

Institutional

B. RESIDENCE HISTORY

B1. Is (SP) currently a resident of this (facility/home)?

- Yes..... 1 (ENTER 00/00/00 AS DISCHARGE
DATE, CIRCLE "ALIVE" ON BACK
COVER, GO TO B9)
- No..... 2 (B2)
- DON'T KNOW..... -8 (B3)

CURRESID

B2. When was (SP) formally discharged?

ENTER "DISCHARGE DATE" ON BACK COVER, AND SKIP TO B4. IF (SP) WAS
NOT FORMALLY DISCHARGED, ASK B3.

DISCHMM DISCHDD DISCHYY

B3. Is a bed being held for (SP) at this facility?

- Yes..... 1 (ENTER 00/00/00 AS DISCHARGE
DATE, CIRCLE "ALIVE" ON BACK
COVER, GO TO B9)
- No..... 2 (ASK B2 AND RECODE)
- DON'T KNOW..... -8 (ENTER 00/00/00 AS DISCHARGE
DATE, GO TO B4)

BEDHELD

B4. Was (SP) discharged alive?

- Yes..... 1 (CIRCLE ALIVE ON BACK COVER, B5)
- No..... 2 (CIRCLE DECEASED ON BACK COVER, B9)
- DON'T KNOW..... -8 (CIRCLE UNKNOWN ON BACK COVER, B9)

ALIVE

Institutional

B5. Look at this card and tell me what best describes the place where SP went after being discharged? **NEWPLACE**

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+-----+
| SHOW | ALONE OR WITH OTHERS IN A HOUSE/APARTMENT
| CARD | (INDEPENDENT LIVING)..... 1 (B6)
| B1 | HOSPITAL OR OTHER HEALTH CARE
+-----+ FACILITY/INSTITUTION..... 2 (B7)
RETIREMENT HOME..... 3-+
BOARDING HOUSE/ROOMING HOUSE/
RENTED ROOM..... 4 |
FOSTER OR FAMILY CARE HOME..... 5 |
GROUP HOME OR COMMUNITY +-B8
RESIDENTIAL FACILITY..... 6 |
SEMI-INDEPENDENT LIVING, LIKE
SUPERVISED APARTMENTS..... 7 |
NURSING HOME..... 8-+
NO PLACE/ON STREET/IN SHELTER..... 9-+
OTHER (WHAT KIND OF PLACE
WAS THAT?)_____ 91 +-B8
DON'T KNOW..... -8-+ PLACEOTH

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B6. What is (SP's) address and telephone number? **STADDRI**

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_____  

ADDRESS  

                  CITY                                                          STATE  

_____/_____  

CITY                                                                            STATE  

                                                                                  ZIPCODE  

_____  

ZIP  

+-----+  

| SKIP TO B9 |  

+-----+

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B7. What kind of health care facility or institution was it? **HOSPITYPE**

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+-----+
| SHOW | HOSPITAL, OTHER THAN SNF OR
| CARD | ICF UNIT..... 1
| B2 | SKILLED NURSING FACILITY (SNF)..... 2
+-----+ INTERMEDIATE CARE FACILITY (ICF)... 3
OTHER (NON-CERTIFIED)
NURSING HOME..... 4
DOMICILIARY OR PERSONAL
CARE FACILITY..... 5
INSTITUTION/FACILITY FOR THE
MENTALLY RETARDED/
DEVELOPMENTALLY DISABLED..... 6
MENTAL HEALTH CENTER/FACILITY..... 7
SOME OTHER PLACE (WHAT?)_____ 91
DON'T KNOW..... -8 HOSTYOS

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B8. What is the name and address of that place?

PLACE HAS NO NAME..... 1 **NEWFNONE**
 _____ **FACNAME**
 NAME
 _____ **NFACADDR**
 ADDRESS
 _____ **NFACCITY** / _____ **NFACST**
 CITY STATE
 _____ **NFACZIP**
 ZIP
 DON'T KNOW..... -8

B9. When was (SP) first admitted to this (facility/home)?

ENTER DATE AS "ADMISSION DATE" ON BACK COVER.
ADMINMM ADMINYY ADMINDD

B10. Where was (SP) just before being admitted here on (ADMISSION DATE)?

SPBEFORE

+-----+ ALONE OR WITH OTHERS IN A HOUSE/
 | SHOW | APARTMENT (INDEPENDENT LIVING)... 1 (B11)
 | CARD | HOSPITAL OR OTHER HEALTH CARE
 | B1 | FACILITY/INSTITUTION..... 2 (B12)
 +-----+ RETIREMENT HOME..... 3-+
 BOARDING HOUSE/ROOMING HOUSE/ |
 RENTED ROOM..... 4 |
 FOSTER OR FAMILY CARE HOME..... 5 |
 GROUP HOME OR COMMUNITY +-Box B1
 RESIDENTIAL FACILITY..... 6 |
 SEMI-INDEPENDENT LIVING, LIKE |
 SUPERVISED APARTMENTS..... 7 |
 NURSING HOME..... 8-+
 NO PLACE/ON STREET/IN SHELTER..... 9-+
 OTHER (WHAT KIND OF PLACE | **SPBEFOS**
 WAS THAT?) _____ 91 +-Box B1
 DON'T KNOW..... -8-+

B11. At that time, was (SP) living with relatives, with non-relatives, or alone?

LIVWRELA

WITH RELATIVES..... 1-+
 WITH NON-RELATIVES..... 2 |
 BOTH..... 3 |
 ALONE..... 4 +-Box B1
 WITH OTHERS, RELATIONSHIP |
 NOT KNOWN..... 5 |
 DON'T KNOW..... -8-+

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B12. What kind of health care facility or institution was it?

	OLDFACTY
HOSPITAL, OTHER THAN SNF OR ICF UNIT.....	1-+
SKILLED NURSING FACILITY (SNF).....	2
INTERMEDIATE CARE FACILITY (ICF)...	3
OTHER (NON-CERTIFIED) NURSING HOME.....	4
DOMICILIARY OR PERSONAL CARE FACILITY.....	5 +-Box B1
INSTITUTION/FACILITY FOR THE MENTALLY RETARDED/ DEVELOPMENTALLY DISABLED.....	6
MENTAL HEALTH CENTER/FACILITY.....	7
SOME OTHER PLACE (WHAT?).....	91
DON'T KNOW.....	-8-+ OLDFACOS

KEYDATMM KEYDATDD KEYDATYY

		IS THE ADMISSION DATE ON OR BEFORE REFERENCE DATE?		
		YES		1 (B13)
		NO		2 (GO to B18)

B13. Was (SP) a resident of this (facility/home) on (REFERENCE DATE)?

	SPFACRES
Yes.....	1 (GO TO B18)
No.....	2 (B14)

B14. Since the (REFERENCE DATE), when was the first time (SP) was admitted to this (facility/home)?

KEYDATMM KEYDATDD KEYDATYY

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B15. Look at this card and tell me what best describes where (SP) was prior to being admitted here?

			SPBEFREF
+-----+	ALONE OR WITH OTHERS IN A HOUSE/APARTMENT		
SHOW	(INDEPENDENT LIVING).....	1 (B16)	
CARD	HOSPITAL OR OTHER HEALTH CARE		
B1	FACILITY/INSTITUTION.....	2 (B17)	
+-----+	RETIREMENT HOME.....	3-+	
	BOARDING HOUSE/ROOMING HOUSE/ RENTED ROOM.....	4	
	FOSTER OR FAMILY CARE HOME.....	5	
	GROUP HOME OR COMMUNITY RESIDENTIAL FACILITY.....	+ -B18 6	
	SEMI-INDEPENDENT LIVING, LIKE SUPERVISED APARTMENTS.....	7	
	NURSING HOME.....	8-+	
	NO PLACE/ON STREET/IN SHELTER.....	9-+	
	OTHER (WHAT KIND OF PLACE WAS THAT?) _____	91 + -B18	SPBREFOS
	DON'T KNOW.....	-8-+	

B16. At that time, was (SP) living with relatives, with non-relatives, or alone?

			SPRELREF
	WITH RELATIVES.....	1-+	
	WITH NON-RELATIVES.....	2	
	BOTH.....	3	
	ALONE.....	4 + -B18	
	WITH OTHERS, RELATIONSHIP NOT KNOWN.....	5	
	DON'T KNOW.....	6-+	

B17. What kind of health care facility or institution was it?

			SPFACREF
+-----+	HOSPITAL, OTHER THAN SNF OR		
SHOW	ICF UNIT.....	1-+	
CARD	SKILLED NURSING FACILITY (SNF).....	2	
	INTERMEDIATE CARE FACILITY (ICF)...	3	
+-----+	OTHER (NON-CERTIFIED)		
	NURSING HOME.....	4	
	DOMICILIARY OR PERSONAL CARE FACILITY.....	5 + -B18	
	INSTITUTION/FACILITY FOR THE MENTALLY RETARDED/ DEVELOPMENTALLY DISABLED.....	6	
	MENTAL HEALTH CENTER/FACILITY.....	7	
	SOME OTHER PLACE (WHAT?) _____	91	SPREFOS
	DON'T KNOW.....	-8-+	

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B18. Between (REFERENCE/ADMISSION DATE) and (DISCHARGE DATE/today), was (SP) ever formally discharged from this (facility/home) and readmitted? **CFACDISC**

Yes..... 1 (B19)
 No..... 2 (SECTION C)
 DON'T KNOW..... -8 (SECTION C)

B19. What were the discharge and readmission dates for any periods between (KEY DATE) and (DISCHARGE DATE/today) that (SP) was not a resident here? Ask B20 - B22 for each discharge period. If more than 3 periods, use Supplement Section.

	<u>Discharge Date</u>			through	<u>Readmission Date</u>		
	FDISMM	FDISDD	FDISYY		FREADMM	FREADDD	FREADY
Period 1:	_____	/	_____	/	_____	/	_____
	(Month)		(Day)		(Month)		(Day) (Year)

B20. Look at this card and tell me what best describes the place where (SP) went after being discharged?

IFACTYP

+-----+	ALONE OR WITH OTHERS IN A HOUSE/ APARTMENT (INDEPENDENT LIVING)...	1 (B21)	
SHOW	HOSPITAL OR OTHER HEALTH CARE		
CARD	FACILITY/INSTITUTION.....	2 (B22)	
B1	RETIREMENT HOME.....	3-+	
+-----+	BOARDING HOUSE/ROOMING HOUSE/ RENTED ROOM.....	4	
	FOSTER OR FAMILY CARE HOME.....	5	
	GROUP HOME OR COMMUNITY	+B23	
	RESIDENTIAL FACILITY.....	6	
	SEMI-INDEPENDENT LIVING, LIKE SUPERVISED APARTMENTS.....	7	
	NURSING HOME.....	8-+	
	NO PLACE/ON STREET/IN SHELTER.....	9-+	
	OTHER (WHAT KIND OF PLACE WAS THAT?) _____	91 +-B23	IFACTYPOS
	DON'T KNOW.....	-8-+	

B21. At that time, was (SP) living with relatives, with non-relatives, or alone?

WITH RELATIVES..... 1-+
 WITH NON-RELATIVES..... 2 |
 BOTH..... 3 +-B23 **IREFRELA**
 ALONE..... 4 |
 DON'T KNOW..... 5-+

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B22. What kind of health care facility or institution was it?

IHCTHCAR

+-----+	HOSPITAL, OTHER THAN SNF OR		
SHOW	ICF UNIT.....	1	
CARD	SKILLED NURSING FACILITY (SNF).....	2	
B2	INTERMEDIATE CARE FACILITY (ICF)...	3	
+-----+	OTHER (NON-CERTIFIED) NURSING		
	HOME.....	4	
	DOMICILIARY OR PERSONAL		
	CARE FACILITY.....	5	B23
	INSTITUTION/FACILITY FOR THE		
	MENTALLY RETARDED/		
	DEVELOPMENTALLY DISABLED.....	6	
	MENTAL HEALTH CENTER/FACILITY.....	7	
	SOME OTHER PLACE (WHAT?).....	91	IHLTHOS
	DON'T KNOW.....	-8	

B23. Was there another time that (SP) was ever formally discharged from this (facility/home) and readmitted to this facility?

IFACREF

Yes.....	1	(COMPLETE SUPPLEMENTS SECTION FOR EACH DISCHARGE EPISODE)
No.....	2	(SECTION C)
DON'T KNOW.....	-8	(SECTION C)