**NHATS Round 8** 

Section FQ [FACILITY STAFF QUESTIONNAIRE] Sequence: 40

**FQ1PRE** 

FQ<sub>1</sub>PRE

NOT ON FILE

**QUESTION TEXT:** 

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

{CASE ID}, {SP}

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

FQ<sub>1</sub>Consent

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

FQ<sub>1</sub>B FQ<sub>1</sub>B 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 FQ<sub>2</sub> NOT ON FILE **QUESTION TEXT:** What is your job title? **ENTER TEXT** Length 50 FQ<sub>3</sub>A NOT ON FILE FQ<sub>3</sub>A **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). FQ<sub>3</sub>B FQ<sub>3</sub>B 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** 

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Length 25

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Allow empty

FQ3C FQ3C NOT ON FILE

#### **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 FQ3D NOT ON FILE

#### **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 FQ3D NOT ON FILE

## **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

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 fq8dfacdescr R8 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	FQ7
	(CCRC)	
5	ADULT FAMILY CARE HOME	FQ15
6	GROUP HOME	FQ15
7	BOARD AND CARE HOME	FQ15
8	RETIREMENT COMMUNITY OR SENIOR HOUSING	FQ7

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(NOT CCRC) 91 OTHER (SPECIFY)

REFUSED FQ7 DON'T KNOW FQ7

FQ6A fq8osfacd R8 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 fq8prtlivnam R8 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 fq8dfacarea R8 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 FQ11
UNIT
4 NURSING HOME FQ12
91 OTHER (SPECIFY)
REFUSED FQ12

DON'T KNOW FQ12

FQ<sub>10</sub>A fq8dosfaca R8 D FQ10A OTHER SPECIFY FAC AREA **QUESTION TEXT:** SPECIFY OTHER TYPE OF PLACE **ENTER TEXT** Length 50 PROGRAMMERS INSTRUCTIONS: Go to FQ12 FQ11 fq8assdnrsng R8 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 ASSISTED LIVING **NURSING HOME** 2 **REFUSED** DON'T KNOW FQ12 fq8othrlevIs R8 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 YES FQ13 NO FQ15 **REFUSED** FQ15 DON'T KNOW FQ15 FQ<sub>13</sub> fq8whotlevl1 R8 FQ13 INDEPNDNT LIV CARE AVAIL fq8whotlevl2 R8 FQ13 ASSISTED LVNG CARE AVAIL fq8whotlevl3 R8 FQ13 ALZHEIMER CARE AVAIL fq8whotlevl4 R8 FQ13 NURSING HOME CARE AVAIL fq8whotlevI5 R8 FQ13 OTHR SPECIFY CARE AVAIL **QUESTION TEXT:** What other levels of care are available? SELECT ALL THAT APPLY CODES INDEPENDENT LIVING FQ15 2 **ASSISTED LIVING** FQ15 SPECIAL CARE, MEMORY CARE, OR ALZHEIMER'S 3 FQ15 UNIT **NURSING HOME** FQ15

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OTHER (SPECIFY) **REFUSED** 

DON'T KNOW

FQ15 FQ15

FQ<sub>13</sub>A FQ<sub>13</sub>A NOT ON FILE

**QUESTION TEXT:** 

SPECIFY OTHER LEVELS OF CARE

**ENTER TEXT** 

91

Length 50

FQ15	fq8servaval1	R8 FQ15 MEALS AVAIL
	fq8servaval2	R8 FQ15 HELP WITH MEDS AVAIL
	fq8servaval3	R8 FQ15 HELP W BATH DRESS AVAIL
	fq8servaval4	R8 FQ15 LAUNDRY SERVCS AVAIL
	fq8servaval5	R8 FQ15 HOUSEKEEPING SERV AVAIL
	fq8servaval6	R8 FQ15 TRANSPRT MED CARE AVAIL
	fq8servaval7	R8 FQ15 TRANSPRT TO STORE EVENT
	fq8servaval10	R8 FQ15 FITNESS CENTER AVAIL
	fq8servaval11	R8 FQ15 WALKING AREA AVAIL
	fq8servaval8	R8 FQ15 RECREATIONAL FAC AVAIL
	fq8servaval9	R8 FQ15 SOCIAL EVENTS AVAIL
	fq8servaval12	R8 FQ15 ONSITE HEALTH AVAIL
	fq8servaval13	R8 FQ15 EMERGENCY SYSTEM AVAIL
	iqosei vavaii5	NOT QIS EMENDENCI SISIEM 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-m]}

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?

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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. An indoor fitness center?

RESPONSE [9] i. Areas to walk for pleasure or exercise, like an outdoor walking path?

RESPONSE [10]. j. Other recreational facilities, like swimming pools, game rooms, or tennis courts,

for residents?

RESPONSE [11] k. Organized social events and activities?

RESPONSE [12] I. Onsite health and wellness programs?

RESPONSE [13] m. A medical emergency system to call someone for help?

#### CODES

- YES, SERVICE PROVIDED AS PART OF PACKAGE 1
- YES, SERVICE PROVIDED AT AN EXYTRA CHARGE 2
- NO, SERVICE NOIT PROVIDED 3

**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
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fq8paysourc6

# **QUESTION TEXT:**

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

FQ<sub>16</sub> fq8paysourc1 **R8 FQ16 SP OR SP FAMILY PAYMENT** fq8paysourc2 **R8 FQ16 SOC SEC SSI PAYMENT** fq8paysourc3 **R8 FQ16 MEDICAID PAYMENT** fq8paysourc4 **R8 FQ16 MEDICARE PAYMENT** fq8paysourc5 **R8 FQ16 PRIVATE INSURANCE PAYMNT** 

# **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}.

**R8 FQ16 OTHR GOVT PAYMENT** 

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** 

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#### 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 o to 26000 **REFUSED** o 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.

FQ<sub>17</sub>

fq8totalpaym

**R8 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

YES 1

FQ19

2

NO

FQ19

DON'T KNOW

**REFUSED** 

FQ19

FQ<sub>18</sub>

fq8tmnthlyamt

R8 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**

o to 26000 Range

**REFUSED** DON'T KNOW

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# FQ19 fq8primpayer R8 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	FQ21
2	SOCIAL SECURITY/SSI	FQ21
3	MEDICAID	FQ21
4	MEDICARE	FQ21
5	OTHER SOURCE	
	REFUSED	FQ21
	DON'T KNOW	FO <sub>21</sub>

R8 FQ20 GOVERNMENT SOURCE

# **QUESTION TEXT:**

Is that a government source?

# CODES

1 YES 2 NO

REFUSED DON'T KNOW

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?

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{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 FQ22 NOT ON FILE **QUESTION TEXT:** 

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THE SP IS LISTED AS A {MALE/FEMALE}

IF GENDER IS OBVIOUS, CODE WITHOUT ASKING

OTHERWISE ASK: Is {SP} male or female?

CODES

1 MALE2 FEMALE

**BOX FQ22A** 

**BOX FQ22A** 

NOT ON FILE

Compare preloaded 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

NOT ON FILE

FQ23 FQ23

**DISPLAY INSTRUCTIONS:** 

Display preloaded 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 PQ24 NOT ON FILE

**DISPLAY INSTRUCTIONS:** 

Display preloaded 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 would like to confirm that {SP} is {CALCULATED AGE} years old today. Is that correct?

#### CODES

1 YES

2 NO FQ24

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.

IMS will pull FACILITY NAME from NHATS Facility Task once task status = 20 (COMPLETE).

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), set NHATS Interview Task=code 24 (FINAL NOT REQUIRED) and IRQ SP Task=code 24 (FINAL NOT REQUIRED) and set the final case status to code 61, "Complete, NH Facility".

Else if ((R1 INT YEAR = 2011 and R1 final disposition code was code 64 (FINAL FQ COMPLETE, SP NOT COMPLETE)) or (R1 INT YEAR = 2015 and R5 final disposition code was code 64)), set NHATS Interview Task=code 24 (FINAL NOT REQUIRED) and IRQ SP Task=code 24 (FINAL NOT REQUIRED); 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).

IMS will pull FACILITY TYPE flag and FACILITY flag from NHATS Facility Task once task status = 20 (COMPLETE) if the NHATS Interview Task=11 (READY).

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<b>Derived Variables From</b>	Items in FQ Section
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**fq8dlocsp** R8 D FQ6 6A 10 10A FOR SAMP WGT

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January 2020