

**2010 National Survey of Residential Care Facilities (NSRCF)
Resident Questionnaire**

Question number	Resident Question item	Code categories	Resident asked	Skip pattern
R_A_INTRO1	In order to obtain national level data about the residents of residential care facilities such as this one, we are collecting information from a sample of current residents. I will be asking questions about the background, health status, and charges for each sampled resident. The information you provide will be held in strict confidence and will be used only by persons involved in the survey and only for the purpose of the survey. The interview for each of the selected residents should take about 20 minutes to complete.	1 CONTINUE	All facilities	
R_A_INTRO1A	Now I am going to ask questions about the following resident – [<i>RESIDENT INITIALS</i>].	1 CONTINUE	All residents	
R_A_INTRO2	Do you have the resident records for [<i>RESIDENT INITIALS</i>]? (You may want to use the resident file in answering a few of the questions in this survey. If you have not retrieved the records and would like to do so now, I can wait a few minutes while you obtain them.)	1 RECORD OBTAINED 2 RECORD NOT OBTAINED	All residents	
R_A1	Please tell me [<i>RESIDENT INITIALS</i>] gender?	1 MALE 2 FEMALE	All residents	
R_A3	Is [<i>RESIDENT INITIALS</i>] of Hispanic, Latino, or Spanish origin or descent?	1 YES 2 NO	All residents	
R_A2	Please tell me [<i>RESIDENT INITIALS</i>] age?	0..120	All residents	

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ENDINT	I am sorry but our survey is about residents that are 18 or older. Since this person is not eligible, I won't complete an interview for this particular resident. I need to check my records for any other selected residents for whom you were identified as a caregiver.	1 CONTINUE		R_A2 = < 18
R_A4	HAND R SHOWCARD Which one or more of the following would you say is [RESIDENT INITIALS] race? SELECT ALL THAT APPLY	1 WHITE/CAUCASIAN 2 BLACK OR AFRICAN AMERICAN 3 ASIAN 4 HAWAIIAN OR OTHER PACIFIC ISLANDER 5 AMERICAN INDIAN OR ALASKA NATIVE	All residents	
R_A5	What is the highest grade or level of education [RESIDENT INITIALS] completed...? High school or less or Some college or more	1 High school or less 2 Some college or more	All residents	
R_A6	Is [RESIDENT INITIALS] currently married, divorced, legally separated, widowed, or never married?	1 Married 2 Divorced 3 Legally separated 4 Widowed 5 Never married	All residents	

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R_A7	How well does [<i>RESIDENT INITIALS</i>] speak English...? Excellent very well well fair poor or not at all	1 Excellent 2 Very well 3 Well 4 Fair 5 Poor or not at all 6 DOES NOT SPEAK BECAUSE OF A DISABILITY, OR SEVERE DEMENTIA	All residents	
R_A8a	Overall, is [<i>RESIDENT INITIALS</i>] health...? Excellent very good good fair or poor	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	All residents	
R_A9	HAND R SHOWCARD Which of these places best describes [<i>RESIDENT INITIALS</i>] living quarters?	1. ROOM DESIGNED FOR ONE PERSON 2. ROOM DESIGNED FOR TWO PERSONS 3. ROOM DESIGNED FOR THREE OR MORE PERSONS 4. STUDIO APARTMENT 5 ONE BEDROOM APARTMENT 6. TWO BEDROOM APARTMENT	All residents	

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		7. THREE BEDROOM APARTMENT		
R_A10	Does [<i>RESIDENT INITIALS</i>] currently share this (room/apartment) with another person?	1 YES 2 NO	All residents	
R_A11	Is this person [<i>RESIDENT INITIALS</i>] spouse or other relative?	1 YES 2 NO		If R_A10=1
R_A12	How many other residents not counting [<i>RESIDENT INITIALS</i>] live in the (room/apartment)?	1 ONE OTHER PERSON 2 TWO OR MORE OTHER PERSONS		If R_A10=1
R_A13	Does [<i>RESIDENT INITIALS</i>] live in a Dementia/Alzheimer's Special Care Unit?	1 YES 2 NO 3 FACILITY DOES NOT HAVE DEMENTIA/ALZHEIMERS UNIT	All residents	
New question	HAND R SHOWCARD Which of the following are located inside [<i>RESIDENT INITIALS</i>] (room/apartment)? SELECT ALL THAT APPLY	1.MICROWAVE 2 COOK TOP OR HOT PLATE 3 OVEN 4 REFRIGERATOR 5 KITCHEN SINK 6 NONE OF THE ABOVE	All residents	

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R_A15	Does [<i>RESIDENT INITIALS</i>] (room/apartment) have a door to the hallway that can be locked from the inside?	1 YES 2 NO	All residents	
R_A15A	Does [<i>RESIDENT INITIALS</i>] (room/apartment) have a bathroom located inside the (room/apartment) or between (rooms/apartments)?	1 YES 2 NO	All residents	
R_A15Bath	HAND R SHOWCARD Which type of bathroom is in [<i>RESIDENT INITIALS</i>] (room/apartment) ..	1 <u>FULL BATHROOM</u> INCLUDING A TOILET, SINK, AND SHOWER OR TUB 2 <u>HALF-BATH</u> INCLUDING A SINK AND TOILET		If R_A15A=1
R_A16	HAND R SHOWCARD Please read this list of activities and tell me whether [<i>RESIDENT INITIALS</i>] regularly participates in any of these at least twice a month, regardless of whether or not it is arranged by the facility. SELECT ALL THAT APPLY	1 CARDS, BOARD GAMES, BINGO, PUZZLES 2 ARTS OR CRAFTS, SUCH AS SEWING, KNITTING, PAINTING, QUILTING, FLOWER ARRANGING 3 EXERCISE OR SPORTS 4 PLAYING, OR LISTENING TO	All residents	

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		MUSIC, OR SINGING 5 READING OR WRITING 6 SPIRITUAL OR RELIGIOUS ACTIVITIES 7 SHOPPING OR TRIPS 8 WATCHING TELEVISION 9 LEAVING THE FACILITY GROUNDS 10 TALKING WITH FRIENDS OR RELATIVES 11 GOING OUT TO THE MOVIES, DINING OUT OR OTHER SOCIAL ACTIVITIES 12 GARDENING 13 TAKING CARE OF PETS 14 OTHER HOBBIES OR ACTIVITIES 15 NONE OF THE ABOVE		
R_A16_outside	HAND R SHOWCARD	1 WORK AT A JOB FOR PAY	All residents	

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	<p>Does [<i>RESIDENT INITIALS</i>] go outside the facility to do any of the following activities?</p> <p>SELECT ALL THAT APPLY</p>	<p>2 PARTICIPATE IN A SHELTERED WORKSHOP 3 PARTICIPATE IN A WORK TRAINING PROGRAM 4 ATTEND DAY PROGRAMS FOR SOCIAL OR RECREATIONAL ACTIVITIES 5 ATTEND AN EDUCATIONAL PROGRAM 6 ATTEND AN ADULT 7 NONE OF THE ABOVE</p>		
R_A17	Does [<i>RESIDENT INITIALS</i>] still drive?	<p>1 YES 2 NO</p>	All residents	
R_A18	<p>How often does [<i>RESIDENT INITIALS</i>] drive?</p> <p>Daily or every other day Once or twice a week or Less than once per week</p>	<p>1 Daily or every other day 2 Once or twice a week 3 Less than once per w</p>		If R_A17=1
R_B1Month	<p>When did [<i>RESIDENT INITIALS</i>] <u>first</u> move into this facility?</p> <p>MONTH</p>	<p>1 January 2 February 3 March 4 April 5 May</p>	All residents	

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		6 June 7 July 8 August 9 September 10 October 11 November 12 December		
R_B1Year	(When did [<i>RESIDENT INITIALS</i>] first move into this facility?) YEAR	1970..2010	All residents	
R_B1Range	HAND R SHOWCARD Please look at this card and tell me approximately how long it has been since [<i>RESIDENT INITIALS</i>] <u>first</u> moved into this facility?	1 0 TO 3 MONTHS 2 MORE THAN 3 MONTHS TO 6 MONTHS 3 MORE THAN 6 MONTHS TO 1 YEAR 4 MORE THAN 1 YEAR TO 3 YEARS 5 MORE THAN 3 YEARS TO 5 YEARS 6 MORE THAN 5 YEARS		If R_B1Year = DK
R_B2	When [<i>RESIDENT INITIALS</i>] first moved into this facility, was (he/she) directly admitted from a <u>short-term stay</u> at a: READ CHOICES hospital	1 Hospital 2 Rehabilitation facility 3 Nursing home 4 NONE OF THE	All residents	

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	rehabilitation facility nursing home	ABOVE		
R_B3	HAND R SHOWCARD Where did (he/she) live prior to (his/her) (moving to this facility/stay at the (hospital/rehabilitation facility/nursing home))?	1 PRIVATE HOME, APARTMENT, RENTED ROOM, OR FAMILY RESIDENCE 2 DIFFERENT RESIDENTIAL CARE, ASSISTED LIVING, OR GROUP HOME FACILITY 3 RETIREMENT OR INDEPENDENT LIVING COMMUNITY 4 NURSING HOME (THIS EXCLUDES SHORT NURSING HOME STAYS FOR REHABILITATION) 5 PSYCHIATRIC FACILITY 6 JAIL 7 HOMELESS 8 OTHER	All residents	
R_B4	For last month, what was the total charge for [<i>RESIDENT INITIALS</i>] to live in this facility? Include the basic monthly charge and charges for any additional services.	0..8000	All residents	

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R_B5	During the last 30 days did [<i>RESIDENT INITIALS</i>] have <u>any</u> of (his/her) long-term care services at this facility paid by Medicaid?	1 YES 2 NO	All residents	
R_B6	Is [<i>RESIDENT INITIALS</i>] a veteran of U.S. Military service?	1 YES 2 NO	All residents	
R_B6a	Is [<i>RESIDENT INITIALS</i>] the spouse, or widow/widower, of a veteran of U.S. Military service?	1 YES 2 NO	All residents	
R_C_INTRO	The next questions are about [<i>RESIDENT INITIALS</i>] health status and physical functioning.	1 CONTINUE	All residents	
R_C1	HAND R SHOWCARD As far as you know, has a doctor or other health professional ever diagnosed [<i>RESIDENT INITIALS</i>] with any of the following conditions? Please tell me the numbers that apply from this card. SELECT ALL THAT APPLY	1 ALZHEIMER'S DISEASE OR OTHER DEMENTIA 2 ANEMIA 3 ARTHRITIS OR RHEUMATOID ARTHRITIS 4 ASTHMA 5 CANCER OR MALIGNANT NEOPLASM OF ANY KIND 6 CEREBRAL PALSY 7 CHRONIC BRONCHITIS 8 CONGESTIVE HEART FAILURE 9 COPD	All residents	

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		10 CORONARY HEART DISEASE 11 DEPRESSION 12 DIABETES 13 EMPHYSEMA 14 GLAUCOMA 15 GOUT, LUPUS, OR FIBROMYALGIA 16 HEART ATTACK (MYOCARDIAL INFARCTION) 17 HIGH BLOOD PRESSURE OR HYPERTENSION 18 INTELLECTUAL OR DEVELOPMENTAL DISABILITIES SUCH AS MENTAL RETARDATION, SEVERE AUTISM, OR DOWN SYNDROME 19 KIDNEY DISEASE 20 MACULAR DEGENERATION 21 MUSCULAR DYSTROPHY 22 NERVOUS SYSTEM DISORDERS,		

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		INCLUDING MULTIPLE SCLEROSIS, PARKINSON'S DISEASE, AND EPILEPSY 23 OSTEOPOROSIS 24 OTHER MENTAL, EMOTIONAL OR NERVOUS CONDITION 25 PARTIAL OR TOTAL PARALYSIS 26 SERIOUS MENTAL PROBLEMS SUCH AS SCHIZOPHRENIA OR PSYCHOSIS 27 SPINAL CORD INJURY 28 STROKE 29 TRAUMATIC BRAIN INJURY 30 ANY OTHER KIND OF HEART CONDITION OR HEART DISEASE (OTHER THAN LISTED ABOVE) 31 OTHER 32 NONE OF THESE		

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R_C10TH	Specify other condition.	SPECIFY		R_C1 = 31
R_C1_Cancer	What kind of cancer? . SELECT ALL THAT APPLY	1 BLADDER 2 BLOOD 3 BONE 4 BRAIN 5 BREAST 6 CERVIX 7 COLON 8 ESOPHAGUS 9 GALLBLADDER 10 KIDNEY 11 LARYNX, WINDPIPE 12 LEUKEMIA 13 LIVER 14 LUNG 15 LYMPHOMA 16 MELANOMA 17 MOUTH, TONGUE, 18 OVARY 19 PANCREAS 20 PROSTATE 21 RECTUM 22 SKIN, NON- MELANOMA 23 SKIN, DON'T KNOW WHAT KIND 24 SOFT TISSUE (MUSCLE OR FAT) 25 STOMACH		R_C1= CANCER

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		26 TESTIS 27 THROAT, PHARYNX 28 THYROID 29 UTERUS 30 OTHER		
R_C1FLU1	HAND R SHOW CARD Please look at this card and tell me which category best describes [<i>RESIDENT INITIALS</i>] documented vaccination status for a flu shot <u>during the past 12 months</u> .	1 VACCINATED WHILE RESIDING AT THIS FACILITY 2 VACCINATED BEFORE ADMISSION TO THIS FACILITY 3 NOT VACCINATED IN PAST 12 MONTHS – NO RECORD OF DOCTOR’S ORDER OR OF VACCINATION OFFERED 4 NOT VACCINATED IN PAST 12 MONTHS- VACCINATION MEDICALLY CONTRAINDICATED 5 NOT VACCINATED IN PAST 12 MONTHS- RESIDENT/FAMILY REFUSED VACCINATION	All residents	

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		6 NOT VACCINATED IN PAST 12 MONTHS – OTHER REASON 7 NOT VACCINATED IN PAST 12 MONTHS – REASON UNKNOWN 8 DID NOT RESIDE IN THE FACILITY DURING THE MOST RECENT FLU SEASON		
R_C1FLU2	HAND R SHOW CARD Which statement on this card best describes the documented vaccination status for whether [<i>RESIDENT INITIALS</i>] has ever had a pneumococcal vaccine ?	1 VACCINATED WHILE RESIDING AT THIS FACILITY 2 VACCINATED BEFORE ADMISSION TO THIS FACILITY 3 NEVER VACCINATED – NO RECORD OF DOCTOR’S ORDER OR OF VACCINATION OFFERED 4 NEVER VACCINATED- VACCINATION MEDICALLY CONTRAINDICATED 5 NEVER VACCINATED-	All residents	

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		RESIDENT/FAMILY REFUSED VACCINATION 6 NEVER VACCINATED – OTHER REASON 7 NEVER VACCINATED – REASON UNKNOWN		
R_C1_impair_4	HAND R SHOWCARD Which statement on this card best describes [<i>RESIDENT INITIALS</i>] hearing <u>without a hearing aid</u> ?	1 HEARING IS GOOD 2 HAS A LITTLE TROUBLE HEARING 3 HAS A LOT OF TROUBLE HEARING 4 DEAF	All residents	
R_C1_impair_6	Is [<i>RESIDENT INITIALS</i>] blind in both eyes or unable to see?	1 YES 2 NO	All residents	
R_C1_impair_5	Does [<i>RESIDENT INITIALS</i>] have any trouble seeing even when wearing glasses or contact lenses	1 YES 2 NO		R_C1_impair_6 = 2
R_C2a	These next questions refer to the (past 12 months/# of months since [<i>RESIDENT INITIALS</i>] moved into this residential care facility). During this time, has [<i>RESIDENT INITIALS</i>] been treated in a hospital emergency room?	1 YES 2 NO	All residents	
R_C2b	{This question refers to the (past 12 months/# months since	1 YES	All residents	

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	<p>[RESIDENT INITIALS] moved into this residential care facility}}</p> <p>During this time, has [RESIDENT INITIALS] been a patient in a hospital overnight or longer (excluding trips to the emergency room that did not result in a hospital stay)?</p>	2 NO		
R_C2c	<p>{This question refers to the (past 12 months/# months since [RESIDENT INITIALS] moved into this residential care facility}}</p> <p>During this time has [RESIDENT INITIALS] had a stroke?</p>	1 YES 2 NO	All residents	
R_C2d	<p>{This question refers to the (past 12 months/# months since [RESIDENT INITIALS] moved into this residential care facility}}</p> <p>During this time has [RESIDENT INITIALS] had a heart attack?</p>	1 YES 2 NO	All residents	
R_C2e	<p>{This question refers to the (past 12 months/# months since [RESIDENT INITIALS] moved into this residential care facility}}</p> <p>During this time has [RESIDENT INITIALS] had a fall that caused a hip fracture?</p>	1 YES 2 NO	All residents	
R_C2f	<p>{This question refers to the (past 12 months/# months since [RESIDENT INITIALS] moved into this residential care facility}}</p>	1 YES 2 NO	All residents	

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Question number	Resident Question item	Code categories	Resident asked	Skip pattern
	During this time has [RESIDENT INITIALS] had a fall that caused an injury other than a hip fracture?			
R_C2g	{This question refers to the (past 12 months/# months since [RESIDENT INITIALS] moved into this residential care facility)} During this time has [RESIDENT INITIALS] had a stay in a nursing home?	1 YES 2 NO	All residents	
R_C2i	During the { past 12 months/# months since [RESIDENT INITIALS] moved into this residential care facility)} During this time, has [RESIDENT INITIALS] had a stay in a rehabilitation facility?	1 YES 2 NO	All residents	
R_C3	During the { past 12 months/# months since [RESIDENT INITIALS] moved into this residential care facility)} How many times has [RESIDENT INITIALS] been treated in a hospital emergency room over this period?	1..35		R_C2a = 1
R_C4	HAND R SHOWCARD Does [RESIDENT INITIALS] currently use any of the items listed on this card? SELECT ALL THAT APPLY	1 DENTURES, INCLUD 2 GLASSES OR CONT 3 HEARING AID 4 CANE, INCLUDING A TRIPOD CANE 5 WALKER 6 MANUAL WHEEL CHAIR 7 ELECTRIC OR	All residents	

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		MOTORIZED WHEEL CHAIR OR SCOOTER 8 OXYGEN 9 COMMUNICATION BOARD OR OTHER APPLIANCE TO COMMUNICATE 10 ARTIFICIAL LIMB 11 NONE OF THE ABOVE		
R_C4a	Does [RESIDENT INITIALS] currently use telescopic lenses, Braille, readers, a guide dog, white cane, or any other equipment for people with severe visual impairments?	1 YES 2 NO		R_C1_impair_6 = 1
R_C5a	Is [RESIDENT INITIALS] limited in any way because of difficulty remembering or because [RESIDENT INITIALS] experiences periods of confusion?	1 YES 2 NO	All residents	
R_C5	During the last 7 days, has [RESIDENT INITIALS] given evidence of a problem with short-term memory, such as difficulty remembering what (he/she) had for breakfast or something you told (he/she) a few minutes earlier?	1 YES 2 NO	All residents	
R_C6	During the last 7 days, has [RESIDENT INITIALS] given evidence of a problem with long-term memory, such as forgetting how old (he/she) is or forgetting that (he/she) was married?	1 YES 2 NO	All residents	
R_C7	During the last 7 days, has [RESIDENT INITIALS] had any of the following problems with orientation, such as:	1 Knowing the	All residents	

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	<p>Knowing the location of (his/her) bedroom? Recognizing staff names or faces? Knowing that (he/she) is in a facility? Knowing what the season of the year it is?</p> <p>READ CHOICES. SELECT ALL THAT APPLY</p>	<p>location of (his/her) bedroom 2 Recognizing staff names 3 Knowing that (he/she) is in a facility? 4 Knowing what the season of the year it is? 5 NONE OF THE ABOVE</p>		
R_C8	<p>HAND R SHOWCARD</p> <p>The next question refers to the resident's actual performance in making everyday decisions about the tasks or activities of daily living.</p> <p>During the last 7 days, which of these answers best describes [RESIDENT INITIALS] decision-making about such things as what to wear, how to organize (his/her) day, etc?</p>	<p>1 INDEPENDENT- DECISIONS WERE CONSISTENT, REASONABLE 2 MODIFIED INDEPENDENCE - HE/SHE HAD SOME DIFFICULTY IN NEW SITUATIONS 3 MODERATELY IMPAIRED - HIS/HER DECISIONS WERE POOR; CUES AND SUPERVISION WERE REQUIRED 4 SEVERELY IMPAIRED- HE/SHE NEVER OR RARELY MADE DECISIONS</p>	All residents	
R_C9	HAND R SHOWCARD	1 ALWAYS UNDERSTOOD	All residents	

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	During the last 7 days, which of these answers best describes [RESIDENT INITIALS] ability to make (himself/herself) understood by others?	2 USUALLY UNDERSTOOD - DIFFICULTY FINDING WORDS OR FINISHING THOUGHTS 3 SOMETIMES UNDERSTOOD - ABILITY IS LIMITED TO MAKING CONCRETE REQUESTS 4 RARELY OR NEVER UNDERSTOOD		
R_C9a	Is [RESIDENT INITIALS] difficulty in making (himself/herself) understood by others due to a severe speech impairment or other disability?	1 YES 2 NO		R_C9 = 2-4
R_C10	Next, I would like to ask about everyday activities and whether [RESIDENT INITIALS] receives any assistance in doing them. By assistance, I mean help from special equipment, another person or both.	1 CONTINUE		
R_c10a	Does [RESIDENT INITIALS] currently receive assistance in bathing or showering? This includes standby assistance.	1 YES 2 NO	All residents	
R_c10a1	Does [RESIDENT INITIALS] bathe or shower with the help of:	1 Special Equipment 2 Another Person		R_c10a=1

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Question number	Resident Question item	Code categories	Resident asked	Skip pattern
	Special Equipment Another Person			
R_c10b	Does [<i>RESIDENT INITIALS</i>] currently receive assistance in dressing? This includes standby assistance.	1 YES 2 NO	All residents	
R_c10b1	Does [<i>RESIDENT INITIALS</i>] dress with the help of: Special Equipment, such as zipper pulls or button hook aids, or another person, or both?	1 Special Equipment 2 Another Person		R_c10b=1
R_c10c	Does [<i>RESIDENT INITIALS</i>] currently receive assistance in eating, such as cutting up food, or cueing?	1 YES 2 NO	All residents	
R_c10c1	Does [<i>RESIDENT INITIALS</i>] eat with the help of: Special Equipment Another Person	1 Special Equipment 2 Another Person		R_c10c=1
R_C10d	Is [<i>RESIDENT INITIALS</i>] confined to bed by health problems?	1 YES 2 NO	All residents	
R_C10e	Is [<i>RESIDENT INITIALS</i>] confined to a chair by health problems?	1 YES 2 NO		R_C10d = 2
R_C10f	Does [<i>RESIDENT INITIALS</i>] currently receive any assistance in transferring in and out of bed or a chair?	1 YES 2 NO		R_C10e = 2
R_C10f1	Does [<i>RESIDENT INITIALS</i>] transfer in or out of a bed or a chair with the help of:	1 Special Equipment 2 Another Person		R_C10f = 1

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	Special Equipment Another Person			
R_C10g	Does [<i>RESIDENT INITIALS</i>] currently receive any assistance in walking?	1 YES 2 NO		R_C10d = 2 and R_C10e = 2
R_C10g1	Does [<i>RESIDENT INITIALS</i>] walk with the help of: Special Equipment Another Person	1 Special Equipment 2 Another Person		R_C10g = 1
R_C10h	Does [<i>RESIDENT INITIALS</i>] currently receive any assistance going outside the grounds of this facility?	1 YES 2 NO 3 DOES NOT GO OUTSIDE FACILITY GROUNDS		R_C10d = 2 and R_C10e = 2
R_C10h1	When [<i>RESIDENT INITIALS</i>] goes outside the grounds does [<i>RESIDENT INITIALS</i>] require the help of: Special Equipment Another Person	1 Special Equipment 2 Another Person		R_C10h = 1
R_C10i	Does [<i>RESIDENT INITIALS</i>] have an ostomy, an indwelling catheter or similar device?	1 YES 2 NO	All residents	
R_C10i1	Does [<i>RESIDENT INITIALS</i>] receive any help from another person in caring for this device?	1 YES 2 NO		R_C10i = 1
R_C10j	Does [<i>RESIDENT INITIALS</i>] currently receive any assistance using the bathroom?	1 YES 2 NO 3 DOES NOT USE TOI	All residents	

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R_C10j1	When [RESIDENT INITIALS] uses the bathroom, does [RESIDENT INITIALS] require the help of: Special equipment Another person .	1 Special equipment 2 Another person		R_C10j = 1
R_C10k	Has [RESIDENT INITIALS] had any episode of bowel incontinence during the last 7 days?	1 YES 2 NO 3 NOT APPLICABLE (E	All residents	
R_C10l	Has [RESIDENT INITIALS] had any episode of urinary incontinence during the last 7 days?	1 YES 2 NO 3 NOT APPLICABLE (E	All residents	
R_C10m	Is [RESIDENT INITIALS] able to get out of the facility without the help of another person in case of an emergency?	1 YES 2 NO		R_C10d ≠ 1 and R_C10e ≠ 1
R_C11	HAND R SHOWCARD For the next questions, please tell me whether or not [RESIDENT INITIALS] needs help from another person or does not perform this activity.	1 CONTINUE		
R_C11a	Does [RESIDENT INITIALS] currently need help from another person with: Going shopping for personal items, such as toilet items or medicine. If the only help [RESIDENT INITIALS] needs is for	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT	All residents	

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	transportation to and from the store, choose "No."	PERFORM THIS ACTIVITY		
R_C11b	(Does [<i>RESIDENT INITIALS</i>] currently need help from another person with: Managing money, such as keeping track of expenses or paying bills?)	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C11c	Does [<i>RESIDENT INITIALS</i>] currently need help from another person or a special device with: Using the telephone? This includes TTY or dialing out.	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C11c_1	Does [<i>RESIDENT INITIALS</i>] receive help using the telephone from another person or a special device?	1 ANOTHER PERSON 2 SPECIAL DEVICE 3 BOTH		R_C11c = 1
R_C11d	Does [<i>RESIDENT INITIALS</i>] currently need help from another person with: Doing light housework, like straightening up (his/her) room or apartment?	1 YES, NEEDS HELP 2 NO, DOES NOT NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY	All residents	
R_C11e	(Does [<i>RESIDENT INITIALS</i>] currently need help from another person with:)	1 YES, NEEDS HELP 2 NO, DOES NOT	All residents	

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	Taking medication -- this includes opening the bottle, remembering to take medication on time, and taking the prescribed dosage?	NEED HELP 3 DOES NOT PERFORM THIS ACTIVITY		
R_C12a	Does [<i>RESIDENT INITIALS</i>] now use an amplifier for the telephone, a TDD, TTY or teletype, closed caption TV, assistive listening or signaling devices, an interpreter, or any other equipment for people with hearing or speech impairments?	1 YES 2 NO	All residents	
R_C13	Does [<i>RESIDENT INITIALS</i>] have a landline telephone or cellular telephone in (his/her) room?	1 YES 2 NO	All residents	
R_C12	HAND R SHOWCARD Over the last 30 days, how often did [<i>RESIDENT INITIALS</i>] receive one or more outside visitors?	1 EVERY DAY 2 AT LEAST SEVERAL TIMES A WEEK 3 ABOUT ONCE A WEEK 4 SEVERAL TIMES DURING THE WEEK 5 AT LEAST ONCE IN THE MONTH 6 NOT AT ALL IN THE MONTH	All residents	
R_C12a1	HAND R SHOWCARD Without assistance and without equipment, how difficult is it for [<i>RESIDENT INITIALS</i>] to... Walk a quarter mile, about three city blocks?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL-HEALTH REASON	R_C10d and R_C10e ≠ 1	

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		6 DOES NOT DO-OTHER REASON		
R_C12a2	Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS] to... Walk up 10 steps without resting?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL-HEALTH REASON 6 DOES NOT DO-OTHER REASON	R_C10d ≠ 1 and R_C10e ≠ 1	
R_C12a3	Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS] to... Stand or be on feet for about two hours?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL-HEALTH REASON 6 DOES NOT DO-OTHER REASON	R_C10d ≠ 1 and R_C10e ≠ 1	
R_C12a4	(Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS]) Sit for about two hours?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT	All residents	

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		5 CAN'T DO AT ALL-HEALTH REASON 6 DOES NOT DO-OTHER REASON		
R_C12a5	(Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS] to) Stoop, bend, or kneel?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL-HEALTH REASON 6 DOES NOT DO-OTHER REASON	R_C10d ≠ 1 and R_C10e ≠ 1	
R_C12a6	(Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS] to) Reach up over head?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL-HEALTH REASON 6 DOES NOT DO-OTHER REASON	All residents	
R_C12a7	(Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS] to)	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE	All residents	

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	Use fingers to grasp or handle small objects?	DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL- HEALTH REASON 6 DOES NOT DO- OTHER REASON		
R_C12a8	(Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS] to) Lift or carry something as heavy as 10 pounds, such as a bag of groceries?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL- HEALTH REASON 6 DOES NOT DO- OTHER REASON	All residents	
R_C12a9	(Without assistance and without equipment, how difficult is it for [RESIDENT INITIALS] to) Push or pull a large object like a living room chair?	1 NOT AT ALL DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL- HEALTH REASON 6 DOES NOT DO- OTHER REASON	All residents	
R_C12a10	(Without assistance and without equipment, how difficult is it	1 NOT AT ALL		R_C10d ≠ 1 and

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	<p>for [RESIDENT INITIALS] to)</p> <p>Go out to do things like shopping, movies, or sporting events?</p>	<p>DIFFICULT 2 ONLY A LITTLE DIFFICULT 3 SOMEWHAT DIFFICULT 4 VERY DIFFICULT 5 CAN'T DO AT ALL- HEALTH REASON 6 DOES NOT DO- OTHER REASON</p>		R_C10e # 1
R_C14	<p>In the past 30 days, how often has [RESIDENT INITIALS] exhibited any of the following behaviors?</p>	1 CONTINUE		
R_C14a	<p>HAND R SHOWCARD</p> <p>(In the past 30 days, how often has [RESIDENT INITIALS] exhibited any of the following behaviors?)</p> <p>Refusing to take prescribed medicines at the appropriate time or in the prescribed dosage-</p>	<p>1 OFTEN 2 SOMETIMES(INCLUDES 1TIME) 3 NEVER 4 RESIDENT DOES NOT TAKE ANY PRESCRIBED MEDICATIONS 5 FACILITY DOES NOT HANDLE RESIDENTS' MEDICATIONS</p>	All residents	
R_C14c	<p>(In the past 30 days, how often has [RESIDENT INITIALS] exhibited any of the following behaviors?)</p> <p>Creating disturbances or being excessively noisy by knocking on doors or yelling or being verbally abusive?</p>	<p>1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never</p>	All residents	

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R_C14cc	(In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?) Wandering or moving aimlessly about in the building or on the grounds?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14d	(In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?) Refusing to bathe or clean (himself/herself)?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14e	(In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?) Rummaging through or taking other people's belongings?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14f	(In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?) Damaging or destroying property?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14g	(In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?) Verbally threatening other persons including staff or other residents?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14h	(In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?)	1 Often 2 Sometimes (INCLUDES 1 TIME)	All residents	

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	Being physically aggressive towards other persons including staff or other residents?	3 Never		
R_C14i	(In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?) Removing clothing in public?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C14j	In the past 30 days, how often has [<i>RESIDENT INITIALS</i>] exhibited any of the following behaviors?) Making unwanted sexual advances towards staff or other residents?	1 Often 2 Sometimes (INCLUDES 1 TIME) 3 Never	All residents	
R_C15	Does a physician ever prescribe medications to help control [<i>RESIDENT INITIALS</i>] behavior or to reduce agitation?	1 YES 2 NO		R_C14a-j: = 1 or 2 in any of these questions
R_C16	HAND R SHOWCARD The following services may be offered by facility staff or provided at the facility by non-facility staff. Please look at this Showcard and tell me if [<i>RESIDENT INITIALS</i>] uses any of these services. SELECT ALL THAT APPLY	1 SPECIAL DIETS 2 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING 3 ASSISTANCE WITH A BATH OR SHOWER AT LEAST ONCE A WEEK 4 SKILLED NURSING SERVICES 5 BASIC HEALTH MONITORING SUCH AS BLOOD	All residents	

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		PRESSURE AND WEIGHT CHECKS 6 SOCIAL AND RECREATIONAL ACTIVITIES WITHIN THE FACILITY 7 SOCIAL AND RECREATIONAL ACTIVITIES OUTSIDE THE FACILITY 8 INCONTINENCE CARE 9 TRANSPORTATION TO MEDICAL APPOINTMENTS 10 TRANSPORTATION 11 PERSONAL LAUNDRY 12 LINEN LAUNDRY SERVICES 13 SOCIAL SERVICES COUNSELING 14 NONE OF THE ABOVE		
R_C17a	HAS THIS RESPONDENT ALSO COMPLETED EITHER THE FACILITY QUESTIONNAIRE OR ANOTHER RESIDENT'S QUESTIONNAIRE?	1 YES 2 NO		

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R_C17	The next few questions are about you. How long have you worked at this facility?	1 6 MONTHS OR LESS 2 MORE THAN 6 MONTHS 3 AT LEAST ONE YEAR TO LESS THAN TWO YEARS 4 TWO YEARS OR MORE		R_C17a = 2
R_C18	HAND R SHOWCARD Please look at this card and tell me which best describes your position at this facility:	1 RN 2 LPN 3 CERTIFIED MEDICATION AIDE 4 NURSING ASSISTANT/CNA/ PERSONAL CARE AIDE 5 ACTIVITY DIRECTOR OR STAFF 6 OWNER, ADMINISTRATOR, EXECUTIVE DIRECTOR, ASSISTANT DIRECTOR, DIRECTOR OF OPERATIONS, OR MANAGER 7 SOME OTHER POSITION		R_C17a = 2

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R_CEND	Thank you. These are all the questions I have for you regarding this resident. Now I need to check my records if there are any other selected residents for whom you were identified as a caregiver.	1 CONTINUE		