FQ1PRE   **FQ1PRE**   NOT ON FILE

DISPLAY INSTRUCTIONS:

If CMS DODFLAG=1 (DECEASED), display "CMS REPORTED {SP} WAS DECEASED. CONFIRM WITH FACILITY THAT THE SP IS ALIVE BEFORE CONTINUING. IF THE SP IS DECEASED, BREAKOFF AND COMPLETE THE NHATS INTERVIEW WITH THE FACILITY RESPONDENT."

QUESTION TEXT:

YOU HAVE SELECTED THE FACILITY STAFF QUESTIONNAIRE (FQ) FOR CASE

{CASE ID}, {SP}

{CMS REPORTED {SP} WAS DECEASED. CONFIRM WITH FACILITY THAT THE SP IS ALIVE BEFORE CONTINUING. IF THE SP IS DECEASED, BREAKOFF AND COMPLETE THE NHATS INTERVIEW WITH THE FACILITY RESPONDENT.}

IF THIS IS THE CORRECT CASE AND {SP} IS ALIVE, PRESS 1 AND ENTER TO CONTINUE

TO SELECT ANOTHER CASE OR TASK, BREAKOFF AND SELECT THE CORRECT CASE ID AND TASK FROM THE IMS

FQ1Consent   **FQ1Consent**   NOT ON FILE

QUESTION TEXT:

During the course of the study, we would like to record some of the questions and answers for training and data quality. I'd like to continue now unless you have any questions.

PRESS 1 AND ENTER TO CONTINUE

IF RESPONDENT REFUSES TO ALLOW AUDIO RECORDING, PRESS 7 AND ENTER

CODES

1	CONSENT TO RECORDING	FQ1A
7	REFUSE CONSENT TO RECORD	
5		

FQ1NotRec   **FQ1NotRec**   NOT ON FILE

That's fine. The interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE

FQ1A   **FQ1A**   NOT ON FILE

DISPLAY INSTRUCTIONS:
Display "FIRST" in bold underlined text.

Display FQ1a and FQ1b on the same screen.

QUESTION TEXT:

First, I would like to confirm your name and contact information.

What is your name?

ENTER FIRST NAME. CONFIRM SPELLING.

ENTER TEXT

Length   25

FQ1B   **FQ1B**   NOT ON FILE

DISPLAY INSTRUCTIONS:
Display "LAST" in bold underlined text.
Display FQ1a and FQ1b on the same screen.

QUESTION TEXT:

ENTER LAST NAME. CONFIRM SPELLING.

ENTER TEXT

Length   25

FQ2   **FQ2**   NOT ON FILE

QUESTION TEXT:

What is your job title?

ENTER TEXT

Length   50

FQ3A   **FQ3A**   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "address" as underlined text.

QUESTION TEXT:

What is the mailing address here?

CONFIRM SPELLING

ENTER TEXT

Length   25

PROGRAMMERS INSTRUCTIONS:
If Breakoff at or before this screen, do not save any FQ data and set FQ task status = 11 (READY).

FQ3B   **FQ3B**   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "address" as underlined text.

QUESTION TEXT:

[What is the mailing address here?]

CONFIRM SPELLING

IF NO APT/SUITE NUMBER, PRESS ENTER TO CONTINUE

ENTER TEXT

Length   25

PROGRAMMERS INSTRUCTIONS:
Allow empty

FQ3C   fq2facadcity (Restricted)   R2 FQ3C FAC ADDRESS CITY

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "city" as underlined text.

QUESTION TEXT:

[What is the city?]

CONFIRM SPELLING

ENTER TEXT

Length   25

FQ3D   fq2facadstat (Restricted)   R2 FQ3D FACIL ADDRESS STATE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "state" as underlined text.

QUESTION TEXT:

[What is the state?]

TYPE THE FIRST LETTER OF THE STATE, THEN USE ARROW KEYS IF NEEDED TO LOCATE STATE, AND PRESS
ENTER TO SELECT

PROGRAMMERS INSTRUCTIONS:
Use lookup file of state names

FQ3E   fq2facaddzip (Restricted)   R2 FQ3E FAC ADDRESS ZIP CODE

DISPLAY INSTRUCTIONS:

Display FQ3a, 3b, 3c, 3d, and 3e on the same screen.
Display "zip code" as underlined text.

QUESTION TEXT:

[What is the zip code?]

ENTER A 5-DIGIT ZIP CODE

ENTER TEXT

Length   5

PROGRAMMERS INSTRUCTIONS:

5-digit entry required. If less than 5 digits entered, display Error Message #11.

FQ3F   **FQ3F**   NOT ON FILE

QUESTION TEXT:

What is the phone number here?

ENTER AREA CODE AND PHONE NUMBER

ENTER TEXT

Length   10
REFUSED

PROGRAMMERS INSTRUCTIONS:

Hard edit: if the answer from FQ3f contains less than 10 digits, display error message #12.

Use number input mask (xxx-xxx-xxxx) in the response field.

FQ4   **FQ4**   NOT ON FILE

QUESTION TEXT:

What is your email address here?

ENTER 97 IF NOT EMAIL ADDRESS

ENTER TEXT

Length   50
REFUSED

FQ5   **FQ5**   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display "whole" as bold underlined text.

QUESTION TEXT:

What is the name of this place? If there are different names for certain parts of levels of care in this place, please tell me the name for the whole place.

ENTER TEXT

Length   75

FQ6   **fq2dfacdescr**   R2 FQ6 FACILITY TYPE

DISPLAY INSTRUCTIONS:

Display text from FQ5 as FACILITY NAME.
Display "whole" as underlined text.

QUESTION TEXT:

SHOW CARD FQ1

Now I'm going to show you a list of places.

Which of these BEST describes {FACILITY NAME FROM FQ5}? Again, if there are different parts or levels of care in this place, please tell me about the whole place.

PRESS F1 FOR HELP SCREEN

CODES

1	FREE STANDING NURSING HOME	FQ15
2	FREE STANDING ASSISTED LIVING FACILITY	FQ7
3	NURSING HOME AND ASSISTED LIVING FACILITY	FQ7
4	CONTINUING CARE RETIREMENT COMMUNITY (CCRC)	FQ7
5	ADULT FAMILY CARE HOME	FQ15
6	GROUP HOME	FQ15
7	BOARD AND CARE HOME	FQ15
8	RETIREMENT COMMUNITY OR SENIOR HOUSING (NOT CCRC)	FQ7
91	OTHER (SPECIFY)	
	REFUSED	FQ7
	DON'T KNOW	FQ7

FQ6A **fq2dosfacd** R2 FQ6A OTHER SPECIFY FAC TYPE

QUESTION TEXT:

SPECIFY TYPE OF PLACE

ENTER TEXT

Length 50

FQ7 **FQ7** NOT ON FILE

QUESTION TEXT:

Next, I need to confirm where {SP} is living.

PRESS 1 AND ENTER TO CONTINUE

FQ8 **fq2prtlivnam** R2 FQ8 FAC NM DIFF4PLC SP LIVES

QUESTION TEXT:

Does the part of {PLACE NAME FROM FQ5} in which {SP} lives have a different name?

CODES

1	YES	
2	NO	FQ10
	REFUSED	FQ10
	DON'T KNOW	FQ10

FQ9   FQ9   NOT ON FILE

QUESTION TEXT:

What is the name of {SP}'s area?

ENTER TEXT

Length   50

FQ10   fq2dfacarea   R2 FQ10 FACILITY AREA SP LIVES

QUESTION TEXT:

Is the place where {SP} lives considered independent living, assisted living, a special care unit, a nursing home care unit, or something else?

CODES

1	INDEPENDENT LIVING	FQ12
2	ASSISTED LIVING	FQ12
3	SPECIAL CARE, MEMORY CARE, OR ALZHEIMER'S UNIT	FQ11
4	NURSING HOME	FQ12
91	OTHER (SPECIFY)	
	REFUSED	FQ12
	DON'T KNOW	FQ12

FQ10A   fq2dosfaca   R2 FQ10A OTHER SPECIFY FAC AREA

QUESTION TEXT:

SPECIFY OTHER TYPE OF PLACE

ENTER TEXT

Length   50

PROGRAMMERS INSTRUCTIONS:

Go to FQ12

FQ11   fq2assdnrsng   R2 FQ11 ASSIST LIV OR NURSG HOME

QUESTION TEXT:

Is this special care unit part of an assisted living facility or is it part of a nursing home?

CODES

1	ASSISTED LIVING
2	NURSING HOME
	REFUSED
	DON'T KNOW

FQ12   fq2othrlevls   R2 FQ12 OTH LEVELS OF CARE AVAIL

QUESTION TEXT:

Besides where {SP} lives, are there other levels of care available at {PLACE NAME FREOM FQ5} such as independent living, assisted living, a special care unit, or a nursing home care unit?

CODES

1	YES	FQ13
2	NO	FQ15
	REFUSED	FQ15
	DON'T KNOW	FQ15

FQ13

	fq2whotlevl1	R2 FQ13 INDEPNDNT LIV CARE AVAIL
	fq2whotlevl2	R2 FQ13 ASSISSTED LVNG CARE AVAIL
	fq2whotlevl3	R2 FQ13 ALZHEIMER CARE AVAIL
	fq2whotlevl4	R2 FQ13 NURSING HOME CARE AVAIL
	fq2whotlevl5	R2 FQ13 OTHR SPECIFY CARE AVAIL

QUESTION TEXT:

What other levels of care are available?

SELECT ALL THAT APPLY

CODES

1	INDEPENDENT LIVING	FQ15
2	ASSISTED LIVING	FQ15
3	SPECIAL CARE, MEMORY CARE, OR ALZHEIMER'S UNIT	FQ15
4	NURSING HOME	FQ15
91	OTHER (SPECIFY)	
	REFUSED	FQ15
	DON'T KNOW	FQ15

FQ13A

	FQ13A	NOT ON FILE

QUESTION TEXT:

SPECIFY TYPE OF PLACE

ENTER TEXT

Length	50

FQ15

	fq2servaval1	R2 FQ15 MEALS AVAIL
	fq2servaval2	R2 FQ15 HELP WITH MEDS AVAIL
	fq2servaval3	R2 FQ15 HELP W BATH DRESS AVAIL
	fq2servaval4	R2 FQ15 LAUNDRY SERVCS AVAIL
	fq2servaval5	R2 FQ15 HOUSEKEEPING SERV AVAIL
	fq2servaval6	R2 FQ15 TRANSPRT MED CARE AVAIL
	fq2servaval7	R2 FQ15 TRANSPRT TO STORE EVENT

	fq2servaval8	R2 FQ15 RECREATIONAL FAC AVAIL
	fq2servaval9	R2 FQ15 SOCIAL EVENTS AVAIL

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display

If at FQ15a, do not display question text in brackets.
Otherwise, display question text in brackets.

Display "at {SP}'s current level of care" and "offered" as bold underlined text.

QUESTION TEXT:

SHOW CARD FQ2

{[}We are interested in the services that are available to people at {SP}'s current level of care.
Please look at this list. {]}

{[}For each service, please tell me if the service is offered to people at {SP}'s level of care. If the service is offered, please also indicate whether it is part of {SP}'s package of services provided by {PLACE NAME from FQ5} or if there is an extra charge for it. {]}

{variable text [a-i]}

RESPONSE [1] a. Meals (in common dining areas or in resident's own rooms)?
RESPONSE [2] b. Help with medications?
RESPONSE [3] c. Help with bathing and dressing?
RESPONSE [4] d. Laundry services for linens or clothing? RESPONSE [5] e. Housekeeping services?
RESPONSE [6] f. A van or shuttle to doctors or other medical care providers?
RESPONSE [7] g. A van or shuttle to stores or events like concerts?
RESPONSE [8] h. Recreational facilities, like swimming pools, game rooms, or tennis courts, for residents?
RESPONSE [9] i. Organized social events and activities?

CODES

1	YES, SERVICE PROVIDED AS PART OF PACKAGE
2	YES, SERVICE PROVIDED AT AN EXYTRA CHARGE
3	NO, SERVICE NOIT PROVIDED
	REFUSED
	DON'T KNOW

PROGRAMMER INSTRUCTIONS:
Array the responses and Variable text columns in the panel.
Display 'variable text' in the a-i sequence until all rows have been displayed.

FQ16PRE	**FQ16PRE**	NOT ON FILE

QUESTION TEXT:

These next questions are about the sources of payment for {SP}'s care.
PRESS 1 AND ENTER TO CONTINUE

FQ16	**fq2paysourc1**	R2 FQ16 SP OR SP FAMILY PAYMENT
	fq2paysourc2	R2 FQ16 SOC SEC SSI PAYMENT
	fq2paysourc3	R2 FQ16 MEDICAID PAYMENT
	fq2paysourc4	R2 FQ16 MEDICARE PAYMENT

| | fq2paysourc5 | R2 FQ16 PRIVATE INSURANCE PAYMNT |
| | fq2paysourc6 | R2 FQ16 OTHR GOVT PAYMENT |

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display

If at FQ16a, do not display question text in brackets.

Otherwise, display question text in brackets.

If FQ6= 1 (FREE STANDING NURSING HOME) or FQ10=4 (NURSING HOME), OR FQ11=2 (NURSING HOME), display FQ16d {Medicare}.

Display dollar amounts using commas to separate zeroes.

QUESTION TEXT:

SHOW CARD FQ3

{[}In the last billing month for which you have complete payment information, what did each of these sources pay for {SP}'s care?{]}

{[}For each one, please tell me the total amount paid by each source for this part of {SP}'s care.{]}

ENTER DOLLAR AMOUNT

ENTER ZERO IF NO PAYMENT FROM SOURCE

{variable text [a-f]}

RESPONSE [1] a. SP OR SP'S
FAMILY
RESPONSE [2] b. SOCIAL SECURITY OR SSI
RESPONSE [3] c. MEDICAID
RESPONSE [4] d. MEDICARE
RESPONSE [5] e. PRIVATE INSURANCE
RESPONSE [6] f. OTHER GOVERNMENT SOURCE (VA, STATE, COUNTY)

ENTER NUMBER

Range		
Soft Range		0 to 26000
REFUSED		0 to 10000
DON'T KNOW		

PROGRAMMER INSTRUCTIONS:
Array the responses and Variable text columns in the panel.
Display 'variable text' in the a-f sequence until all rows have been displayed.

BOX FQ17   **BOX FQ17**   NOT ON FILE

If DK or RF entered at FQ16 for any amount category, go to FQ19.

FQ17   **fq2totalpaym**   R2 FQ17 TOTAL PAYMENT FOR CARE

DISPLAY INSTRUCTIONS:

Display dollar amounts using comas to separate zeroes.

QUESTION TEXT:

That adds up to {TOTAL AMOUNT CALCULATED FROM FQ16}

Is that the total monthly payment for {SP}'s care?

CODES

1	YES	FQ19
2	NO	
	REFUSED	FQ19
	DON'T KNOW	FQ19

FQ18   **fq2tmnthlyamt**   R2 FQ18 TOT MTHLY AMT FOR CARE

DISPLAY INSTRUCTIONS:
Display dollar amounts using comas to separate zeroes.

QUESTION TEXT:

Display dollar amounts using commas to separate zeroes.

ENTER AMOUNT

ENTER NUMBER

Range		0 to 26000
REFUSED		
DON'T KNOW		

FQ19   **fq2primpayer**   R2 FQ19 PRIMARY PAYER FOR CARE

DISPLAY INSTRUCTIONS:

If FQ6= 1 (FREE STANDING NURSING HOME) or FQ10=4 (NURSING HOME), OR FQ11=2 (NURSING HOME), display {Medicare,} and response category 4.

QUESTION TEXT:

Would you say the primary payer for {SP}'s care is {SP} or {his/her} family, Social Security, Medicaid, {Medicare,} or some other source?

CODES

1	SP/FAMILY	BOX FQ21
2	SOCIAL SECURITY/SSI	BOX FQ21
3	MEDICAID	BOX FQ21
4	MEDICARE	BOX FQ21
5	OTHER SOURCE	
	REFUSED	BOX FQ21
	DON'T KNOW	BOX FQ21

FQ20   **fq2govsource**   R2 FQ20 GOVERNMENT SOURCE

QUESTION TEXT:

Is that a government source?

CODES
1	YES
2	NO
	REFUSED
	DON'T KNOW

BOX FQ21   BOX FQ21   NOT ON FILE

If R1 final disposition code was code 61 (Final NH complete) or code 64 (Final FQ, SP not complete), go to FQ21.

Otherwise, go to FQ29

FQ21   FQ21   NOT ON FILE

QUESTION TEXT:

I would like to confirm that {SP}'s name is {SP'S MIDDLE NAME} {SP'S LAST NAME}. Is that correct?

CODES
1	YES	FQ22
2	NO	
	REFUSED	
	DON'T KNOW	

FQ21A   FQ21A   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display preloaded SP name in the response fields.

Display "FIRST" in bold underlined text.

Display SP first name in fill as bold underlined

QUESTION TEXT:

What is the correct spelling of {SP}'s full name?

{FIRST NAME} {MIDDLE NAME} {LAST NAME}

CORRECT FIRST NAME. CONFIRM SPELLING.

ENER TEXT

	Length	25

PROGRAMMER INSTRUCTIONS:

Display FQ21a, 21b, and 21c on the same screen.

FQ21B   FQ21B   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display "MIDDLE" in bold underlined text.

Display SP middle name in fill as bold underlined

QUESTION TEXT:

What is the correct spelling of {SP}'s full name?

{FIRST NAME} {MIDDLE NAME} {LAST NAME}

CORRECT MIDDLE NAME. CONFIRM SPELLING.

PRESS ENTER IF NO MIDDLE NAME OR INITIAL

ENER TEXT

Length   25

PROGRAMMER INSTRUCTIONS:

Allow empty.

Display FQ21a, 21b, and 21c on the same screen.

FQ21C   FQ21C   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display "LAST" in bold underlined text.

Display SP last name in fill as bold underlined

QUESTION TEXT:

What is the correct spelling of {SP}'s full name?

{FIRST NAME} {MIDDLE NAME} {LAST NAME}

CORRECT LAST NAME. CONFIRM SPELLING.

ENER TEXT

Length   25

PROGRAMMER INSTRUCTIONS:

Display FQ21a, 21b, and 21c on the same screen.

Set flag to indicate SP name was updated.

FQ22   fq2updategen   R2 FQ22 SP GENDER UPDATE

QUESTION TEXT:

THE SP IS LISTED AS A {MALE/FEMALE}

IF GENDE RIS OBVIOUS, CODE WITHOUT ASKING

OTHERWISE ASK: Is {SP} male or female?

CODES
1   MALE
2   FEMALE

BOX FQ22A   BOX FQ22A   NOT ON FILE

Compare preloaded CMS gender of SP with FQ22 value just entered.
If they are the same, go to FQ23.
Otherwise, go to FQ22a

FQ22A   FQ22A   NOT ON FILE

QUESTION TEXT:

YOU JUST CHANGED SP'S GENDER FROMN {PRELOADED CMS GENDER MALE/FEMALE} TO
{FEMALE/MALE FROM FQ22} DID YOU INTEND TO DO THAT?

CODES

1	YES	
2	NO	FQ22

FQ23   FQ23   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display preloaded CMS DOB in the question text.

SPELL OUT MONTH WHEN DISPLAYING {BIRTH MONTH BIRTH DAY, BIRTH YEAR}.

FORMAT AS MM/DD/YYYY WHEN DISPLAYING ({BIRTH MM/BIRTH DD/BIRTH YEAR}).

QUESTION TEXT:

I also want to confirm {SP}'s birth date is {BIRTH MONTH, BIRTH DAY, BIRTH YEAR} ({BIRTH
MM/BIRTHDD/BIRTH YEAR}). Is that correct?

CODES

1	YES	FQ26
2	NO	

FQ24   FQ24   NOT ON FILE

DISPLAY INSTRUCTIONS:

Display preloaded CMS DOB.

QUESTION TEXT:

What is {SP}'s date of birth?

ENTER MONTH, DAY, AND YEAR (MM-DD-YYYY)

PROGRAMMER INSTRUCTIONS:

Use mask to collect DOB. Separate mm/dd/yyyy with hyphens for data entry.
MONTH range: 1-31
DAY range 1-31
YEAR range: (CURRENT YEAR-65 – FQ24 DOB).

FQ25   FQ25   NOT ON FILE

DISPLAY INSTRUCTIONS:

COMPUTE AGE AS (CURRENT DATE – FQ24 DOB).

QUESTION TEXT:

I also want to confirm {SP}'s birth date is {CALCULATED AGE}? Is that correct?

CODES

1	YES	
2	NO	FQ24
	REFUSED	
	DON'T KNOW	

FQ26   FQ26   NOT ON FILE

QUESTION TEXT:

SHOW CARD FQ4

What race does {SP} consider {himself/herself} to be: White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, or something else?

SELECT ALL THAT APPLY

CODES

1	WHITE/CAUCASIAN	BOX FQ27
2	BLACK/AFRICAN AMERICAN	BOX FQ27
3	AMERICAN INDIAN	BOX FQ27
4	ALASK NATIVE	BOX FQ27
5	ASIAN	BOX FQ27
6	NATIVE HAWAIIAN	BOX FQ27
7	PACIFIC ISLANDER	BOX FQ27
91	OTHER (SPECIFY)	
	REFUSED	BOX FQ27
	DON'T KNOW	BOX FQ27

PROGRAMMER INSTRUCTIONS:

Use mask to collect DOB. Separate mm/dd/yyyy with hyphens for data entry.
MONTH range: 1-31
DAY range 1-31
YEAR range: (CURRENT YEAR-65 – FQ24 DOB).

FQ26A   FQ26A   NOT ON FILE

QUESTION TEXT:

SPECIFY OTHER RACE

ENTER TEXT

Length   75

BOX FQ27   BOX FQ27   NOT ON FILE

If more than one response category selected at FQ26, go to FQ27.

Otherwise, go to FQ28

FQ27   **fq2updater2 (Sensitive)**   R2 FQ27 SP PRIMARY RACE UPDATE

DISPLAY INSTRUCTIONS:

Display "or" between each race in question text.

In question text, display only response categories selected at FQ26.

QUESTION TEXT:

SHOW CARD FQ4

Does SP consider {himself/herself} primarily {RESPONSE CATEGORIES SELECTED AT FQ26}?

CODES

1	WHITE/CAUCASIAN
2	BLACK/AFRICAN AMERICAN
3	AMERICAN INDIAN
4	ALASK NATIVE
5	ASIAN
6	NATIVE HAWAIIAN
7	PACIFIC ISLANDER
91	OTHER (SPECIFY)
	REFUSED
	DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Use mask to collect DOB. Separate mm/dd/yyyy with hyphens for data entry.
MONTH range: 1-31
DAY range 1-31
YEAR range: (CURRENT YEAR-65 – FQ24 DOB).

FQ28   **fq2updatehis (Sensitive)**   R2 FQ28 SP HISPANIC UPDATE

QUESTION TEXT:

Does {SP} consider {himself/herself} Hispanic or Latino?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

FQ29   **FQ29**   NOT ON FILE

QUESTION TEXT:

YOU HAVE COMPLETED THE FACILITY STAFF QUESTIONNAIRE. THANK RESPONDENT.

PRESS 1 AND ENTER TO CONTINUE

FQ30   **FQ30**   NOT ON FILE

DISPLAY INSTRUCTIONS:

If (LAST INT disposition code =61 (Final NH Complete) or LAST INT disposition code =64 (Final FQ complete, SP

INT NOT COMPLETE)) and CMS DODFLAG <> 1 (SP ALIVE), display "NO ADDITIONAL DATA COLLECTION REQUIRED FOR THIS CASE."

QUESTION TEXT:

{NO ADDITIONAL DATA COLLECTION REQUIRED FOR THIS CASE.}

PRESS 1 AND ENTER TO RETURN TO IMS SCREEN

PROGRAMMER INSTRUCTIONS:

If FQ8=1 (YES), FACILITY NAME = text from FQ9.
Else FACILITY NAME = text from FQ5.
Write FACILITY NAME to Management file for use in the NHATS Interview task and the IMS.

If FQ6 = 1 or [(FQ6 = 2 or 3 or 4 or 8 or 91 or RF or DK) and FQ10 = 4] or FQ11 = 2, set FACILITY TYPE flag = 1 (NURSING HOME).

Otherwise, set FACILITY TYPE flag = 2 (OTHER FACILITY).

If LAST INT final disposition code was code 61 (Final NH complete) and if FACILITY TYPE flag = 1 (NURSING HOME) and CMS DODFLAG <> 1 (SP ALIVE), set NHATS Interview Task=code 24 (FINAL NOT REQUIRED) and IRQ SP Task=code 24 (FINAL NOT REQUIRED) and set Stroop Task=code 24 (FINAL NOT REQUIRED) and set the final case status to code 61, "Complete, NH Facility".

Else If LAST INT final disposition code was code 64 (Final FQ complete, SP not complete) and CMS DODFLAG <> 1 (SP ALIVE), set NHATS Interview Task=code 24 (FINAL NOT REQUIRED) and set Stroop Task=code 24 (FINAL NOT REQUIRED) and IRQ SP Task=code 24 (FINAL NOT REQUIRED); set the final case status to code 61, "Complete, NH Facility" if the FACILITY TYPE flag = 1 (NURSING HOME); set the final case status to code 64 (FINAL FQ, SP INTERVIEW NOT COMPLETED) if the FACILITY TYPE flag=2 (OTHER FACILITY). If

FACILITY TYPE flag = 1 or 2, set FACILITY flag = 1 (YES).

Write FACILITY TYPE flag and FACILITY flag to Management file for use in the IMS and for use in the NHATS Interview task if the SP Interview Task=11 (READY).

Set IRQ Facility Task=code 11 (READY).

Derived Variables From Items in FQ Section	
fq2dlocsp	R2 D FQ6 6A 10 10A FOR SAMP WGT