
NHATS Round 9

Section FQ [FACILITY STAFF QUESTIONNAIRE]

Sequence: 40

FQ1PRE

FQ1PRE

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

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

PROGRAMMERS INSTRUCTIONS:

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

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

fq9dfacdescr

R9 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 | FQ7 |

DON'T KNOW

FQ12

FQ10A

fq9dosfaca

R9 D FQ10A OTHER SPECIFY FAC AREA

QUESTION TEXT:

SPECIFY OTHER TYPE OF PLACE

ENTER TEXT

Length

50

PROGRAMMERS INSTRUCTIONS:

Go to FQ12

FQ11

fq9assdnrsng

R9 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

fq9othrlevls

R9 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

fq9whotlev1

R9 FQ13 INDEPNDNT LIV CARE AVAIL

fq9whotlev2

R9 FQ13 ASSISTED LVNG CARE AVAIL

fq9whotlev3

R9 FQ13 ALZHEIMER CARE AVAIL

fq9whotlev4

R9 FQ13 NURSING HOME CARE AVAIL

fq9whotlev5

R9 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

OTHER (SPECIFY)
 REFUSED
 DON'T KNOW

FQ15
 FQ15

FQ13A

FQ13A

NOT ON FILE

QUESTION TEXT:

SPECIFY OTHER LEVELS OF CARE

ENTER TEXT

Length

50

FQ15

fq9servaval1

R9 FQ15 MEALS AVAIL

fq9servaval2

R9 FQ15 HELP WITH MEDS AVAIL

fq9servaval3

R9 FQ15 HELP W BATH DRESS AVAIL

fq9servaval4

R9 FQ15 LAUNDRY SERVCS AVAIL

fq9servaval5

R9 FQ15 HOUSEKEEPING SERV AVAIL

fq9servaval6

R9 FQ15 TRANSPRT MED CARE AVAIL

fq9servaval7

R9 FQ15 TRANSPRT TO STORE EVENT

fq9servaval10

R9 FQ15 FITNESS CENTER AVAIL

fq9servaval11

R9 FQ15 WALKING AREA AVAIL

fq9servaval8

R9 FQ15 RECREATIONAL FAC AVAIL

fq9servaval9

R9 FQ15 SOCIAL EVENTS AVAIL

fq9servaval12

R9 FQ15 ONSITE HEALTH AVAIL

fq9servaval13

R9 FQ15 EMERGENCY SYSTEM 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?

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] l. Onsite health and wellness programs?
 RESPONSE [13] m. A medical emergency system to call someone for help?

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
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QUESTION TEXT:

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

FQ16	fq9paysourc1	R9 FQ16 SP OR SP FAMILY PAYMENT
	fq9paysourc2	R9 FQ16 SOC SEC SSI PAYMENT
	fq9paysourc3	R9 FQ16 MEDICAID PAYMENT
	fq9paysourc4	R9 FQ16 MEDICARE PAYMENT
	fq9paysourc5	R9 FQ16 PRIVATE INSURANCE PAYMNT
	fq9paysourc6	R9 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

fq9totalpaym

R9 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

fq9tmnthlyamt

R9 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**fq9primpayer**

R9 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	FQ21

FQ20**fq9govsource**

R9 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?

{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:

THE SP IS LISTED AS A {MALE/FEMALE}

IF GENDER IS 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 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 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 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).

Set IRQ Facility Task=code 11 (READY).

Derived Variables From Items in FQ Section	
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fq9dlocsp	R9 D FQ6 6A 10 10A FOR SAMP WGT
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