

Institutional

L. TRACING AND CLOSING

L1. Can you give me the name, address and telephone number of (SP's) next of kin or responsible person?

ISNOK

Yes..... 1 (L2)
No..... 2 (L3)

L2. RECORD NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP BELOW.

FNOKFNAM FNOKMINT FNOKLNAM

1. _____

NAME

FNOKADDR

ADDRESS

ENOKCITY

FNOKSTAT

FNOKZIP

CITY

STATE

ZIP

FNOKAREA FNOEXCH FNOKLOCL

(_____) _____

PHONE

FNOKREL

RELATIONSHIP _____

FNOKFNAM FNOKMINT FNOKLNAM

2. _____

NAME

FNOKADDR

ADDRESS

FNOKCITY

FNOKSTAT

FNOKZIP

CITY

STATE

ZIP

FNOKAREA FNOEXCH FNOKLOCL

(_____) _____

PHONE

FNOKREL

RELATIONSHIP _____

L3. Thank you for your help. ENTER FIRST RESPONDENT NAME HERE:

FRESFNAM FRESMINT FRESLNAM

RESPONDENT'S NAME

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L4. What is your job title?

FRESTITL

JOB TITLE

L5. What is your highest level of training as a health care professional?

FRESEDUC

+-----+	REGISTERED NURSE.....	1
SHOW	LICENSED PRACTICAL OR VOCATIONAL	
CARD	NURSE (LPN, LVN).....	2
L	NURSES' AIDE/ORDERLY.....	3
+-----+	PHYSICAL THERAPIST.....	4
	OCCUPATIONAL THERAPIST.....	5
	SOCIAL WORKER.....	6
	SPEECH PATHOLOGIST/AUDIOLOGIST..	7
	RECREATION/ACTIVITIES	
	SPECIALIST.....	8
	OTHER DIRECT CARE (SPECIFY)....	91
	_____ NO HEALTH TRAINING.....	10

FRESEDOS

L6. Have you personally provided direct patient care for (SP)?

FRESCARE

YES.....	1
NO.....	2 (L8)

L7. In total, how long would you say that you have provided care for (SP)?

FRESLEN

LESS THAN ONE MONTH....	1
1-3 MONTHS.....	2
4-6 MONTHS.....	3
7-11 MONTHS.....	4
12 MONTHS OR MORE.....	5

L8. Do you provide direct patient care for other patients?

FRESDCAR

YES.....	1
NO.....	2

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+-----+
|       | a.   WERE PATIENT RECORDS USED?           FRESREC
|       |       YES..... 1
|       |       NO..... 2
| BOX   | b.   WHICH SECTIONS DID RESPONDENT ANSWER?
| L1    |
|       | _____
|       |       SECTIONS
|       |
|       | c.   HOW MANY RESPONDENTS WERE INTERVIEWED? RESPNUM
|       |       ONE..... 1 (RECORD END TIME)
|       |       TWO OR MORE..... 2 (L13)
+-----+
  
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L9. ENTER SECOND RESPONDENT'S NAME HERE:

NAME

FRESFNAM
FRESMINT
FRESLNAM

L10. What is your job title?

JOB TITLE

FRESTITL

L11. What is your highest level of training as a health care professional?

FRESEDOC

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+-----+
| SHOW | REGISTERED NURSE..... 1
| CARD | LICENSED PRACTICAL OR VOCATIONAL
| L    | NURSE (LPN, LVN)..... 2
+-----+
|      | NURSES' AIDE/ORDERLY..... 3
|      | PHYSICAL THERAPIST..... 4
|      | OCCUPATIONAL THERAPIST..... 5
|      | SOCIAL WORKER..... 6
|      | SPEECH PATHOLOGIST/AUDIOLOGIST.. 7
|      | RECREATION/ACTIVITIES
|      | SPECIALIST..... 8
|      | OTHER DIRECT CARE (SPECIFY).... 91
|      |
|      | NO HEALTH TRAINING..... 10
  
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FRESEDOS

L12. Have you personally provided direct patient care for (SP)?

FRESCARE

YES..... 1
NO..... 2 (L14)

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L13. In total, how long would you say that you have provided care for (SP)?

FRESLEN

LESS THAN ONE MONTH.... 1
1-3 MONTHS..... 2
4-6 MONTHS..... 3
7-11 MONTHS..... 4
12 MONTHS OR MORE..... 5

L14. Do you provide direct patient care for other patients?

FRESDCAR

YES..... 1
NO..... 2

	a.	WERE PATIENT RECORDS USED?	
		YES..... 1	FRESREC
BOX		NO..... 2	
L2	b.	WHICH SECTIONS DID RESPONDENT ANSWER?	
		_____ (RECORD END TIME)	
		SECTIONS	

Time Interview Ended: _____

