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## NHATS Round 1

Section FQ [FACILITY STAFF QUESTIONNAIRE]

Sequence: 48

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**FQ1PRE** FQ1PRE NOT ON FILE

**QUESTION TEXT**

YOU HAVE SELECTED THE FACILITY STAFF QUESTIONNAIRE (FQ) FOR CASE  
{CASE ID}, {SP}

IF THIS IS CORRECT, PRESS 1 AND ENTER TO CONTINUE

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

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**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	

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**FQ1NotRec** FQ1NotRecord NOT ON FILE

**QUESTION TEXT:**

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

PRESS 1 AND ENTER TO CONTINUE.

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**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

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**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

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**FQ2**

**FQ2**

NOT ON FILE

**QUESTION TEXT:**

What is your job title?

**ENTER TEXT**

Length

50

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**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

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**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

**PROGRAMMER INSTRUCTIONS:**

Allow empty

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**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

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**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

**PROGRAMMER INSTRUCTIONS:**

Use lookup file of state names.

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**FQ3e**

**FQ3e**

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

**PROGRAMMER INSTRUCTIONS:**

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

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**FQ4**

**FQ4**

NOT ON FILE

**QUESTION TEXT:**

What is your email address here?

ENTER 97 IF NO EMAIL ADDRESS

**ENTER TEXT**

Length  
REFUSED

50

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**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 or levels of care in this place, please tell me the name for the whole place.

**ENTER TEXT**

Length

75

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**FQ6**

**fq1facdescri**

R1 FQ6 DESCRIPTION OF FACILITY

**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

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**FQ6a**

**FQ6a**

NOT ON FILE

**QUESTION TEXT:**

SPECIFY TYPE OF PLACE

**ENTER TEXT**

Length

50

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**FQ7**

**FQ7**

NOT ON FILE

**QUESTION TEXT:**

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

PRESS 1 AND ENTER TO CONTINUE

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**FQ8**

**fq1prtlivnam**

R1 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

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**FQ9**

**FQ9**

NOT ON FILE

**QUESTION TEXT:**

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

**ENTER TEXT**

Length

50

**FQ10****fq1faaretype**

R1 FQ10 SP AREA - FACILITY TYPE

**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****fq10a**

NOT ON FILE

**QUESTION TEXT:**

SPECIFY OTHER TYPE OF PLACE

**ENTER TEXT**

Length 50

**PROGRAMMER INSTRUCTIONS:**

Go to FQ12

**FQ11****fq1assdnrsng**

R1 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****fq1othrlevls**

R1 FQ12 OTH LEVELS OF CARE AVAIL

**QUESTION TEXT:**

Besides where {SP} lives, are there other levels of care available at {PLACE NAME FROM 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**

**fq1whotlev1**  
**fq1whotlev2**  
**fq1whotlev3**  
**fq1whotlev4**  
**fq1whotlev5**

R1 FQ13 INDEPNDNT LIV CARE AVAIL  
R1 FQ13 ASSISTED LVNG CARE AVAIL  
R1 FQ13 ALZHEIMER CARE AVAIL  
R1 FQ13 NURSING HOME CARE AVAIL  
R1 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 OTHER LEVELS OF CARE

**ENTER TEXT**

Length

50

**FQ15**

**fq1servaval1**  
**fq1servaval2**  
**fq1servaval3**  
**fq1servaval4**  
**fq1servaval5**  
**fq1servaval6**  
**fq1servaval7**  
**fq1servaval8**  
**fq1servaval9**

R1 FQ15 MEALS AVAIL  
R1 FQ15 HELP WITH MEDS AVAIL  
R1 FQ15 HELP W BATH DRESS AVAIL  
R1 FQ15 LAUNDRY SERVCS AVAIL  
R1 FQ15 HOUSEKEEPING SERV AVAIL  
R1 FQ15 TRANSPRT MED CARE PROV  
R1 FQ15 TRANSPRT TO STORE EVENT  
R1 FQ15 RECREATIONAL FAC AVAIL  
R1 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 EXTRA CHARGE
- 3 NO, SERVICE NOT 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**

- fq1paysourc1**
- fq1paysourc2**
- fq1paysourc3**
- fq1paysourc4**
- fq1paysourc5**
- fq1paysourc6**

- R1 FQ16 SP OR SP FAMILY PAYMENT
- R1 FQ16 SOC SEC SSI PAYMENT
- R1 FQ16 MEDICAID PAYMENT
- R1 FQ16 MEDICARE PAYMENT
- R1 FQ16 PRIVATE INSURANCE PAYMNT
- R1 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	0 to 26000
Soft Range	0 to 10000
REFUSED	
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.

Hard range error 13 "VALUE OUT OF RANGE. VERIFY WITH RESPONDENT AND RE-ENTER ANSWER."  
Soft range error "UNLIKELY RESPONSE - PLEASE VERIFY WITH RESPONDENT. SUPPRESS TO ACCEPT RESPONSE AND CONTINUE. OTHERWISE, CLOSE TO RE-ENTER ANSWER."

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**BOX FQ17**

**BOXFQ17**

NOT ON FILE

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

Otherwise, go to FQ17.

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**FQ17****fq1totalpaym**

R1 FQ17 TOTAL PAYMENT FOR CARE

**DISPLAY INSTRUCTIONS:**

Display dollar amounts using commas 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****fq1tmnthlyamt**

R1 FQ18 TOT MTHLY AMT FOR CARE

**DISPLAY INSTRUCTIONS:**

Display dollar amounts using commas to separate zeroes.

**QUESTION TEXT:**

What is the (approximate) total monthly amount for {SP}'s care?

ENTER AMOUNT

**ENTER NUMBER**

Range	0 to 26000
REFUSED	
DON'T KNOW	

**FQ19****fq1primpayer**

R1 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

**QUESTION TEXT:**

Is that a government source?

**CODES**

1 YES  
2 NO  
REFUSED  
DON'T KNOW

**FQ21****FQ21**

NOT ON FILE

YOU HAVE COMPLETED THE FACILITY STAFF QUESTIONNAIRE. THANK RESPONDENT.

PRESS 1 AND ENTER TO CONTINUE

**FQ22****FQ22**

NOT ON FILE

**DISPLAY INSTRUCTIONS:**

If FQ6 = 1 or [(FQ6 = 2 or 3 or 4 or 8 or 91 or DK or RF) and FQ10 = 4] or FQ11 = 2, set FACILITY TYPE flag = 1 (NURSING HOME), and display "SP HAS BEEN IDENTIFIED AS LIVING IN A NURSING HOME. NO ADDITIONAL DATA COLLECTION REQUIRED FOR THIS CASE."

**QUESTION TEXT:**

{SP HAS BEEN IDENTIFIED AS LIVING IN A NURSING HOME.

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 Int task and the IRQ.

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)

If FACILITY TYPE flag = 1 (NURSING HOME), set NHATS Int Task=code 24 (FINAL NOT REQUIRED) and Stroop Task=code 24 (FINAL NOT REQUIRED) and set the final case status to code 61, "Complete, NH Facility".

If FQ11 = 1, set FACILITY TYPE flag = 2 (OTHER FACILITY)

If FQ6 = 5 or 6 or 7, set FACILITY TYPE flag = 2 (OTHER FACILITY)

If [(FQ6 = 2 or 3 or 4 or 8 or 91 or RF or DK) AND (FQ10 = 1 or 2 or 91)] OR [(FQ6 = 2 or 3 or 4 or 8 or 91 or RF or DK) AND FQ10 = 3 AND (FQ11 = DK or RF)] OR [(FQ6 = 2 or 3 or 4 or 8 or 91) AND (FQ10 = RF or DK)], set 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 NHATS Int task and the IRQ.

Our records indicate the information below for {SP FIRST NAME} {SP MIDDLE NAME} {SP LAST NAME}.

If this information is INCORRECT, please fill in the correct information below and return this letter to Westat in the enclosed postage-paid return envelope. If this information is CORRECT, you do not need to return this letter.

**Corrected information:**

**Date of Birth:** {DOB}

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**Gender:** {Gender}

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**Race:** {Race}

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**Flag variables set in FQ Section**

**f11facility**

R1 F SP IN FACILITY

**f11factype**

R1 F TYPE OF FACILITY