the contact names provided for these two brief surveys. Thank you very much for your time.	(01) Continue	BOX END
THANKSCRN2	THANKSCRN2	no entry	That is all of the information needed at this time. Thank you for your time and participation.	(01) Continue	BOX END
	BOX END	routing	END OF SURVEY		