Vital and

Health Statistics

Plan and Operation: National Nursing Home Survey Followup, 1987, 1988, 1990

Series 1:
Programs and Collection Procedures
No. 30

This report describes the plan and operation for Wave I, Wave II, and Wave III of the National Nursing Home Survey Followup (NNHSF), a longitudinal study of the cohort of current residents and discharged residents sampled in the 1985 National Nursing Home Survey (NNHS).

National Center for Health Statistics

Manning Feinleib, M.D., Dr.P.H., *Director*

Jack R. Anderson, *Deputy Director*

Jacob J. Feldman, Ph.D., *Associate Director for Analysis and Epidemiology*

Gail F. Fisher, Ph.D., *Associate Director for Planning and Extramural Programs*

Peter L. Hurley, *Associate Director for Vital and Health Statistics Systems*

Robert A. Israel, *Associate Director for International Statistics*

Stephen E. Nieberding, *Associate Director for Management*

Charles J. Rothwell, *Associate Director for Data Processing and Services*

Monroe G. Sirken, Ph.D., *Associate Director for Research and Methodology*

David L. Larson, *Assistant Director, Atlanta*

Office of Analysis and Epidemiology

Jacob J. Feldman, Ph.D., *Associate Director*

Division of Analysis

Jennifer H. Madans, Ph.D., *Acting Director*

Jennifer H. Madans, Ph.D., *Deputy Director*

Jennifer H. Madans, Ph.D., *Acting Chief, Demographic Analysis Staff*

Diane M. Makuc, Dr.P.H., *Chief, Analytical Coordination*

Contents

Appendixes

Text figures

Text tables

Symbols

- - - Data not available

. . . Category not applicable

— Quantity zero

0.0 Quantity more than zero but less than 0.05

Z Quantity more than zero but less than 500 where numbers are rounded to thousands

* Figure does not meet standard of reliability or precision (100 or fewer estimated deaths; relative standard error of 30 percent or more)

Plan and operation: National Nursing Home Survey Followup, 1987, 1988, 1990

by Ilene B. Gottfried, Mary Ann Bush, and
Jennifer H. Madans, Ph.D., Office of Analysis and
Epidemiology

Introduction

The National Nursing Home Survey Followup (NNHSF) is a longitudinal study that followed the cohort of current residents and discharged residents sampled in the 1985 National Nursing Home Survey (NNHS) (1–8). The NNHSF built on the data collected in the 1985 NNHS by extending the period of observation by approximately 5 years and providing longitudinal information on nursing home and hospital utilization.

The followup consists of three waves of data collection. Wave I was conducted from August through December 1987, Wave II from July through November 1988, and Wave III from January through April 1990.

The study—a collaborative project between the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) and the National Institute on Aging (NIA) of the National Institutes of Health (NIH)—was conducted under the auspices of the U.S. Public Health Service. The followup was funded primarily by NIA. In collaboration with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), several additional questions were added to the end of the Wave III interview. Funding for this section was provided by ASPE.

The survey was designed in response to the increasing demand for information on the dynamics of long-term care use. There has been a great deal of interest within both the public and private sectors in the structure and financing of long-term care services. However, until the NNHSF was conducted, these data were not available except for a few studies conducted in small geographic areas. The NNHSF provides data on the flow of persons in and out of long-term care facilities and hospitals. These utilization profiles can then be examined in relation to information on the resident, the facility, and the community.

The 1985 National Nursing Home Survey

The 1985 National Nursing Home Survey collected a variety of data about long-term care facilities and their residents. (The Reference section lists several publications based on the 1985 NNHS.) Data were collected on a sample of patients who were current residents at the time of contact with the facility, as well as on a sample of discharges that occurred within the 12-month period prior to the facility contact.

A flow chart of the design of the NNHS, the next-of-kin (NOK) interview, and the NNHSF is presented, along with the results of data collection, in figure 1. This figure shows the relationship among the surveys and provides information on the number of subjects eligible for each component, the number of completed interviews, and the number of subjects found to be deceased at each time of contact. There were 5,243 sampled current residents and 6,023 sampled discharges in the NNHS. Detailed information collected on current residents pertained to dependence in activities of daily living, functional impairments, diagnoses, the receipt of services, cognitive and emotional status, charges, source of payments, history of nursing home use, and a number of other topics of considerable prognostic significance. For discharged residents, the information focused on diagnoses and services, source of payments, nursing home and hospital use prior to the sampled nursing home stay, hospitalizations during the sample stay, and nursing home readmissions subsequent to the sample stay.

To supplement the current and discharged resident components, the 1985 NNHS included an NOK component. The NOK interview, using a computer-assisted telephone interviewing (CATI) system, was designed to obtain information not readily available from patient records, or other sources in the nursing home, on the factors affecting patterns of nursing home and health care facility utilization. The identities of the potential respondents for this component were obtained as part of the Current Resident Questionnaire (CRQ) and the Discharged Resident Questionnaire (DRQ). The preferred respondents were relatives or friends of the subject who could provide information about the resident's condition prior to being admitted to the nursing home. Thus, a "best" respondent,
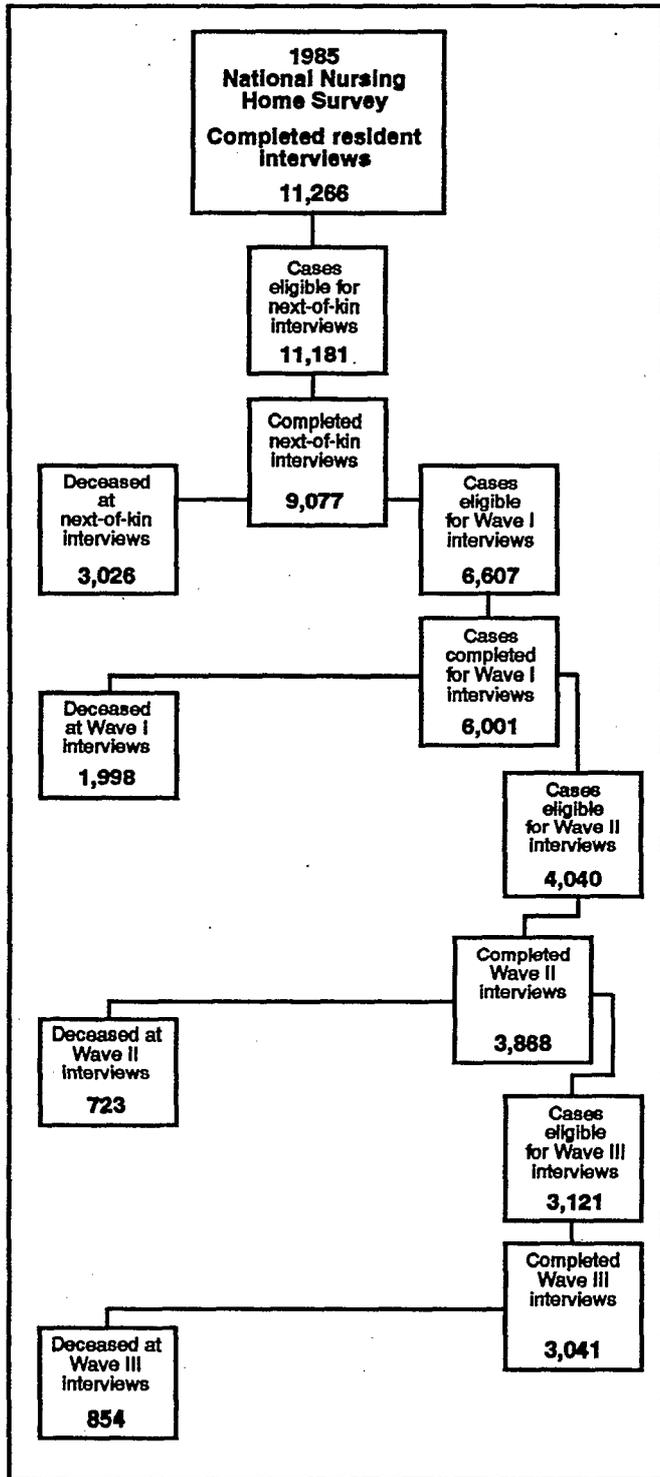
Figure 1. Survey design, number of eligible subjects, and number of completed cases: National Nursing Home Survey and Followup, 1985

usually the next of kin, was identified and then contacted by telephone for the NOK interview. In some cases, the subject, him- or herself, was interviewed for the NOK component. Information was obtained on the resident's status prior to the sample admission, past use of nursing homes, hospital admissions and discharges, activities of daily living at admission, reasons for entering the nursing home, method of payment, current vital status, and living arrangements. All residents with a completed CRQ or DRQ were eligible to be interviewed for the NOK component if information was available to contact the resident or a next of kin.

As stated earlier, the current resident file contained 5,243 cases, and the discharge resident file contained 6,023 sample discharge cases (9). Since the DRQ sample is an event sample, an individual resident could have had more than one stay in the discharged resident sample and/or in both the current resident and discharged resident samples. The NOK interview, however, was designed to follow residents and not events. Thus, only the first stay for any resident was eligible for the NOK interview. There were 11,181 individuals—5,200 CRQ's and 5,981 DRQ's— identified on the resident CRQ/DRQ tapes after accounting for those residents who had had more than 1 sampled stay. The NOK interview was conducted about 3 months after the facility contact, beginning in October 1985. Of those eligible, 9,077 respondents were interviewed, 1,073 cases were not fielded, and 1,010 were fielded but did not respond. Thirty-three percent (3,023 cases) of the sample were found to be deceased. A detailed account of the training and interviewing schedule is provided in appendix I. Copies of all pertinent study materials (advance letters, forms, and questionnaire) can be found in appendix II.

National Nursing Home Survey Followup Design

Designation of respondent

In all waves of the followup, the previous wave's respondent would be the first individual contacted for information on a new wave. As a result, facility staff acted as respondents if the subject had been a nursing home resident at the last contact, and community-based individuals served in this capacity if the subject had been discharged into the community. The survey was designed to allow for the contact of more than one respondent, if necessary, to maximize the amount of information collected. For example, if an interview with a community respondent revealed that the subject had been readmitted to a facility, that facility could then be contacted to obtain information on utilization since the admission, as well as on current status. Conversely, if an initial interview with facility personnel indicated that the subject had been discharged, a new respondent could be contacted (either a relative or the subject, depending on the type of discharge) to provide information on the subject's current status. Although more than one respondent could be contacted for data collection purposes, information was merged from all respondents concerning a subject to provide one complete, continuous record of nursing home and hospital stays.

Questionnaire

The NNHSF questionnaire is divided into sections. Unless otherwise noted, the same questionnaire was used

in all waves of the followup. Questions in section A (Resident sample) were asked only if the subject resided in a nursing home at the time of the previous data-collection wave. These questions determined whether the subject was still a resident at the specified facility and if the stay had been uninterrupted; if the subject had been discharged alive; to what place the subject had been discharged; and how many times the subject had been discharged and readmitted to the facility since the last date of contact. Section B pertained to subjects not residing in a nursing home at the last contact and those identified as deceased in section A; information on vital status, date and State of death, and use of hospice care was obtained. Questions in section C were asked of surviving subjects and obtained information on current living arrangements.

Section D focused on stays in nursing homes since the last contact other than those reported in section A. Residents who had been in the same nursing home continuously since the last contact did not receive this section.

Section E obtained information on hospital stays. Section F collected data for administrative purposes.

Information on participation in the Medicare program was obtained in section G, and section H dealt with payment for nursing home care. The Wave III questionnaire also included section I, which collected administrative data, and section J, which asked about the disposition of the subject's own home.

Up to three respondents could have been contacted to participate in the Wave III interview: a "core respondent" to answer questions in the main portion of the questionnaire; a "core 2 respondent" to update the information given by the core respondent if the core respondent did not know the current status of the subject; and a "section J respondent" to answer questions in that section if a facility respondent was used for the main questionnaire. (In a few cases, a facility provided responses to section J.)

Since these questions were only asked in Wave III, that information is not available for subjects who were known to be deceased at the facility contact, at the NOK interview, or in Wave I or Wave II of the followup. Those eligible for section J represent a very select subgroup of the original cohort. This subgroup was diminished further by 187 cases where residents were eligible for section J but did not receive the questionnaire because an appropriate respondent could not be identified. Therefore, great care should be taken when generalizing the data in section J.

Computer-assisted telephone interview system

The NNHSF interviews were conducted using a computer-assisted telephone interview (CATI) system, in which data collection and data entry occur concurrently and the flow of the interview is computer controlled.

The CATI questionnaire used for the NNHSF was a modified version of that developed for the NOK component of the NNHS. At each wave, questions were asked concerning vital status, nursing home and hospital utilization since the last contact, current living arrangements, Medicare number, and source of payment.

Programming was slightly modified at Wave II and again at Wave III:

● In Wave II, valid dates were identified in two ways: For cases completed in Wave I, valid dates were restricted to those occurring in 1987; however, for cases not completed in Wave I, earlier dates were allowed.

● A second facility was not contacted in Wave I; however, for Wave II, CATI was altered to allow for a respondent from a second facility.

● For Wave III, an additional set of questions (section J) was added to the original questionnaire used in Waves I and II. These questions were programmed as part of the Wave III CATI questionnaire, and the CATI program was altered to allow for up to three respondents.

Unless otherwise specified on the questionnaire, CATI was programmed for the NNHSF so that the same set of questions was asked irrespective of whether the respondent was a subject, a next of kin, or a facility official.

Procedures

Approximately 1–2 weeks before the start of the data collection period, advance letters were mailed to respondents (see appendix II). A letter was mailed to each primary respondent for whom an address was available. For respondents who had participated in previous interviews, both the letter and the oral introduction in the interview thanked the respondent for earlier cooperation and reviewed the purpose of the survey. For newly identified respondents, the letter and interview introduction stated the purpose of the study in greater detail. For respondents for whom no address was available or who received no letter, a special introductory paragraph was added to the questionnaire, which included the contents of the letter.

Many respondents to the Wave I followup were the original sample facilities because a large number of survey subjects were still residents in these facilities at the time the NOK interview was administered. Likewise, many of the respondents in Waves II and III were the facilities in which the Wave II and Wave III residents lived at the time of those interviews. Those facilities that would have been requested to complete a questionnaire for more than one case were identified and sent a single letter listing all their residents about whom inquiries would be made. This reduced the number of contacts with these facilities and eliminated the need for multiple letters to the same nursing home. The CATI questionnaire was programmed to allow the interviewer to complete all cases within a single nursing home on one call without having to reread the introduction.

Telephone contacts were made primarily during daytime hours, including weekends. As necessary, interviews were conducted during the evening hours. Upon

contacting the appropriate respondent, the interviewer proceeded with the interview, if possible, or scheduled a time to call back. A minimum of five attempts were made to contact each potential respondent for whom there appeared to be a workable telephone number.

If a nursing home refused to participate or could not be contacted, all cases that would have been completed by the facility were converted to proxy interviews. In some cases, the names of the proxies to be contacted were furnished by the facility; in most cases, however, interviewers had to use the names listed in the CATI respondent roster for the NOK interview and for earlier waves of the followup.

If a designated respondent could or would not participate, the interviewer attempted to obtain the name and telephone number of another potential respondent to contact. If the designated respondent could not be located, other contact names contained in the CATI file were examined, and attempts were made to locate and interview another individual.

Reasons for noninterviews are presented in figure 2. The majority of noninterviews stemmed from the inability to locate and/or contact another respondent. Reasons for refusals ranged from "not interested" and "don't want to" to "need permission" and "short of staff." "Medically/physically incompetent" and language barriers were included in the "other" category. The "not attempted" category in Wave I was due to interviewer error. (These cases were followed up in Wave II.)

In addition to the reminder in the advance letters, respondents were again informed before the interview that their participation was voluntary and that the information provided would be held in confidence.

Wave I

The Wave I followup cohort was composed of two types of cases:

● All subjects with a completed NOK interview who were not known to be deceased at the time of that interview
● Subjects who were eligible for the NOK interview and were not known to be deceased, but for whom a completed interview was not obtained

Of the 6,607 subjects identified for inclusion in Wave I, 6,051 were in the first group, and 556 in the second. There were 1,751 males and 4,261 females, ranging in age from 3 years to 106 years old. The majority (65 percent) of the eligible cases came from the current resident sample, as was the situation in Waves II and III.

Six hundred and six subjects (606) did not respond to the Wave I contact (figure 2), and 33 percent of those contacted were found to be deceased. Seventy-three percent of the cohort were found to be residents of the sample nursing homes, and another 10 percent were in another nursing home. (See table A.)

While the overall response rate for Wave I was 91 percent, the rate did vary according to certain characteristics of the sample. Table B outlines the response rates according to selected subject characteristics. The response rate was higher for residents who were selected as part of the current resident sample and who were residents at the sample facility at the last contact (96 percent). The response rates were lowest for those who were not residents in a facility at last contact (70 percent) and for those who did not have a completed NOK interview (69 percent).
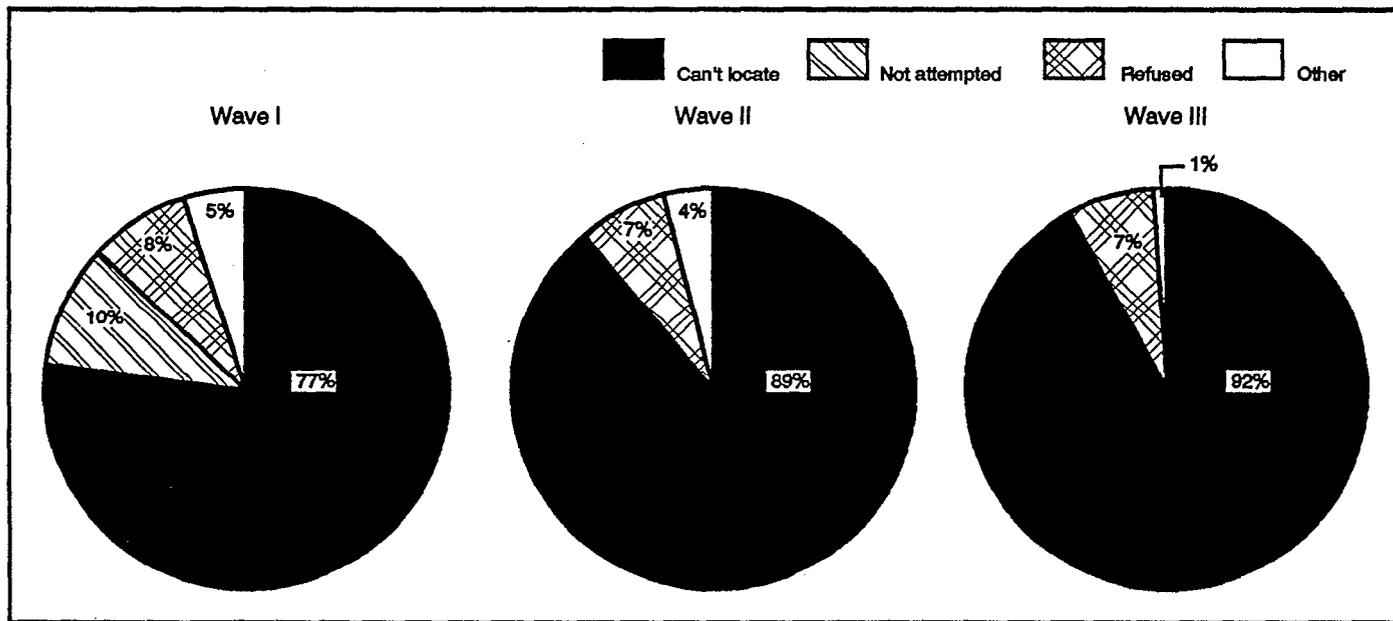

Figure 2. Reasons for noninterview: National Nursing Home Survey Followup, 1985–90

Table A: Number and percent distribution of subjects in the three waves of the National Nursing Home Survey Followup cohort by selected characteristics of subjects, according to survey wave: United States, 1987, 1988, 1990

Characteristic	Wave I		Wave II		Wave III	
	Number	Percent Distribution	Number	Percent Distribution	Number	Percent Distribution
Total	6,607	100.0	4,040	100.0	3,121	100.0
Resident sample status						
Current resident	4,324	65.4	2,783	68.9	2,149	68.9
Discharged resident.	2,283	34.6	1,257	31.1	972	31.1
NOK response status						
NOKQ completed	6,051	91.6	3,787	93.7	2,927	93.8
NOKQ not completed.	556	8.4	253	6.3	194	6.2
Residence at last contact						
Sample nursing home	4,791	72.6	2,892	71.6	2,141	68.6
Other nursing home.	644	9.7	597	14.8	557	17.8
Not a nursing home.	1,172	17.7	551	13.6	423	13.6

NOTES: NOK is next of kin. NOKQ is next-of-kin questionnaire.

More than 75 percent of noninterviewed cases involved a subject or nonfacility proxy respondent, and more than 85 percent of these noninterviews resulted from an inability to locate the respondent. Reasons for noninterviews among facility respondents were refusal and the inability to locate the respondent. Refusals were involved in about 8 percent of the total of the noninterviews.

Wave II

The 4,040 subjects eligible for the Wave II cohort included:

- Wave I subjects for whom an interview was obtained, who were alive at the time of the interview, and who did not require a facility followup for complete information at Wave I
- Wave I subjects for whom an interview was obtained, who were alive at the time of the interview, but who required a facility followup to obtain complete information

Table B: Percent of cases with completed interviews in the three waves of the National Nursing Home Survey Followup cohort by selected characteristics of the subjects and survey wave: United States, 1987, 1988, 1990

Characteristics	Wave I	Wave II	Wave III
		Percent	
Total	90.8	97.1	97.4
Resident sample status			
Current resident	96.1	97.9	98.3
Discharged resident.	80.9	95.5	95.9
NOK response status			
NOKQ completed	92.8	97.7	97.8
NOKQ not completed.	69.1	88.3	92.1
Residence at last contact			
Sample nursing home	96.5	99.3	98.6
Other nursing home.	82.4	91.9	96.4
Not a nursing home.	69.6	86.7	93.1

NOTES: NOK is next of kin. NOKQ is next-of-kin questionnaire.

- Eligible Wave I subjects for whom, through interviewer error, no interview attempt was made

Some information was collected on 3,868 subjects—1,069 males and 2,799 females—for an overall response rate of 97 percent (table B). The response rate was almost the same whether a resident was selected as part of the current resident sample (98 percent) or the discharged resident sample (96 percent). The response rates were highest for residents who had been in nursing homes at the time of the last contact and for residents with a completed next-of-kin questionnaire. At the time of contact, 723 subjects (19 percent) were found to be deceased.

Wave III

There were 3,160 subjects originally deemed eligible for a Wave III interview: those who were alive at the time of the Wave II interview and for whom some information was obtained during Wave II. However, some of the subjects for whom only partial information was obtained in the Wave II survey were not included in Wave III because the only respondents located at the time of the Wave II interview for these subjects could not provide up-to-date information on the subjects' current status. In addition, after the completion of Wave II, it was found that some subjects who were believed to be alive at Wave II had actually died prior to the Wave II interview. The Wave II data was then updated to reflect the final status of these subjects, and those subjects were excluded from Wave III. Ultimately, a total of 3,121 subjects were eligible for interviewing at Wave III.

Some information was obtained at Wave III on 3,041 subjects for an overall response rate of 97 percent (table B). The response rates were almost equal regardless of current or discharged resident sample status. The response rates were only slightly higher for those residents with a completed next-of-kin questionnaire who were residents of nursing homes at last contact.

5

Information on the core questionnaire was complete for 2,995 subjects (98 percent). An additional 46 cases had only partial core information. Complete section J information was obtained for 2,845 subjects (93 percent). As mentioned earlier, for 187 subjects either no section J respondent could be located or the located respondent refused to be interviewed. Nine of the subjects for whom section J was complete had only partial core information available. Information for the combined interview (both the core and section J questionnaires) was complete for 2,836 subjects (93 percent).

Estimation procedures

The information contained on the microdata tapes combines data on subsets of the original current resident and discharged resident samples. However, the current resident and discharged resident samples were originally designed to be analyzed separately. Although it is possible to combine the samples in certain instances, the procedures for doing so are not discussed here.

In analyzing the data, it is also important to note:

- The discharge resident sample is an event sample, and an individual could have multiple records on the discharged resident file or have records on both the discharged resident file and the current resident file.
- However, each record on the followup tapes represents a person rather than an event, so an individual can only have one record on the followup files.

These factors affect how the data should be analyzed.

Decisions concerning the appropriate way to weight the data should take into account the objectives of the analysis, the design of the current resident and discharged resident samples, and nonresponse to the resident questionnaires and/or the NOK interviews. Some analyses may require more complicated weighting strategies than are discussed here. A statistician should be consulted in those instances. The data tapes contain the original weights for the current and discharged resident samples and the two sets of weights derived for the NOK interview file. A discussion of these weights and a description of the NOK interview file are provided in the Public-Use Data Tape Documentation of the Next-of-Kin Component of the 1985 National Nursing Home Survey. Weights have not been constructed that take into account nonresponse in the NNHSF. However, nonresponse rates are low. Also, NOK weights are not available for subjects for whom there was no NOK interview but who may have been interviewed in Waves I, II, and III. This complicates weighting procedures even further.

The weighting procedures used to analyze data from the NNHS and the NNHSF depend on the objectives of the analysis. For example, information on utilization history from the NOK interview and the NNHSF can be used to supplement the information from the resident questionnaires. In this situation, the data from the NOK and NNHSF tapes would be matched to the CRQ/DRQ tapes,

and nonresponse to the NOK and the NNHSF would be treated as missing data. The weights provided on the CRQ and DRQ data tapes are included on the Wave III tape in columns 550–557 and 574–581, respectively. These weights do not include adjustments for nonresponse to the NOK interview or to the Wave I, Wave II, or Wave III interviews.

Alternatively, the data available on the NOK tape may be central to the analysis, and the investigator might want to use weights that take into account nonresponse to the NOK interview. Nonresponse to the NOK questionnaire could have resulted from failure to obtain sufficient information on the CRQ/DRQ to contact a next of kin or from failure to complete an interview. Therefore, two weights for each sample case (current resident or discharged resident with a completed NOK) are provided. One of these estimators weights the NOK data to the number of CRQ or DRQ cases with an identified next-of-kin respondent. This estimator is the product of the base weight for sample current or discharged residents, adjustments for the presence of next of kin, and adjustments for nonresponse to the NOK questionnaire in cases where a respondent was identified. The second estimator weights the NOK data to the total number of DRQ or CRQ cases. This estimator assumes that persons without a next of kin have essentially the same characteristics as those for whom next of kin were listed. This estimator is the product of the CRQ/DRQ base weight and adjustments for nonresponse to the NOK questionnaire, as indicated previously. As noted earlier, the NOK weights do not include adjustments for nonresponse to the Wave I, Wave II, or Wave III questionnaires.

The use of the provided weights is complicated by the design features of the CRQ, the DRQ, the NOK questionnaire, and the NNHSF. In particular, it is important to keep in mind that the DRQ is an event sample. That is, events, rather than persons, are sampled. Thus, an individual can appear more than once on the sampling list. Although the CRQ is a sample of persons and not of events, some current residents were also included in the discharge sample if they were discharged from the nursing home in the previous 12 months.

Although they use the basic CRQ and DRQ samples, the NOK component and the NNHSF follow persons. This is a particular problem for the DRQ sample. All information for persons sampled more than once is included on one record; the reference date for the utilization history questions is the earliest sampled discharge date (question 24 of the NOK interview). Thus, information on the characteristics of the person at the time of admission (questions 2–19) is collected only for this first sampled stay. If an investigator wants to make inferences about discharge "events," it is necessary to add cases to the file that duplicate the information for those persons who appear in the discharge sample more than once. Information on the identification (ID) numbers of each of the discharged resident's other sampled stays is in positions 53–59 and 60–66 of the NOK tape. When

records are duplicated to add cases to represent all discharged resident stays, the ID numbers in positions 1–7 of the added records should be changed to match the ID numbers identified in positions 53–59 and 60–66 of the original record.

For example, if a resident has two stays listed on the discharge file, and the first sampled discharge has an ID number of 1000001 (positions 1–7), the ID number of the second stay (1000002) is stored in positions 53–59. When the information is duplicated, the ID for the duplicate stay must be changed to 1000002. In addition, stay information must be rearranged to identify the appropriate sampled stay and stay sequences for each new record. Furthermore, information on subject characteristics prior to admission for other-than-the-first sampled stay will be missing.

Similarly, if the investigator wishes to make inferences about all current residents, it is necessary to add current resident cases to the file for each resident with stays recorded in both the discharge and current resident samples by duplicating the appropriate information for the discharge resident case and changing the status to "current resident" by changing the ID number.

For example, cases with ID numbers in positions 67–73 of the NOK tape should be duplicated and treated as CRQ cases with the ID number changed to the CRQ ID found in positions 67–73. Stay information must also be arranged to identify the appropriate sampled stay and stay sequences for each new record. Moreover, because all of these cases were originally sampled as current resident cases (but retained as discharge cases on the NOK file), the CRQ weights in NOK positions 388–395, 396–403, and 404–411 should be used to make estimates for current residents. The DRQ weight fields should be blanked out for these resident cases. The cases that were included in both the CRQ and DRQ samples are the only cases on the NOK file with both CRQ and DRQ weights.

Analyses using the DRQ sample to make inferences about persons must take into account the fact that the probability of being selected for the survey increases with the number of nursing home stays during the sample period; that is, persons with many stays are more likely to be selected into the samples.

There are two ways to compensate for this. One way is to restrict estimates to cases where the sampled stay is the first eligible stay that the individual had during the sampling frame. In another method, the investigator can adjust the base weight by dividing by the probability of an individual (not events) being selected and adjusting for nonresponse. The calculation of the probability of selection for an individual with multiple stays is complex and should be computed under the guidance of a statistician. The information needed to make both of these modifications is available in the DRQ files. Additional complications result from analyses that involve combining the CRQ and DRQ samples. For example, some data items were collected in the CRQ questionnaire but not in the DRQ questionnaire.

Data tape information

Public-use data tapes for Wave I, Wave II, and Wave III of the National Nursing Home Survey Followup have been released and are available from the National Technical Information Service (NTIS). In addition, all components of the 1985 NNHS (including the NOK data tape) are available as public-use data tapes through the NTIS. The NOK and followup tapes can be linked to the 1985 National Nursing Home Survey public-use data tapes. The subject's identification number can be used to link all three waves of the followup files to the NNHS files and to the NOK file.

References

1. Hing E, Sekscenski E, Strahan G. The National Nursing Home Survey: 1985 summary for the United States, National Center for Health Statistics. Vital Health Stat 13(97). 1989.
2. Hing E. Effects of the prospective payment system on nursing homes. National Center for Health Statistics. Vital Health Stat 13(98). 1989.
3. Hing E. Nursing home utilization by current residents, United States, 1985. National Center for Health Statistics. Vital Health Stat 13(102). 1989.
4. Sekscenski E. Discharges from nursing homes: 1985 National Nursing Home Survey. National Center for Health Statistics. Vital Health Stat 13(103). In press.
5. Strahan G. Nursing home characteristics: preliminary data from the 1985 National Nursing Home Survey. Advance data from vital and health statistics, no. 131. Hyattsville, Maryland: National Center for Health Statistics. 1987.
6. Hing E. Use of nursing homes by the elderly: preliminary data from the 1985 National Nursing Home Survey. Advance data from vital and health statistics, no. 135. Hyattsville, Maryland: National Center for Health Statistics. 1987.
7. Sekscenski E. Discharges from nursing homes: preliminary data from the 1985 National Nursing Home Survey. Advance data from vital and health statistics, no. 142. Hyattsville, Maryland: National Center for Health Statistics. 1987.
8. Strahan G. Characteristics of registered nurses in nursing homes: preliminary data from the 1985 National Nursing Home Survey. Advance data from vital and health statistics, no. 152. Hyattsville, Maryland: National Center for Health Statistics. 1988.
9. National Center for Health Statistics. Public-use data tape documentation: National Nursing Home Survey, 1985. Hyattsville, Maryland: Public Health Service. 1988.

Appendixes

Contents

Appendix I
Training and interviewing schedule for the 1985 National Nursing Home Survey and the National Nursing Home Survey Followup

Planning for the 1985 National Nursing Home Survey (NNHS) began in 1983. A pretest was conducted from March 1984 through January 1985. Planning for the National Nursing Home Survey Followup (NNHSF) began in the summer of 1986, and Office of Management and Budget (OMB) approval was obtained on February 2, 1987. The training and interviewing schedule is presented below.

Time period	Type of training/interviewing
March 1984	NNHS pretest: interviewer training
April–June 1984	NNHS pretest: field interviewing
June 1984	NNHS pretest: computer-assisted telephone interview (CATI) training, Round I
June–August 1984	NNHS pretest: CATI interviewing, Round I
January 1985	NNHS pretest: CATI training, Round II
January–March 1985	NNHS pretest: CATI interviewing, Round II
July–August 1985	1985 NNHS: interviewer training
August 1985–January 1986	1985 NNHS: field interviewing
October 1985	Next-of-kin (NOK) interview: CATI training
October 1985–March 1986	NOK: CATI interviewing
August 1987	NNHSF: CATI training, Wave I
August–December 1987	NNHSF: CATI interviewing, Wave I
July 1988	NNHSF: CATI training, Wave II
July–November 1988	NNHSF: CATI interviewing, Wave II
January 1990	NNHSF: CATI training, Wave III
January–April 1990	NNHSF: CATI interviewing, Wave III

Appendix II
Study materials

Advance letter to subject

Dear Participant:

A year or so ago you participated in the National Nursing Home Survey.
This survey was conducted by the National Center for Health Statistics,
an agency of the United States Public Health Service. Your cooperation
was most helpful to us and the information you provided has proved to
be extremely valuable. The purpose of this letter is to inform you that
the survey is being extended to obtain more complete information for health
planners who develop policy and provide services for the elderly.

You may recall speaking with us about events occurring before and during
your nursing home experience. In the next few weeks, an interviewer from
Research Triangle Institute, the firm under contract to do this survey,
will be contacting you by telephone and will ask you a brief set of questions
about any additional hospitalizations and nursing home admissions you
might have had since the last time we talked to you. The National Center
for Health Statistics is authorized by Section 306 (42 USC 242K) of the
Public Health Service Act to collect this kind of information.

Let me reassure you that all collected information will be held in strict
confidence and will not be released to anyone or used in any way other
than in statistical summaries. These summaries will only be presented
in a manner which ensures that no individual can be identified.

Your continuing participation in this survey is voluntary, and there are
no penalties for your refusal to participate. You may be assured, however,
that your participation is greatly appreciated and that your individual
contribution to this survey is needed by health planners.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

Dear Participant:

A year or so ago you participated in the National Nursing Home Survey.
This survey was conducted by the National Center for Health Statistics,
an agency of the United States Public Health Service. Your cooperation
was most helpful to us and the information you provided has proved to
be extremely valuable. The purpose of this letter is to inform you that
the survey is being extended to obtain more complete information for health
planners who develop policy and provide services for the elderly.

You may recall speaking with us about events occurring before and during
the nursing home experience of the person whose name appears below. In
the next few weeks, an interviewer from Research Triangle Institute, the
firm under contract to do this survey, will be contacting you by telephone
and will ask you a brief set of questions about any additional hospitalizations
and nursing home admissions this person might have had since the last
time we talked to you. The National Center for Health Statistics is authorized
by Section 306 (42 USC 242K) of the Public Health Service Act to collect
this kind of information.

Let me reassure you that all collected information will be held in strict
confidence and will not be released to anyone or used in any way other
than in statistical summaries. These summaries will only be presented
in a manner which ensures that no individual can be identified.

Your continuing participation in this survey is voluntary, and there are
no penalties for your refusal to participate. You may be assured, however,
that your participation is greatly appreciated and that your individual
contribution to this survey is needed by health planners.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

Dear Administrator:

In 1985, the National Center for Health Statistics, an agency of the United
States Public Health Service, conducted the National Nursing Home Survey.
This survey was a nationwide sample survey of current and recent nursing
home residents. The persons whose names appear below were listed as residents
of your facility at the time of the survey.

The survey is being extended in order to obtain more complete information
for health planners who develop policy and provide services for the elderly.
In the next few weeks, an interviewer from Research Triangle Institute,
the firm under contract to do this survey, will be contacting you by telephone
and will ask you a brief set of questions about these residents. The interview
process will be greatly facilitated if you will have the records for these
residents accessible when the interviewer calls. The National Center
for Health Statistics is authorized by Section 306 (42 USC 242K) of the
Public Health Service Act to collect this kind of information.

Let me reassure you that all collected information will be held in strict
confidence and will not be released to anyone or used in any way other
than in statistical summaries. These summaries will only be presented
in a manner which ensures that no individual can be identified.

Your continuing participation in this survey is voluntary, and there are
no penalties for your refusal to participate. You may be assured, however,
that your participation is greatly appreciated and that your individual
contribution to this survey is needed by health planners.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

R E S E A R C H   T R I A N G L E   I N S T I T U T E

Center for Survey Research

National Nursing Home Survey Follow-up

Confidentiality Assurance

In accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the Director of the National Center for Health Statistics assures each respondent that the confidentiality of responses to this information request will be maintained by the contractor and NCHS, and that no information obtained in the course of this activity may be disclosed in a manner in which the particular establishment or individual supplying the information or described in it is identifiable, unless such establishment or individual has consented to such a disclosure, to anyone other than authorized staff of NCHS.

I have carefully read and understand the National Center for Health Statistics assurance which pertains to the confidential nature of all records to be handled in regard to this survey. As an employee of the contractor I understand that I am prohibited by law from disclosing any such confidential information which has been obtained under the terms of this contract to anyone other than authorized staff of NCHS.

_____
(Signature)

_____
(Name Printed)

_____
(Date)

Post Office Box 12194   Research Triangle Park. North Carolina 27709   Telephone: 919 541-6000

14

Certification Log

National Nursing Home Survey Follow-up
(NNHSF)

CATI NUMBER	CATI NUMBER	CATI NUMBER

CERTIFICATION: I certify that I have fulfilled the legal requirements of the Privacy Act by reading the standard introduction to the respondents for the cases listed above.

Signature: Interviewer ID #:   Date:

NATIONAL NURSING HOME SURVEY FOLLOW-UP	CATI NO. _____	INT. ID. _____
NONRESPONSE REPORT FORM	BREAKOFF 01	RESULT CODE ____
	REFUSAL 02	RESULT CODE ____
		a.m.
	DATE ____/____/____	TIME _____ p.m.

1. REASONS FOR REFUSAL/BREAKOFF (CIRCLE ALL THAT APPLY):

Too busy	01	Hung up phone	05
Interview will take too long . . .	02	Negative about government	06
Will not give information		Negative about surveys	07
on phone	03	No reason given	08
Concerned about confidentiality .	04	Other (SPECIFY) _____	09

2. STRENGTH OF REFUSAL (CIRCLE ONE):

Mild--no hostility, good possibility of conversion 01
Firm, but not hostile--gave specific reason 02
Very firm and hostile 03

3. DID THE RESPONDENT ASK ABOUT ANY OF THE FOLLOWING (CIRCLE ALL THAT APPLY):

The study purpose	01	Sponsorship	05
Use of the data	02	Why call him/her	06
Confidentiality of information . .	03	Legitimacy of interview	07
RTI	04	Other (SPECIFY) _____	08

4. WHAT EFFORTS WERE MADE TO OBTAIN PARTICIPATION? WHAT DID THE RESPONDENT SAY?

_____
_____
_____
_____
_____

5. FOLLOW-UP ACTIONS

DATE	BY	ACTION TAKEN AND RESULT (USE CONTINUATION SHEET IF NECESSARY)	RESULT CODE

6. FINAL RESULT

Final Result Code Assigned ⬜⬜ Approved By: _____ Date: _____

7. PROJECT STAFF REVIEW: Approved: _____ Date: _____
Returned for additional actions as follows: _____
_____
_____

Problem resolution report

National Nursing Home Survey Follow-up (Project 3934) **Problem Resolution Report**	Cati No.: _____ Question No.: _____ Date:_____ Supervisor: _____ Resolved by: _____

1. Brief Description of Problem:

_____

_____

_____

_____

_____

_____

_____

2. Resolution By: _____ **Date:** _____

_____

_____

_____

_____

_____

_____

3. Notes:

_____

_____

_____

_____

_____

_____

<u>THE NATIONAL NURSING HOME SURVEY FOLLOWUP: WAVE I, 1987</u>

<u>QUESTIONNAIRE</u>

Notice: All information on this questionnaire which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons for any purpose in accordance with the Public Health Service Act (42 USC 242m).

NATIONAL NURSING HOME SURVEY FOLLOWUP: WAVE I, 1987

I. INTRODUCTION

Hello. My name is _____. I'm calling from _____
on behalf of the United States Public Health Service in
Washington, D.C.

To make sure I have dialed correctly, is this --?

    1= YES
    2= NO (REDIAL)

May I please speak to --?

    1= RESPONDENT AVAILABLE (REINTRODUCE YOURSELF AS
       NECESSARY)
    2= RESPONDENT NOT AVAILABLE (MAKE APPOINTMENT)
    3= RESPONDENT UNABLE TO PARTICIPATE - IF RESPONDENT
       DECEASED
         SAY: I'm very sorry. Maybe you will be able to help
         us.

Ia. TO BE USED FOR PREVIOUSLY CONTACTED RESPONDENTS

You may remember that we spoke to you a year or so ago and asked
you some questions about --'s use of nursing homes. Your
cooperation at that time was most helpful. We are now
interested in finding out what has happened to -- with regard to
any nursing home stays or short-term hospitalizations -- may
have had since then. This information is being collected to
assist health planners who provide services for the elderly.
(SKIP TO Id.)

Ib. TO BE USED FOR NEW RESPONDENTS

In 1985 the National Center for Health Statistics, an agency of
the U.S. Public Health Service, conducted a survey of current
and former nursing home residents. -- was selected at random to
take part in this study. We are now interested in finding out
what happened to -- with regard to any nursing home stays or
short-term hospitalizations -- may have had since then. This
information is being collected to assist health planners who
provide services for the elderly. (SKIP TO Id.)

Ic. TO BE USED FOR FACILITY RESPONDENTS

You may remember that in 1985 your facility was contacted during
the National Nursing Home Survey sponsored by the National
Center for Health Statistics, an agency of the U.S. Public
Health Service. We are now interested in finding out what has

happened to the sample residents who were in your facility at that time. This information is being collected to assist health planners who provide services for the elderly. (SKIP TO Id.)

Id. You should have received a letter from Dr. Manning Feinleib, the Director of the National Center for Health Statistics, which described this study. Have you received this letter?

    1= YES (SKIP TO Ie.)
    2= NO

I'm sorry that you did not receive the letter. You should be receiving it shortly. Let me briefly outline its contents for you.

The interviews for the 1987 National Nursing Home Survey Followup are authorized by the Public Health Service Act, Volume 42 of the U.S. Code, Section 242K. In accordance with this legislation, all information on this questionnaire that would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons for any purpose.

Ie. Your participation in this survey is strictly voluntary, and there are no penalties for your refusal to participate. You may be assured, however, that your participation is greatly appreciated.

If. ASK ONLY OF FACILITY RESPONDENTS

I will be asking about (READ NAME(S) FROM ASSIGNMENT LIST).

IF MORE THAN ONE: The first person I want to ask about is --. (SKIP TO Ih.)

Ig. ASK OF PROXY RESPONDENTS

Do you feel able to answer some questions about --?

    1= YES (SKIP TO Ih.)
    2= NO

Ig1. Can you give me the name, address, and phone number of someone or of a facility who knows about --?

    1= YES
    2= NO (SKIP TO END)

Ig2. What is the name?

ENTER NAME - LIMIT 35 CHARACTERS

Ig3. What is the relationship of -- to --?

ENTER RELATIONSHIP -- LIMIT OF 20 CHARACTERS

Ig4. What is the street address of --?

ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

Ig5. What is the name of the city?

ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

Ig6. What State is that in?

ENTER 2-LETTER STATE ABBREVIATION

Ig7. What is the telephone number?

ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

(IF "DK" OR "RE", THANK RESPONDENT AND CALL DIRECTORY ASSISTANCE)

FINAL "DK" OR "RE" - (999) 999-9999

Thank you for your cooperation.

Good-bye. Have a nice (day/evening).

Ih. INTERVIEWER: WHAT TYPE OF RESPONDENT WILL YOU BE INTERVIEWING?

1= THE SUBJECT
2= PROXY
3= FACILITY OTHER THAN SAMPLE NURSING HOME
4= SAMPLE NURSING HOME

NOTE: -- denotes the name of the subject or the appropriate pronoun.

SECTION A ASKED ONLY IF SUBJECT WAS A RESIDENT IN A NURSING FACILITY AT THE LAST CONTACT, OTHERWISE GO TO SECTION B

A1.   IF FIRST RESPONDENT:

At the time of our contact on (date), -- was a resident of (facility). Is -- still a resident ?

IF SECOND RESPONDENT:

We have recently learned that -- was a resident of (facility).

Is -- still a resident?

1= YES (SKIP TO A5)
2= NO

A2.   After (date), in what month and year was -- first discharged?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 84-87)

A3.   Was -- alive at the time of the discharge?

1= YES
2= NO (SKIP TO B2)

A4.   Where was -- discharged to? (AFTER THIS QUESTION, SKIP TO A9)

(IF "HOSPITAL", PROBE FOR SPECIFIC TYPE OF HOSPITAL)

1= OWN HOME OR APARTMENT
2= RELATIVE'S HOME OR APARTMENT
3= OTHER PRIVATE HOME OR APARTMENT
4= RETIREMENT HOME
5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
6= ANOTHER NURSING HOME
7= GENERAL OR SHORT-TERM HOSPITAL
8= MENTAL HOSPITAL
9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
10= HOSPICE
11= SOME OTHER PLACE
12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

A5. Has -- been a resident continuously in (facility) since
     (date)?

     1= YES (SKIP TO E1)
     2= NO

A6. When was -- first discharged after (date)?

     ENTER MONTH (RANGE 1-12)
     ENTER DAY (RANGE 1-31)
     ENTER YEAR (RANGE 84-87)

A7. When was -- next admitted to this nursing home?

     ENTER MONTH (RANGE 1-12)
     ENTER DAY (RANGE 1-31)
     ENTER YEAR (RANGE 84-87)

A8. Was -- discharged from that stay?

     1= YES
     2= NO (SKIP TO D1)

     REPEAT A6-A8 FOR UP TO 4 STAYS

A8a. How many more times was -- admitted between (date) and
     now?

     ENTER NUMBER OF TIMES (RANGE 1-10)

A8b. When was -- last admitted to this nursing home?

     ENTER MONTH (RANGE 1-12)
     ENTER DAY (RANGE 1-31)
     ENTER YEAR (RANGE 84-87)

A9. Was -- ever readmitted to (facility) after (date)?

     1= YES
     2= NO

A10. When was -- first admitted after (date)?

     ENTER MONTH (RANGE 1-12)
     ENTER DAY (RANGE 1-31)
     ENTER YEAR (RANGE 84-87)

A11. When was -- discharged from that stay?

     ENTER MONTH (RANGE 1-12)
     ENTER DAY (RANGE 1-31)
     ENTER YEAR (RANGE 84-87)

A12. Was -- alive at discharge?

      1= YES
      2= NO (SKIP TO B2)

A13. Was -- readmitted after that stay?

      1= YES
      2= NO (SKIP TO B1)

      REPEAT A10-A13 FOR UP TO 3 STAYS

A13a. How many other times was -- admitted between (date) and
      now?

      ENTER NUMBER OF TIMES (RANGE 1-10)

A14. When was -- last admitted to this facility?

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 84-87)

A15. When was -- last discharged from this facility?

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 84-87)

A16. Was -- alive at discharge?

      1= YES
      2= NO (SKIP TO B2)

B1.   (ASK ONLY IF NOT KNOWN)

      Is -- alive?

      1= YES (SKIP TO C1)
      2= NO

B2.   On what date did -- die?

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 84-87)

B3.   In what State did -- die?

      ENTER 2-LETTER STATE ABBREVIATION
      OC= OTHER COUNTRY

B4. During the last 6 months before --'s death, that is, from (date) to (date), did -- receive hospice care either at home, in a hospital, in a nursing home, or in a freestanding hospice?

1= YES (SKIP TO D1)
2= NO (SKIP TO D1)

C1. Where is -- staying now?

(IF THE RESPONSE TO THIS QUESTION IS 7, ASK C2; OTHERWISE, AFTER THIS QUESTION SKIP TO D1)

(IF "HOSPITAL", PROBE FOR SPECIFIC TYPE OF HOSPITAL)

1= OWN HOME OR APARTMENT
2= RELATIVE'S HOME OR APARTMENT
3= OTHER PRIVATE HOME OR APARTMENT
4= RETIREMENT HOME
5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
6= NURSING HOME
7= GENERAL OR SHORT-TERM HOSPITAL
8= MENTAL HOSPITAL
9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
10= HOSPICE
11= SOME OTHER PLACE
12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

What place is that?

ENTER VERBATIM RESPONSE -- LIMIT OF 50 CHARACTERS

C2. Where was -- living before being admitted to the hospital?

1= OWN HOME OR APARTMENT
2= RELATIVE'S HOME OR APARTMENT
3= OTHER PRIVATE HOME OR APARTMENT
4= RETIREMENT HOME
5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
6= NURSING HOME
7= GENERAL OR SHORT-TERM HOSPITAL
8= MENTAL HOSPITAL
9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
10= HOSPICE
11= SOME OTHER PLACE
12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

What place was that?

ENTER VERBATIM RESPONSE -- LIMIT OF 50 CHARACTERS

C3a. What is the name of the nursing home?

1= (facility name)

IF NAME GIVEN IS THAT SHOWN ABOVE, ENTER "1"; OTHERWISE
ENTER NAME OF NURSING HOME -- LIMIT 50 CHARACTERS

C3b. What is the street address of the home?

ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

C3c. What is the name of the city?

ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

C3d. What State is that in?

ENTER 2-LETTER STATE ABBREVIATION

C3e. What is the telephone number?

ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

"DK" OR "RE" - (999) 999-9999

D1. (Other than the stays you have told me about), did -- have
any stays in a nursing home or similar place after (date)?

1= YES
2= NO (SKIP TO E1)

IF SPEAKING TO FACILITY, TIME FRAME IS FROM DATE IN D1 UNTIL THE
LAST DATE RESPONDENT KNOWS ABOUT SUBJECT

D2. When was -- first admitted to a nursing home after (date)?

NOTE: IF DISCHARGED TO NH, DATE WILL BE DISCHARGE DATE

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 84-87)

D2a. How long was -- in the nursing home during this stay?

ENTER NUMBER (RANGE 1-365)
ENTER CODE: CONVERT AS NECESSARY

1= DAYS
2= WEEKS
3= MONTHS
4= YEARS

D3.   When was -- discharged from this nursing home stay?

        20= STILL THERE (SKIP TO E1)
        50= DIED DURING THIS STAY (SKIP TO E1)

        ENTER MONTH (RANGE 1-12)
        ENTER DAY (RANGE 1-31)
        ENTER YEAR (RANGE 84-87)

D4.   Did -- have any other stays in a nursing home or similar
        place after this stay?

        1= YES
        2= NO (SKIP TO E1)

        REPEAT D2-D4 FOR UP TO 3 STAYS

D5a.   How many other stays did -- have in a nursing home or
        similar place between (date) and now?

        ENTER NUMBER (RANGE 1-10)

D5b.   When was -- last admitted to a nursing home?

        ENTER MONTH (RANGE 1-12)
        ENTER DAY (RANGE 1-31)
        ENTER YEAR (RANGE 84-87)

D5c.   How long was -- in the nursing home during this stay?

        ENTER NUMBER (RANGE 1-365)
        ENTER CODE: CONVERT AS NECESSARY

        1= DAYS
        2= WEEKS
        3= MONTHS
        4= YEARS

D5d.   When was -- discharged from this nursing home stay?

        20= STILL THERE (SKIP TO E1)
        50= DIED DURING THIS STAY (SKIP TO E1)

        ENTER MONTH (RANGE 1-12)
        ENTER DAY (RANGE 1-31)
        ENTER YEAR (RANGE 84-87)

IF QUESTION A4=07 OR C1=07 (HOSPITAL), SKIP TO E2

E1. After (date), was -- a patient in a general or short-term
     hospital overnight or longer?

     1= YES
     2= NO (SKIP TO F)

IF SPEAKING TO FACILITY, TIME FRAME IS FROM DATE IN E1 UNTIL THE
LAST DATE RESPONDENT KNOWS ABOUT SUBJECT

E2. When was -- first admitted to a general or short-term
     hospital after (date)?

     ENTER MONTH (RANGE 1-12)
     ENTER DAY (RANGE 1-31)
     ENTER YEAR (RANGE 84-87)

E2a. How long was -- in the hospital during this stay?

     ENTER NUMBER (RANGE 1-365)
     ENTER CODE: CONVERT AS NECESSARY

     1= DAYS
     2= WEEKS
     3= MONTHS
     4= YEARS

E3. When was -- discharged from this hospital stay?

     20= STILL THERE (SKIP TO F)
     50= DIED DURING THIS STAY (SKIP TO F)

     ENTER MONTH (RANGE 1-12)
     ENTER DAY (RANGE 1-31)
     ENTER YEAR (RANGE 84-87)

E4. Did -- have any other stays in a general or short-term
     hospital after this stay?

     1= YES
     2= NO (SKIP TO F)

     REPEAT E2-E4 FOR UP TO 3 STAYS

E5a. How many other stays did -- have in a general or short-
     term hospital between (date) and now?

     ENTER NUMBER (RANGE 1-10)

E5b. When was -- last admitted to a general or short-term hospital?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 84-87)

E5c. How long was -- in the hospital during this stay?

ENTER NUMBER (RANGE 1-365)
ENTER CODE: CONVERT AS NECESSARY

1= DAYS
2= WEEKS
3= MONTHS
4= YEARS

E5d. When was -- discharged from this hospital stay?

20= STILL THERE (SKIP TO F)
50= DIED DURING THIS STAY (SKIP TO F)

ENTER MONTH (RANGE 1-12) (SKIP TO F)
ENTER DAY (RANGE 1-31) (SKIP TO F)
ENTER YEAR (RANGE 84-87) (SKIP TO F)

F. ASK ONLY IF SUBJECT HAS BEEN DISCHARGED FROM A NURSING HOME, OTHERWISE, SKIP TO G

Fa. Can you give me the name, address, and phone number of someone or of a facility who knows about -- after -- was discharged from your facility?

1= YES
2= NO (SKIP TO G)

Fb. What is the name?

ENTER NAME -- LIMIT 50 CHARACTERS

IF FACILITY NAME GIVEN, DO NOT ASK. ENTER "FACILITY"

Fc. What is the relationship of -- to --?

ENTER RELATIONSHIP -- LIMIT 20 CHARACTERS

Fd. What is the street address of --?

ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

Fe. What is the name of the city?

    ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

Ff. What State is that in?

    ENTER 2-LETTER STATE ABBREVIATION

Fg. What is the telephone number?

    ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

    "DK" OR "RE" - (999) 999-9999

G. As part of this survey, we would like to have --'s Medicare
number. This number is needed to allow Medicare records to be
easily and accurately located and identified for statistical
research purposes.

The provision of --'s Medicare number is voluntary and will in
no way affect any benefits -- may be eligible for or -- is
receiving. This information is collected under the authority
of Section 306 of the Public Health Service Act. May I
have --'s Medicare number?

IF NUMBER ENTERED: VERIFY, CHANGE, OR RETURN THROUGH PROMPT

    ENTER MEDICARE NUMBER AND LETTER

    FORMAT: 101001001A

    IF NUMBER NOT ON SCREEN, ENTER "NONE"

H1. Medicaid is a national program which pays for health care
    for persons in need.

    When -- was first admitted to a nursing home, was --
    eligible to receive Medicaid benefits for nursing home
    care?

    1= YES, ELIGIBLE (SKIP TO H4)
    2= NO, INELIGIBLE
    3= NEVER APPLIED (SKIP TO H5)

H2. Why was -- ineligible?

    1= TOO MUCH INCOME/ASSETS
    2= OWNED PROPERTY
    3= AGE
    4= OTHER
    5= PRIVATE WAY

H3. Did -- later become eligible and receive Medicaid benefits for nursing home care?

1= YES
2= NO (SKIP TO H5)

H4. What year did -- begin to receive Medicaid benefits for nursing home care?

ENTER LAST 2 DIGITS OF YEAR

(RANGE 65-87)

ASK ONLY IF THE SUBJECT IS CURRENTLY A RESIDENT OF A NURSING HOME

H5. I am going to read a list of ways in which facilities are paid for their services. Please answer "yes" or "no" to each item that may have helped pay for the care -- is currently receiving.

		YES	NO
1.	Own income, family support, health insurance retirement funds, Social Security	1	2
2.	Medicare.	1	2
3.	Medicaid	1	2
5.	State funded indigent care (excluding Medicaid)	1	2
6.	Other government assistance or welfare.	1	2
7.	Religious organization, foundations, volunteer agencies.	1	2
8.	VA (Veterans Administration).	1	2
9.	Initial payment-life care funds	1	2
10.	No charge made for care (facility assumes cost)	1	2
11.	Some other source	1	2

What other source helps pay for the care -- is currently receiving?

ENTER RESPONSE -- LIMIT 50 CHARACTERS

H5a. You told me that Medicaid helps pay for the care -- is
       currently receiving.

       Is that skilled nursing care (SNF) or intermediate nursing
       care (ICF)?

       1= SKILLED NURSING CARE
       2= INTERMEDIATE NURSING CARE
       3= OTHER

END

Thank you very much for answering these questions. We
appreciate your cooperation in the survey.

In case someone wants to get in touch with you to verify my
work, please give me your name.

       ENTER NAME - LIMIT 50 CHARACTERS

       IF SUBJECT, DO NOT ASK.   ENTER "SELF"
       IF FACILITY, DO NOT ASK.   ENTER "FACILITY"

What is your relationship to --?

       ENTER RELATIONSHIP - LIMIT 20 CHARACTERS

Thank you again for your cooperation.

If you have questions, please feel free to call the National
Nursing Home Survey Followup, toll free.

Have a nice (day/evening).

<u>THE NATIONAL NURSING HOME SURVEY FOLLOWUP: WAVE II, 1988</u>

<u>QUESTIONNAIRE</u>

Notice: All information on this questionnaire which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons for any purpose in accordance with the Public Health Service Act (42 USC 242m).

NATIONAL NURSING HOME SURVEY FOLLOWUP: WAVE II

I. INTRODUCTION

Hello. My name is _____ . I'm calling from _____
on behalf of the United States Public Health Service in
Washington, D.C.

To make sure I have dialed correctly, is this --?

    1= YES
    2= NO (REDIAL)

May I please speak to --?

    1= RESPONDENT AVAILABLE (REINTRODUCE YOURSELF AS NECESSARY)
    2= RESPONDENT NOT AVAILABLE (MAKE APPOINTMENT)
    3= RESPONDENT UNABLE TO PARTICIPATE - IF RESPONDENT DECEASED
       SAY: I'm very sorry. Maybe you will be able to help us.

Ia.   TO BE USED FOR PREVIOUSLY CONTACTED RESPONDENTS

You may remember that we spoke to you a year or so ago and asked
you some questions about --'s use of nursing homes. Your
cooperation at that time was most helpful. We are now interested
in finding out what has happened to -- with regard to any nursing
home stays or short-term hospitalizations -- may have had since
then. This information is being collected to assist health
planners who provide services for the elderly. (SKIP TO Id.)

Ib.   TO BE USED FOR NEW RESPONDENTS

In 1987 the National Center for Health Statistics, an agency of
the U.S. Public Health Service, conducted a survey of current and
former nursing home residents. -- was selected at random to take
part in this study. We are now interested in finding out what
happened to -- with regard to any nursing home stays or short-
term hospitalizations -- may have had since then. This
information is being collected to assist health planners who
provide services for the elderly. (SKIP TO Id.)

Ic.   TO BE USED FOR FACILITY RESPONDENTS

You may remember that in 1987 your facility was contacted during
the National Nursing Home Survey sponsored by the National Center
for Health Statistics, an agency of the U.S. Public Health
Service. We are now interested in finding out what has happened
to the sample residents who were in your facility at that time.
This information is being collected to assist health planners who
provide services for the elderly. (SKIP TO Id.)

Id. You should have received a letter from Dr. Manning Feinleib,
the Director of the National Center for Health Statistics, which
described this study. Have you received this letter?

        1= YES (SKIP TO Ie.)
        2= NO

I'm sorry that you did not receive the letter. You should be
receiving it shortly. Let me briefly outline its contents for
you.

The interviews for the 1987 National Nursing Home Survey Followup
are authorized by the Public Health Service Act, Volume 42 of the
U.S. Code, Section 242K. In accordance with this legislation,
all information on this questionnaire that would permit
identification of the individual will be held in strict
confidence, will be used only by persons engaged in and for the
purposes of the survey, and will not be disclosed or released to
other persons for any purpose.

Ie. Your participation in this survey is strictly voluntary, and
there are no penalties for your refusal to participate. You may
be assured, however, that your participation is greatly
appreciated.

If. ASK ONLY OF FACILITY RESPONDENTS

I will be asking about (READ NAME(S) FROM ASSIGNMENT LIST).

IF MORE THAN ONE: The first person I want to ask about is --.
(SKIP TO Ih.)

Ig. ASK OF PROXY RESPONDENTS

Do you feel able to answer some questions about --?

        1= YES (SKIP TO Ih.)
        2= NO

Ig1. Can you give me the name, address, and phone number of someone or of a facility who knows about --?

    1= YES
    2= NO (SKIP TO END)

Ig2. What is the name?

    ENTER NAME - LIMIT 35 CHARACTERS

Ig3. What is the relationship of -- to --?

    ENTER RELATIONSHIP -- LIMIT OF 20 CHARACTERS

Ig4. What is the street address of --?

    ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

Ig5. What is the name of the city?

    ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

Ig6. What State is that in?

    ENTER 2-LETTER STATE ABBREVIATION

Ig7. What is the telephone number?

    ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

(IF "DK" OR "RE", THANK RESPONDENT AND CALL DIRECTORY ASSISTANCE)

    FINAL "DK" OR "RE" - (999) 999-9999

Thank you for your cooperation.

Good-bye. Have a nice (day/evening).

Ih. INTERVIEWER: WHAT TYPE OF RESPONDENT WILL YOU BE INTERVIEWING?

    1= THE SUBJECT
    2= PROXY
    3= FACILITY OTHER THAN SAMPLE NURSING HOME
    4= SAMPLE NURSING HOME

NOTE: -- denotes the name of the subject or the appropriate
pronoun.

SECTION A ASKED ONLY IF SUBJECT WAS A FACILITY RESIDENT AT
WAVE I, OTHERWISE GO TO SECTION B

A1. IF FIRST RESPONDENT:

At the time of our contact on (date), -- was a resident of
(facility). Is -- still a resident ?

IF SECOND RESPONDENT:

We have recently learned that -- was a resident of
(facility).

Is -- still a resident?

1= YES (SKIP TO A5)
2= NO

A2. After (date), in what month and year was -- first
discharged?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 86-88)

A3. Was -- alive at the time of the discharge?

1= YES
2= NO (SKIP TO B2)

A4. Where was -- discharged to? (AFTER THIS QUESTION, SKIP TO
A9)

(IF "HOSPITAL", PROBE FOR SPECIFIC TYPE OF HOSPITAL)

 1= OWN HOME OR APARTMENT
 2= RELATIVE'S HOME OR APARTMENT
 3= OTHER PRIVATE HOME OR APARTMENT
 4= RETIREMENT HOME
 5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
 6= ANOTHER NURSING HOME
 7= GENERAL OR SHORT-TERM HOSPITAL
 8= MENTAL HOSPITAL
 9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
10= HOSPICE
11= SOME OTHER PLACE
12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

A5. Has -- been a resident continuously in (facility) since (date)?

1= YES (SKIP TO E1)
2= NO

A6. When was -- first discharged after (date)?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 87,88)

A7. When was -- next admitted to this nursing home?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 87,88)

A8. Was -- discharged from that stay?

1= YES
2= NO (SKIP TO D1)

REPEAT A6-A8 FOR UP TO 4 STAYS

A8a. How many more times was -- admitted between (date) and now?

ENTER NUMBER OF TIMES (RANGE 1-10)

A8b. When was -- last admitted to this nursing home?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 87-88)

A9. Was -- ever readmitted to (facility) after (date)?

1= YES
2= NO (SKIP TO B1)

A10. When was -- first admitted after (date)?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 87,88)

A11. When was -- discharged from that stay?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 87,88)

A12. Was -- alive at discharge?

    1= YES
    2= NO (SKIP TO B2)

A13. Was -- readmitted after that stay?

    1= YES
    2= NO (SKIP TO B1)

    REPEAT A10-A13 FOR UP TO 3 STAYS

A13a. How many other times was -- admitted between (date) and now?

    ENTER NUMBER OF TIMES (RANGE 1-10)

A14. When was -- last admitted to this facility?

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 87-88)

A15. When was -- last discharged from this facility?

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 87-88)

A16. Was -- alive at discharge?

    1= YES
    2= NO (SKIP TO B2)

B1. (ASK ONLY IF NOT KNOWN)

    Is -- alive?

    1= YES (SKIP TO C1)
    2= NO

B2. On what date did -- die?

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 86-88)

B3. In what State did -- die?

    ENTER 2-LETTER STATE ABBREVIATION
    OC=OTHER COUNTRY

B4. During the last 6 months before --'s death, that is, from (date) to (date), did -- receive hospice care either at home, in a hospital, in a nursing home, or in a freestanding hospice?

    1= YES (SKIP TO D1)
    2= NO (SKIP TO D1)

C1. Where is -- staying now?

    (IF THE RESPONSE TO THIS QUESTION IS 7, ASK C2; OTHERWISE, AFTER THIS QUESTION SKIP TO D1)

    (IF "HOSPITAL", PROBE FOR SPECIFIC TYPE OF HOSPITAL)

    1= OWN HOME OR APARTMENT
    2= RELATIVE'S HOME OR APARTMENT
    3= OTHER PRIVATE HOME OR APARTMENT
    4= RETIREMENT HOME
    5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
    6= NURSING HOME
    7= GENERAL OR SHORT-TERM HOSPITAL
    8= MENTAL HOSPITAL
    9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
    10= HOSPICE
    11= SOME OTHER PLACE
    12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

    What place is that?

    ENTER VERBATIM RESPONSE -- LIMIT OF 50 CHARACTERS

C2. Where was -- living before being admitted to the hospital?

    1= OWN HOME OR APARTMENT
    2= RELATIVE'S HOME OR APARTMENT
    3= OTHER PRIVATE HOME OR APARTMENT
    4= RETIREMENT HOME
    5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
    6= NURSING HOME
    7= GENERAL OR SHORT-TERM HOSPITAL
    8= MENTAL HOSPITAL
    9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
    10= HOSPICE
    11= SOME OTHER PLACE
    12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

    What place was that?

    ENTER VERBATIM RESPONSE -- LIMIT OF 50 CHARACTERS

C3a. What is the name of the nursing home?

1= (facility name)

IF NAME GIVEN IS THAT SHOWN ABOVE, ENTER "1"; OTHERWISE
ENTER NAME OF NURSING HOME -- LIMIT 50 CHARACTERS

C3b. What is the street address of the home?

ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

C3c. What is the name of the city?

ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

C3d. What State is that in?

ENTER 2-LETTER STATE ABBREVIATION

C3e. What is the telephone number?

ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

"DK" OR "RE" - (999) 999-9999

D1. (Other than the stays you have told me about), did -- have
any stays in a nursing home or similar place after (date)?

1= YES
2= NO (SKIP TO E1)

IF SPEAKING TO FACILITY, TIME FRAME IS FROM DATE IN D1 UNTIL THE
LAST DATE RESPONDENT KNOWS ABOUT SUBJECT

D2. When was -- first admitted to a nursing home after (date)?

NOTE: IF DISCHARGED TO NH, DATE WILL BE DISCHARGE DATE

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 86-88)

D2a. How long was -- in the nursing home during this stay?

ENTER NUMBER (RANGE 1-365)
ENTER CODE: CONVERT AS NECESSARY

1= DAYS
2= WEEKS
3= MONTHS
4= YEARS

D3. When was -- discharged from this nursing home stay?

    20= STILL THERE (SKIP TO E1)
    50= DIED DURING THIS STAY (SKIP TO E1)

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 86-88)

D4. Did -- have any other stays in a nursing home or similar
    place after this stay?

    1= YES
    2= NO (SKIP TO E1)

    REPEAT D2-D4 FOR UP TO 3 STAYS

D5a. How many other stays did -- have in a nursing home or
     similar place between (date) and now?

    ENTER NUMBER (RANGE 1-10)

D5b. When was -- last admitted to a nursing home?

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 87,88)

D5c. How long was -- in the nursing home during this stay?

    ENTER NUMBER (RANGE 1-365)
    ENTER CODE: CONVERT AS NECESSARY

    1= DAYS
    2= WEEKS
    3= MONTHS
    4= YEARS

D5d. When was -- discharged from this nursing home stay?

    20= STILL THERE (SKIP TO E1)
    50= DIED DURING THIS STAY (SKIP TO E1)

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 87,88)

IF QUESTION A4 OR C1=07 (HOSPITAL), SKIP TO E2

E1. After (date), was -- a patient in a general or short-term hospital overnight or longer?

```
1= YES
2= NO (SKIP TO F)
```

IF SPEAKING TO FACILITY, TIME FRAME IS FROM DATE IN E1 UNTIL THE LAST DATE RESPONDENT KNOWS ABOUT SUBJECT

E2. When was -- first admitted to a general or short-term hospital after?

```
ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 86-88)
```

E2a. How long was -- in the hospital during this stay?

```
ENTER NUMBER (RANGE 1-365)
ENTER CODE: CONVERT AS NECESSARY

1= DAYS
2= WEEKS
3= MONTHS
4= YEARS
```

E3. When was -- discharged from this hospital stay?

```
20= STILL THERE (SKIP TO F)
50= DIED DURING THIS STAY (SKIP TO F)

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 86-88)
```

E4. Did -- have any other stays in a general or short-term hospital after this stay?

```
1= YES
2= NO (SKIP TO F)
```

REPEAT E2-E4 FOR UP TO 3 STAYS

E5a. How many other stays did -- have in a general or short-term hospital between (date) and now?

```
ENTER NUMBER (RANGE 1-10)
```

E5b. When was -- last admitted to a general or short-term hospital?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 87,88)

E5c. How long was -- in the hospital during this stay?

ENTER NUMBER (RANGE 1-365)
ENTER CODE: CONVERT AS NECESSARY

1= DAYS
2= WEEKS
3= MONTHS
4= YEARS

E5d. When was -- discharged from this hospital stay?

20= STILL THERE (SKIP TO F)
50= DIED DURING THIS STAY (SKIP TO F)

ENTER MONTH (RANGE 1-12) (SKIP TO F)
ENTER DAY (RANGE 1-31) (SKIP TO F)
ENTER YEAR (RANGE 87,88) (SKIP TO F)

F.   ASK ONLY IF SUBJECT HAS BEEN DISCHARGED FROM A NURSING HOME, OTHERWISE, SKIP TO G

Fa.   Can you give me the name, address, and phone number of someone or of a facility who knows about -- after -- was discharged from your facility?

1= YES
2= NO (SKIP TO G)

Fb.   What is the name?

ENTER NAME -- LIMIT 50 CHARACTERS

IF FACILITY NAME GIVEN, DO NOT ASK. ENTER "FACILITY"

Fc.   What is the relationship of -- to --?

ENTER RELATIONSHIP -- LIMIT 20 CHARACTERS

Fd.   What is the street address of --?

ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

Fe. What is the name of the city?

  ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

Ff. What State is that in?

  ENTER 2-LETTER STATE ABBREVIATION

Fg. What is the telephone number?

  ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

  "DK" OR "RE" - (999) 999-9999

G. As part of this survey, we would like to have --'s Medicare
number. This number is needed to allow Medicare records to be
easily and accurately located and identified for statistical
research purposes.

The provision of --'s Medicare number is voluntary and will in
no way affect any benefits -- may be eligible for or -- is
receiving. This information is collected under the authority of
Section 306 of the Public Health Service Act. May I have --'s
Medicare number?

IF NUMBER ENTERED: VERIFY, CHANGE, OR RETURN THROUGH PROMPT

  ENTER MEDICARE NUMBER AND LETTER

  FORMAT: 101001001A

  IF NUMBER NOT ON SCREEN, ENTER "NONE"

H1. Medicaid is a national program which pays for health care
     for persons in need.

     When -- was first admitted to a nursing home, was --
     eligible to receive Medicaid benefits for nursing home
     care?

     1= YES, ELIGIBLE (SKIP TO H4)
     2= NO, INELIGIBLE
     3= NEVER APPLIED (SKIP TO H5)

H2. Why was -- ineligible?

     1= TOO MUCH INCOME/ASSETS
     2= OWNED PROPERTY
     3= AGE
     4= OTHER
     5= PRIVATE WAY

45

H3. Did -- later become eligible and receive Medicaid benefits for nursing home care?

```
1= YES
2= NO  (SKIP TO H5)
```

H4. What year did -- begin to receive Medicaid benefits for nursing home care?

ENTER LAST 2 DIGITS OF YEAR

(RANGE 65-88)

ASK ONLY IF THE SUBJECT IS CURRENTLY A RESIDENT OF A NURSING HOME

H5. I am going to read a list of ways in which facilities are paid for their services. Please answer "yes" or "no" to each item that may have helped pay for the care -- is currently receiving.

		YES	NO
1.	Own income, family support, health insurance, retirement funds, Social Security.	1	2
2.	Medicare.	1	2
3.	Medicaid.	1	2
5.	State funded indigent care (excluding Medicaid).	1	2
6.	Other government assistance or welfare	1	2
7.	Religious organization, foundations, volunteer agencies	1	2
8.	VA (Veterans Administration)	1	2
9.	Initial payment-life care funds.	1	2
10.	No charge made for care (facility assumes cost).	1	2
11.	Some other source.	1	2

What other source helps pay for the care -- is currently receiving?

ENTER RESPONSE -- LIMIT 50 CHARACTERS

ASK ONLY IF 'YES' TO MEDICAID AS A SOURCE OF PAYMENT

H5a. You told me that Medicaid helps pay for the care -- is currently receiving.

Is that skilled nursing care (SNF) or intermediate nursing care (ICF)?

1= SKILLED NURSING CARE
2= INTERMEDIATE NURSING CARE
3= OTHER

END

Thank you very much for answering these questions. We appreciate your cooperation in the survey.

In case someone wants to get in touch with you to verify my work, please give me your name.

ENTER NAME - LIMIT 50 CHARACTERS

IF SUBJECT, DO NOT ASK.   ENTER "SELF"
IF FACILITY, DO NOT ASK.   ENTER "FACILITY"

What is your relationship to --?

ENTER RELATIONSHIP - LIMIT 20 CHARACTERS

Thank you again for your cooperation.

If you have questions, please feel free to call the National Nursing Home Survey Followup, toll free.

Have a nice (day/evening).

<u>THE NATIONAL NURSING HOME SURVEY FOLLOWUP: WAVE III, 1990</u>

<u>QUESTIONNAIRE</u>

Notice: All information on this questionnaire which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons for any purpose in accordance with the Public Health Service Act (42 USC 242m).

NATIONAL NURSING HOME SURVEY FOLLOWUP: WAVE III, 1990

I. INTRODUCTION

Hello. My name is _____. I'm calling from _____
on behalf of the United States Public Health Service in
Washington, D.C.

To make sure I have dialed correctly, is this --?

    1= YES
    2= NO (REDIAL)

May I please speak to --?

    1= RESPONDENT AVAILABLE (REINTRODUCE YOURSELF AS NECESSARY)
    2= RESPONDENT NOT AVAILABLE (MAKE APPOINTMENT)
    3= RESPONDENT UNABLE TO PARTICIPATE - IF RESPONDENT DECEASED
       SAY: I'm very sorry. Maybe you will be able to help us.

Ia. TO BE USED FOR PREVIOUSLY CONTACTED RESPONDENTS

You may remember that we spoke to you a year or so ago and asked
you some questions about --'s use of nursing homes. Your
cooperation at that time was most helpful. We are now interested
in finding out what has happened to -- with regard to any nursing
home stays or short-term hospitalizations -- may have had since
then. This information is being collected to assist health
planners who provide services for the elderly. (SKIP TO Id.)

Ib. TO BE USED FOR NEW RESPONDENTS

In 1988 the National Center for Health Statistics, an agency of
the U.S. Public Health Service, conducted a survey of current
and former nursing home residents. -- was selected at random to
take part in this study. We are now interested in finding out
what happened to -- with regard to any nursing home stays or
short-term hospitalizations -- may have had since then. This
information is being collected to assist health planners who
provide services for the elderly. (SKIP TO Id.)

Ic. TO BE USED FOR FACILITY RESPONDENTS

You may remember that in 1988 your facility was contacted during
the National Nursing Home Survey sponsored by the National Center
for Health Statistics, an agency of the U.S. Public Health
Service. We are now interested in finding out what has happened
to the sample residents who were in your facility at that time.
This information is being collected to assist health planners who
provide services for the elderly. (SKIP TO Id.)

Id. You should have received a letter from Dr. Manning Feinleib, the Director of the National Center for Health Statistics, which described this study. Have you received this letter?

    1= YES (SKIP TO Ie.)
    2= NO

I'm sorry that you did not receive the letter. You should be receiving it shortly. Let me briefly outline its contents for you.

The interviews for the 1990 National Nursing Home Survey Followup are authorized by the Public Health Service Act, Volume 42 of the U.S. Code, Section 242K. In accordance with this legislation, all information on this questionnaire that would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons for any purpose.

Ie. Your participation in this survey is strictly voluntary, and there are no penalties for your refusal to participate. You may be assured, however, that your participation is greatly appreciated.

If. ASK ONLY OF FACILITY RESPONDENTS

I will be asking about (READ NAME(S) FROM ASSIGNMENT LIST).

IF MORE THAN ONE: The first person I want to ask about is --. (SKIP TO Ih.)

Ig. ASK OF PROXY RESPONDENTS

Do you feel able to answer some questions about --?

    1= YES (SKIP TO Ih.)
    2= NO

Ig1. Can you give me the name, address, and phone number of someone or of a facility who knows about --?

    1= YES
    2= NO (SKIP TO END)

Ig2. What is the name?

    ENTER NAME - LIMIT 35 CHARACTERS

Ig3. What is the relationship of -- to --?

    ENTER RELATIONSHIP -- LIMIT OF 20 CHARACTERS

Ig4. What is the street address of --?

    ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

Ig5. What is the name of the city?

    ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

Ig6. What State is that in?

    ENTER 2-LETTER STATE ABBREVIATION

Ig7. What is the telephone number?

    ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

(IF "DK" OR "RE", THANK RESPONDENT AND CALL DIRECTORY ASSISTANCE)

    FINAL "DK" OR "RE" - (999) 999-9999

Thank you for your cooperation.

Good-bye. Have a nice (day/evening).

Ih. INTERVIEWER: WHAT TYPE OF RESPONDENT WILL YOU BE INTERVIEWING?

    1= THE SUBJECT
    2= PROXY
    3= FACILITY OTHER THAN SAMPLE NURSING HOME
    4= SAMPLE NURSING HOME

NOTE: -- denotes the name of the subject or the appropriate pronoun.

    SECTION A ASKED ONLY IF SUBJECT WAS A FACILITY RESIDENT AT WAVE II, OTHERWISE GO TO SECTION B

A1. IF FIRST RESPONDENT:

    At the time of our contact on (date), -- was a resident of (facility). Is -- still a resident ?

    IF SECOND RESPONDENT:

    We have recently learned that -- was a resident of (facility).

    Is -- still a resident?

    1= YES (SKIP TO A5)
    2= NO

A2. After (date), in what month and year was -- first discharged?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A3. Was -- alive at the time of the discharge?

1= YES
2= NO (SKIP TO B2)

A4. Where was -- discharged to? (AFTER THIS QUESTION, SKIP TO A9)

(IF "HOSPITAL", PROBE FOR SPECIFIC TYPE OF HOSPITAL)

 1= OWN HOME OR APARTMENT
 2= RELATIVE'S HOME OR APARTMENT
 3= OTHER PRIVATE HOME OR APARTMENT
 4= RETIREMENT HOME
 5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
 6= ANOTHER NURSING HOME
 7= GENERAL OR SHORT-TERM HOSPITAL
 8= MENTAL HOSPITAL
 9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
10= HOSPICE
11= SOME OTHER PLACE
12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

A5. Has -- been a resident continuously in (facility) since (date)?

1= YES (SKIP TO E1)
2= NO

A6. When was -- first discharged after (date)?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A7. When was -- next admitted to this nursing home?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A8. Was -- discharged from that stay?

1= YES
2= NO (SKIP TO D1)

REPEAT A6-A8 FOR UP TO 4 STAYS

A8a. How many more times was -- admitted between (date) and now?

ENTER NUMBER OF TIMES (RANGE 1-10)

A8b. When was -- last admitted to this nursing home?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A9. Was -- ever readmitted to (facility) after (date)?

1= YES
2= NO (SKIP TO B1)

A10. When was -- first admitted after (date)?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A11. When was -- discharged from that stay?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A12. Was -- alive at discharge?

1= YES
2= NO (SKIP TO B2)

A13. Was -- readmitted after that stay?

1= YES
2= NO (SKIP TO B1)

REPEAT A10-A13 FOR UP TO 3 STAYS

A13a. How many other times was -- admitted between (date) and now?

ENTER NUMBER OF TIMES (RANGE 1-10)

A14. When was -- last admitted to this facility?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A15. When was -- last discharged from this facility?

ENTER MONTH (RANGE 1-12)
ENTER DAY (RANGE 1-31)
ENTER YEAR (RANGE 88-90)

A16. Was -- alive at discharge?

       1= YES
       2= NO (SKIP TO B2)

B1.   (ASK ONLY IF NOT KNOWN)

       Is -- alive?

       1= YES (SKIP TO C1)
       2= NO

B2.   On what date did -- die?

       ENTER MONTH (RANGE 1-12)
       ENTER DAY (RANGE 1-31)
       ENTER YEAR (RANGE 88-90)

B3.   In what State did -- die?

       ENTER 2-LETTER STATE ABBREVIATION
       OC=OTHER COUNTRY

B4.   During the last 6 months before --'s death, that is, from
       (date) to (date), did -- receive hospice care either at
       home, in a hospital, in a nursing home, or in a
       freestanding hospice?

       1= YES (SKIP TO D1)
       2= NO (SKIP TO D1)

C1.   Where is -- staying now?

       (IF THE RESPONSE TO THIS QUESTION IS 7, ASK C2; OTHERWISE,
       AFTER THIS QUESTION SKIP TO D1)

       (IF "HOSPITAL", PROBE FOR SPECIFIC TYPE OF HOSPITAL)

        1= OWN HOME OR APARTMENT
        2= RELATIVE'S HOME OR APARTMENT
        3= OTHER PRIVATE HOME OR APARTMENT
        4= RETIREMENT HOME
        5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
        6= NURSING HOME
        7= GENERAL OR SHORT-TERM HOSPITAL
        8= MENTAL HOSPITAL
        9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
       10= HOSPICE
       11= SOME OTHER PLACE
       12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

       What place is that?

       ENTER VERBATIM RESPONSE -- LIMIT OF 50 CHARACTERS

C2. Where was -- living before being admitted to the hospital?

     1= OWN HOME OR APARTMENT
     2= RELATIVE'S HOME OR APARTMENT
     3= OTHER PRIVATE HOME OR APARTMENT
     4= RETIREMENT HOME
     5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
     6= NURSING HOME
     7= GENERAL OR SHORT-TERM HOSPITAL
     8= MENTAL HOSPITAL
     9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
    10= HOSPICE
    11= SOME OTHER PLACE
    12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.

    What place was that?

    ENTER VERBATIM RESPONSE -- LIMIT OF 50 CHARACTERS

C3a. What is the name of the nursing home?

    1= (facility name)

    IF NAME GIVEN IS THAT SHOWN ABOVE, ENTER "1"; OTHERWISE
    ENTER NAME OF NURSING HOME -- LIMIT 50 CHARACTERS

C3b. What is the street address of the home?

    ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

C3c. What is the name of the city?

    ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

C3d. What State is that in?

    ENTER 2-LETTER STATE ABBREVIATION

C3e. What is the telephone number?

    ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

    "DK" OR "RE" - (999) 999-9999

D1. (Other than the stays you have told me about), did -- have
    any stays in a nursing home or similar place after (date)?

    1= YES
    2= NO (SKIP TO E1)

IF SPEAKING TO FACILITY, TIME FRAME IS FROM DATE IN D1 UNTIL THE
LAST DATE RESPONDENT KNOWS ABOUT SUBJECT

D2.   When was -- first admitted to a nursing home after (date)?

      NOTE: IF DISCHARGED TO NH, DATE WILL BE DISCHARGE DATE

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 88-90)

D2a. How long was -- in the nursing home during this stay?

      ENTER NUMBER (RANGE 1-365)
      ENTER CODE: CONVERT AS NECESSARY

      1= DAYS
      2= WEEKS
      3= MONTHS
      4= YEARS

D3.   When was -- discharged from this nursing home stay?

      20= STILL THERE (SKIP TO E1)
      50= DIED DURING THIS STAY (SKIP TO E1)

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 88-90)

D4.   Did -- have any other stays in a nursing home or similar
      place after this stay?

      1= YES
      2= NO (SKIP TO E1)

      REPEAT D2-D4 FOR UP TO 3 STAYS

D5a. How many other stays did -- have in a nursing home or
      similar place between (date) and now?

      ENTER NUMBER (RANGE 1-10)

D5b. When was -- last admitted to a nursing home?

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 88-90)

D5c. How long was -- in the nursing home during this stay?

    ENTER NUMBER (RANGE 1-365)
    ENTER CODE: CONVERT AS NECESSARY

    1= DAYS
    2= WEEKS
    3= MONTHS
    4= YEARS

D5d. When was -- discharged from this nursing home stay?

    20= STILL THERE (SKIP TO E1)
    50= DIED DURING THIS STAY (SKIP TO E1)

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 88-90)

IF QUESTION A4 OR C1=07 (HOSPITAL), SKIP TO E2

E1. After (date), was -- a patient in a general or short-term
    hospital overnight or longer?

    1= YES
    2= NO (SKIP TO F)

IF SPEAKING TO FACILITY, TIME FRAME IS FROM DATE IN E1 UNTIL THE
LAST DATE RESPONDENT KNOWS ABOUT SUBJECT

E2. When was -- first admitted to a general or short-term
    hospital after?

    ENTER MONTH (RANGE 1-12)
    ENTER DAY (RANGE 1-31)
    ENTER YEAR (RANGE 88-90)

E2a. How long was -- in the hospital during this stay?

    ENTER NUMBER (RANGE 1-365)
    ENTER CODE: CONVERT AS NECESSARY

    1= DAYS
    2= WEEKS
    3= MONTHS
    4= YEARS

E3.   When was -- discharged from this hospital stay?

      20= STILL THERE (SKIP TO F)
      50= DIED DURING THIS STAY (SKIP TO F)

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 88-90)

E4.   Did -- have any other stays in a general or short-term
      hospital after this stay?

      1= YES
      2= NO (SKIP TO F)

      REPEAT E2-E4 FOR UP TO 3 STAYS

E5a. How many other stays did -- have in a general or short-term
      hospital between (date) and now?

      ENTER NUMBER (RANGE 1-10)

E5b. When was -- last admitted to a general or short-term
      hospital?

      ENTER MONTH (RANGE 1-12)
      ENTER DAY (RANGE 1-31)
      ENTER YEAR (RANGE 88-90)

E5c. How long was -- in the hospital during this stay?

      ENTER NUMBER (RANGE 1-365)
      ENTER CODE: CONVERT AS NECESSARY

      1= DAYS
      2= WEEKS
      3= MONTHS
      4= YEARS

E5d. When was -- discharged from this hospital stay?

      20= STILL THERE (SKIP TO F)
      50= DIED DURING THIS STAY (SKIP TO F)

      ENTER MONTH (RANGE 1-12) (SKIP TO F)
      ENTER DAY (RANGE 1-31) (SKIP TO F)
      ENTER YEAR (RANGE 88-90) (SKIP TO F)

F. ASK ONLY IF SUBJECT HAS BEEN DISCHARGED FROM A NURSING HOME, OTHERWISE, SKIP TO G

Fa. Can you give me the name, address, and phone number of someone or of a facility who knows about -- after -- was discharged from your facility?

    1= YES
    2= NO (SKIP TO G)

Fb. What is the name?

    ENTER NAME -- LIMIT 50 CHARACTERS

IF FACILITY NAME GIVEN, DO NOT ASK. ENTER "FACILITY"

Fc. What is the relationship of -- to --?

    ENTER RELATIONSHIP -- LIMIT 20 CHARACTERS

Fd. What is the street address of --?

    ENTER STREET ADDRESS -- LIMIT OF 25 CHARACTERS

Fe. What is the name of the city?

    ENTER NAME OF CITY -- LIMIT OF 15 CHARACTERS

Ff. What State is that in?

    ENTER 2-LETTER STATE ABBREVIATION

Fg. What is the telephone number?

    ENTER TELEPHONE NUMBER -- FORMAT: (XXX) YYY-ZZZZ

    "DK" OR "RE" - (999) 999-9999

G. As part of this survey, we would like to have --'s Medicare
number. This number is needed to allow Medicare records to be
easily and accurately located and identified for statistical
research purposes.

The provision of --'s Medicare number is voluntary and will in
no way affect any benefits -- may be eligible for or -- is
receiving. This information is collected under the authority of
Section 306 of the Public Health Service Act. May I have --'s
Medicare number?

IF NUMBER ENTERED: VERIFY, CHANGE, OR RETURN THROUGH PROMPT

    ENTER MEDICARE NUMBER AND LETTER

    FORMAT: 101001001A

    IF NUMBER NOT ON SCREEN, ENTER "NONE"

H1. Medicaid is a national program which pays for health care
    for persons in need.

    When -- was first admitted to a nursing home, was --
    eligible to receive Medicaid benefits for nursing home
    care?

    1= YES, ELIGIBLE (SKIP TO H4)
    2= NO, INELIGIBLE
    3= NEVER APPLIED (SKIP TO H5)

H2. Why was -- ineligible?

    1= TOO MUCH INCOME/ASSETS
    2= OWNED PROPERTY
    3= AGE
    4= OTHER
    5= PRIVATE WAY

H3. Did -- later become eligible and receive Medicaid benefits
    for nursing home care?

    1= YES
    2= NO (SKIP TO H5)

H4. What year did -- begin to receive Medicaid benefits for
    nursing home care?

    ENTER LAST 2 DIGITS OF YEAR
    (RANGE 65-90)

ASK ONLY IF THE SUBJECT IS CURRENTLY A RESIDENT OF A NURSING HOME

H5. I am going to read a list of ways in which facilities are paid for their services. Please answer "yes" or "no" to each item that may have helped pay for the care -- is currently receiving.

		YES	NO
1.	Own income, family support, health insurance, retirement funds, Social Security	1	2
2.	Medicare.	1	2
3.	Medicaid.	1	2
5.	State funded indigent care (excluding Medicaid)	1	2
6.	Other government assistance or welfare.	1	2
7.	Religious organization, foundations, volunteer agencies.	1	2
8.	VA (Veterans Administration).	1	2
9.	Initial payment-life care funds	1	2
10.	No charge made for care (facility assumes cost)	1	2
		1	2
11.	Some other source	1	2

What other source helps pay for the care -- is currently receiving?

ENTER RESPONSE -- LIMIT 50 CHARACTERS

ASK ONLY IF 'YES' TO MEDICAID AS A SOURCE OF PAYMENT

H5a. You told me that Medicaid helps pay for the care -- is currently receiving.

Is that skilled nursing care (SNF) or intermediate nursing care (ICF)?

1= SKILLED NURSING CARE
2= INTERMEDIATE NURSING CARE
3= OTHER

END

Thank you very much for answering these questions. We appreciate your cooperation in the survey.

In case someone wants to get in touch with you to verify my work, please give me your name.

    ENTER NAME - LIMIT 50 CHARACTERS

    IF SUBJECT, DO NOT ASK.   ENTER "SELF"
    IF FACILITY, DO NOT ASK. ENTER "FACILITY"

What is you relationship to --?

    ENTER RELATIONSHIP - LIMIT 20 CHARACTERS

Thank you again for your cooperation.

If you have questions, please feel free to call the National Nursing Home Survey Followup, toll free.

Have a nice (day/evening).

SECTION J

I. INTRODUCTION

In 1985, the National Center for Health Statistics, an agency of the U.S. Public Health Service, conducted a nationwide sample survey of current and former nursing home residents. -- was selected at random to take part in this study.

INTERVIEWER: IS THE PERSON YOU ARE SPEAKING TO A PREVIOUS RESPONDENT?

    1= YES
    2= NO (SKIP)

You may recall that shortly after that survey, we called you to obtain some additional information about --.

Since that time, we have conducted two followup surveys to update the information of the sample residents. We are now conducting a third followup and would like to ask you a few questions to supplement the information.

This will take just a few minutes of your time.

1.   Do you feel able to answer some questions about --?

    1= YES
    2= NO (END OF SECTION J)

    IF SUBJECT DECEASED, SKIP TO J3

J1.   What is --'s marital status?

    1= MARRIED
    2= WIDOWED (SKIP TO J3)
    3= DIVORCED OR SEPARATED (SKIP TO J3)
    4= NEVER MARRIED (SKIP TO J3)
    8= DON'T KNOW (SKIP TO J3)
    9= REFUSED (SKIP TO J3)

J2. Where is --'s spouse currently living?

(IF "HOSPITAL", PROBE FOR SPECIFIC TYPE OF HOSPITAL)

1= OWN HOME OR APARTMENT
2= RELATIVE'S HOME OR APARTMENT
3= OTHER PRIVATE HOME OR APARTMENT
4= RETIREMENT HOME
5= BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM
6= NURSING HOME
7= GENERAL OR SHORT-TERM HOSPITAL
8= MENTAL HOSPITAL
9= CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
10= HOSPICE
11= SOME PLACE OTHER THAN CODES 1-10 AND CODE 12
12= GROUP HOME, FOSTER HOME, BOARD AND CARE, ETC.
98= DON'T KNOW

J3. Did -- ever own a home?

1= YES
2= NO (END OF SECTION J)
8= DON'T KNOW (END OF SECTION J)
9= REFUSED (END OF SECTION J)

J4. Did -- own a home during the two years prior to --'s first
nursing home stay?

1= YES
2= NO (END OF SECTION J)
8= DON'T KNOW (END OF SECTION J)
9= REFUSED (END OF SECTION J)

IF SUBJECT DECEASED, SKIP TO J6

J5. Does -- still own that home?

1= YES (END OF SECTION J)
2= NO
8= DON'T KNOW (END OF SECTION J)

J6. Did -- sell that home?

1= YES
2= NO (SKIP TO J8)
8= DON'T KNOW (SKIP TO J8)

J7. Did -- use any of the proceeds from the sale of --'s home
to pay for nursing home care?

1= YES (END OF SECTION J)
2= NO (END OF SECTION J)
8= DON'T KNOW (END OF SECTION J)
9= REFUSED (END OF SECTION J)

J8. Did -- transfer that home to relatives other than --'s spouse?

    1= YES (END OF SECTION J)
    2= NO
    8= DON'T KNOW (END OF SECTION J)
    9= REFUSED (END OF SECTION J)

J9. What happened to the home?

    1= STILL OWNED BY SPOUSE
    2= TRANSFERRED FOR NURSING HOME CARE
    3= WILLED TO RELATIVES
    4= SOLD BY SPOUSE OR RELATIVE
    5= PART OF ESTATE
    6= TAKEN BY MORTGAGE HOLDER
    7= DESTROYED OR CONDEMNED

END

Vital and Health Statistics
series descriptions

SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.

SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.

SERIES 3. **Analytical and Epidemiological Studies**—These reports present analytical or interpretive studies based on vital and health statistics. These reports carry the analyses further than the expository types of reports in the other series.

SERIES 4. **Documents and Committee Reports**—These are final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.

SERIES 5. **International Vital and Health Statistics Reports**—These reports are analytical or descriptive reports that compare U.S. vital and health statistics with those of other countries or present other international data of relevance to the health statistics system of the United States.

SERIES 6. **Cognition and Survey Measurement**—These reports are from the National Laboratory for Collaborative Research in Cognition and Survey Measurement. They use methods of cognitive science to design, evaluate, and test survey instruments.

SERIES 10. **Data From the National Health Interview Survey**—These reports contain statistics on illness; unintentional injuries; disability; use of hospital, medical, and other health services; and a wide range of special current health topics covering many aspects of health behaviors, health status, and health care utilization. They are based on data collected in a continuing national household interview survey.

SERIES 11. **Data From the National Health Examination Survey, the National Health and Nutrition Examination Surveys, and the Hispanic Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement on representative samples of the civilian noninstitutionalized population provide the basis for (1) medically defined total prevalence of specific diseases or conditions in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics, and (2) analyses of trends and relationships among various measurements and between survey periods.

SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.

SERIES 13. **Data From the National Health Care Survey**—These reports contain statistics on health resources and the public's use of health care resources including ambulatory, hospital, and long-term care services based on data collected directly from health care providers and provider records.

SERIES 14. **Data on Health Resources: Manpower and Facilities**—Discontinued in 1990. Reports on the numbers, geographic distribution, and characteristics of health resources are now included in Series 13.

SERIES 15. **Data From Special Surveys**—These reports contain statistics on health and health-related topics collected in special surveys that are not part of the continuing data systems of the National Center for Health Statistics.

SERIES 16. **Compilations of Advance Data From Vital and Health Statistics**—Advance Data Reports provide early release of information from the National Center for Health Statistics' health and demographic surveys. They are compiled in the order in which they are published. Some of these releases may be followed by detailed reports in Series 10–13.

SERIES 20. **Data on Mortality**—These reports contain statistics on mortality that are not included in regular, annual, or monthly reports. Special analyses by cause of death, age, other demographic variables, and geographic and trend analyses are included.

SERIES 21. **Data on Natality, Marriage, and Divorce**—These reports contain statistics on natality, marriage, and divorce that are not included in regular, annual, or monthly reports. Special analyses by health and demographic variables and geographic and trend analyses are included.

SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys, based on vital records, are now published in Series 20 or 21.

SERIES 23. **Data From the National Survey of Family Growth**—These reports contain statistics on factors that affect birth rates, including contraception, infertility, cohabitation, marriage, divorce, and remarriage; adoption; use of medical care for family planning and infertility; and related maternal and infant health topics. These statistics are based on national surveys of childbearing age.

SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—These include advance reports of births, deaths, marriages, and divorces based on final data from the National Vital Statistics System that were published as supplements to the *Monthly Vital Statistics Report* (MVSR). These reports provide highlights and summaries of detailed data subsequently published in *Vital Statistics of the United States*. Other supplements to the MVSR published here provide selected findings based on final data from the National Vital Statistics System and may be followed by detailed reports in Series 20 or 21.

For answers to questions about this report or for a list of reports published in these series, contact:

Data Dissemination Branch
National Center for Health Statistics
Centers for Disease Control and Prevention
Public Health Service
6525 Belcrest Road, Room 1064
Hyattsville, MD 20782

(301) 436–8500