

Section C. Nursing Home / Residential Care Stays

TIME THIS SECTION BEGINS RECORDED HERE
TSST06C

C1. INTERVIEWER: CHECK QUESTION A2

(Circle One)

A2 IS CODED 1 1

A2 IS CODED 2 2 → SKIP TO D1

VERSION 6 - 10

C2. You told me you were a patient in a residential care facility, nursing home, or hospice. How many times were you in such a facility during the last 6 months?

VERSION 11 - 13

C2. You told me you were a patient in a residential care facility, nursing home, or hospice. How many times were you in such a facility during the last 6 months?

PROBE IF ZERO TIMES; You told me earlier that you had a stay in a residential care facility or nursing home in the last 6 months. Please include that stay in your answer.

B06C02 TIMES: _____ IF '0', SKIP TO NEXT SECTION

C3. In total, how many nights did you spend in residential facilities in the last 6 months?

B06C03 TIMES: _____

C4. CAPI CHECK: ANSWER TO C3 MUST BE LESS THAN 180 NIGHTS.

C5. Let's start with the most recent stay. What is the name of this facility? What city and state is it in?

FACILITY NAME

CITY	STATE	ZIP
	B06C05S	B06C05Z

C6. INTERVIEWER: CHECK C2

(Circle One)

C2 = 1 TIME 1 → SKIP TO D1

C2 = 2 OR MORE TIMES 2

RESIDENTIAL FACILITY STAY 2

Let's talk about the residential care facility you stayed in before your most recent stay. Please keep in mind we are still talking about the last 6 months.

C7. What is the name of this facility? What city and state is it in?

FACILITY NAME

CITY

STATE