

2010 National Survey of Residential Care Facilities (NSRCF)

**Resident File
Restricted Variables**

Restricted data are information that could compromise the confidentiality of survey respondents or institutions, or is sensitive by nature. If researchers interested in using the 2010 National Survey of Residential Care Facilities find that something asked on the questionnaires does not have a corresponding variable in the public-use file (PUF) data dictionary, that variable may be restricted. This document outlines variables considered restricted that are not available in the PUF or are presented in different form in the PUF. If after reviewing this document, you cannot find the information you are looking for, please email rdca@cdc.gov.

Question Number	Restricted file			Public-Use File (PUF)	
	Variable Description	Variable name	Code categories	Variable name	Code categories
R_A_INTRO2	Respondent has resident records for [RESIDENT INITIALS].	RECORD	1 = RECORD OBTAINED 2 = RECORD NOT OBTAINED	Not in PUF	
main_case_facilityID	Facility ID	FACILITY		FACID	For requirement of confidentiality, the file cannot be linked to facility public-use file using FACID.
R_A2	Age at interview	AGE	18-120	AGERC	64=18-64 years 65-84 85=85 years and more
Derived from R_A4	Hawaiian or Pacific Islander	PACIFIC	1 = YES 2 = NO	Not in PUF	
Derived from R_A4	American Indian or Alaska Native	NATIVE	1 = YES 2 = NO	Not in PUF	
Derived from R_A4	Race recoded	RACERC	1 = WHITE/CAUCASIAN ONLY 2 = BLACK OR AFRICAN AMERICAN ONLY 3 = ASIAN ONLY 4 = PACIFIC ONLY 5 = NATIVE ONLY 6 = MULTIPLE RACES	RACERCPUF	1 = WHITE/CAUCASIAN ONLY 2 = BLACK OR AFRICAN AMERICAN ONLY 3 = ASIAN ONLY 4 = OTHER
R_A9	Description of living quarters	ROOMTYPE	1 = ROOM DESIGNED FOR ONE PERSON 2 = ROOM DESIGNED FOR TWO PERSONS	ROOMTYPERC	1 = ROOM DESIGNED FOR ONE PERSON 2 = ROOM DESIGNED FOR TWO Or MORE PERSONS

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			3 = ROOM DESIGNED FOR THREE OR MORE PERSONS 4 = STUDIO APARTMENT 5 = ONE BEDROOM APARTMENT 6 = TWO BEDROOM		3 = APARTMENT
R_A12	Number of residents in room	NUMROOM	1 = ONE OTHER PERSON 2 = TWO OR MORE OTHER PERSONS -1 = LEGITIMATE SKIP	Not in PUF	
Derived from R_A16_outside	Work at a job for pay	JOB	1 = YES 2 = NO -8 = DON'T KNOW	Not in PUF	
Derived from R_A16_outside	Participate in a sheltered workshop	SHELTER	1 = YES 2 = NO -8 = DON'T KNOW	Not in PUF	
Derived from R_A16_outside	Participate in a work training program	TRAINING	1 = YES 2 = NO -8 = DON'T KNOW	Not in PUF	
Derived from R_A16_outside	Attend an adult day program	ADULTDAY	1 = YES 2 = NO -8 = DON'T KNOW	Not in PUF	
R_A18	Frequency of driving	DRIVEFREQ	1 = Daily or every other day 2 = Once or twice a week 3 = Less than once per week -1=LEGITIMATE SKIP	Not in PUF	
R_B1Month	Month resident moved to facility	MOVEMTH	1 = January 2 = February 3 = March 4 = April 5 = May 6 = June 7 = July 8 = August 9 = September 10 = October 11 = November 12 = December -8 = DON'T KNOW -7 = REFUSAL	Not in PUF	
R_B1Year	Year resident moved to facility	MOVEYEAR	1970-2010 -8 = DON'T KNOW -7 = REFUSAL	Not in PUF	

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R_B1Range	Approximately how long it has been since resident first moved in	MOVEWHEN	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 -1=LEGITIMATE SKIP	Not in PUF	
Derived from R_B1Month & R_B1Year	Month and year of move combined	LOS	1-14546 -8 = DON'T KNOW -7 = REFUSAL	LOSRC	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
R_B3	Where living prior to moving to this facility	MOVEFROM	1 = PRIVATE HOME, APARTMENT, RENTED ROOM, OR FAMILY RESIDENCE 2 = DIFFERENT RESIDENTIAL CARE, ASSISTED LIVING, OR GROUP HOME FACILITY 3 = RETIREMENT OR 4 = NURSING HOME (THIS EXCLUDES SHORT NURSING HOME STAYS FOR REHABILITATION) 5 = PSYCHIATRIC FACILITY 6 = JAIL 7 = HOMELESS 8 = OTHER -8 = DON'T KNOW	MOVEFROMRC	1 PRIVATE HOME, APARTMENT, RENTED ROOM, OR FAMILY RESIDENCE 2 DIFFERENT RESIDENTIAL CARE, ASSISTED LIVING, OR GROUP HOME FACILITY 3 RETIREMENT OR 4 NURSING HOME (THIS EXCLUDES SHORT NURSING HOME STAYS FOR REHABILITATION) 5 OTHER -8 = DON'T KNOW
R_B4	Last month's total chartes	CHARGES	0-8000+ dollars -8 = DON'T KNOW -7 = REFUSAL -1 = LEGITIMATE SKIP	CHARGESRC	550 = 0-550 551 - 7975 8000 = 8000+ -8 = DON'T KNOW -7 = REFUSAL -1 = LEGITIMATE SKIP

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R_C10TH	Other condition specified	CONDSPEC	Other specify text	Not in PUF	
R_C1_Cancer	All individual types of cancer	30 VARIABLES	1 = YES 2 = NO -8 = DON'T KNOW -7 = REFUSAL -1=LEGITIMATE SKIP	Not in PUF	
R_C1FLU1	Flu vaccination status	FLUSTAT	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 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 -8 = DON'T KNOW -7 = REFUSAL	FSTATRC	1 = VACCINATED WHILE RESIDING AT THIS FACILITY 2 = VACCINATED BEFORE ADMISSION TO THIS FACILITY 3 = NOT VACCINATED IN PAST 12 MONTHS 4 = DID NOT RESIDE IN THE FACILITY DURING THE MOST RECENT FLU SEASON -8 = DON'T KNOW -7 = REFUSAL
R_C1FLU2	Pneumococcal vaccination status	PNEUSTAT	1 = VACCINATED WHILE RESIDING AT THIS FACILITY 2 = VACCINATED BEFORE ADMISSION TO THIS FACILITY	PSTATRC	1 = VACCINATED WHILE RESIDING AT THIS FACILITY 2 = VACCINATED BEFORE ADMISSION TO THIS FACILITY

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			3 = NEVER VACCINATED – NO RECORD OF DOCTOR’S ORDER OR OF VACCINATION OFFERED 4 = NEVER VACCINATED- VACCINATION MEDICALLY CONTRAINDICATED 5 = NEVER VACCINATED- RESIDENT/FAMILY REFUSED VACCINATION 6 = NEVER VACCINATED – OTHER REASON 7 = NEVER VACCINATED – REASON UNKNOWN -8 = DON'T KNOW -7 = REFUSAL		3 = NEVER VACCINATED -8 = DON'T KNOW -7 = REFUSAL
R_C1_impair_4	Best description of hearing without a hearing aid	HEARING	1 HEARING IS GOOD 2 HAS A LITTLE TROUBLE HEARING 3 HAS A LOT OF TROUBLE HEARING 4 DEAF -8 = DON'T KNOW	HEARINGRC	1 HEARING IS GOOD 2 HAS A LITTLE TROUBLE HEARING 3 HAS A LOT OF TROUBLE HEARING OR DEAF -8 = DON'T KNOW
R_C3	Number of times treated in a hospital emergency room	NUMEMER	1 - 35 -8 = DON'T KNOW -1=LEGITIMATE SKIP	NUMEMERRC	1 - 2 3= 3 OR MORE -8 = DON'T KNOW -1 = LEGITIMATE SKIP
Derived from HOSPEMER and NUMEMER	Whether treated in hospital emergency room and number	HOSPTRTAT	0-35 -8 = DON'T KNOW	HOSPTRTATRC	0-2 3=3-35 -8 = DON'T KNOW
Derived from R_C4	Use communication board or other	BOARDAID	1 = YES 2 = NO	Not in PUF	

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	appliance to communicate		-8 = DON'T KNOW		
Derived from R_C4	Use artificial limb	ARTLIMB	1 = YES 2 = NO -8 = DON'T KNOW	Not in PUF	
R_C4a	Currently uses telescopic lenses, braille, readers, a guide dog, white	SIGHTAID	1 = YES 2 = NO -8 = DON'T KNOW -1 = LEGITIMATE SKIP	Not in PUF	
R_C17	Respondent's position in facility	RESPWORK	1 = 6 MONTHS OR LESS 2 = MORE THAN 6 MONTHS BUT LESS THAN ONE YEAR 3 = AT LEAST ONE YEAR TO LESS THAN TWO YEARS 4 = TWO YEARS OR MORE -7 = REFUSAL -1=LEGITIMATE SKIP	Not in PUF	
R_C18	Respondent's position in facility	RESPJOB	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 -7 = REFUSAL -1=LEGITIMATE SKIP	Not in PUF	
Frame		STATE	AK - WY	Not in PUF	
Frame		FIPS	01043-56033	Not in PUF	
Frame	Census regions	REGION	1=Northwest 2=Midwest	Not in PUF	

Question Number	Restricted file			Public-Use File (PUF)	
	Variable Description	Variable name	Code categories	Variable name	Code categories
			3=South 4=West		
Frame	Metropolitan statistical area	MSA	1= MSA 2= NON-MSA	MSA2	1=MSA 2=NON-MSA -8 = DON'T KNOW
F_S15 (FACILITY FILE)	Ownership type	OWNERSHP	1 = PRIVATE, FOR PROFIT 2 = PRIVATE NONPROFIT 3 = STATE, COUNTY, OR LOCAL GOVERNMENT	OWN2	1 = PRIVATE, FOR PROFIT 2=PRIVATE NONPROFIT/ STATE, COUNTY, OR LOCAL GOVT