

**Medical Expenditure Panel Survey Nursing Home Component:  
Public Use File 1**

**Round 1 Sampled Facility and Person Characteristics**

**File Documentation**

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## **A. Data Use Agreement**

Individual identifiers have been removed from the micro-data contained in these data files. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Health Care Policy and Research (AHCPR) and /or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which it was supplied; any effort to determine the identity of any reported persons or establishments, is prohibited by law.

Therefore in accordance with the above referenced Federal Statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis; and
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) The Director Office of Management AHCPR will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHCPR, and (d) no one else will be informed of the discovered identity.
3. No one will attempt to link this data set with individually identifiable records from any data sets other than Medical Expenditure Panel Survey.

By using this data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Health Care Policy and Research requests that users cite AHCPR and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

## **B. Background**

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides a new and extensive data set on the use of health services and health care in the United States.

The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care utilization, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. The MEPS also includes a nationally representative survey of nursing homes and their residents. The MEPS is co-sponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS).

The MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC serves as the core survey from which the MPC sample and part of the IC sample are based. These are supplemented by the NHC. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and assess health care policy implications.

The MEPS is the third in a series of national probability surveys conducted by AHCPR on the financing and utilization of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977, the National Medical Expenditure Survey (NMES-2) in 1987. Beginning in 1996, the MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into the MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating the Department's surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new design features in the current MEPS include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS HC is drawn, and a change to continuous longitudinal data collection for core survey components. The MEPS HC augments the NHIS by continuing to collect data on a subset of NHIS respondents and links this information to data collected from the respondents' medical providers, employers, and insurance providers.

### **1. Household Component**

The MEPS HC is a nationally representative survey of the U.S. civilian noninstitutionalized population which collects medical expenditure data at both the person and household levels. The

focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a preliminary contact followed by a series of six rounds of interviews over a two-and-a-half year period. Two calendar years of medical expenditures and utilization are collected from each household and are captured using computer-assisted personal interviewing (CAPI) technology. This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping panels of survey data, which when combined with other ongoing panels will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to the NHIS, conducted by the NCHS. The NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks. A subsample of 10,500 households was drawn from the NHIS sampling frame for the initial 1996 MEPS HC panel. Every five years the MEPS HC sample size is increased and targets oversampling of policy-relevant population subgroups, beginning with the 1997 panel. Initially these subgroups will include: 1) adults with functional impairments; 2) children with limitations; 3) individuals between the ages of 18-64 predicted to have high levels of medical expenditures; and 4) individuals with family incomes less than 200 percent of the poverty level.

## **2. Medical Provider Component**

To supplement and validate information on medical care events reported in the MEPS HC, the MPC of the MEPS contacts those medical providers identified by MEPS household respondents. The MEPS MPC sample includes all reported hospitals, hospital physicians, home health agencies, and pharmacies. Also included in the MPC are all office-based physicians providing care for HC respondents receiving Medicaid, office-based physicians associated with a 75 percent sample of households receiving care through an HMO or managed care plan, and a 25 percent sample of remaining households.

The 1996 sample is projected to provide data from approximately 2,700 hospitals, 12,400 office-based physicians, 7,000 separately billing doctors, and 500 home health providers. Data are collected in the MPC on medical and financial characteristics of medical events reported by HC respondents, including diagnoses (ICD-9s and DSM-IVs), physician procedure codes (CPT-4s), inpatient stay codes (DRGs), charges, payments, and the reasons for any difference between charges and payments. The MPC is conducted through telephone interviews and mailed survey materials.

### **3. Insurance Component**

The MEPS IC collects data on health insurance plans obtained through employers, unions, or other private health insurance sources. Data obtained in the MEPS IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employer vs. employee, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames: 1) a list of employers or other insurance providers identified by respondents in the MEPS HC who report having private health insurance at the Round 1 interview; 2) a Census Bureau list frame of private sector business establishments; 3) the Census Bureau's Census of Governments; and 4) an Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (i.e., employers and insurance providers) are linked back to data provided by the HC respondents. Data from the other three sampling frames are collected to provide annual national and state estimates on the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

Designed as an annual panel survey, each year the MEPS IC sample includes approximately 7,000 establishments identified through the MEPS HC, 27,000 identified through the business establishments list frame, 1,900 from the Census of Governments, and 1,000 self-employed. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a nonresponse telephone followup.

### **4. Nursing Home Component**

The 1996 NHC of the MEPS is a survey of nursing homes and persons resident in or admitted to nursing homes at any time during calendar year 1996. The MEPS NHC gathers information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provide information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. A community questionnaire obtains data from next of kin or other knowledgeable persons in the community on income, assets, family relationships, and care-giving information for the sampled nursing home resident. Under the DHHS Survey Integration Plan, the MEPS NHC is designed to be conducted every five years.

The 1996 NHC sample was selected using a two-stage stratified probability design. The first stage was used to select facilities; the second stage sampled facility residents, selecting from both persons in residence on January 1, 1996, and those admitted between January 1 and December 31, 1996. The sample frame for facilities was derived from the National Health Provider Inventory,

which is updated periodically by NCHS. MEPS NHC data were collected in person in three rounds of data collection using the CAPI system over a year-and-a-half period. Community data were collected by telephone using computer-assisted survey interviewing (CASI) technology. At the end of data collection, the sample will consist of approximately 800 responding facilities, 3,100 January 1 residents, and approximately 2,200 eligible admissions.

## **5. Survey Management**

MEPS data are collected under the authority of the Public Health Service Act and are being edited and published in accordance with the confidentiality provisions within this act and those of the Privacy Act. Consultation and technical assistance are received from the NCHS.

Data collection is conducted under contract by Westat, Inc., Rockville, MD; the National Opinion Research Center at the University of Chicago; and through an interagency agreement with Bureau of the Census. Technical consultation is provided by Medstat, Inc., Boston, MA. Data processing support is provided under contract by Social & Scientific Systems, Inc., Bethesda, MD.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and micro data files. Summary reports are made available as hard copy documents and as electronic files. Micro data files are released on CD-ROM and/or electronic files. Hard copy documents and CD-ROMs will be available through the AHCPR Publications Clearinghouse at 1-(800) 358-9295, or, when calling from outside the U.S., at (410) 381-3150. Selected electronic files will be available on the Internet in the MEPS section of the AHCPR home page: <http://www.ahcpr.gov>.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Health Care Policy and Research



## **C. Technical and Programming Information**

### **1. Executive Summary**

The document which follows describes the public use data from Round 1 of the Nursing Home Component (NHC) of the 1996 Medical Expenditure Panel Survey (MEPS). There are two data files, one at the level of the sampled nursing home and the other at the level of the residents sampled in the nursing homes. The contents of these two files are described below and the user is walked through the logic of the questionnaires used to collect the data, and how these result in the variables contained in these files. Throughout, constructed analytic variables are identified, and modifications made to the data for the purpose of preserving confidentiality are described. Also included in this document are the naming and coding conventions used in the public use data and codebooks, a summary of the sample design, and a user guide to the sampling weights included in each of the data files and needed to produce valid national estimates from the data, as well as the variables that may be used to calculate adjusted standard errors for such estimates.

### **2. Introduction**

#### **2.1 Contents**

This document describes the public use data for Round 1 of the Nursing Home Component (NHC) of the 1996 Medical Expenditure Panel Survey (MEPS), the first in a series of public use releases of MEPS-NHC data. These files provide facility-level and person-level data for a nationally representative sample of persons living in nursing homes on January 1, 1996 (current residents). There are two data files included in this release:

File 1, a facility-level file (one record per eligible responding sampled facility)

File 2, a sampled person (SP)-level file (one record per eligible responding Current Resident (CR) sampled in a facility included in File 1)

File 1 contains variables which describe the structure and staffing of the sample facilities. File 2 contains person-level variables pertaining to survey administration, selected demographic characteristics, date of admission, background, health insurance information, and health status at baseline.

These two files are stored in ASCII format. Also included is an ASCII file containing the programming statements required to create SAS datasets and a format library for the two data

files. Finally, the questionnaires used to collect the data, the sample design report, and a survey overview document, are included in appendices.

## **2.2 Use of CAPI Technology**

The MEPS NHC data were collected using Computer-Assisted Personal Interviewing (CAPI) technology. Specifically, proprietary data collection programs were developed, tested, and loaded onto laptop computers, which were then used by the interviewers to administer the questionnaires and transmit the completed cases to the home office. Any interviewer comments were reviewed at the home office and updates were performed if necessary. These questionnaire data were initially stored in a complex database designed to accommodate the vagaries of in-person data collection, and were restructured into the two-file layout described below.

CAPI technology is generally acknowledged to improve the quality of data over hard copy (or “pencil-and-paper”) data collection. Some of the advantages are:

- The computer automatically brings up the next question and supplies the necessary word fills, freeing the interviewer to focus on the respondent and the quality of the interview.
- CAPI ensures that responses are within pre-determined ranges, thus reducing the need for data retrieval, imputation, or filling the data items with missing codes.
- CAPI ensures that all relevant questions or sections of the questionnaire are answered, eliminating errors of accidental omission by the interviewer.
- The data are entered only once (during field operations) eliminating additional errors associated with data entry.

Data in these files are unedited. Skip patterns and value ranges were checked and reconciled using edits built into the CAPI questionnaire application. In addition, CAPI also enforced logical relationships between some variables. These CAPI edits are documented as part of the questionnaire specifications, described below. Reconciliations (exclusive of these edits) have not been done. The only data editing done outside the CAPI application was based on interviewer comments. These comments were entered into the CAPI application by the interviewers whenever the questionnaire did not fit the situation in the sample facility. They were reviewed by the home office and, when appropriate, the database was updated. No imputation of missing values was performed. However, the level of missing data is quite small.

### 2.3 Questionnaires

The two questionnaires used to collect the Round 1 MEPS NHC data included in Files 1 and 2 are also provided in this release. The file containing each questionnaire section is identified in the table below. Note that the Background and Health Insurance sections are combined in a single document.

File Name	Description
R1FACLTYPDF	Round 1 Facility Questionnaire (including Sampling, Staffing, and Self-Administered Questionnaire)
R1RESHISPDF	Round 1 Residence History (Person-Level)
R1BACINSPDF	Round 1 Background and Insurance (Person-Level)
R1HEALTHPDF	Round 1 Health Status (Person-Level)
R1PMEDPDF	Round 1 Prescribed Medicines (Person-Level)

In all facilities, the Facility Questionnaire (FQ) was the first questionnaire administered. After the FQ was completed, and a sample of Current Residents (CRs) selected, the Residence History (RH) section was the next to be administered for any CR. For operational reasons (e.g., proper word fills) the RH section had to be administered before any other section could be opened for a person. After RH the other sections could be administered in whatever order was most convenient for the respondent(s).

### 2.4 Confidentiality Issues

For reasons of confidentiality, some data have been omitted from the public use files (e.g., names, addresses, Medicare, Medicaid and Social Security numbers). In addition, most “Other Specify” text fields at both the facility and person level (other than diagnosis fields) have also been omitted from these files. For the same reason, several other variables were modified from their original. For example, in File 1, variables which held information about number of beds or number of residents have been masked by imputing a slightly different value through the addition of a small random error term. The effect of this masking on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect. Other modifications made to ensure confidentiality include collapsing response categories for some categorical variables (e.g., ownership categories or types of special care units) when an individual category used in the questionnaire was sufficiently specific and/or small (in combination with other data available in the file) to potentially identify an individual facility or nursing home. Some continuous variables (e.g., the year specific units began operation) have also been recoded into categorical variables to

prevent the identification of participating facilities, and extremely high and low values of age for sampled persons have been recoded within these tails of the distribution.

The variable names annotated on the questionnaire pages in Appendix D.1 are those generated by the CAPI system, and in many cases do not correspond to the variables on this file, especially in the case of masked variables. The user should refer to the right-most column ("Question Number") of the codebook to determine when a variable (or its un-masked version) corresponds to a specific question.

The remainder of this document describes the two files in detail, provides conventions used throughout the codebook and the data files, and discusses the sample design and sampling weights.

### **3. File 1: The Facility-Level File**

#### **3.1 General Information**

In Round 1 of the MEPS NHC, facilities were sampled from the updated 1991 National Health Provider Inventory (NHPI) and a field interviewer was sent to the sample facility to verify its identity and eligibility for this study, and to collect data about the sampled facility's structure and operations. Each eligible sampled facility which permitted data collection is included as one record in File 1 of this data disc. To be considered eligible for this study, a sample facility had to have at least three beds staffed and set up for nursing care, and must have been either certified by Medicaid as a Nursing Facility, by Medicare as a Skilled Nursing Facility, or licensed by a state health department as a nursing home with an RN or LPN onsite 24 hours a day, 7 days a week. Facilities could be either "free-standing" nursing homes or nursing care units within a larger establishment, such as a Continuing Care Retirement Community (CCRC) or hospital.

##### **3.1.1 Questionnaires**

The data included in File 1 of this public use disc were collected using the Round 1 Facility Questionnaire and the Round 1 Self-Administered Questionnaire (SAQ). The Round 1 Facility Questionnaire was administered to all sampled facilities by survey interviewers using CAPI technology. The interview was conducted in person at the sampled facility. The Round 1 Self-Administered Questionnaire was completed by a respondent on paper and later data-entered.

The data in File 1 describe the characteristics of the sampled facility (e.g., structure, size of the facility, certification status, and staffing characteristics). In the codebook, variables corresponding to a specific question have the section abbreviation (FA for the Round 1 Facility Questionnaire or SAQ for the Round 1 Self-Administered Questionnaire) plus the question number indicated in the "Question Number" column of the codebook. In addition to the survey

variables, this file includes a unique facility identifier (BASEID) and three constructed variables (NHTYPE, PCUNIT, ILUNIT) described in section 3.2.1, sample weights, and other variables needed for variance estimation. Constructed variables, such as NHTYPE, have the word “Constructed” in the “Question Number” column of the codebook. Some variables in the codebook have no notation in the “Question Number” column. These variables were either provided from an outside source (e.g., STRATM7Y comes from the sampling process), were collected outside of the questionnaires (e.g., FARESP01) or were operational variables used to guide the CAPI application (e.g., PTNUM01Y or PTRHE01Y).

File 1 is sorted by the unique facility identifier, BASEID. Each record in the file corresponds to one cooperating sampled facility. Because one facility did not allow data to be collected for the CRs sampled, one of the facilities included in File 1 has no sampled person(SP)-level records in File 2.

### **3.1.2 Important Concepts**

The structure of some institutions that provide residential care or treatment continues to become increasingly complex. The Facility Questionnaire was designed to elicit this complexity. Some nursing homes or units exist within larger establishments (e.g., CCRCs and hospitals), and in such cases the entity that appeared on our sampling frame might be the larger facility, or the nursing home or unit within the larger facility, or only one of several nursing units within the larger facility. Therefore, the NHC’s Round 1 Facility Questionnaire was designed to be able to identify a larger facility, each eligible nursing home/unit within a larger establishment, as well as other non-hospital residential parts.

Because of this, the point of reference for a specific question may be the sampled nursing home, a larger facility, other non-hospital residential parts of a larger facility, one or several nursing homes/units within a larger facility, or smaller sub-units of the eligible nursing home/unit. To make this workable within an interviewing environment, the CAPI application used specific name fills. That is, when the question referred to the larger entity the question displayed the appropriate name of the larger entity. However, when a question referred to only the eligible nursing home/units within the larger configuration, then the name of each eligible nursing home/unit was displayed.

Each record in File 1 represents what will be referred to throughout this document as the *sampled nursing home/unit(s)*. For complex facility configurations a record represents the bundling of all eligible nursing homes and nursing units within the larger configuration.

The next sections of this documentation describe the results of this complex process of mapping the facility structure. Section 3.2 describes basic characteristics of the *sampled nursing home/unit(s)*, such as identification number, nursing home type, eligibility criteria for the survey, and ownership. Some of these variables result from consideration of the entire enumeration process. The variables in this section have no missing values. However, many variables described

in the following sections may have missing values represented by “-1” indicating that these questions were inapplicable given the answers to prior questions.

Section 3.3.1 describes the questions (and resulting variables) that determine whether the *sampled nursing home/unit(s)* is part of a larger facility. If the nursing home/unit(s) is part of a larger facility, data will be present in the series of variables described in Section 3.3.2. Otherwise, this series of questions will be empty.

Section 3.4 then describes the variables that apply to just the *sampled nursing home/unit(s)*. These include variables for components of the *sampled nursing home/unit(s)*, such as special care units, if such are present. In cases of *sampled nursing home/unit(s)* that are parts of larger facilities, beds listed here have also been enumerated in the variables described in Section 3.3. Therefore, care must be taken to avoid double counting such beds. (TNHBEDY provides the total number of beds in the *sampled nursing home/unit(s)*.)

Finally, in spite of the detailed efforts in the enumeration of larger facility parts and parts of the *sampled nursing home/unit(s)*, in a few cases some additional parts were revealed during the taking of residence history for sampled persons. These parts are discussed in Section 3.5.

## **3.2 Basic Descriptive Facility Variables**

File 1 contains a six-digit facility ID (the variable is called BASEID in the accompanying codebook and SAS input code). This ID uniquely identifies each facility in file 1 and serves as a link between the facility data and the person-level data in File 2.

### **3.2.1 Nursing Home Type**

File 1 also includes data about whether the nursing home is part of a chain (FACCHAIN), the title of each person responding to the FQ (FARESP01, FAREOS01, FARESP02), and three constructed variables (defined below) describing the nursing home’s type, whether it contains any personal care units, and whether it has any independent living units.

NHTYPE is a constructed analytic variable that classifies each *sampled nursing home/unit(s)* into one of five mutually exclusive categories. Values for NHTYPE were derived from responses to questions FA1, FA3, FA5, FA11/FA12, FA26/FA27, and FA55. These questions identify whether or not the nursing home/unit(s) is part of a larger facility, and if so, the type of larger facility. This series of questions also identifies the parts of the larger facility as well as parts of the *sampled nursing home/unit(s)*. The variable NHTYPE classifies nursing homes/units

hierarchically so that once a condition has been met no other conditions were evaluated. Nursing homes/unit(s) were classified as follows:

‘1 - HOSPITAL BASED’: if a response to FA1, FA3, FA5, FA11/FA12 or FA26/FA27 indicated that the nursing home/unit was part of a hospital, or that the nursing home/unit was a hospital based SNF unit.

‘2 - NH WITHIN A CCRC OR RETIREMENT CENTER’: if any part of the nursing home/unit or any part of the larger facility (i.e. at questions FA11/12, FA26/27 or FA55) had any beds/unit(s) identified as “independent living beds/unit(s)” and the place failed to meet the criteria for NHTYPE=1.

‘3 - NH WITH PERSONAL CARE’: if any part of the nursing home/unit or any part of the larger facility (FA11/12, FA26/FA27 or FA55) had beds/unit(s) identified as ‘assisted living’, ‘board and care’, ‘domiciliary care’, ‘rest home unit’, or ‘personal care’ and the place failed to meet the criteria for NHTYPE= 1 or 2.

‘4 - NH WITH ONLY NURSING UNITS’: if the nursing beds/ unit(s) within the nursing home/unit, or in the larger facility, failed to meet the definition of NHTYPE= 1, 2 or 3 and the only other units enumerated at FA11/FA12, FA26/27 or FA55 were eligible nursing units.

‘5 - OTHER NH TYPE’: could not be classified into NHTYPE = 1, 2, 3, or 4.

Two additional variables that describe the *sampled nursing home/unit(s)* type were constructed and are contained on File 1: PCUNIT and ILUNIT. PCUNIT is a constructed yes/no variable. If any part of the *sampled nursing home/unit(s)* or any part of the larger facility had beds/units identified as ‘assisted living’, ‘board and care’, ‘domiciliary care’, ‘rest home unit’ or ‘personal care’, (at questions FA11/FA12, FA26/FA27 or FA55) then PCUNIT was coded as ‘1 - YES’. The number of cases classified as ‘1= YES’ for PCUNIT is larger than the number of cases classified as NHTYPE= ‘3 NH WITH PERSONAL CARE’ for NHTYPE because PCUNIT also includes personal care beds/units in all facility types (i.e., NHTYPE= 1, 2 or 5), not just NHTYPE=3.

ILUNIT is a constructed yes/no variable. If any part of the *sampled nursing home/unit(s)* or any part of the larger facility had beds/unit(s) identified as ‘independent living’, at questions FA11/FA12, FA26/FA27 or FA55, then ILUNIT was coded as ‘1 - YES’.

NHTYPE, PCUNIT and ILUNIT were constructed from un-edited data. They do not take into account responses from the person-level Residence History data (i.e., variables RHTYPE01 and RHTYPE02), which also identifies parts of the larger facility for a handful of facilities.

### **3.2.2 Eligibility**

*Analytic Goals.* In the Round 1 Facility Questionnaire, questions FA19-FA23 were intended to identify which of the potentially eligible nursing home/unit(s) in the sample actually are eligible for the study. These questions collect information about the number of beds in the nursing home/unit, Medicaid and Medicare certification status, state licensing status, and whether 24-hour a day, on-site supervision is provided by an RN or LPN seven days a week. Although these questions were asked about each potentially eligible part of the larger facility, or for simpler configurations about the nursing home, the data included in File 1 are only available at the aggregate level. See variables TNHBEDSY, CAIDCRT1, CARECRT1, LICNH, and SUP24HR. All facilities included in the file have at least one nursing home/unit which was classified as eligible based on the responses to these questions. TNHBEDY contains the total number of beds in the *sampled nursing home/unit(s)*.

*Variables Masked for Confidentiality.* The aggregate number of beds variable (TNHBEDSY) from FA19 has been “masked” by imputing a slightly different value through the addition of a small random error term. The effect of this “masking” on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect.

### **3.2.3 Ownership**

*Analytic Goals.* The ownership of the *sampled nursing home/unit(s)* is addressed in two separate questions in the Round 1 Facility Questionnaire, questions FA31 and FA77, but no nursing home/unit(s) was asked both of these questions. The variable OWNDESY holds the confidentialized version of the response to whichever of the two questions was asked. It differs from the data collection variable only in the level of generality of the response categories. The “Other Specify” field for this question has not been included for reasons of confidentiality.

*Additional Variables.* FSRVMM/FSRVDD/FSRVYY. These variables hold the month, day and year the Round 1 Facility Questionnaire was completed. In the event that parts of the FQ were answered on different days, the latest of the dates is included. This information provides the user with a reference date for questions referring to “midnight last night.”

## **3.3 Describing the Larger Facility**

### **3.3.1 Facility Configuration**

*Analytic Goals.* Questions FA1 through FA9 (see variables FREESTND-LCNDBEDS) attempt to determine whether the sampled facility is part of some larger, more complex configuration, is itself a larger facility, or is a freestanding nursing home. Variables FREESTND through LCNDBEDS each map directly to one of these questions. Most facilities (80 percent) have a simple (not part of larger entities) configuration and are only asked questions FA1 and FA2 before



skipping to the eligibility questions starting at FA19. For these simpler configurations, variables corresponding to the unasked questions will be coded “-1” (Inapplicable).

*Variables Excluded for Confidentiality.* The variables holding the “Other Specify” field for question FA3 and the response to question FA9 have been excluded from this file for reasons of confidentiality.

### **3.3.2 Enumeration of Parts of Larger Facilities for Nursing Homes/Units that are not Freestanding**

*Analytic Goals.* For sampled facilities which are part of larger (more complex) entities or are themselves the larger facility, questions FA11-FA16 enumerate and classify (variables PTTY01Y...PTTY08Y) all parts of the larger entity (except for acute care beds in a hospital) according to type, and identify the number of beds in each of these parts (PTBED01Y...PTBED08Y). For freestanding nursing homes that were not part of a larger facility, these questions were skipped and all corresponding variables are coded “-1” (Inapplicable). Because there may be more than one part to these larger entities, questions FA11 through FA16 repeat until all parts have been identified and described. The maximum number of parts enumerated in this section of the questionnaire was eight, therefore there are eight sets of variables corresponding to these questions (variables PTTY01Y-PTNUM01Y through PTTY08Y-PTNUM08Y).

*Variables Excluded or Masked for Confidentiality.* The responses to questions FA11, FA14, FA15, and FA16 have been excluded from File 1 for reasons of confidentiality. In addition, the responses to question FA13 (number of beds) have been masked by imputing a slightly different value through the addition of a small random error term (variables PTBED01Y, PTBED02Y...PTBED08Y). The effect of this masking on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect.

## **3.4 The Sampled Nursing Home/Unit(s)**

### **3.4.1 Certification, Certified Beds, and Occupancy**

*Analytic Goals.* Questions FA43 through FA52 (variables MANDMBEY, MCAIDBEY, MCAREBEY MNORMBEY, NHBEDCOR, MCAIDREY, MCAREREY, PRPAYREY, and MIDNTREY) collect information about the number of beds and residents in the *sampled nursing home/unit(s)* by certification status and payor, and obtains the *sampled nursing home/unit(s)* Medicaid and Medicare provider numbers.

The following relationship holds among measures of beds (subject to the caveat below):

$$\text{TNHBEDY} = \text{ULBED01Y} + \text{ULBED02Y} + \text{ULBED03Y} + \text{MANDMBEY} + \text{MCAIDBEY} + \text{MCAREBEY} + \text{MNORMBEY}$$

MNORMBEY was calculated as a residual value. When using measures of the number the beds, care should be exercised in that some of these variables can have the value "-1" which means that because of skip patterns this question was not asked. In such cases "-1" can be interpreted as a zero value of the number of beds in the variable where the "-1" appears. If any of these variables contains a missing value code (e.g., -7, -8 or -9) then the above relationship cannot be calculated.

For a more precise measure of the number of beds that are licensed and/or certified for nursing use in the *sampled nursing home/unit(s)*, the user can subtract (ULBED01Y + ULBED02Y + ULBED03Y) from TNHBEDY (subject to the caveats of the preceding paragraph). However, less than 10 percent of the sample have positive values for these unlicensed beds.

For other analytical objectives the user may want to consider the characteristics of unlicensed nursing beds, the characteristics of beds/parts discovered during the taking of residence histories (see Section 3.5), and in cases where the *sampled nursing home/unit(s)* is part of a larger facility, the characteristics of the other parts of the larger facility as well (see Section 3.3).

*Variables Masked for Confidentiality.* The responses to questions FA42 through FA52 (MANDMBEY, MCAIDBEY, MCAREBEY, MNORMBEY, MCAIDREY, MCAREREY, PRPAYREY, and MIDNTREY) have been “masked” by imputing a slightly different value through the addition of a small random error term. The effect of this “masking” on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect.

### **3.4.2 Parts of the Sampled Nursing Home/Unit(s)**

#### **3.4.2.1 Unlicensed or Uncertified Beds**

*Analytic Goals.* The last step to describing the entity which is the *sampled nursing home/unit(s)* is to identify any unlicensed beds within the nursing home or eligible nursing units so that they can be excluded from subsequent questions about the “*sampled nursing home/units.*” Question FA25 (ANYBEDUL) asks if the *sampled nursing home/unit(s)* has any beds that are not licensed or certified as nursing beds, and questions FA26-29 identify the type of beds/units which are uncertified (ULTYP01Y, ULTY02Y and ULTY03Y), the number of beds/units which are uncertified (ULBED01Y, ULBED02Y, ULBED03Y), and the year the unit began operation (ULSTY01Y, ULSTY02Y, ULSTY03Y). If the *sampled nursing home/unit(s)* has no unlicensed beds (or the presence of unlicensed beds is unknown), then the variables corresponding to questions FA26 through FA30 will be coded “-1” (Inapplicable). Because there may be more than one unlicensed bed/unit within a *sampled nursing home/unit(s)* questions FA26 through FA29 repeat until all unlicensed beds/units have been identified and described. The maximum

number of unlicensed beds/units identified in any one *sampled nursing home/unit(s)* was three, therefore there are three sets of variables corresponding to these questions (variables ULTYP01Y-ULNUM01 through ULTYP03Y- ULNUM03).

*Variables Masked for Confidentiality.* The variables holding the responses to question FA28 about the number of unlicensed beds (ULBED01Y, ULBED02Y and ULBED03Y) have been “masked” for confidentiality by imputing a slightly different value through the addition of a small random error term. The effect of this “masking” on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect. In addition, the responses to question FA27 about the type of beds (ULTYP01Y, ULTYP02Y and ULTYP03Y) were collapsed into more general categories to prevent the identification of participating facilities. Finally, the variables holding the responses to question FA29 about the year the unit began operation (ULSTY01Y, ULSTY02Y, and ULSTY03Y) were collapsed into categorical variables to prevent the identification of participating facilities.

### **3.4.2.2 Special Care Units**

*Analytic Goals.* Question FA54 (ANYBEDSC) asks whether the *sampled nursing home/unit(s)* (excluding the unlicensed beds described in the preceding section) contain any special care units (SCUs). Questions FA55-FA64 identify each SCU according to population served (SCTYP01Y ...SCTYP05Y) and collect information about number of beds/units (SCBED01Y...SCBED05Y) and residents (SCMRE01Y...SCMRE05Y), primary source of payment for residents (CAIDP01Y...CAIDP05Y and CAREP01Y...CAREPA05Y), and the presence of direct care patient staff for each of these SCUs (SCDCP01Y...SCDCP05Y). If a *sampled nursing home/unit(s)* contains no SCUs (i.e. the answer to questions FA54 is “No” or “Don’t Know”, ANYBEDSC=0 or -8) then the variables corresponding to questions FA55 through FA65 will be coded “-1” (Inapplicable).” Because there may be more than one SCU within the *sampled nursing home/unit(s)* questions FA55 through FA64 repeat until all SCUs have been described. The maximum number of SCU identified in any one *sampled nursing home/unit(s)* was five, therefore there are five sets of variables corresponding to these questions (variables SCTYP01Y-SCNUM01 through SCTYP05Y - SCNUM05).

*Variables Masked for Confidentiality.* The variables holding the responses to questions FA57 about the number of beds and FA58 about the number of residents have been “masked” by imputing a slightly different value through the addition of a small random error term (SCBED01Y, SCBED02Y... SCBED05Y and SCMRE01Y, SCMRE02Y...SCMRE05Y). The effect of this “masking” on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect. In addition, the responses to question FA60 about the year the unit began operation (SCSTY01Y, SCSTY02Y...SCSTY05Y) were collapsed into categorical variables to prevent the identification of participating facilities. Finally, the variables holding the responses to question FA55 about the type of unit (SCTYP01Y...SCTYP05Y) have been collapsed into more general categories to prevent identification of participating facilities.

### 3.4.2.3 General Population Unit

*Analytic Goals.* *Sampled nursing home/unit(s)* with SCUs typically have some beds which are not part of an SCU, and were not enumerated as unlicensed beds. If so, the FA questionnaire classifies these beds as general population unit (GPU) beds. Questions FA65 and FA66 ask about these beds. The number of GPU beds (GPUBEDSY) is a CAPI calculated value, that is the application subtracts the number of beds in each special care unit from the total number of licensed nursing home beds, and the respondent is asked to verify that the number is correct. If a *sampled nursing home/unit(s)* has no SCUs, then the variables describing the GPU will be coded “-1” (Inapplicable). If a *sampled nursing home/unit(s)* does have SCUs, then the following identity will hold (given proper interpretation of “-1”s and their implied skip patterns, and the absence of missing data values such as -7, -8 or -9):

$$\begin{aligned} \text{TNHBEDS} &= (\text{ULBED01Y} + \text{ULBED02Y} + \text{ULBED03Y}) \\ &= (\text{sum of SCBED01Y through SCBED05Y}) + \text{GPUBEDY} \end{aligned}$$

*Variables Excluded or Masked for Confidentiality.* For reasons of confidentiality, the name of the GPU has not been included. In addition, the variable for the number of beds in the GPU has been “masked” for confidentiality by imputing a slightly different value through the addition of a small random error term (GPUBEDSY). The effect of this “masking” on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect.

## 3.5 Facility Parts Added During Residence History

*Analytic Goals.* Although interviewers made every effort to completely map all parts of the larger facility and nursing home/unit(s) during the Round 1 Facility Questionnaire, sometimes additional parts (of either the larger entity or the *sampled nursing home/unit(s)*) were discovered during the course of collecting the sampled person (SP)-level residence history data (data not included on this disc). When appropriate, these additional parts were identified and described, and are included in this file. The maximum number of additional parts identified during the SP-level Residence History questionnaire was two, therefore there are two sets of variables corresponding to the questions asked about these parts (see variables RHBED01Y-RHNUM01 through RHBED02Y-RHNUM02). Most facilities had no additional parts discovered during Residence History, and therefore these variables will be coded “-1” (Inapplicable).

*Variables Excluded or Masked for Confidentiality.* The responses to questions RH21 and RH21C and RH21H have not been included in the file for reasons of confidentiality. In addition, the variables holding the responses to questions RH21I about the year the unit began operation have been confidentialized by collapsing the response categories into more general categories (variables RHSTY01Y and RHSTY02Y) Finally, the variables holding the responses to questions RH21K (about the number of beds) and RH21L (about the number of residents) have been masked by imputing a slightly different value through the addition of a small random error term

(RHBED01Y, RHBED02Y, RHMRE01Y and RHMRE02Y). The effect of this “masking” on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect.

### **3.6 Self-Administered Questionnaire (SAQ)**

*Analytic Goals.* In addition to the Facility Questionnaire, facility administrators (or their designee) were also asked to complete a Round 1 Self-Administered Questionnaire covering nursing staffing issues, such as the number of different types of nursing staff and the wages paid to them during the second full week of January 1996 (see variables NUM95ADY through AAIDRATE), as well as a question about the number of admissions during 1995. The SAQ was not a CAPI questionnaire, but rather was conducted on paper and data entered in the home office. The paper questionnaire was usually left with the administrator to complete and the interviewer made arrangements to retrieve it later. As a result, not all facilities have a completed Self-Administered Questionnaire at the end of Round 1.

*Constructed Variables.* A flag variable, HASSAQ, was constructed to indicate to the data user whether or not any SAQ data are present in the file. If no SAQ data are available (HASSAQ=0) then all Round 1 Self-Administered Questionnaire variables are coded “-9” (Not Ascertained) in the data file.

*Variables Masked for Confidentiality.* The variables holding the responses to questions SAQ2-SAQ3 (variables NUM95ADY through AIDFTENY) and the RN component of question SAQ4 (RNPLFTEY and RNPLHRSY) have been “masked” for confidentiality by imputing a slightly different value through the addition of a small random error term. The effect of this “masking” on the precision of overall sample estimates has been evaluated and determined to have no meaningful effect.

### **3.7 Sample Weights**

Also provided in File 1 are the facility sampling weight (NHWT1) and other variables need to compute variance estimations (STRATM7Y). See Section 7 below for details.

## **4. File 2: The Sampled Person (SP)-Level File**

### **4.1 General Information**

In Round 1 of the MEPS NHC, a sample of residents was selected at each of the participating facilities. The sample was drawn from a list of residents living in the *sampled nursing*

*home/unit(s)* on 1/1/96, and are referred to throughout the documentation as “current residents” (CRs). File 2 contains one record for each eligible and responding CR. To be considered a “respondent” a sampled person is required to have at least 75 percent of their baseline health status variables complete as well as sex, race and age reported.

File 2 is sorted by the unique person identifier, PERSID. Because one facility did not allow data to be collected for the CRs sampled, one of the facilities included in File 1 has no Sampled Person (SP)-level records in File 2.

#### **4.1.1 Questionnaires**

The Round 1 MEPS NHC CAPI application for sampled persons is comprised of several sections. The data in File 2 come primarily from the Background section (BQ), the Health Insurance section (IN), and the Baseline version of sections HA and HC of the Health Status section (HS). These individual sections are discussed below. To ensure proper word fills throughout the person-level sections, the CAPI application needed to know the vital status, age, and sex. To accommodate this, these three background items were asked in the Residence History (RH) section which was always administered first. With the exception of several date variables discussed below, the other questions and variables in the RH section are not included in this delivery, and these three items will be treated throughout this document as BQ items.

In the codebook, variables corresponding to a specific question will have the section abbreviation (RH, BQ, IN, HA or HC) plus the question number indicated in the “Question Number” column of the codebook. Constructed variables, such as HASKIDS or HASSIBS, have the word “Constructed” in the “Question Number” column of the codebook. Variables with no notation in the “Question Number” column are usually constructed by the CAPI system.

The variable names annotated on the questionnaire pages in Appendix D.1 are those generated by the CAPI system, and in many cases do not correspond to the variables on this file, especially in the case of masked variables. The user should refer to the right-most column (“Question Number”) of the codebook to determine when a variable (or its un-masked version) corresponds to a specific question.

#### **4.1.2 Concepts: Sample Admit Date, Key Admit Date, and In-Scope Admit Date**

Throughout the MEPS NHC, there are references to the Sample Admit Date (SAD), the Key Admit Date (KAD), and the In-scope Admit Date (IAD). The SAD is the most recent date of admission for a CR to the *sampled nursing home/unit(s)* prior to 1/1/96 (recall that the CR sample by definition resided in the sampled nursing home unit(s) on 1/1/96). The KAD is the beginning of the episode of sampled nursing home care which begins when a person enters the *sampled nursing home/unit(s)* and stays in that nursing home/unit(s) or a hospital through the SAD. Finally, the IAD is the beginning of the episode of nursing care which begins when a

person enters any nursing home/unit(s) and stays in either a nursing home/unit(s) or hospital through the SAD.

Consider four cases:

In the first case, a CR came from a private residence to the *sampled nursing home/unit(s)* on 12/15/95. The SAD, KAD and IAD are all 12/15/95.

In the second case, a CR came from a private residence to the *sampled nursing home/unit(s)* on 6/15/95, was discharged to a hospital 9/23/95 - 10/8/95, and was readmitted to the *sampled nursing home/unit(s)* on 10/8/95. The SAD is 10/8/95 and the KAD and IAD are 6/15/95.

In the third case, a CR came from a private residence to a nursing home other than the *sampled nursing home/unit(s)* on 6/15/95, was discharged to a hospital 9/23/95 - 10/8/95, and was admitted to the *sampled nursing home/unit(s)* on 10/8/95. The SAD and KAD are 10/8/95, and the IAD is 6/15/95.

In the fourth case, a CR came from a private residence to a nursing home other than the *sampled nursing home/unit(s)* on 6/15/95, transferred to the *sampled nursing home/unit(s)* on 10/8/95, was discharged to a hospital 11/5/95 - 11/13/95, and was readmitted to the *sampled nursing home/unit(s)* on 11/13/95. The IAD is 6/15/95, the KAD is 10/8/95, and the SAD is 11/13/95.

The SAD, KAD and IAD are established in the RH section, but are used throughout the remaining sections

## **4.2 Section Descriptions/Variable Notes**

### **4.2.1 Sampled Person (SP) Identification**

File 2 contains an eight-character person ID (the variable is called PERSID in the accompanying codebook and SAS input code). This person ID is comprised of two parts: a six-character facility ID (BASEID) concatenated to a two-character person number (PERSNUM) yielding BASEID|PERSNUM. The facility ID for any CR in File 2 will match to the corresponding ID in a facility record in File 1; this allows you to link any CRs in File 2 with the facility in which they were sampled in File 1. The facility ID uniquely identifies each facility in File 1, the two digit person number uniquely identifies each CR within a facility, and the eight digit person ID uniquely identifies each CR in File 2.

### **4.2.2 Background Section (including demographic data from RH)**

*Analytic Goals.* The BQ was designed to provide the ability to describe nursing home residents, and the items collected include: vital status (ALIVE), age (AGEY), sex (SEX), race/ethnicity

(BRACE, BRACEOS, and BHISPAN), level of education (EDULEV), military (BEVERAF) and marital status (BMRJAN and BMRKSAD), prior use of long-term care institutions (BLTCEVR through BLTCT25P), and the existence of immediate family members (BTOTLDAU through BLIVFATH).

*Additional Variables.* Several variables included in File 2 define various types of admission dates already defined above:

SADMM/SADDD/SADYY: These variables hold the month, day and year of the date of admission to the *sampled nursing home/unit(s)* we most believe to be true based on the data collected in the Residence History section.

OPSADMM/OPSADDD/OPSADYY: These variables hold the month, day and year of the “operational” date of admission to the *sampled nursing home/unit(s)* used for displays in person-level questionnaires. Although the RH was always administered before any of the other person-level questionnaire sections, the interviewer could administer the RH, record an item non-response for the admission date, and administer other person-level questionnaires before returning to the RH with another respondent to record an accurate admission date. This operational variable stores the admission date used by other person-level questionnaire sections, since the actual SAD may have changed during missing data collection.

OPKADMM/OPKADDD/OPKADYY: These variables hold the month, day and year of the “operational” key admission date used for displays in person-level questionnaires for the reasons given under OPSAD.

OPIADMM/OPIADDD/OPIADYY: These variables hold the month, day and year of the “operational” in-scope admission date used for displays in person-level questionnaires for the reasons given under OPSAD.

Items BQ1 (BLTCEVR) and BQ6 (BLTCTIME) collect information about episodes of long term care use prior to the current episode. Because the current episode of long-term nursing care use is defined as beginning with the Inscope Admission Date (IAD), that is, the initial admission to any nursing home after which the current resident (CR) stays continuously in either a nursing home or hospital through the SAD, if the IAD was known then it was used as the reference point in the text of these questions. However, in the event that the IAD was unknown, then the KAD was used. Finally if neither IAD nor KAD were known, then the SAD was used in these questions. The date actually used as a reference point for these two items is stored in the operational variable OPIAD. In all but a handful of cases, OPIAD is the actual Inscope Admission Date.

Item BQ14 (BMRKSAD) collects information about the current resident’s marital status when first admitted to the sampled nursing home/unit(s), that is, at the Key Admission Date. If KAD



was known when this item was asked, then KAD was used as the reference point in the text of these questions. However, if KAD was not known when the question was asked then SAD was used. The data actually used as a reference point for these items is stored in the operational variable OPKAD. In all but a handful of cases, OPKAD is the actual Key Admission Date.

*Constructed Variables.* Two variables were constructed during data cleaning: HASKIDS is set to “1” (Yes) if there were any children identified, and HASSIBS is set to “1” (Yes) if any siblings were identified. The questionnaire asked specifically about daughters (BQ18), sons (BQ19), sisters (BQ20) and brothers (BQ21). Occasionally, a case would come back from the field with item non-response to the gender-specific questions, but with an interview comment stating that the person was known to have siblings or children, but the number and/or sex was unknown. Because this was deemed to be useful for certain analyses, the two variables were constructed, using the following rules:

If either BQ18 (BTOTLDAU) or BQ19 (BTOTLSON) were positive numbers, or if an interview-entered comment stated that the sampled person had children, then HASKIDS is set to “1 YES”.

If either BQ20 (BTOTLSIS) or BQ21 (BTOTLBRO) are positive numbers, or if an interviewer-entered comment stated that the sampled person had siblings, then HASSIBS is set to “1 YES”.

*Variables Excluded or Masked for Confidentiality.* Because the population of persons in nursing homes over the age of 100 or under the age of 10 is relatively small, steps were taken to mask these extreme ages while still retaining the analytic usefulness of this variable. The masked age is variable AGEY, and the method of masking depends on the age category. CRs over 100 years of age have been assigned the average age of all CRs over the age of 100. CRs under the age of 10 had their age masked through the addition of a small random error term. The age of the remaining CRs was calculated as of 1/1/96 and rounded to the nearest integer. For confidentiality reasons, date of birth is not included in this file.

### **4.2.3 Health Insurance Questionnaire Section**

*Analytic Goals.* The central goal of the IN section is to determine what insurance coverage the CR had as of 1/1/96. The questionnaire contains specific probes for determining whether the Sampled Person (SP) was a Medicaid recipient (ICDCRCOV), a Medicare beneficiary (CAREPTA and CAREPTB), covered by private insurance including Medigap, (IGAPCOV), covered by private long-term care insurance (ILTCCOV), covered by CHAMPUS (ICHACOV) or CHAMPVA (IDVACOV), or covered by any other public assistance program (IPUBCOV). For Medicaid coverage, the section also collects the date when Medicaid coverage began (ICAIDMM and ICAIDYY), and whether the CR had Medicaid coverage at the Key Admission Date (ICAIDFAC).

Because MEPS NHC is primarily a records-based survey, the design needed to accommodate the possibility that relevant insurance records would be encountered when administering a different questionnaire section. Previous experience with nursing home data collection and the structure of the Minimum Data Set (see below) suggested that the interviewer might encounter relevant insurance information while accessing medical records during the health status section. The navigation features built into the CAPI instrument allowed the interviewer to administer the IN and HS sections in the order most convenient for the respondent(s), collecting Medicare and Medicaid coverage data wherever it is first encountered, and skipped those questions elsewhere once the data had been collected.

*Variables Excluded or Masked for Confidentiality.* The responses to questions IN3-IN5, IN14-IN17, IN19, IN21, IN25 and IN26 have been excluded from File 2 for reasons of confidentiality.

#### **4.2.4 Baseline Health Status Section**

*Analytic Goals.* The basic goal of the baseline Health Status section is to measure the CR's health status as of 1/1/96. This is accomplished in three sections: HA handles record identification, and collects data on many of the important health status measures, including mental health, cognitive and behavioral skills, activities of daily living, etc. The HB subsection (not included on File 2) collects data about incident conditions and reasons for hospital visits. The HC section contains methodological data about whether the interviewer abstracted any (and how much) of the data directly from the medical records.

The Minimum Data Set (MDS) is a standardized health assessment form which is usually filled out as part of resident health assessment protocol at admission, at quarterly and annual intervals, and any other time the resident requires a significant change in the level of care. Because federally assisted nursing homes are required by the Health Care Financing Administration (HCFA) to complete regular MDS forms for residents who are beneficiaries of government health care benefits, and because most nursing homes are certified, the Health Status section was designed to take advantage of this uniform data source when collecting health data. For example, most of the CAPI screens display a header that directs the interviewer and respondent to the appropriate section in the MDS form. The initial items in the Health Status section, items HA1PRE1 through HA8 (BRECHAVE, BRECFRMS, BASSMM01-BASSMM06, BASSDD01-BASSDD06, BASSYY01-BASSYY06, BFRMTY01-BFRMTY06 ) determine which health evaluation forms in the sampled person's medical records are closest to 1/1/96 and therefore should be used to answer the questions. The remainder of the HA section follows the MDS design, with allowances made if the nursing home/unit does not use the MDS form or does not have appropriate MDS forms completed for the resident.

General and technical information about HCFA programs and the MDS can be found on the World Wide Web:

HCFA home page: <http://www.hcfa.gov>  
Minimum Data Set 2.0 Technical Information: [http://linear.chsra.wisc.edu/mds\\_info.htm](http://linear.chsra.wisc.edu/mds_info.htm)

The health insurance probes at HA44PRE through HA50 reciprocate the IN section as discussed above under "Health Insurance Questionnaire."

#### *Additional Variables.*

BPRIM01, BPRIM02...BPRIM06 are flags indicating whether an annual assessment or quarterly review form was the primary form, closest to January 1, 1996, used to complete the health status questionnaire. Only one of these variables will be set to "1" (Yes).

BBACK01, BBACK02...BBACK06 are flags indicating whether an annual assessment was used as the backup form to complete the Health Status questionnaire section, since a quarterly MDS form does not contain all the information needed for this section. (If the MDS form closest to the January 1 date was a quarterly form, the full MDS form next closest in date was used as a backup form.) If the primary form was an annual assessment, then none of these variables will be set to "1" (Yes), otherwise one of these variables will be set to "1" (Yes).

Persons identified as comatose in BCOMATOS (question HA11) are skipped out of all the health status questions associated with memory, hearing and communication, sight, behavior, ADL, mobility, continence and social interaction (questions HA12 to HA27). Therefore these variables (variable BCSMEMST through PWNOFC ), will be coded "-1" (Inapplicable).

#### **4.2.4.1 Active Condition Variables**

Active conditions were those considered to have a current relationship to ADL status, cognitive status, mood or behavior status, medical treatment, nurse monitoring or risk of death. Active conditions were collected for current residents from two sources, the Minimum Data Set (MDS) and the medical records.

Variables ALLERGY to BRAININJ were collected in question HA28 from a listing of conditions from the full MDS. HA28OT01 indicates the text field replies to "Other" on that listing. The text is recorded as found on the record. Variables INFCDIFF to INFWOUND indicate active infections checked on the full MDS form. Variable OTMDSDIA indicates that there were other diagnoses indicated on either of the MDS forms and MALCOH to HA31OT08 represent all the other active conditions found on the MDS. MALCOH to MPEPULC represent a list created by survey staff that represented the most commonly found conditions in the 1987 NMES and the pretest for this survey, and were a device to save time and money in the data collection process.

The HA31OT01-08 variables allowed for entry of text for conditions that were not included in this second list.

The variable OTACTDIA indicates there are other active diagnoses indicated in the medical or medication records. NMALCOH to NMLEGULC uses the same listing of commonly occurring conditions that may or may not have been indicated in the records, while HA33OT01 to HA33OT04 are text variables that represent other active diagnoses.

No attempt was made to reconcile these text variables with the listing recorded from the MDS. Consequently, in order to determine with a high degree of certainty whether any specific condition is present for a sampled person, one must examine several variables.

None of these text variables have been coded to a uniform medical convention such as the International Classification of Diseases (ICD). Such coding will take place when full year data are available and will be released with the full year data.

*Variables Excluded for Confidentiality.* The responses to questions HA44PRE through HA50 and question HC3 have been excluded from File 2 for reasons of confidentiality.

### **4.3 Sample Weights**

Also provided in File 2 are the person-level sampling weight (CRADJWGT) and other variables needed to compute standard errors (STRATM7Y and BASEID). See section 7 below for details.

## **5. Variable Naming and Codebook Conventions**

Two codebooks, one for each file, provide complete variable listings in alphabetical order and by file position. Each variable in the data has an entry in the codebook. Each codebook entry is comprised of several parts:

**Variable Name.** Unique name identifying a specific field in the file. Each variable name must be no longer than eight characters, and must start with a letter (A-Z). Although the printed codebook presents all text in uppercase, the variable names are not case-sensitive.

Many of the variables are presented in the codebook as they were collected in the field. Some variables have been masked for confidentiality; various masking methods may be employed, but all masked variables end in “Y.”

In general, the variable name reflects the content of the variable, although the eight-character limitation necessitates a high level of abbreviation. For instance,

GPUBEDSY translates roughly into the number of beds in the General Population Unit, and SCBED02Y is the masked number of beds in Special Care Unit Number 2.

**Description.** A 40-character description of the variable. For array-type variables, this label includes the element number, and for continuous variables, the description concludes with the phrase “(CONT VAR)”.

**Format.** The number of characters (or bytes) used by the variable, and the number of decimal places, expressed in “*w.d*” format, where *w* is the total width of the variable (including the decimal point, if there is one), and *d* is the number of decimal places. For instance, a 30-character variable will have the format 30.0 (thirty characters total, none behind the decimal), whereas a weight that ranges from 1.522 to 148.9222 will have the format 8.4 (a maximum of eight total characters, with up to four characters behind the decimal).

**Type.** Either “NUM” for numeric or “CHAR” for character.

**Start.** The column position where the variable starts. The first variable in each file starts in position 1.

**End.** The last column position occupied by the variable. Variables that are one character wide will have the End position equal to the Start position.

**Question Number.** The question number from the hard copy questionnaire. If the variable was constructed at the home office from data collected in the field, then this column contains the word “Constructed.” In other cases this column is left blank (for example, the case ID variable at the beginning of each file).

**Value.** In general, each discrete value is displayed, along with a value label. For many of the continuous variables, quartile ranges are presented; these values start with the quartile number and show the range contained in that quartile. For instance, the value for the first quartile for PTBED01Y (the number of beds in part 01 of the larger facility) is “Q1: 15 to 63.” For other continuous variables where a large proportion of values are “zero,” the number of zero values is presented, followed by quartiles for the non-zero values. In defining the ranges for quartiles, the SAS procedure used sometimes interpolated values (some of which may be decimals) which do not actually appear on the data.

The following reserve values are used

-1 “Inapplicable.” The question was not asked due to a skip pattern.

- 5 “Never Will Know.” In some cases, the interviewer could enter this code to signify that the facility is not an adequate respondent for the item, and that there is no point locating another facility respondent to provide the unknown item.
- 7 “Refused.” The question was asked and the facility refused to answer the item.
- 8 “Don’t Know.” The question was asked and the facility respondent did not know the answer.
- 9 “Not Ascertained.” The interviewer did not record the data.

**Frequencies.** Weighted and unweighted counts for each of the variable values. The column header for the weighted frequencies includes the name of the weight variable used.

## **6. Sample Design and Response Rates**

### **6.1 Sample Design**

The MEPS NHC sample of 1,150 facilities was selected according to a two-phase stratified probability design. An updated version of the 1991 National Health Provider Inventory (NHPI) served as the sampling frame. At the first phase, a probability proportional to size sample of facilities was selected within each of seven strata. The measure of size was the number of nursing home beds in the sample facility. The first phase sample was then stratified into four cost strata, according to the level of travel costs expected during data collection. At the second phase, facilities were subsampled with equal probabilities within each of the four cost strata. Data were collected over three rounds, beginning in January, 1996. In round 1, a sample of four residents as of January 1, 1996 was selected within each sampled facility; this is referred to as the “current residents” sample. In rounds 2 and 3, a sample was also selected in each sampled facility which consisted of two or three persons who were admitted during 1996 but who were not current residents (as defined above); this constitutes the “first admissions” sample. The sample was designed to yield national estimates of the demographic characteristics, residence history, health status, and long-term care expenditures for nursing home residents. For more information, see “Final Sample Design Report for the 1996 Medical Expenditure Panel Survey Nursing Home Component,” January 1997 (Appendix D.2).

Background, residence history, health insurance, baseline health status and prescribed medicines data are collected for the current residents sample in round 1. Data in use of services and expenditures are collected in addition in rounds 2 and 3, as well as residence history, health status, and prescribed medicines. For the first admissions sample, background, residence history, health

insurance, baseline health status, prescribed medicines, use of services, and expenditure data are collected in both rounds 2 and 3. For both current residents and first admissions, the community questionnaire is administered by phone in rounds 2 and 3. The community questionnaire consists of background, residence history, health insurance, income and assets, and caregiver network (first admissions only). For additional details in design or data collection methods see the sample design report and study overview in Appendix sections D.2 and D.3.

## **6.2 Response Rates**

At the end of round 1, 1,124 of the 1,150 sampled facilities were determined to be eligible. Of these, 952 completed the Round 1 Facility Questionnaire, resulting in a Facility Questionnaire response rate of 85 percent and an eligibility rate of 98 percent. Of these 952 facilities, 866 (91%) returned a Self-Administered Questionnaire during round 1.

All 952 facilities permitted sampling of their residents. One facility permitted sampling but did not permit data collection for the sampled residents. Of the 3,808 current residents sampled in round 1, data were collected for 3,747. Seventeen of the 3,808 were found to be ineligible for the survey, and insufficient or no data were collected for the remaining 44, resulting in a current resident response rate of 99 percent, conditional on the cooperation of the sample facility.

## **7. Estimation and Sampling Weights**

### **7.1 Sampling Weights**

In order to produce valid national estimates from the MEPS-NHC public use files, the value in each record contributing to the estimate must be multiplied by the sampling weight in the record. Each sampled facility has associated with it a weight which enables it to represent other facilities that were not sampled. Likewise, each sampled person has a weight which enables it to represent other nonsampled persons in the sample facility. The weight for each sampled person is the product of the probability of selection for the sample facility times the within-facility probability of selection for the sampled person. The facility sampling weights reflect adjustments for sample facility nonresponse at each round and poststratification to the NHPI frame. The current resident sample weights reflect an adjustment for failure to collect sufficient data about some residents. To be considered a “respondent,” for the round 1 data collection, a sampled person is required to have 75 percent of their baseline health status variables complete as well as sex, race, and age reported. Current residents failing these criteria are treated as nonrespondents in the weighting. The SAS variable names of the facility and current resident weights are given below, along with the unweighted and weighted counts of each in the round 1 delivery. The totals are of eligible, responding facilities and current residents only, since ineligible, nonresponding facilities and new admissions are not included in the round 1 delivery.

Table 1. Sampling weights provided in round 1 public use file.

Weight	Sample Type	Unweighted Total	Weighted Total
NHWT1	Facility	952	16,839
CRADJWGT	Current Resident	3,747	1,563,858

## 7.2 Estimation

**Facilities.** Estimates of facility level statistics such as totals, means, proportions, and ratios can be made from the facility sample file and the facility weight, NHWT1. In the examples below, the subscript *i* refers to the *i*-th sampled facility. We reiterate that these are unedited data, and that care must be exercised to determine that adjustments are made for missing data, and that skip patterns are interpreted correctly. The examples presented below assume that the relevant data were appropriately edited and that no missing values were present.

### (1) Totals.

To estimate a facility total, simply sum the facility weights across the domain of interest. To estimate the total for a variable which is obtained at the facility level, multiply the variable value by the facility weight and sum across the facility sample.

Examples. Total number of nonprofit facilities =  $\sum_{i \in OWNDESY=2} NHWT1_i$ , where the summation is over all sampled nonprofit facilities.

Total number of residents =  $\sum_{i=1}^{952} NHWT1_i * MIDNTREY_i$ , where MIDNTREY is the number of current residents at the sampled facility at midnight.

### (2) Means.

A weighted mean is calculated as the ratio of the weighted total for the variable of interest to the weighted total number of facilities.

Example. Average number of RN's per facility = 
$$\frac{\sum_{i=1}^{952} NHWT1_i * RNFTNOY_i}{\sum_{i=1}^{952} NHWT1_i}$$

### (3) Proportions.

A proportion is calculated as the ratio of two weighted totals.



Example. Proportion of facilities that are nonprofit =  $\frac{\sum_{i \in OWNDESY=2} NHWT1_i}{\sum_{i \in OWNDESY=1,2,7,91} NHWT1_i}$  where the

summation in the denominator is over all sampled facilities where the type of ownership is known.

**(4) Ratios.**

A ratio can be calculated in two ways. The first way is to calculate the ratio of two weighted totals for the two variables of interest.

Example. Number of beds per resident =  $\frac{\sum_{i=1}^{952} NHWT1_i * TNHBEDSY_i}{\sum_{i=1}^{952} NHWT1_i * MIDNTREY_i}$

Number of residents per full-time RN =  $\frac{\sum_{i=1}^{952} NHWT1_i * MIDNTREY_i}{\sum_{i=1}^{952} NHWT1_i * RNFTNOY_i}$

The second way is to calculate the ratio for each facility, then compute the weighted average of the ratios.

Examples. Number of beds per resident =  $\frac{\sum_{i=1}^{952} NHWT1_i * (TNHBEDSY_i / MIDNTREY_i)}{\sum_{i=1}^{952} NHWT1_i}$

Number of residents per full-time RN =  $\frac{\sum_{i=1}^{952} NHWT1_i * (MIDNTREY_i / RNFTNOY_i)}{\sum_{i=1}^{952} NHWT1_i}$

**Current Residents.** Estimates of person level statistics such as totals, means, proportions, and ratios can be made from the current resident sample file and the current resident weight, CRADJWGT. In the examples below, the subscript i refers to the i-th sampled current resident. We reiterate that these are unedited data, and that care must be exercised to determine that adjustments are made for missing data, and that skip patterns are interpreted correctly. The examples presented below assume that the relevant data were appropriately edited and that no missing values were present.

(1) **Totals.**

Example. Total number of current residents =  $\sum_{i=1}^{3,747} CRADJWGT_i$

(2) **Means.**

Example. Average current resident age =  $\frac{\sum_{i=1}^{3,747} CRADJWGT_i * AGEY_i}{\sum_{i=1}^{3,747} CRADJWGT_i}$  where AGEY is the

(masked) age of the sampled person.

(3) **Ratios.**

Example. Average number of living siblings and children per current resident would be estimated by computing

$$\frac{\sum_{i=1}^{3,747} CRADJWGT_i * (BTOTLBRO_i + BTOTLDAU_i + BTOTLSIS_i + BTOTLSON_i)}{\sum_{i=1}^{3,747} CRADJWGT_i}$$

where BTOTLBRO, BTOTLSIS, BTOTLSON, BTOTLDAU are the number of living brothers, sisters, sons, and daughters for the sampled current resident.

### 7.3 Linking the Facility and Current Resident Sample Files

The sample file of current residents may be linked with the file of sampled facilities to add facility level variables to the file. The two files can be merged by the variable BASEID to match each current resident with the facility in which they were sampled. This makes possible the estimation of current resident statistics by facility characteristics. For example, each of the statistics above could be computed by the ownership of the facility: for profit, nonprofit, and government, using the facility level variable, OWNDESY (facility ownership type).

A few current resident statistics, such as the total number of current residents, may be estimated from either the facility sample file or from the current residents sample file. In general, smaller sampling errors will result when such estimates are made from the current residents file, because the current resident sample weights have less variability than the facility weights.

## 7.4 Variance Estimation

Variance estimates of sample statistics require that the complex nature of the MEPS-NHC survey design be taken into account for hypothesis testing and for the construction of confidence intervals. To obtain variance estimates of sample statistics by means of statistical programs that use the Taylor series method of variance estimation, the stratification employed in the first phase of facility sampling and the clustering of sampled persons within facilities should be accounted for. The cost stratification for the second phase of facility sampling cannot be easily (if at all) incorporated into linearization variance estimation packages such as SUDAAN, but this factor should not significantly affect the variance estimates.

The variables needed for variance estimation are STRATM7Y (the first phase facility stratum) and BASEID (the facility ID).

## 8. Programming Information

File 1:

Description: MEPS 1996 NHC Round 1 Facility File

File Name: NHC001F1.DAT

Number of Observations: 952

Number of Variables: 180

Record Length: 576

Record Format: fixed

Record Identifier and Sort Key: BASEID

File 2:

Description: MEPS 1996 NHC Round 1 Current Resident Background, Health Insurance and  
Baseline Health Status information

File Name: NHC001F2.DAT

Number of Observations: 3,747

Number of Variables: 264

Record Length: 966

Record Format: fixed

Record Identifier and Sort Key: PERSID

## **9. Acronyms Used in This Document**

<b>BQ</b>	Background Questionnaire
<b>CAPI</b>	Computer Assisted Personal Interviewing
<b>CCRC</b>	Continuing Care Retirement Community
<b>CR</b>	Current Resident. Sampled Person who was a resident in the sampled facility on January 1, 1996.
<b>FQ</b>	Facility Questionnaire
<b>FA</b>	Round 1 Facility Questionnaire
<b>GPU</b>	General Population Unit
<b>HS</b>	Health Status Questionnaire
<b>HA</b>	Section of HS covering measures of health
<b>HB</b>	Section of HS covering incident conditions and reasons for hospital visits.
<b>HC</b>	Section of HS covering whether interview did any data abstracting.
<b>IAD</b>	Inscope Admission Date
<b>IN</b>	Health Insurance Questionnaire
<b>KAD</b>	Key Admission Date
<b>MDS</b>	Minimum Data Set
<b>MEPS</b>	Medical Expenditures Panel Survey
<b>NHC</b>	Nursing Home Component
<b>NHPI</b>	National Health Provider Inventory
<b>RH</b>	Residence History
<b>SAD</b>	Sample Admit Date

**SCU** Special Care Unit  
**SF** Sample Facility  
**SS** Sampling section of the FQ

## **D. Codebooks**

MEPS 1996  
NURSING HOME COMPONENT (NHC) ROUND 1  
FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

This codebook provides unweighted and weighted frequencies for File 1 data, a facility-level file containing facility characteristic data for a nationally representative sample of nursing facilities. These data were collected in Round 1 of the 1996 Medical Expenditure Panel Survey - Nursing Home Component. The MEPS-NHC was selected from the updated 1991 National Health Provider Inventory (NHPI). Each eligible cooperating facility is included as one record in File 1. To be considered eligible for this study, a facility had to have at least three beds staffed and set up for nursing care, and must have been either certified by Medicaid as a Nursing Facility, or by Medicare as a Skilled Nursing Facility, or licensed by a state health department as a nursing home with an RN or LPN onsite 24 hours a day, 7 days a week. These facilities could be "freestanding" nursing homes or nursing care units within larger establishments, such as a Continuing Care Retirement Community (CCRC) or hospital. The data in File 1 include variables pertaining to the facility's structure, ownership, certification, occupancy, and staffing. BEFORE USING THE DATA IN FILE 1, IT IS HIGHLY RECOMMENDED THAT THE USER CAREFULLY READ THE TECHNICAL DOCUMENTATION AND FAMILIARIZE THEMSELVES WITH THE CAPI QUESTIONNAIRE USED TO COLLECT THE DATA. The technical documentation provides detailed information about the data including editing, masking of data for reasons of confidentiality, the construction of analytic variables and sample weights, and the use of specific data values to indicate when an item was skipped as inapplicable and when the question was not answered. In the codebook which follows, variables which correspond directly to a questionnaire item are identified in the field labeled "Question Number." To obtain national estimates for the variables in this file, the weight variable NHWT1, described in the technical documentation, must be used. Appended to this technical documentation are: print files of the CAPI questionnaires used to collect the Round 1 data, a report on the sample design of the MEPS-NHC, and a report providing an overview of the MEPS-NHC including information on data collection methodologies.

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
564	568	AADRATE	WHAT AGENCY RATES FOR AIDES? (CONT VAR)
417	419	AIDFTENY	NUMBER OF AIDES FTE EMPLOYEES (CONT VAR)
411	413	AIDFTNOY	NUMBER OF FULL TIME AIDES (CONT VAR)
518	547	AIDOTHOS	EXPERIENCE LEVEL FOR THIS AIDE WAGE
432	434	AIDPLFTE	# OF AIDES REGISTRY/POOL FTE (CONT VAR)
435	438	AIDPLHRS	AIDES REGISTRY/POOL HOURS (CONT VAR)
414	416	AIDPTNOY	NUMBER OF PART TIME AIDES (CONT VAR)
513	517	AIDWAGE	WHAT IS AID'S HOURLY RATE? (CONT VAR)
557	561	ALPNRATE	WHAT AGENCY RATES FOR LPN? (CONT VAR)
251	252	ANYBEDSC	HAVE ANY SPECIAL CARE UNITS
174	175	ANYBEDUL	HAVE ANY UNLICENSED BEDS
550	554	ARNRATE	WHAT AGENCY RATES FOR RN? (CONT VAR)
1	6	BASEID	SAMPLED NH/UNIT(S) IDENTIFIER
168	168	CAIDCRT1	ANY UNIT IN FACILITY MEDICAID CERTIFIED
265	266	CAIDP01Y	ANY MEDICAID PATIENTS IN SCU 01
283	284	CAIDP02Y	ANY MEDICAID PATIENTS IN SCU 02
300	301	CAIDP03Y	ANY MEDICAID PATIENTS IN SCU 03
317	318	CAIDP04Y	ANY MEDICAID PATIENTS IN SCU 04
334	335	CAIDP05Y	ANY MEDICAID PATIENTS IN SCU 05
169	169	CARECRT1	ANY UNIT IN FACILITY MEDICARE CERTIFIED
267	268	CAREP01Y	ANY MEDICARE PATIENTS IN SCU 01
285	286	CAREP02Y	ANY MEDICARE PATIENTS IN SCU 02
302	303	CAREP03Y	ANY MEDICARE PATIENTS IN SCU 03
319	320	CAREP04Y	ANY MEDICARE PATIENTS IN SCU 04
336	337	CAREP05Y	ANY MEDICARE PATIENTS IN SCU 05
9	9	FACCHAIN	IS FACILITY PART OF A CHAIN
49	50	FACHOME	PREFER TO BE CALLED FACILITY/HOME
51	52	FACLPART	PART OF A LARGER FACILITY
55	56	FACTYPE	TYPE OF PLACE FROM FA5
15	44	FAEOS01	OTHER SPECIFY RESPONDENT 01
13	14	FAESP01	TITLE OF FA RESPONDENT 01
45	46	FAESP02	TITLE OF FA RESPONDENT 02
47	48	FRESTND	FREE STANDING NH
247	248	FSRVDD	DAY OF FQ ROUND 1 INTERVIEW
246	246	FSRVMM	MONTH OF FQ ROUND 1 INTERVIEW
249	250	FSRVYY	YEAR OF FQ ROUND 1 INTERVIEW
343	345	GPUBEDSY	# OF BEDS IN GPU (CONT VAR)
346	348	GPUNUM	GPU PLAC NUMBER
388	388	HASSAQ	SAQ DATA ON THE FILE
12	12	ILUNIT	INDEPENDENT LIVING IN ANY PART OF FACIL
59	60	LCNDBEDS	ANY LICENSED BEDS IN LARGER FACILITY
170	171	LICNH	ANY UNIT IN FACILITY HLTH DEPT LICENSED



MEPS 1996  
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 FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
481	482	LPN1YR	WAGE IS FOR LPN W/ 1 YR EXPERIENCE
483	512	LPN1YROS	WAGE IS FOR LPN W/ OTHER EXPERIENCE
408	410	LPNFTEY	NUMBER OF LPN FTE EMPLOYEES (CONT VAR)
402	404	LPNFNOY	NUMBER OF FULL TIME LPN (CONT VAR)
426	428	LPNPLFTE	# OF LPN REGISTRY/POOL FTE (CONT VAR)
429	431	LPNPLHRS	LPN REGISTRY/POOL HOURS (CONT VAR)
405	407	LPNPNOY	NUMBER OF PART TIME LPN (CONT VAR)
476	480	LPNWAGE	WHAT IS LPN'S HOURLY WAGE? (CONT VAR)
221	223	MANDMBEY	# NH BEDS BOTH MCAID/MCARE CERT-CONT VAR
224	226	MCAIDBEY	# NH BEDS MEDICAID CERT ONLY (CONT VAR)
235	237	MCAIDREY	# OF RES HAVE MEDICAID AS SOP (CONT VAR)
227	229	MCAREBEY	# NH BEDS MEDICARE CERT ONLY (CONT VAR)
238	239	MCAREREY	# OF RES HAVE MEDICARE AS SOP (CONT VAR)
243	245	MIDNTREY	# OF RES AT MIDNIGHT LAST NIGHT-CONT VAR
230	232	MNORMBEY	# NON-CERTIFIED NH BEDS (CONT VAR)
233	234	NHBEDCOR	IS NUMBER REMAINING BEDS CORRECT
57	58	NHNUMBER	NUMBER OF NHS FOR THIS HOME OFFICE
10	10	NHTYPE	TYPE OF NURSING HOME/UNIT(S)
569	576	NHWT1	ROUND 1 NH/UNIT(S) WEIGHT
562	563	NOAAID	DO YOU HAVE AGENCY RATES FOR AIDS?
555	556	NOALPN	DO YOU HAVE AGENCY RATES FOR LPN?
548	549	NOARN	DO YOU HAVE AGENCY RATES FOR RN?
389	392	NUM95ADY	# OF ADMISSIONS IN 1995? (CONT VAR)
219	220	OWNDESY	OWNERSHIP DESCRIPTION (FA31 OR FA77)
11	11	PCUNIT	PERSONAL CARE UNIT(S) IN ANY PART OF FAC
240	242	PRPAYREY	# OF RES HAVE PRIV PAY AS SOP (CONT VAR)
63	65	PTBED01Y	# BEDS IN LARGER FACIL PART 1 (CONT VAR)
73	75	PTBED02Y	# BEDS IN LARGER FACIL PART 2 (CONT VAR)
83	85	PTBED03Y	# BEDS IN LARGER FACIL PART 3 (CONT VAR)
93	95	PTBED04Y	# BEDS IN LARGER FACIL PART 4 (CONT VAR)
103	105	PTBED05Y	# BEDS IN LARGER FACIL PART 5 (CONT VAR)
140	141	PTBED06Y	# BEDS IN LARGER FACIL PART 6 (CONT VAR)
149	150	PTBED07Y	# BEDS IN LARGER FACIL PART 7 (CONT VAR)
158	159	PTBED08Y	# BEDS IN LARGER FACIL PART 8 (CONT VAR)
68	70	PTNUM01Y	PLACE NUMBER OF LARGER FACILITY PART 01
78	80	PTNUM02Y	PLACE NUMBER OF LARGER FACILITY PART 02
88	90	PTNUM03Y	PLACE NUMBER OF LARGER FACILITY PART 03
98	100	PTNUM04Y	PLACE NUMBER OF LARGER FACILITY PART 04
108	137	PTNUM05Y	PLACE NUMBER OF LARGER FACILITY PART 05
144	146	PTNUM06Y	PLACE NUMBER OF LARGER FACILITY PART 06
153	155	PTNUM07Y	PLACE NUMBER OF LARGER FACILITY PART 07
162	164	PTNUM08Y	PLACE NUMBER OF LARGER FACILITY PART 08

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 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
66	67	PTRHE01Y	RH ELIGIBILITY OF LF PART 01
76	77	PTRHE02Y	RH ELIGIBILITY OF LF PART 02
86	87	PTRHE03Y	RH ELIGIBILITY OF LF PART 03
96	97	PTRHE04Y	RH ELIGIBILITY OF LF PART 04
106	107	PTRHE05Y	RH ELIGIBILITY OF LF PART 05
142	143	PTRHE06Y	RH ELIGIBILITY OF LF PART 06
151	152	PTRHE07Y	RH ELIGIBILITY OF LF PART 07
160	161	PTRHE08Y	RH ELIGIBILITY OF LF PART 08
61	62	PTTYP01Y	TYPE OF LARGER FACILITY PART 01
71	72	PTTYP02Y	TYPE OF LARGER FACILITY PART 02
81	82	PTTYP03Y	TYPE OF LARGER FACILITY PART 03
91	92	PTTYP04Y	TYPE OF LARGER FACILITY PART 04
101	102	PTTYP05Y	TYPE OF LARGER FACILITY PART 05
138	139	PTTYP06Y	TYPE OF LARGER FACILITY PART 06
147	148	PTTYP07Y	TYPE OF LARGER FACILITY PART 07
156	157	PTTYP08Y	TYPE OF LARGER FACILITY PART 08
357	358	RHBED01Y	# BEDS IN RH PART 01 (CONT VAR)
376	378	RHBED02Y	# BEDS IN RH PART 02 (CONT VAR)
361	362	RHDCPS01	RH PART 01 HAS DIRECT CARE STAFF
381	382	RHDCPS02	RH PART 02 HAS DIRECT CARE STAFF
359	360	RHMRE01Y	# MIDNIGHT RES. IN RH PART 01 (CONT VAR)
379	380	RHMRE02Y	# MIDNIGHT RES. IN RH PART 02 (CONT VAR)
365	367	RHNUM01	PLACE NUMBER OF RH PART 01
385	387	RHNUM02	PLACE NUMBER OF RH PART 02
363	364	RHRHEL01	RH ELIGIBILITY OF RH PART 01
383	384	RHRHEL02	RH ELIGIBILITY OF RH PART 02
353	354	RHSTY01Y	YEAR RH PART 01 BEGAN OPERATION
372	373	RHSTY02Y	YEAR RH PART 02 BEGAN OPERATION
349	350	RHTYPE01	TYPE OF PART 01 ADDED IN RH
368	369	RHTYPE02	TYPE OF PART 02 ADDED IN RH
444	445	RN1YR	WAGE IS FOR RN W/ 1 YR EXPERIENCE
446	475	RN1YROS	WAGE IS FOR RN W/ OTHER EXPERIENCE
399	401	RNFTELOY	NUMBER OF RN FTE EMPLOYEES (CONT VAR)
393	395	RNFTELOY	NUMBER OF FULL TIME RN (CONT VAR)
420	422	RNPLFTEY	# OF RN REGISTRY/POOL FTE (CONT VAR)
423	425	RNPLHRSY	RN REGISTRY/POOL HOURS (CONT VAR)
396	398	RNPTNOY	NUMBER OF PART TIME RN (CONT VAR)
439	443	RNWAGE	WHAT RN'S HOURLY WAGE? (CONT VAR)
351	352	SCARUN01	RH PART 01 HAS SPECIAL CARE UNIT
370	371	SCARUN02	RH PART 02 HAS SPECIAL CARE UNIT
255	257	SCBED01Y	# BEDS IN SPECIAL CARE UNIT 1 (CONT VAR)
274	276	SCBED02Y	# BEDS IN SPECIAL CARE UNIT 2 (CONT VAR)

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

----ALPHABETICAL LISTING OF VARIABLES----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
292	293	SCBED03Y	# BEDS IN SPECIAL CARE UNIT 3 (CONT VAR)
309	310	SCBED04Y	# BEDS IN SPECIAL CARE UNIT 4 (CONT VAR)
326	327	SCBED05Y	# BEDS IN SPECIAL CARE UNIT 5 (CONT VAR)
341	342	SCBEDCOR	NUMBER OF SPECIAL CARE BEDS CORRECT
261	262	SCDCP01Y	SCU 01 HAS DIRECT CARE STAFF
279	280	SCDCP02Y	SCU 02 HAS DIRECT CARE STAFF
296	297	SCDCP03Y	SCU 03 HAS DIRECT CARE STAFF
313	314	SCDCP04Y	SCU 04 HAS DIRECT CARE STAFF
330	331	SCDCP05Y	SCU 05 HAS DIRECT CARE STAFF
258	260	SCMRE01Y	# RES. IN SCU 01 AT MIDNIGHT (CONT VAR)
277	278	SCMRE02Y	# RES. IN SCU 02 AT MIDNIGHT (CONT VAR)
294	295	SCMRE03Y	# RES. IN SCU 03 AT MIDNIGHT (CONT VAR)
311	312	SCMRE04Y	# RES. IN SCU 04 AT MIDNIGHT (CONT VAR)
328	329	SCMRE05Y	# RES. IN SCU 05 AT MIDNIGHT (CONT VAR)
269	271	SCNUM01Y	PLACE NUMBER OF SCU 01
287	289	SCNUM02Y	PLACE NUMBER OF SCU 02
304	306	SCNUM03Y	PLACE NUMBER OF SCU 03
321	323	SCNUM04Y	PLACE NUMBER OF SCU 04
338	340	SCNUM05Y	PLACE NUMBER OF SCU 05
263	264	SCSTY01Y	YEAR SCU 01 BEGAN OPERATION
281	282	SCSTY02Y	YEAR SCU 02 BEGAN OPERATION
298	299	SCSTY03Y	YEAR SCU 03 BEGAN OPERATION
315	316	SCSTY04Y	YEAR SCU 04 BEGAN OPERATION
332	333	SCSTY05Y	YEAR SCU 05 BEGAN OPERATION
253	254	SCTYP01Y	TYPE OF SPECIAL CARE UNIT 01
272	273	SCTYP02Y	TYPE OF SPECIAL CARE UNIT 02
290	291	SCTYP03Y	TYPE OF SPECIAL CARE UNIT 03
307	308	SCTYP04Y	TYPE OF SPECIAL CARE UNIT 04
324	325	SCTYP05Y	TYPE OF SPECIAL CARE UNIT 05
355	356	STILOP01	RH PART 01 STILL IN OPERATION
374	375	STILOP02	RH PART 02 STILL IN OPERATION
7	8	STRATM7Y	1ST PHASE SAMPLING STRATUM
172	173	SUP24HR	ANY UNIT IN FACILITY PROVIDES RN/LPN SUP
165	167	TNHBEDSY	TOTAL # NH BEDS IN NH/UNIT(S)-CONT VAR
53	54	TYPELARG	TYPE OF PLACE FROM FA3
178	180	ULBED01Y	# UNLICENSED BEDS/UNITS 01 (CONT VAR)
192	194	ULBED02Y	# UNLICENSED BEDS/UNITS 02 (CONT VAR)
206	207	ULBED03Y	# UNLICENSED BEDS/UNITS 03 (CONT VAR)
217	218	ULBEDCOR	IS NUMBER OF UNLICENSED BEDS CORRECT
187	189	ULNUM01	PLACE NUMBER OF UL 01
201	203	ULNUM02	PLACE NUMBER OF UL 02
214	216	ULNUM03	PLACE NUMBER OF UL 03

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
185	186	ULRHEL01	RH ELIGIBILITY OF UL 01
199	200	ULRHEL02	RH ELIGIBILITY OF UL 02
212	213	ULRHEL03	RH ELIGIBILITY OF UL 03
183	184	ULSTY01Y	YEAR UL 01 BEGAN OPERATION
197	198	ULSTY02Y	YEAR UL 02 BEGAN OPERATION
210	211	ULSTY03Y	YEAR UL 03 BEGAN OPERATION
176	177	ULTYP01Y	TYPE UNLICENSED BEDS/UNIT 01
190	191	ULTYP02Y	TYPE UNLICENSED BEDS/UNIT 02
204	205	ULTYP03Y	TYPE UNLICENSED BEDS/UNIT 03
181	182	ULUNIT01	BEDS OR INDIV UNITS IN UL BEDS/UNIT 01
195	196	ULUNIT02	BEDS OR INDIV UNITS IN UL BEDS/UNIT 02
208	209	ULUNIT03	BEDS OR INDIV UNITS IN UL BEDS/UNIT 03

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	6	BASEID	SAMPLED NH/UNIT(S) IDENTIFIER
7	8	STRATM7Y	1ST PHASE SAMPLING STRATUM
9	9	FACCHAIN	IS FACILITY PART OF A CHAIN
10	10	NHTYPE	TYPE OF NURSING HOME/UNIT(S)
11	11	PCUNIT	PERSONAL CARE UNIT(S) IN ANY PART OF FAC
12	12	ILUNIT	INDEPENDENT LIVING IN ANY PART OF FACIL
13	14	FARESP01	TITLE OF FA RESPONDENT 01
15	44	FAEOS01	OTHER SPECIFY RESPONDENT 01
45	46	FARESP02	TITLE OF FA RESPONDENT 02
47	48	FREESTND	FREE STANDING NH
49	50	FACHOME	PREFER TO BE CALLED FACILITY/HOME
51	52	FACLPART	PART OF A LARGER FACILITY
53	54	TYPELARG	TYPE OF PLACE FROM FA3
55	56	FACTYPE	TYPE OF PLACE FROM FA5
57	58	NHNUMBER	NUMBER OF NHS FOR THIS HOME OFFICE
59	60	LCNDBEDS	ANY LICENSED BEDS IN LARGER FACILITY
61	62	PTTYP01Y	TYPE OF LARGER FACILITY PART 01
63	65	PTBED01Y	# BEDS IN LARGER FACIL PART 1 (CONT VAR)
66	67	PTRHE01Y	RH ELIGIBILITY OF LF PART 01
68	70	PTNUM01Y	PLACE NUMBER OF LARGER FACILITY PART 01
71	72	PTTYP02Y	TYPE OF LARGER FACILITY PART 02
73	75	PTBED02Y	# BEDS IN LARGER FACIL PART 2 (CONT VAR)
76	77	PTRHE02Y	RH ELIGIBILITY OF LF PART 02
78	80	PTNUM02Y	PLACE NUMBER OF LARGER FACILITY PART 02
81	82	PTTYP03Y	TYPE OF LARGER FACILITY PART 03
83	85	PTBED03Y	# BEDS IN LARGER FACIL PART 3 (CONT VAR)
86	87	PTRHE03Y	RH ELIGIBILITY OF LF PART 03
88	90	PTNUM03Y	PLACE NUMBER OF LARGER FACILITY PART 03
91	92	PTTYP04Y	TYPE OF LARGER FACILITY PART 04
93	95	PTBED04Y	# BEDS IN LARGER FACIL PART 4 (CONT VAR)
96	97	PTRHE04Y	RH ELIGIBILITY OF LF PART 04
98	100	PTNUM04Y	PLACE NUMBER OF LARGER FACILITY PART 04
101	102	PTTYP05Y	TYPE OF LARGER FACILITY PART 05
103	105	PTBED05Y	# BEDS IN LARGER FACIL PART 5 (CONT VAR)
106	107	PTRHE05Y	RH ELIGIBILITY OF LF PART 05
108	137	PTNUM05Y	PLACE NUMBER OF LARGER FACILITY PART 05
138	139	PTTYP06Y	TYPE OF LARGER FACILITY PART 06
140	141	PTBED06Y	# BEDS IN LARGER FACIL PART 6 (CONT VAR)
142	143	PTRHE06Y	RH ELIGIBILITY OF LF PART 06
144	146	PTNUM06Y	PLACE NUMBER OF LARGER FACILITY PART 06
147	148	PTTYP07Y	TYPE OF LARGER FACILITY PART 07
149	150	PTBED07Y	# BEDS IN LARGER FACIL PART 7 (CONT VAR)

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-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
151	152	PTRHE07Y	RH ELIGIBILITY OF LF PART 07
153	155	PTNUM07Y	PLACE NUMBER OF LARGER FACILITY PART 07
156	157	PTTYP08Y	TYPE OF LARGER FACILITY PART 08
158	159	PTBED08Y	# BEDS IN LARGER FACIL PART 8 (CONT VAR)
160	161	PTRHE08Y	RH ELIGIBILITY OF LF PART 08
162	164	PTNUM08Y	PLACE NUMBER OF LARGER FACILITY PART 08
165	167	TNHBEDSY	TOTAL # NH BEDS IN NH/UNIT(S)-CONT VAR
168	168	CAIDCRT1	ANY UNIT IN FACILITY MEDICAID CERTIFIED
169	169	CARECRT1	ANY UNIT IN FACILITY MEDICARE CERTIFIED
170	171	LICNH	ANY UNIT IN FACILITY HLTH DEPT LICENSED
172	173	SUP24HR	ANY UNIT IN FACILITY PROVIDES RN/LPN SUP
174	175	ANYBEDUL	HAVE ANY UNLICENSED BEDS
176	177	ULTYP01Y	TYPE UNLICENSED BEDS/UNIT 01
178	180	ULBED01Y	# UNLICENSED BEDS/UNITS 01 (CONT VAR)
181	182	ULUNIT01	BEDS OR INDIV UNITS IN UL BEDS/UNIT 01
183	184	ULSTY01Y	YEAR UL 01 BEGAN OPERATION
185	186	ULRHEL01	RH ELIGIBILITY OF UL 01
187	189	ULNUM01	PLACE NUMBER OF UL 01
190	191	ULTYP02Y	TYPE UNLICENSED BEDS/UNIT 02
192	194	ULBED02Y	# UNLICENSED BEDS/UNITS 02 (CONT VAR)
195	196	ULUNIT02	BEDS OR INDIV UNITS IN UL BEDS/UNIT 02
197	198	ULSTY02Y	YEAR UL 02 BEGAN OPERATION
199	200	ULRHEL02	RH ELIGIBILITY OF UL 02
201	203	ULNUM02	PLACE NUMBER OF UL 02
204	205	ULTYP03Y	TYPE UNLICENSED BEDS/UNIT 03
206	207	ULBED03Y	# UNLICENSED BEDS/UNITS 03 (CONT VAR)
208	209	ULUNIT03	BEDS OR INDIV UNITS IN UL BEDS/UNIT 03
210	211	ULSTY03Y	YEAR UL 03 BEGAN OPERATION
212	213	ULRHEL03	RH ELIGIBILITY OF UL 03
214	216	ULNUM03	PLACE NUMBER OF UL 03
217	218	ULBEDCOR	IS NUMBER OF UNLICENSED BEDS CORRECT
219	220	OWNDESY	OWNERSHIP DESCRIPTION (FA31 OR FA77)
221	223	MANDMBEY	# NH BEDS BOTH MCAID/MCARE CERT-CONT VAR
224	226	MCAIDBEY	# NH BEDS MEDICAID CERT ONLY (CONT VAR)
227	229	MCAREBEY	# NH BEDS MEDICARE CERT ONLY (CONT VAR)
230	232	MNORMBEY	# NON-CERTIFIED NH BEDS (CONT VAR)
233	234	NHBEDCOR	IS NUMBER REMAINING BEDS CORRECT
235	237	MCAIDREY	# OF RES HAVE MEDICAID AS SOP (CONT VAR)
238	239	MCAREREY	# OF RES HAVE MEDICARE AS SOP (CONT VAR)
240	242	PRPAYREY	# OF RES HAVE PRIV PAY AS SOP (CONT VAR)
243	245	MIDNTREY	# OF RES AT MIDNIGHT LAST NIGHT-CONT VAR
246	246	FSRVMM	MONTH OF FQ ROUND 1 INTERVIEW

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-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
247	248	FSRVDD	DAY OF FQ ROUND 1 INTERVIEW
249	250	FSRVYY	YEAR OF FQ ROUND 1 INTERVIEW
251	252	ANYBEDSC	HAVE ANY SPECIAL CARE UNITS
253	254	SCTYP01Y	TYPE OF SPECIAL CARE UNIT 01
255	257	SCBED01Y	# BEDS IN SPECIAL CARE UNIT 1 (CONT VAR)
258	260	SCMRE01Y	# RES. IN SCU 01 AT MIDNIGHT (CONT VAR)
261	262	SCDCP01Y	SCU 01 HAS DIRECT CARE STAFF
263	264	SCSTY01Y	YEAR SCU 01 BEGAN OPERATION
265	266	CAIDP01Y	ANY MEDICAID PATIENTS IN SCU 01
267	268	CAREP01Y	ANY MEDICARE PATIENTS IN SCU 01
269	271	SCNUM01Y	PLACE NUMBER OF SCU 01
272	273	SCTYP02Y	TYPE OF SPECIAL CARE UNIT 02
274	276	SCBED02Y	# BEDS IN SPECIAL CARE UNIT 2 (CONT VAR)
277	278	SCMRE02Y	# RES. IN SCU 02 AT MIDNIGHT (CONT VAR)
279	280	SCDCP02Y	SCU 02 HAS DIRECT CARE STAFF
281	282	SCSTY02Y	YEAR SCU 02 BEGAN OPERATION
283	284	CAIDP02Y	ANY MEDICAID PATIENTS IN SCU 02
285	286	CAREP02Y	ANY MEDICARE PATIENTS IN SCU 02
287	289	SCNUM02Y	PLACE NUMBER OF SCU 02
290	291	SCTYP03Y	TYPE OF SPECIAL CARE UNIT 03
292	293	SCBED03Y	# BEDS IN SPECIAL CARE UNIT 3 (CONT VAR)
294	295	SCMRE03Y	# RES. IN SCU 03 AT MIDNIGHT (CONT VAR)
296	297	SCDCP03Y	SCU 03 HAS DIRECT CARE STAFF
298	299	SCSTY03Y	YEAR SCU 03 BEGAN OPERATION
300	301	CAIDP03Y	ANY MEDICAID PATIENTS IN SCU 03
302	303	CAREP03Y	ANY MEDICARE PATIENTS IN SCU 03
304	306	SCNUM03Y	PLACE NUMBER OF SCU 03
307	308	SCTYP04Y	TYPE OF SPECIAL CARE UNIT 04
309	310	SCBED04Y	# BEDS IN SPECIAL CARE UNIT 4 (CONT VAR)
311	312	SCMRE04Y	# RES. IN SCU 04 AT MIDNIGHT (CONT VAR)
313	314	SCDCP04Y	SCU 04 HAS DIRECT CARE STAFF
315	316	SCSTY04Y	YEAR SCU 04 BEGAN OPERATION
317	318	CAIDP04Y	ANY MEDICAID PATIENTS IN SCU 04
319	320	CAREP04Y	ANY MEDICARE PATIENTS IN SCU 04
321	323	SCNUM04Y	PLACE NUMBER OF SCU 04
324	325	SCTYP05Y	TYPE OF SPECIAL CARE UNIT 05
326	327	SCBED05Y	# BEDS IN SPECIAL CARE UNIT 5 (CONT VAR)
328	329	SCMRE05Y	# RES. IN SCU 05 AT MIDNIGHT (CONT VAR)
330	331	SCDCP05Y	SCU 05 HAS DIRECT CARE STAFF
332	333	SCSTY05Y	YEAR SCU 05 BEGAN OPERATION
334	335	CAIDP05Y	ANY MEDICAID PATIENTS IN SCU 05
336	337	CAREP05Y	ANY MEDICARE PATIENTS IN SCU 05

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-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
338	340	SCNUM05Y	PLACE NUMBER OF SCU 05
341	342	SCBEDCOR	NUMBER OF SPECIAL CARE BEDS CORRECT
343	345	GPUBEDSY	# OF BEDS IN GPU (CONT VAR)
346	348	GPUNUM	GPU PLAC NUMBER
349	350	RHTYPE01	TYPE OF PART 01 ADDED IN RH
351	352	SCARUN01	RH PART 01 HAS SPECIAL CARE UNIT
353	354	RHSTY01Y	YEAR RH PART 01 BEGAN OPERATION
355	356	STILOP01	RH PART 01 STILL IN OPERATION
357	358	RHBED01Y	# BEDS IN RH PART 01 (CONT VAR)
359	360	RHMRE01Y	# MIDNIGHT RES. IN RH PART 01 (CONT VAR)
361	362	RHDPCS01	RH PART 01 HAS DIRECT CARE STAFF
363	364	RHRHEL01	RH ELIGIBILITY OF RH PART 01
365	367	RHNUM01	PLACE NUMBER OF RH PART 01
368	369	RHTYPE02	TYPE OF PART 02 ADDED IN RH
370	371	SCARUN02	RH PART 02 HAS SPECIAL CARE UNIT
372	373	RHSTY02Y	YEAR RH PART 02 BEGAN OPERATION
374	375	STILOP02	RH PART 02 STILL IN OPERATION
376	378	RHBED02Y	# BEDS IN RH PART 02 (CONT VAR)
379	380	RHMRE02Y	# MIDNIGHT RES. IN RH PART 02 (CONT VAR)
381	382	RHDPCS02	RH PART 02 HAS DIRECT CARE STAFF
383	384	RHRHEL02	RH ELIGIBILITY OF RH PART 02
385	387	RHNUM02	PLACE NUMBER OF RH PART 02
388	388	HASSAQ	SAQ DATA ON THE FILE
389	392	NUM95ADY	# OF ADMISSIONS IN 1995? (CONT VAR)
393	395	RNFTNOY	NUMBER OF FULL TIME RN (CONT VAR)
396	398	RNPTNOY	NUMBER OF PART TIME RN (CONT VAR)
399	401	RNFTEY	NUMBER OF RN FTE EMPLOYEES (CONT VAR)
402	404	LPNFTNOY	NUMBER OF FULL TIME LPN (CONT VAR)
405	407	LPNPTNOY	NUMBER OF PART TIME LPN (CONT VAR)
408	410	LPNFTEY	NUMBER OF LPN FTE EMPLOYEES (CONT VAR)
411	413	AIDFTNOY	NUMBER OF FULL TIME AIDES (CONT VAR)
414	416	AIDPTNOY	NUMBER OF PART TIME AIDES (CONT VAR)
417	419	AIDFTEY	NUMBER OF AIDES FTE EMPLOYEES (CONT VAR)
420	422	RNPLFTEY	# OF RN REGISTRY/POOL FTE (CONT VAR)
423	425	RNPLHRSY	RN REGISTRY/POOL HOURS (CONT VAR)
426	428	LPNPLFTE	# OF LPN REGISTRY/POOL FTE (CONT VAR)
429	431	LPNPLHRS	LPN REGISTRY/POOL HOURS (CONT VAR)
432	434	AIDPLFTE	# OF AIDES REGISTRY/POOL FTE (CONT VAR)
435	438	AIDPLHRS	AIDES REGISTRY/POOL HOURS (CONT VAR)
439	443	RNWAGE	WHAT RN'S HOURLY WAGE? (CONT VAR)
444	445	RN1YR	WAGE IS FOR RN W/ 1 YR EXPERIENCE
446	475	RN1YROS	WAGE IS FOR RN W/ OTHER EXPERIENCE



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-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
476	480	LPNWAGE	WHAT IS LPN'S HOURLY WAGE? (CONT VAR)
481	482	LPN1YR	WAGE IS FOR LPN W/ 1 YR EXPERIENCE
483	512	LPN1YROS	WAGE IS FOR LPN W/ OTHER EXPERIENCE
513	517	AIDWAGE	WHAT IS AID'S HOURLY RATE? (CONT VAR)
518	547	AIDOTHOS	EXPERIENCE LEVEL FOR THIS AIDE WAGE
548	549	NOARN	DO YOU HAVE AGENCY RATES FOR RN?
550	554	ARNRATE	WHAT AGENCY RATES FOR RN? (CONT VAR)
555	556	NOALPN	DO YOU HAVE AGENCY RATES FOR LPN?
557	561	ALPNRATE	WHAT AGENCY RATES FOR LPN? (CONT VAR)
562	563	NOAAID	DO YOU HAVE AGENCY RATES FOR AIDS?
564	568	AAIDRATE	WHAT AGENCY RATES FOR AIDES? (CONT VAR)
569	576	NHWT1	ROUND 1 NH/UNIT(S) WEIGHT

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>BASEID</u>	<u>SAMPLED NH/UNIT(S) IDENTIFIER</u>	6.0	NUM	1	6	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	ID	952			16,839	
	TOTAL	952			16,839	
<u>STRATM7Y</u>	<u>1ST PHASE SAMPLING STRATUM</u>	2.0	NUM	7	8	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	11	385			6,342	
	12	30			608	
	13	12			440	
	14	8			23	
	15	171			3,038	
	16	36			1,013	
	17	310			5,375	
	TOTAL	952			16,839	
<u>FACCHAIN</u>	<u>IS FACILITY PART OF A CHAIN</u>	1.0	NUM	9	9	FAVERIF6
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	0 NO	428			7,805	
	1 YES	524			9,035	
	TOTAL	952			16,839	

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>NHTYPE</u>	<u>TYPE OF NURSING HOME/UNIT(S)</u>	1.0	NUM	10	10	Constructed
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	1 HOSPITAL BASED NH	73		1,881		
	2 NH WITHIN CCRC	46		701		
	3 NH WITH PERSONAL CARE UNIT	67		1,088		
	4 NH WITH ONLY NURSING UNITS	755		12,876		
	5 OTHER NH TYPE	11		292		
	TOTAL	952		16,839		
<u>PCUNIT</u>	<u>PERSONAL CARE UNIT(S) IN ANY PART OF FAC</u>	1.0	NUM	11	11	Constructed
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	0 NO	842		15,062		
	1 YES	110		1,777		
	TOTAL	952		16,839		
<u>ILUNIT</u>	<u>INDEPENDENT LIVING IN ANY PART OF FACIL</u>	1.0	NUM	12	12	Constructed
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	0 NO	904		16,112		
	1 YES	48		727		
	TOTAL	952		16,839		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END	QUESTION NUMBER
FARESP01	TITLE OF FA RESPONDENT 01	2.0	NUM	13	14	

VALUE	UNWEIGHTED	WEIGHTED BY NHWT1
1 DIRECTOR OF NURSING/VP OF NURSING	53	1,110
2 ASSISTANT DIRECTOR OF NURSING	8	152
3 HEAD NURSE/NURSE SUPERVISOR/CHARGE NU	2	12
5 SOCIAL WORKER/CASE WORKER/ACTIVITIES	10	206
6 MEDICAL RECORDS CLERK/SUPERVISOR/DIR	5	68
11 MDS COORDINATOR/NURSE	3	73
13 CARE PLAN COORDINATOR/NURSE	2	43
22 ADMINISTRATOR/EXECUTIVE DIRECTOR	746	13,368
23 ASSISTANT ADMINISTRATOR/ADMN IN TRAIN	54	796
25 ADMISSIONS DIRECTOR/COORDINATOR	5	62
27 VP FOR OPERATIONS	1	21
28 ADMIN ASST/SECRETARY/RECEPTIONIST	6	82
30 VP FOR FINANCE	1	7
31 CONTROLLER/COMPTROLLER	6	71
32 BUSINESS OFFICE MANAGER	22	372
33 ACCOUNTING SUPERVISOR	2	8
34 ACCTNG/ACCT REC/BILLING CLERK/BOOKKEE	4	45
91 OTHER	22	343
TOTAL	952	16,839

NAME	DESCRIPTION	FORMAT	TYPE	START	END	QUESTION NUMBER
FAEOS01	OTHER SPECIFY RESPONDENT 01	30.0	CHAR	15	44	

VALUE	UNWEIGHTED	WEIGHTED BY NHWT1
-1 INAPPLICABLE	930	16,496
TEXT	22	343
TOTAL	952	16,839

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
FARESP02	TITLE OF FA RESPONDENT 02	2.0	NUM	45	46	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	948		16,789		
	1 DIRECTOR OF NURSING/VP OF NURSING	1		15		
	22 ADMINISTRATOR/EXECUTIVE DIRECTOR	1		14		
	23 ASSISTANT ADMINISTRATOR/ADMN IN TRAIN	1		18		
	31 CONTROLLER/COMPTROLLER	1		3		
	TOTAL	952		16,839		
FREESTND	FREE STANDING NH	2.0	NUM	47	48	FA1
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	0 NO	51		1,553		
	1 YES	845		14,150		
	3 CONTINUING CARE RETIREMENT COMM (CCRC	13		256		
	4 NURSING HOME/UNIT WITHIN CCRC/RET CEN	10		182		
	5 RETIREMENT COMMUNITY	3		57		
	6 HOSPITAL	4		44		
	7 HOSPITAL-BASED SNF UNIT	23		520		
	9 BOARD AND CARE	1		20		
	12 REST HOME	2		57		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
FACHOME	PREFER TO BE CALLED FACILITY/HOME	2.0	NUM	49	50	FAVERIF2
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	53		1,059		
	1 PREFERS HOME	127		2,299		
	2 PREFERS FACILITY	533		9,275		
	3 NO PREFERENCE	239		4,206		
	TOTAL	952		16,839		
FACLPART	PART OF A LARGER FACILITY	2.0	NUM	51	52	FA2
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	53		1,059		
	0 NO	789		13,340		
	1 YES	110		2,441		
	TOTAL	952		16,839		
TYPELARG	TYPE OF PLACE FROM FA3	2.0	NUM	53	54	FA3
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	842		14,398		
	3 CONTINUING CARE RETIREMENT COMM (CCRC)	40		632		
	5 RETIREMENT COMMUNITY	19		256		
	6 HOSPITAL	42		1,286		
	8 ASSISTED LIVING FACILITY	3		48		
	10 DOMICILIARY CARE HOME	1		29		
	11 PERSONAL CARE HOME	3		102		
	12 REST HOME	1		72		
	91 OTHER	1		15		
	TOTAL	952		16,839		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>FACTYPE</u>	<u>TYPE OF PLACE FROM FA5</u>	2.0	NUM	55	56	FA5
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	940		16,587		
	3 CONTINUING CARE RETIREMENT COMM (CCRC)	3		117		
	4 NURSING HOME/UNIT WITHIN A CCRC/RET C	4		74		
	7 HOSPITAL-BASED SNF UNIT	2		17		
	8 ASSISTED LIVING FACILITY	1		18		
	12 REST HOME	1		3		
	13 HOME OFFICE OR MGMT OFFICE FOR A CHAI	1		24		
	TOTAL	952		16,839		
<u>NHNUMBER</u>	<u>NUMBER OF NHS FOR THIS HOME OFFICE</u>	2.0	NUM	57	58	FA7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,815		
	1	1		24		
	TOTAL	952		16,839		
<u>LCNDBEDS</u>	<u>ANY LICENSED BEDS IN LARGER FACILITY</u>	2.0	NUM	59	60	FA8
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	813		13,810		
	1 YES	139		3,029		
	TOTAL	952		16,839		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>PTTYP01Y</u>	<u>TYPE OF LARGER FACILITY PART 01</u>	<u>2.0</u>	<u>NUM</u>	<u>61</u>	<u>62</u>	<u>FA12</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	775		13,028		
	4 NURSING HOME/UNIT	142		2,967		
	6 HOSPITAL	1		149		
	7 HOSPITAL-BASED SNF UNIT	24		519		
	8 ASSISTED LIVING FACILITY	2		45		
	9 BOARD AND CARE HOME	2		29		
	10 DOMICILIARY CARE HOME	1		29		
	14 INDEPENDENT LIVING UNITS	5		73		
	TOTAL	952		16,839		
<u>PTBED01Y</u>	<u># BEDS IN LARGER FACIL PART 1 (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>63</u>	<u>65</u>	<u>FA13</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	775		13,028		
	Q1: 15 TO < 63	43		1,947		
	Q2: 63 TO < 113	45		884		
	Q3: 113 TO < 165	44		601		
	Q4: 165 TO < 951	45		380		
	TOTAL	952		16,839		
<u>PTRHE01Y</u>	<u>RH ELIGIBILITY OF LF PART 01</u>	<u>2.0</u>	<u>NUM</u>	<u>66</u>	<u>67</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	775		13,028		
	1 ELIGIBLE LTC	166		3,486		
	2 INELIGIBLE LTC	6		252		
	4 COMMUNITY	5		73		
	TOTAL	952		16,839		



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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PTNUM01Y	PLACE NUMBER OF LARGER FACILITY PART 01	3.0	CHAR	68	70	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	775		13,028		
	PLACE NUMBER	177		3,811		
	TOTAL	952		16,839		
PTTYP02Y	TYPE OF LARGER FACILITY PART 02	2.0	NUM	71	72	FA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	871		15,319		
	4 NURSING HOME/UNIT	15		425		
	6 HOSPITAL	3		46		
	8 ASSISTED LIVING FACILITY	24		426		
	9 BOARD AND CARE HOME	3		36		
	10 DOMICILIARY CARE HOME	2		24		
	11 PERSONAL CARE HOME	2		65		
	12 REST HOME	2		79		
	14 INDEPENDENT LIVING UNITS	26		375		
	15 MENTAL HEALTH/PSYCHIATRIC SETTING	1		15		
	92 OTHER	3		28		
	TOTAL	952		16,839		

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 FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PTBED02Y	# BEDS IN LARGER FACIL PART 2 (CONT VAR)	3.0	NUM	73	75	FA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	871		15,319		
	Q1: 5 TO < 26	20		509		
	Q2: 26 TO < 52	20		408		
	Q3: 52 TO < 96	19		307		
	Q4: 96 TO < 387	22		295		
	TOTAL	952		16,839		
PTRHE02Y	RH ELIGIBILITY OF LF PART 02	2.0	NUM	76	77	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	871		15,319		
	1 ELIGIBLE LTC	15		425		
	2 INELIGIBLE LTC	36		652		
	3 HOSPITAL	2		42		
	4 COMMUNITY	28		400		
	TOTAL	952		16,839		
PTNUM02Y	PLACE NUMBER OF LARGER FACILITY PART 02	3.0	CHAR	78	80	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	871		15,319		
	PLACE NUMBER	81		1,520		
	TOTAL	952		16,839		

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 FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PTTYP03Y	TYPE OF LARGER FACILITY PART 03	2.0	NUM	81	82	FA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	907		16,103		
	4 NURSING HOME/UNIT	7		130		
	6 HOSPITAL	1		14		
	8 ASSISTED LIVING FACILITY	12		228		
	9 BOARD AND CARE HOME	1		11		
	11 PERSONAL CARE HOME	1		18		
	14 INDEPENDENT LIVING UNITS	20		325		
	15 MENTAL HEALTH/PSYCHIATRIC SETTING	1		4		
	92 OTHER	2		6		
	TOTAL	952		16,839		
PTBED03Y	# BEDS IN LARGER FACIL PART 3 (CONT VAR)	3.0	NUM	83	85	FA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	907		16,103		
	Q1: 3 TO < 27	11		193		
	Q2: 27 TO < 69	11		229		
	Q3: 69 TO < 103	11		173		
	Q4: 103 TO < 686	12		141		
	TOTAL	952		16,839		

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 FILE 1: FACILITY-LEVEL FILE

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>PTRHE03Y</u>	<u>RH ELIGIBILITY OF LF PART 03</u>	<u>2.0</u>	<u>NUM</u>	<u>86</u>	<u>87</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	907		16,103		
	1 ELIGIBLE LTC	7		130		
	2 INELIGIBLE LTC	17		279		
	3 HOSPITAL	1		14		
	4 COMMUNITY	20		313		
	TOTAL	952		16,839		
<u>PTNUM03Y</u>	<u>PLACE NUMBER OF LARGER FACILITY PART 03</u>	<u>3.0</u>	<u>CHAR</u>	<u>88</u>	<u>90</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	907		16,103		
	PLACE NUMBER	45		736		
	TOTAL	952		16,839		
<u>PTTYP04Y</u>	<u>TYPE OF LARGER FACILITY PART 04</u>	<u>2.0</u>	<u>NUM</u>	<u>91</u>	<u>92</u>	FA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	933		16,577		
	4 NURSING HOME/UNIT	3		48		
	8 ASSISTED LIVING FACILITY	5		70		
	10 DOMICILIARY CARE HOME	1		4		
	11 PERSONAL CARE HOME	1		13		
	14 INDEPENDENT LIVING UNITS	8		107		
	15 MENTAL HEALTH/PSYCHIATRIC SETTING	1		20		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PTBED04Y	# BEDS IN LARGER FACIL PART 4 (CONT VAR)	3.0	NUM	93	95	FA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	933		16,577		
	Q1: 12 TO < 41	4		65		
	Q2: 41 TO < 80	5		65		
	Q3: 80 TO < 121	5		58		
	Q4: 121 TO < 209	5		75		
	TOTAL	952		16,839		
PTRHE04Y	RH ELIGIBILITY OF LF PART 04	2.0	NUM	96	97	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	933		16,577		
	1 ELIGIBLE LTC	3		48		
	2 INELIGIBLE LTC	8		107		
	4 COMMUNITY	8		107		
	TOTAL	952		16,839		
PTNUM04Y	PLACE NUMBER OF LARGER FACILITY PART 04	3.0	CHAR	98	100	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	933		16,577		
	PLACE NUMBER	19		262		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PTTYP05Y	TYPE OF LARGER FACILITY PART 05	2.0	NUM	101	102	FA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	946		16,735		
	4 NURSING HOME/UNIT	1		10		
	8 ASSISTED LIVING FACILITY	1		16		
	12 REST HOME	1		18		
	14 INDEPENDENT LIVING UNITS	3		61		
	TOTAL	952		16,839		
PTBED05Y	# BEDS IN LARGER FACIL PART 5 (CONT VAR)	3.0	NUM	103	105	FA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	946		16,735		
	Q1: 27 TO < 46	1		18		
	Q2: 46 TO < 63.5	2		51		
	Q3: 63.5 TO < 126	1		16		
	Q4: 126 TO < 207	2		20		
	TOTAL	952		16,839		
PTRHE05Y	RH ELIGIBILITY OF LF PART 05	2.0	NUM	106	107	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	946		16,735		
	1 ELIGIBLE LTC	1		10		
	2 INELIGIBLE LTC	2		34		
	4 COMMUNITY	3		61		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PTNUM05Y	PLACE NUMBER OF LARGER FACILITY PART 05	30.0	CHAR	108	137	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	946		16,735		
	PLACE NUMBER	6		105		
	TOTAL	952		16,839		
PTTYP06Y	TYPE OF LARGER FACILITY PART 06	2.0	NUM	138	139	FA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	949		16,795		
	8 ASSISTED LIVING FACILITY	2		26		
	12 REST HOME	1		18		
	TOTAL	952		16,839		
PTBED06Y	# BEDS IN LARGER FACIL PART 6 (CONT VAR)	2.0	NUM	140	141	FA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	949		16,795		
	59	1		18		
	66	1		16		
	77	1		10		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PTRHE06Y	<u>RH ELIGIBILITY OF LF PART 06</u>	2.0	NUM	142	143	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	949		16,795		
	2 INELIGIBLE LTC	3		44		
	TOTAL	952		16,839		
PTNUM06Y	<u>PLACE NUMBER OF LARGER FACILITY PART 06</u>	3.0	CHAR	144	146	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	949		16,795		
	PLACE NUMBER	3		44		
	TOTAL	952		16,839		
PTTYP07Y	<u>TYPE OF LARGER FACILITY PART 07</u>	2.0	NUM	147	148	FA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	8 ASSISTED LIVING FACILITY	1		16		
	TOTAL	952		16,839		
PTBED07Y	<u># BEDS IN LARGER FACIL PART 7 (CONT VAR)</u>	2.0	NUM	149	150	FA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	49	1		16		
	TOTAL	952		16,839		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>PTRHE07Y</u>	<u>RH ELIGIBILITY OF LF PART 07</u>	<u>2.0</u>	<u>NUM</u>	<u>151</u>	<u>152</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	2 INELIGIBLE LTC	1		16		
	TOTAL	952		16,839		
<u>PTNUM07Y</u>	<u>PLACE NUMBER OF LARGER FACILITY PART 07</u>	<u>3.0</u>	<u>CHAR</u>	<u>153</u>	<u>155</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	PLACE NUMBER	1		16		
	TOTAL	952		16,839		
<u>PTTYP08Y</u>	<u>TYPE OF LARGER FACILITY PART 08</u>	<u>2.0</u>	<u>NUM</u>	<u>156</u>	<u>157</u>	FA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	8 ASSISTED LIVING FACILITY	1		16		
	TOTAL	952		16,839		
<u>PTBED08Y</u>	<u># BEDS IN LARGER FACIL PART 8 (CONT VAR)</u>	<u>2.0</u>	<u>NUM</u>	<u>158</u>	<u>159</u>	FA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	39	1		16		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>PTRHE08Y</u>	<u>RH ELIGIBILITY OF LF PART 08</u>	<u>2.0</u>	<u>NUM</u>	<u>160</u>	<u>161</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	2 INELIGIBLE LTC	1		16		
	TOTAL	952		16,839		
<u>PTNUM08Y</u>	<u>PLACE NUMBER OF LARGER FACILITY PART 08</u>	<u>3.0</u>	<u>CHAR</u>	<u>162</u>	<u>164</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,823		
	PLACE NUMBER	1		16		
	TOTAL	952		16,839		
<u>TNHBEDSY</u>	<u>TOTAL # NH BEDS IN NH/UNIT(S)-CONT VAR</u>	<u>3.0</u>	<u>NUM</u>	<u>165</u>	<u>167</u>	FA19
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	Q1: 9 TO < 89.5	238		7,448		
	Q2: 89.5 TO < 120	231		4,075		
	Q3: 120 TO < 174	243		3,262		
	Q4: 174 TO < 951	240		2,054		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
CAIDCRT1	ANY UNIT IN FACILITY MEDICAID CERTIFIED	1.0	NUM	168	168	FA20
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	0 NO	64		1,651		
	1 YES	888		15,188		
	TOTAL	952		16,839		
CARECRT1	ANY UNIT IN FACILITY MEDICARE CERTIFIED	1.0	NUM	169	169	FA21
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	0 NO	162		3,615		
	1 YES	790		13,224		
	TOTAL	952		16,839		
LICNH	ANY UNIT IN FACILITY HLTH DEPT LICENSED	2.0	NUM	170	171	FA22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	915		16,092		
	1 YES	37		747		
	TOTAL	952		16,839		
SUP24HR	ANY UNIT IN FACILITY PROVIDES RN/LPN SUP	2.0	NUM	172	173	FA23
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	915		16,092		
	1 YES	37		747		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ANYBEDUL	HAVE ANY UNLICENSED BEDS	2.0	NUM	174	175	FA25
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	2		40		
	0 NO	884		15,801		
	1 YES	66		997		
	TOTAL	952		16,839		
ULTYP01Y	TYPE UNLICENSED BEDS/UNIT 01	2.0	NUM	176	177	FA26
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	886		15,842		
	6 HOSPITAL	1		6		
	8 ASSISTED LIVING FACILITY	18		283		
	9 BOARD AND CARE HOME	5		126		
	10 DOMICILIARY CARE HOME	6		54		
	11 PERSONAL CARE HOME	16		206		
	12 REST HOME	12		224		
	14 INDEPENDENT LIVING UNITS	2		22		
	92 OTHER	6		75		
	TOTAL	952		16,839		
ULBED01Y	# UNLICENSED BEDS/UNITS 01 (CONT VAR)	3.0	NUM	178	180	FA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	886		15,842		
	Q1: 2 TO < 15	16		300		
	Q2: 15 TO < 20.5	17		279		
	Q3: 20.5 TO < 46	16		256		
	Q4: 46 TO < 145	17		162		
	TOTAL	952		16,839		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ULUNIT01	BEDS OR INDIV UNITS IN UL BEDS/UNIT 01	2.0	NUM	181	182	FA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	886		15,842		
	1 BEDS	63		932		
	2 INDIVIDUAL UNITS	3		65		
	TOTAL	952		16,839		
ULSTY01Y	YEAR UL 01 BEGAN OPERATION	2.0	NUM	183	184	FA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	6		73		
	-1 INAPPLICABLE	886		15,842		
	1 1990 TO PRESENT	27		472		
	2 1980 THRU 1989	20		282		
	3 BEFORE 1980	13		171		
	TOTAL	952		16,839		
ULRHEL01	RH ELIGIBILITY OF UL 01	2.0	NUM	185	186	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	886		15,842		
	2 INELIGIBLE LTC	66		997		
	TOTAL	952		16,839		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ULNUM01	PLACE NUMBER OF UL 01	3.0	CHAR	187	189	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	886		15,842		
	PLACE NUMBER	66		997		
	TOTAL	952		16,839		
ULTYP02Y	TYPE UNLICENSED BEDS/UNIT 02	2.0	NUM	190	191	FA26
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	945		16,776		
	6 HOSPITAL	2		12		
	8 ASSISTED LIVING FACILITY	1		4		
	12 REST HOME	1		12		
	92 OTHER	3		35		
	TOTAL	952		16,839		
ULBED02Y	# UNLICENSED BEDS/UNITS 02 (CONT VAR)	3.0	NUM	192	194	FA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	945		16,776		
	Q1: 1 TO < 21	1		12		
	Q2: 21 TO < 25	1		6		
	Q3: 25 TO < 70	3		37		
	Q4: 70 TO < 160	2		8		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ULUNIT02	BEDS OR INDIV UNITS IN UL BEDS/UNIT 02	2.0	NUM	195	196	FA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	945		16,776		
	1 BEDS	7		63		
	TOTAL	952		16,839		
ULSTY02Y	YEAR UL 02 BEGAN OPERATION	2.0	NUM	197	198	FA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	945		16,776		
	1 1990 TO PRESENT	1		6		
	2 1980 THRU 1989	1		16		
	3 BEFORE 1980	5		41		
	TOTAL	952		16,839		
ULRHEL02	RH ELIGIBILITY OF UL 02	2.0	NUM	199	200	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	945		16,776		
	2 INELIGIBLE LTC	7		63		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ULNUM02	PLACE NUMBER OF UL 02	3.0	CHAR	201	203	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	945		16,776		
	PLACE NUMBER	7		63		
	TOTAL	952		16,839		
ULTYP03Y	TYPE UNLICENSED BEDS/UNIT 03	2.0	NUM	204	205	FA26
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,827		
	12 REST HOME	1		12		
	TOTAL	952		16,839		
ULBED03Y	# UNLICENSED BEDS/UNITS 03 (CONT VAR)	2.0	NUM	206	207	FA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,827		
	1	1		12		
	TOTAL	952		16,839		
ULUNIT03	BEDS OR INDIV UNITS IN UL BEDS/UNIT 03	2.0	NUM	208	209	FA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,827		
	1 BEDS	1		12		
	TOTAL	952		16,839		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ULSTY03Y	YEAR UL 03 BEGAN OPERATION	2.0	NUM	210	211	FA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,827		
	3 BEFORE 1980	1		12		
	TOTAL	952		16,839		
ULRHEL03	RH ELIGIBILITY OF UL 03	2.0	NUM	212	213	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,827		
	2 INELIGIBLE LTC	1		12		
	TOTAL	952		16,839		
ULNUM03	PLACE NUMBER OF UL 03	3.0	CHAR	214	216	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,827		
	PLACE NUMBER	1		12		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ULBEDCOR	IS NUMBER OF UNLICENSED BEDS CORRECT	2.0	NUM	217	218	FA30
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	1		14		
	-1 INAPPLICABLE	885		15,804		
	1 YES	66		1,021		
	TOTAL	952		16,839		
OWNDESY	OWNERSHIP DESCRIPTION (FA31 OR FA77)	2.0	NUM	219	220	FA31/FA77
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	1 FOR PROFIT (INDIV, PARTNERSHIP, CORP	619		11,092		
	2 PRIVATE NONPROFIT (RELIGIOUS, NP COR	241		4,413		
	7 GOVERNMENT	87		1,254		
	91 OTHER SPECIFY	5		80		
	TOTAL	952		16,839		
MANDMBEY	# NH BEDS BOTH MCAID/MCARE CERT-CONT VAR	3.0	NUM	221	223	FA43
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	4		44		
	-1 INAPPLICABLE	190		4,539		
	Q1: 0 TO < 18	186		3,786		
	Q2: 18 TO < 37.5	192		3,003		
	Q3: 37.5 TO < 92.5	190		3,272		
	Q4: 92.5 TO < 951	190		2,195		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>MCAIDBEY</u>	<u># NH BEDS MEDICAID CERT ONLY (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>224</u>	<u>226</u>	<u>FA44</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	4		44		
	-1 INAPPLICABLE	64		1,651		
	0	256		4,408		
	3 TO < 65	156		4,149		
	65 TO < 95	151		2,751		
	95 TO < 135.5	164		2,350		
	135.5 TO < 658	157		1,486		
	TOTAL	952		16,839		
<u>MCAREBEY</u>	<u># NH BEDS MEDICARE CERT ONLY (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>227</u>	<u>229</u>	<u>FA45</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	5		72		
	-1 INAPPLICABLE	163		3,635		
	0	670		10,708		
	2 TO < 12	26		645		
	12 TO < 21	26		554		
	21 TO < 32	30		736		
	32 TO < 102	32		490		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
MNORMBEY	# NON-CERTIFIED NH BEDS (CONT VAR)	3.0	NUM	230	232	FA46
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	5		72		
	0	836		14,885		
	1 TO < 23	27		424		
	23 TO < 55	27		718		
	55 TO < 114	28		485		
	114 TO < 516	29		255		
	TOTAL	952		16,839		
NHBEDCOR	IS NUMBER REMAINING BEDS CORRECT	2.0	NUM	233	234	FA46
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	6		96		
	0 NO	2		23		
	1 YES	944		16,720		
	TOTAL	952		16,839		
MCAIDREY	# OF RES HAVE MEDICAID AS SOP (CONT VAR)	3.0	NUM	235	237	FA47
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	30		442		
	-1 INAPPLICABLE	64		1,651		
	Q1: 0 TO < 47	209		5,743		
	Q2: 47 TO < 73	214		3,856		
	Q3: 73 TO < 109	219		3,176		
	Q4: 109 TO < 831	216		1,972		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
MCAREREY	# OF RES HAVE MEDICARE AS SOP (CONT VAR)	2.0	NUM	238	239	FA48
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	28		393		
	-1 INAPPLICABLE	163		3,635		
	Q1: 0 TO < 5	184		3,897		
	Q2: 5 TO < 9	174		2,959		
	Q3: 9 TO < 15	189		3,246		
	Q4: 15 TO < 71	214		2,710		
	TOTAL	952		16,839		
PRPAYREY	# OF RES HAVE PRIV PAY AS SOP (CONT VAR)	3.0	NUM	240	242	FA49
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	39		548		
	Q1: 0 TO < 9	212		4,769		
	Q2: 9 TO < 18	244		4,407		
	Q3: 18 TO < 35	226		4,042		
	Q4: 35 TO < 284	231		3,073		
	TOTAL	952		16,839		
MIDNTREY	# OF RES AT MIDNIGHT LAST NIGHT-CONT VAR	3.0	NUM	243	245	FA52
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	14		162		
	Q1: 9 TO < 74	229		7,233		
	Q2: 74 TO < 107	237		4,152		
	Q3: 107 TO < 155	235		3,231		
	Q4: 155 TO < 871	237		2,060		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
FSRVMM	MONTH OF FQ ROUND 1 INTERVIEW	1.0	NUM	246	246	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	3 MARCH	84		1,361		
	4 APRIL	397		7,183		
	5 MAY	290		5,069		
	6 JUNE	112		2,102		
	7 JULY	69		1,124		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
FSRVDD	DAY OF FQ ROUND 1 INTERVIEW	2.0	NUM	247	248	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	1	26		419		
	2	46		936		
	3	32		553		
	4	32		718		
	5	15		280		
	6	15		194		
	7	29		542		
	8	27		427		
	9	51		884		
	10	49		778		
	11	38		743		
	12	26		459		
	13	16		347		
	14	23		319		
	15	30		657		
	16	35		645		
	17	46		731		
	18	41		684		
	19	22		391		
	20	16		238		
	21	22		340		
	22	29		555		
	23	36		590		
	24	25		423		
	25	37		626		
	26	49		858		
	27	35		679		
	28	33		632		
	29	28		486		
	30	37		592		
	31	6		115		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
FSRVYY	YEAR OF FQ ROUND 1 INTERVIEW	2.0	NUM	249	250	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	96	952		16,839		
	TOTAL	952		16,839		
ANYBEDSC	HAVE ANY SPECIAL CARE UNITS	2.0	NUM	251	252	FA54
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	2		36		
	0 NO	696		13,564		
	1 YES	254		3,240		
	TOTAL	952		16,839		
SCTYP01Y	TYPE OF SPECIAL CARE UNIT 01	2.0	NUM	253	254	FA55
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	698		13,599		
	1 ALZHEIMER'S & RELATED DEMENTIAS	168		2,091		
	6 HOSPICE	6		99		
	8 REHABILITATION	28		329		
	9 VENTILATOR/PULMONARY	15		239		
	10 SUBACUTE	10		141		
	11 DISEASE SPECIFIC UNITS	7		88		
	12 BRAIN INJURY AND OTHER TRAUMA	6		66		
	92 OTHER	14		187		
	TOTAL	952		16,839		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SCBED01Y	# BEDS IN SPECIAL CARE UNIT 1 (CONT VAR)	3.0	NUM	255	257	FA57
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	698		13,599		
	Q1: 1 TO < 20	60		956		
	Q2: 20 TO < 29	64		877		
	Q3: 29 TO < 46	66		792		
	Q4: 46 TO < 166	64		615		
	TOTAL	952		16,839		
SCMRE01Y	# RES. IN SCU 01 AT MIDNIGHT (CONT VAR)	3.0	NUM	258	260	FA58
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	12		147		
	-1 INAPPLICABLE	698		13,599		
	Q1: 0 TO < 15	59		944		
	Q2: 15 TO < 26	58		802		
	Q3: 26 TO < 42	63		741		
	Q4: 42 TO < 166	62		606		
	TOTAL	952		16,839		
SCDCP01Y	SCU 01 HAS DIRECT CARE STAFF	2.0	NUM	261	262	FA59
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	698		13,599		
	0 NO	10		145		
	1 YES	244		3,094		
	TOTAL	952		16,839		

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SCSTY01Y	YEAR SCU 01 BEGAN OPERATION	2.0	NUM	263	264	FA60
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	14		143		
	-1 INAPPLICABLE	698		13,599		
	1 1990 TO PRESENT	178		2,399		
	2 1980 THRU 1989	48		556		
	3 BEFORE 1980	14		141		
	TOTAL	952		16,839		
CAIDP01Y	ANY MEDICAID PATIENTS IN SCU 01	2.0	NUM	265	266	FA61
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	2		24		
	-1 INAPPLICABLE	715		13,815		
	0 NO	23		303		
	1 YES	212		2,698		
	TOTAL	952		16,839		
CAREP01Y	ANY MEDICARE PATIENTS IN SCU 01	2.0	NUM	267	268	FA63
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	1		10		
	-1 INAPPLICABLE	728		13,965		
	0 NO	125		1,579		
	1 YES	98		1,285		
	TOTAL	952		16,839		

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SCNUM01Y	PLACE NUMBER OF SCU 01	3.0	CHAR	269	271	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	698		13,599		
	PLACE NUMBER	254		3,240		
	TOTAL	952		16,839		
SCTYP02Y	TYPE OF SPECIAL CARE UNIT 02	2.0	NUM	272	273	FA55
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	897		16,259		
	1 ALZHEIMER'S & RELATED DEMENTIAS	7		75		
	6 HOSPICE	2		16		
	8 REHABILITATION	18		222		
	9 VENTILATOR/PULMONARY	4		40		
	10 SUBACUTE	12		125		
	11 DISEASE SPECIFIC UNITS	2		14		
	92 OTHER	10		88		
	TOTAL	952		16,839		
SCBED02Y	# BEDS IN SPECIAL CARE UNIT 2 (CONT VAR)	3.0	NUM	274	276	FA57
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	1		5		
	-1 INAPPLICABLE	897		16,259		
	Q1: 2 TO < 20	12		112		
	Q2: 20 TO < 30	13		163		
	Q3: 30 TO < 43	15		153		
	Q4: 43 TO < 192	14		147		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SCMRE02Y	# RES. IN SCU 02 AT MIDNIGHT (CONT VAR)	2.0	NUM	277	278	FA58
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	1		5		
	-8 DK	4		32		
	-1 INAPPLICABLE	897		16,259		
	Q1: 1 TO < 13	10		104		
	Q2: 13 TO < 25	15		176		
	Q3: 25 TO < 38	12		142		
	Q4: 38 TO < 90	13		121		
	TOTAL	952		16,839		
SCDCP02Y	SCU 02 HAS DIRECT CARE STAFF	2.0	NUM	279	280	FA59
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	1		5		
	-1 INAPPLICABLE	897		16,259		
	0 NO	2		17		
	1 YES	52		557		
	TOTAL	952		16,839		
SCSTY02Y	YEAR SCU 02 BEGAN OPERATION	2.0	NUM	281	282	FA60
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	1		5		
	-8 DK	2		19		
	-1 INAPPLICABLE	897		16,259		
	1 1990 TO PRESENT	34		388		
	2 1980 THRU 1989	8		57		
	3 BEFORE 1980	10		110		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
CAIDP02Y	ANY MEDICAID PATIENTS IN SCU 02	2.0	NUM	283	284	FA61
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	903		16,327		
	0 NO	7		77		
	1 YES	42		435		
	TOTAL	952		16,839		
CAREP02Y	ANY MEDICARE PATIENTS IN SCU 02	2.0	NUM	285	286	FA63
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	902		16,289		
	0 NO	11		102		
	1 YES	39		448		
	TOTAL	952		16,839		
SCNUM02Y	PLACE NUMBER OF SCU 02	3.0	CHAR	287	289	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	897		16,259		
	PLACE NUMBER	55		580		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>SCTYP03Y</u>	<u>TYPE OF SPECIAL CARE UNIT 03</u>	<u>2.0</u>	<u>NUM</u>	<u>290</u>	<u>291</u>	<u>FA55</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	938		16,722		
	1 ALZHEIMER'S & RELATED DEMENTIAS	3		26		
	8 REHABILITATION	3		24		
	10 SUBACUTE	1		9		
	11 DISEASE SPECIFIC UNITS	2		10		
	92 OTHER	5		48		
	TOTAL	952		16,839		
<u>SCBED03Y</u>	<u># BEDS IN SPECIAL CARE UNIT 3 (CONT VAR)</u>	<u>2.0</u>	<u>NUM</u>	<u>292</u>	<u>293</u>	<u>FA57</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	938		16,722		
	Q1: 12 TO < 17	3		33		
	Q2: 17 TO < 24.5	4		24		
	Q3: 24.5 TO < 38	3		32		
	Q4: 38 TO < 61	4		27		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SCMRE03Y	# RES. IN SCU 03 AT MIDNIGHT (CONT VAR)	2.0	NUM	294	295	FA58
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	1		5		
	-8 DK	1		5		
	-1 INAPPLICABLE	938		16,722		
	Q1: 9 TO < 12.5	3		30		
	Q2: 12.5 TO < 19.5	3		23		
	Q3: 19.5 TO < 41.5	3		36		
	Q4: 41.5 TO < 61	3		18		
	TOTAL	952		16,839		
SCDCP03Y	SCU 03 HAS DIRECT CARE STAFF	2.0	NUM	296	297	FA59
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	1		5		
	-1 INAPPLICABLE	938		16,722		
	1 YES	13		112		
	TOTAL	952		16,839		
SCSTY03Y	YEAR SCU 03 BEGAN OPERATION	2.0	NUM	298	299	FA60
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	1		5		
	-1 INAPPLICABLE	938		16,722		
	1 1990 TO PRESENT	6		48		
	2 1980 THRU 1989	2		13		
	3 BEFORE 1980	5		51		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
CAIDP03Y	ANY MEDICAID PATIENTS IN SCU 03	2.0	NUM	300	301	FA61
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	941		16,764		
	0 NO	1		5		
	1 YES	10		70		
	TOTAL	952		16,839		
CAREP03Y	ANY MEDICARE PATIENTS IN SCU 03	2.0	NUM	302	303	FA63
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	940		16,731		
	0 NO	4		33		
	1 YES	8		75		
	TOTAL	952		16,839		
SCNUM03Y	PLACE NUMBER OF SCU 03	3.0	CHAR	304	306	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	938		16,722		
	PLACE NUMBER	14		117		
	TOTAL	952		16,839		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SCTYP04Y	TYPE OF SPECIAL CARE UNIT 04	2.0	NUM	307	308	FA55
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	950		16,823		
	1 ALZHEIMER'S & RELATED DEMENTIAS	1		11		
	8 REHABILITATION	1		6		
	TOTAL	952		16,839		
SCBED04Y	# BEDS IN SPECIAL CARE UNIT 4 (CONT VAR)	2.0	NUM	309	310	FA57
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	950		16,823		
	9	1		6		
	30	1		11		
	TOTAL	952		16,839		
SCMRE04Y	# RES. IN SCU 04 AT MIDNIGHT (CONT VAR)	2.0	NUM	311	312	FA58
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	950		16,823		
	6	1		6		
	29	1		11		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SCDCP04Y	SCU 04 HAS DIRECT CARE STAFF	2.0	NUM	313	314	FA59
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY</u>	<u>NHWT1</u>	
	-1 INAPPLICABLE	950		16,823		
	1 YES	2		16		
	TOTAL	952		16,839		
SCSTY04Y	YEAR SCU 04 BEGAN OPERATION	2.0	NUM	315	316	FA60
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY</u>	<u>NHWT1</u>	
	-1 INAPPLICABLE	950		16,823		
	1 1990 TO PRESENT	1		6		
	2 1980 THRU 1989	1		11		
	TOTAL	952		16,839		
CAIDP04Y	ANY MEDICAID PATIENTS IN SCU 04	2.0	NUM	317	318	FA61
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY</u>	<u>NHWT1</u>	
	-1 INAPPLICABLE	950		16,823		
	1 YES	2		16		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
CAREP04Y	ANY MEDICARE PATIENTS IN SCU 04	2.0	NUM	319	320	FA63
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	950		16,823		
	0 NO	1		11		
	1 YES	1		6		
	TOTAL	952		16,839		
SCNUM04Y	PLACE NUMBER OF SCU 04	3.0	CHAR	321	323	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	950		16,823		
	PLACE NUMBER	2		16		
	TOTAL	952		16,839		
SCTYP05Y	TYPE OF SPECIAL CARE UNIT 05	2.0	NUM	324	325	FA55
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	10 SUBACUTE	1		11		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SCBED05Y	# BEDS IN SPECIAL CARE UNIT 5 (CONT VAR)	2.0	NUM	326	327	FA57
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	30	1		11		
	TOTAL	952		16,839		
SCMRE05Y	# RES. IN SCU 05 AT MIDNIGHT (CONT VAR)	2.0	NUM	328	329	FA58
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	28	1		11		
	TOTAL	952		16,839		
SCDCP05Y	SCU 05 HAS DIRECT CARE STAFF	2.0	NUM	330	331	FA59
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	1 YES	1		11		
	TOTAL	952		16,839		
SCSTY05Y	YEAR SCU 05 BEGAN OPERATION	2.0	NUM	332	333	FA60
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	2 1980 THRU 1989	1		11		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
CAIDP05Y	ANY MEDICAID PATIENTS IN SCU 05	2.0	NUM	334	335	FA61
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	1 YES	1		11		
	TOTAL	952		16,839		
CAREP05Y	ANY MEDICARE PATIENTS IN SCU 05	2.0	NUM	336	337	FA63
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	0 NO	1		11		
	TOTAL	952		16,839		
SCNUM05Y	PLACE NUMBER OF SCU 05	3.0	CHAR	338	340	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,828		
	PLACE NUMBER	1		11		
	TOTAL	952		16,839		
SCBEDCOR	NUMBER OF SPECIAL CARE BEDS CORRECT	2.0	NUM	341	342	FA65
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	698		13,599		
	1 YES	254		3,240		
	TOTAL	952		16,839		

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GPUBEDSY	# OF BEDS IN GPU (CONT VAR)	3.0	NUM	343	345	FA66
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	1		5		
	-1 INAPPLICABLE	700		13,633		
	Q1: 1 TO < 80	62		1,162		
	Q2: 80 TO < 119	61		867		
	Q3: 119 TO < 176	65		735		
	Q4: 176 TO < 853	63		437		
	TOTAL	952		16,839		
GPUNUM	GPU PLAC NUMBER	3.0	CHAR	346	348	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	700		13,633		
	PLACE NUMBER	252		3,206		
	TOTAL	952		16,839		
RHTYPE01	TYPE OF PART 01 ADDED IN RH	2.0	NUM	349	350	RH21F
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	941		16,619		
	4 NURSING HOME/UNIT WITHIN A CCRC/RET C	2		33		
	6 HOSPITAL	1		41		
	8 ASSISTED LIVING FACILITY	2		35		
	9 BOARD AND CARE HOME	1		17		
	14 INDEPENDENT LIVING UNITS	3		61		
	15 MENTAL HEALTH/PSYCHIATRIC SETTING	2		34		
	TOTAL	952		16,839		

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SCARUN01	RH PART 01 HAS SPECIAL CARE UNIT	2.0	NUM	351	352	RH21G
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	950		16,806		
	0 NO	2		33		
	TOTAL	952		16,839		
RHSTY01Y	YEAR RH PART 01 BEGAN OPERATION	2.0	NUM	353	354	RH21I
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	6		93		
	-1 INAPPLICABLE	941		16,619		
	1 1990 TO PRESENT	1		10		
	2 1980 THRU 1989	2		51		
	3 BEFORE 1980	2		66		
	TOTAL	952		16,839		
STILOP01	RH PART 01 STILL IN OPERATION	2.0	NUM	355	356	RH21Ja
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	941		16,619		
	1 YES	11		220		
	TOTAL	952		16,839		

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RHBED01Y	# BEDS IN RH PART 01 (CONT VAR)	2.0	NUM	357	358	RH21K
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	4		60		
	-1 INAPPLICABLE	941		16,619		
	16	1		16		
	20	1		33		
	26	1		18		
	28	1		10		
	34	1		41		
	35	1		17		
	39	1		25		
	TOTAL	952		16,839		
RHMRE01Y	# MIDNIGHT RES. IN RH PART 01 (CONT VAR)	2.0	NUM	359	360	RH21L
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	6		95		
	-1 INAPPLICABLE	941		16,619		
	14	1		41		
	16	1		16		
	20	1		33		
	23	1		18		
	33	1		17		
	TOTAL	952		16,839		



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RHDCPS01	<u>RH PART 01 HAS DIRECT CARE STAFF</u>	2.0	NUM	361	362	RH21M
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-8 DK	1		17		
	-1 INAPPLICABLE	941		16,619		
	0 NO	3		61		
	1 YES	7		143		
	TOTAL	952		16,839		
RHRHEL01	<u>RH ELIGIBILITY OF RH PART 01</u>	2.0	NUM	363	364	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	941		16,619		
	1 ELIGIBLE LTC	2		33		
	2 INELIGIBLE LTC	5		85		
	3 HOSPITAL	1		41		
	4 COMMUNITY	3		61		
	TOTAL	952		16,839		
RHNUM01	<u>PLACE NUMBER OF RH PART 01</u>	3.0	CHAR	365	367	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	941		16,619		
	PLACE NUMBER	11		220		
	TOTAL	952		16,839		

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RHTYPE02	TYPE OF PART 02 ADDED IN RH	2.0	NUM	368	369	RH21F
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	14 INDEPENDENT LIVING UNITS	1		25		
	TOTAL	952		16,839		
SCARUN02	RH PART 02 HAS SPECIAL CARE UNIT	2.0	NUM	370	371	RH21G
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	952		16,839		
	TOTAL	952		16,839		
RHSTY02Y	YEAR RH PART 02 BEGAN OPERATION	2.0	NUM	372	373	RH21I
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	3 BEFORE 1980	1		25		
	TOTAL	952		16,839		
STILOP02	RH PART 02 STILL IN OPERATION	2.0	NUM	374	375	RH21Ja
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	1 YES	1		25		
	TOTAL	952		16,839		

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RHBED02Y	# BEDS IN RH PART 02 (CONT VAR)	3.0	NUM	376	378	RH21K
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	100	1		25		
	TOTAL	952		16,839		
RHMRE02Y	# MIDNIGHT RES. IN RH PART 02 (CONT VAR)	2.0	NUM	379	380	RH21L
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	85	1		25		
	TOTAL	952		16,839		
RHDCPS02	RH PART 02 HAS DIRECT CARE STAFF	2.0	NUM	381	382	RH21M
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	1 YES	1		25		
	TOTAL	952		16,839		
RHRHEL02	RH ELIGIBILITY OF RH PART 02	2.0	NUM	383	384	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	4 COMMUNITY	1		25		
	TOTAL	952		16,839		

MEPS 1996  
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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
RHNUM02	PLACE NUMBER OF RH PART 02	3.0	CHAR	385	387	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	951		16,814		
	PLACE NUMBER	1		25		
	TOTAL	952		16,839		
HASSAQ	SAQ DATA ON THE FILE	1.0	NUM	388	388	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	0 NO	86		1,582		
	1 YES	866		15,257		
	TOTAL	952		16,839		
NUM95ADY	# OF ADMISSIONS IN 1995? (CONT VAR)	4.0	NUM	389	392	SAQ2
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	33		657		
	-7 REFUSED	1		10		
	Q1: 0 TO < 51	205		5,187		
	Q2: 51 TO < 98	210		3,612		
	Q3: 98 TO < 168	208		2,919		
	Q4: 168 TO < 1030	209		2,873		
	TOTAL	952		16,839		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>RNFTNOY</u>	<u>NUMBER OF FULL TIME RN (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>393</u>	<u>395</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86	1,582			
	-8 DK	2	32			
	-7 REFUSED	1	10			
	Q1: 0 TO < 3	137	3,544			
	Q2: 3 TO < 6	250	5,360			
	Q3: 6 TO < 11	234	3,656			
	Q4: 11 TO < 527	242	2,656			
	TOTAL	952	16,839			
<u>RNPTNOY</u>	<u>NUMBER OF PART TIME RN (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>396</u>	<u>398</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86	1,582			
	-8 DK	4	79			
	-7 REFUSED	1	10			
	Q1: 0 TO < 1	121	2,258			
	Q2: 1 TO < 3	287	5,653			
	Q3: 3 TO < 6	210	4,045			
	Q4: 6 TO < 140	243	3,213			
	TOTAL	952	16,839			

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>RNFTENOY</u>	<u>NUMBER OF RN FTE EMPLOYEES (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>399</u>	<u>401</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	71		1,295		
	-7 REFUSED	1		10		
	0	244		4,642		
	1 TO < 4	105		2,423		
	4 TO < 8	145		2,967		
	8 TO < 15	153		2,405		
	15 TO < 390	147		1,516		
	TOTAL	952		16,839		
<u>LPNFTNOY</u>	<u>NUMBER OF FULL TIME LPN (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>402</u>	<u>404</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	2		32		
	-7 REFUSED	1		10		
	Q1: 0 TO < 5	166		4,749		
	Q2: 5 TO < 9	208		4,107		
	Q3: 9 TO < 16	267		4,065		
	Q4: 16 TO < 140	222		2,295		
	TOTAL	952		16,839		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>LPNPTNOY</u>	<u>NUMBER OF PART TIME LPN (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>405</u>	<u>407</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	5		93		
	-7 REFUSED	1		10		
	Q1: 0 TO < 2	206		4,217		
	Q2: 2 TO < 3	127		2,781		
	Q3: 3 TO < 7	282		5,014		
	Q4: 7 TO < 122	245		3,143		
	TOTAL	952		16,839		
<u>LPNFTENY</u>	<u>NUMBER OF LPN FTE EMPLOYEES (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>408</u>	<u>410</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	72		1,303		
	-7 REFUSED	1		10		
	0	243		4,689		
	1 TO < 6	115		3,017		
	6 TO < 11	144		2,652		
	11 TO < 19	144		2,088		
	19 TO < 773	147		1,499		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>AIDFTNOY</u>	<u>NUMBER OF FULL TIME AIDES (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>411</u>	<u>413</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	4		51		
	-7 REFUSED	1		10		
	Q1: 0 TO < 21	212		6,119		
	Q2: 21 TO < 34	218		3,859		
	Q3: 34 TO < 50	214		3,136		
	Q4: 50 TO < 372	217		2,083		
	TOTAL	952		16,839		
<u>AIDPTNOY</u>	<u>NUMBER OF PART TIME AIDES (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>414</u>	<u>416</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	3		55		
	-7 REFUSED	1		10		
	Q1: 0 TO < 4	188		3,597		
	Q2: 4 TO < 10	240		5,135		
	Q3: 10 TO < 19	217		3,683		
	Q4: 19 TO < 208	217		2,777		
	TOTAL	952		16,839		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>AIDFTEY</u>	<u>NUMBER OF AIDES FTE EMPLOYEES (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>417</u>	<u>419</u>	<u>SAQ3</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	72		1,226		
	-7 REFUSED	1		10		
	0	232		4,401		
	1 TO < 23	136		3,669		
	23 TO < 37	135		2,473		
	37 TO < 59	148		2,176		
	59 TO < 502	142		1,304		
	TOTAL	952		16,839		
<u>RNPLFTEY</u>	<u># OF RN REGISTRY/POOL FTE (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>420</u>	<u>422</u>	<u>SAQ4</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	31		470		
	-7 REFUSED	1		10		
	0	811		14,395		
	1 TO < 8	11		224		
	8 TO < 49	6		70		
	49 TO < 250	6		88		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>RNPLHRSY</u>	<u>RN REGISTRY/POOL HOURS (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>423</u>	<u>425</u>	<u>SAQ4</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	23		288		
	-7 REFUSED	1		10		
	0	809		14,369		
	8 TO < 24	7		125		
	24 TO < 53	9		125		
	53 TO < 91	8		110		
	91 TO < 567	9		230		
	TOTAL	952		16,839		
<u>LPNPLFTE</u>	<u># OF LPN REGISTRY/POOL FTE (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>426</u>	<u>428</u>	<u>SAQ4</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	51		699		
	-7 REFUSED	1		10		
	0	773		13,940		
	1 TO < 2	7		75		
	2 TO < 5	13		256		
	5 TO < 16	7		69		
	16 TO < 728	14		209		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>LPNPLHRS</u>	<u>LPN REGISTRY/POOL HOURS (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>429</u>	<u>431</u>	<u>SAQ4</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	29		377		
	-7 REFUSED	1		10		
	0	773		13,932		
	6 TO < 16	14		205		
	16 TO < 40	16		269		
	40 TO < 90	17		302		
	90 TO < 486	16		162		
	TOTAL	952		16,839		
<u>AIDPLFTE</u>	<u># OF AIDES REGISTRY/POOL FTE (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>432</u>	<u>434</u>	<u>SAQ4</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	70		1,017		
	-7 REFUSED	1		10		
	0	731		13,256		
	1 TO < 3	15		349		
	3 TO < 7.5	17		209		
	7.5 TO < 26	16		194		
	26 TO < 930	16		222		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>AIDPLHRS</u>	<u>AIDES REGISTRY/POOL HOURS (CONT VAR)</u>	<u>4.0</u>	<u>NUM</u>	<u>435</u>	<u>438</u>	<u>SAQ4</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	40		535		
	-7 REFUSED	1		10		
	0	730		13,198		
	6 TO < 38	23		358		
	38 TO < 108	24		436		
	108 TO < 278	24		408		
	278 TO < 1212	24		313		
	TOTAL	952		16,839		
<u>RNWAGE</u>	<u>WHAT RN'S HOURLY WAGE? (CONT VAR)</u>	<u>5.2</u>	<u>NUM</u>	<u>439</u>	<u>443</u>	<u>SAQ5</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	8		144		
	-7 REFUSED	1		10		
	Q1: 8.5 TO < 13.5	197		4,105		
	Q2: 13.5 TO < 15	214		3,636		
	Q3: 15 TO < 16.72	231		4,002		
	Q4: 16.72 TO < 26.02	215		3,362		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>RN1YR</u>	<u>WAGE IS FOR RN W/ 1 YR EXPERIENCE</u>	<u>2.0</u>	<u>NUM</u>	<u>444</u>	<u>445</u>	<u>SAQ5</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86			1,582	
	-8 DK	7			83	
	-7 REFUSED	1			10	
	1 YES	659			11,576	
	91 OTHER DESCRIBE	199			3,589	
	TOTAL	952			16,839	
<u>RN1YROS</u>	<u>WAGE IS FOR RN W/ OTHER EXPERIENCE</u>	<u>30.0</u>	<u>CHAR</u>	<u>446</u>	<u>475</u>	<u>SAQ5</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-1 INAPPLICABLE	667			11,668	
	-9 NOT ASCERTAINED	86			1,582	
	TEXT	199			3,589	
	TOTAL	952			16,839	
<u>LPNWAGE</u>	<u>WHAT IS LPN'S HOURLY WAGE? (CONT VAR)</u>	<u>5.2</u>	<u>NUM</u>	<u>476</u>	<u>480</u>	<u>SAQ5</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86			1,582	
	-8 DK	10			165	
	-7 REFUSED	1			10	
	Q1: 6.75 TO < 9.75	211			4,304	
	Q2: 9.75 TO < 11	184			3,322	
	Q3: 11 TO < 12.6	246			4,143	
	Q4: 12.6 TO < 20.17	214			3,314	
	TOTAL	952			16,839	

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>LPN1YR</u>	<u>WAGE IS FOR LPN W/ 1 YR EXPERIENCE</u>	<u>2.0</u>	<u>NUM</u>	<u>481</u>	<u>482</u>	<u>SAQ5</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	8		122		
	-7 REFUSED	1		10		
	1 YES	673		11,929		
	91 OTHER DESCRIBE	184		3,197		
	TOTAL	952		16,839		
<u>LPNLYROS</u>	<u>WAGE IS FOR LPN W/ OTHER EXPERIENCE</u>	<u>30.0</u>	<u>CHAR</u>	<u>483</u>	<u>512</u>	<u>SAQ5</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	682		12,061		
	-9 NOT ASCERTAINED	86		1,582		
	TEXT	184		3,197		
	TOTAL	952		16,839		
<u>AIDWAGE</u>	<u>WHAT IS AID'S HOURLY RATE? (CONT VAR)</u>	<u>5.2</u>	<u>NUM</u>	<u>513</u>	<u>517</u>	<u>SAQ6</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	10		189		
	-7 REFUSED	1		10		
	Q1: 4.25 TO < 5.41	213		3,926		
	Q2: 5.41 TO < 6.1	209		4,044		
	Q3: 6.1 TO < 7	204		3,906		
	Q4: 7 TO < 20	229		3,184		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
AIDOTHOS	EXPERIENCE LEVEL FOR THIS AIDE WAGE	30.0	CHAR	518	547	SAQ6
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-1 INAPPLICABLE	720		12,557		
	-8 DK	3		30		
	-9 NOT ASCERTAINED	86		1,582		
	TEXT	143		2,671		
	TOTAL	952		16,839		
NOARN	DO YOU HAVE AGENCY RATES FOR RN?	2.0	NUM	548	549	SAQ7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	5		70		
	-7 REFUSED	1		10		
	0 NO	782		13,904		
	1 YES	78		1,274		
	TOTAL	952		16,839		
ARNRATE	WHAT AGENCY RATES FOR RN? (CONT VAR)	5.2	NUM	550	554	SAQ7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-8 DK	1		21		
	-1 INAPPLICABLE	788		13,984		
	Q1: 14.67 TO < 23	19		298		
	Q2: 23 TO < 30.95	19		323		
	Q3: 30.95 TO < 35	18		270		
	Q4: 35 TO < 47	21		362		
	TOTAL	952		16,839		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>	
<u>NOALPN</u>	<u>DO YOU HAVE AGENCY RATES FOR LPN?</u>		<u>2.0</u>	<u>NUM</u>	<u>555</u>	<u>556</u>	SAQ7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86		1,582			
	-8 DK	5		70			
	-7 REFUSED	1		10			
	0 NO	733		13,282			
	1 YES	127		1,896			
	TOTAL	952		16,839			
<u>ALPNRATE</u>	<u>WHAT AGENCY RATES FOR LPN? (CONT VAR)</u>		<u>5.2</u>	<u>NUM</u>	<u>557</u>	<u>561</u>	SAQ7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86		1,582			
	-1 INAPPLICABLE	739		13,361			
	Q1: 10.25 TO < 21.5	29		473			
	Q2: 21.5 TO < 24	32		425			
	Q3: 24 TO < 27	31		450			
	Q4: 27 TO < 36	35		549			
	TOTAL	952		16,839			
<u>NOAAID</u>	<u>DO YOU HAVE AGENCY RATES FOR AIDS?</u>		<u>2.0</u>	<u>NUM</u>	<u>562</u>	<u>563</u>	SAQ7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>			
	-9 NOT ASCERTAINED	86		1,582			
	-8 DK	2		26			
	-7 REFUSED	1		10			
	0 NO	704		12,721			
	1 YES	159		2,501			
	TOTAL	952		16,839			



MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 1: FACILITY-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>AAIDRATE</u>	<u>WHAT AGENCY RATES FOR AIDES? (CONT VAR)</u>	<u>5.2</u>	<u>NUM</u>	<u>564</u>	<u>568</u>	<u>SAQ7</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	-9 NOT ASCERTAINED	86		1,582		
	-1 INAPPLICABLE	707		12,756		
	Q1: 0.14 TO < 12	39		580		
	Q2: 12 TO < 13.5	34		519		
	Q3: 13.5 TO < 15.3	45		728		
	Q4: 15.3 TO < 21.23	41		674		
	TOTAL	952		16,839		
<u>NHWT1</u>	<u>ROUND 1 NH/UNIT(S) WEIGHT</u>	<u>8.4</u>	<u>NUM</u>	<u>569</u>	<u>576</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY NHWT1</u>		
	1.522 - 148.9222	952		16,839		
	TOTAL	952		16,839		

MEPS 1996  
NURSING HOME COMPONENT (NHC) ROUND 1  
FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

This codebook provides unweighted and weighted frequencies for File 2 data, a person-level file containing person characteristic data for a nationally representative sample of residents living in one of the sampled nursing home/unit(s) on January 1, 1996. The file contains one record for each eligible, responding current resident. The data in File 2 include variables pertaining to selected demographic characteristics (including age, sex and race), date of NH admission, prior use of long-term care institutions, health insurance coverage, and health status as of January 1, 1996. BEFORE USING THE DATA IN FILE 1, IT IS HIGHLY RECOMMENDED THAT THE USER CAREFULLY READ THE TECHNICAL DOCUMENTATION AND FAMILIARIZE THEMSELVES WITH THE CAPI QUESTIONNAIRE USED TO COLLECT THE DATA. The technical documentation provides detailed information about the data including editing, the construction of analytic variables, and the use of specific data values to indicate when an item was skipped as inapplicable and when the question was not answered. In the codebook which follows, variables which correspond directly to a questionnaire item are identified in the field labeled "Question Number." To obtain national estimates for the variables in this file, the weight variable CRADJWGT, described in the technical documentation, must be used. Appended to this technical documentation are: print files of the CAPI questionnaires used to collect the Round 1 data, a report on the sample design of the MEPS-NHC, and a report providing an overview of the MEPS-NHC including information on data collection methodologies.

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
45	47	AGEY	AGE AS OF 1/1/96 (CONT VAR)
43	44	ALIVE	IS SP ALIVE
405	405	ALLERGY	DID SP HAVE ALLERGIES?
406	406	ALZHMR	DID SP HAVE ALZHEIMER'S DISEASE?
407	407	ANEMIA	DID SP HAVE ANEMIA?
408	408	ANXIETY	DID SP HAVE ANXIETY DISORDER?
409	409	APHASIA	DID SP HAVE APHASIA?
411	411	ARTHRIT	DID SP HAVE ARTHRITIS?
410	410	ASHD	DID SP HAVE ARTER. HEART DISEASE?
412	412	ASTHMA	DID SP HAVE ASTHMA?
329	330	BADDNHOS	DO NOT HOSPITALIZE
327	328	BADDNRES	DO NOT RESUSCITATE
325	326	BADLIVWI	LIVING WILL
331	332	BADOTRES	FEEDING/MEDICATION/OTHER TREATMENT
1	6	BASEID	SAMPLED NH/UNIT(S) IDENTIFIER
188	189	BASSDD01	DAY OF HEALTH ASSESSMENT 01
198	199	BASSDD02	DAY OF HEALTH ASSESSMENT 02
210	211	BASSDD03	DAY OF HEALTH ASSESSMENT 03
222	223	BASSDD04	DAY OF HEALTH ASSESSMENT 04
234	235	BASSDD05	DAY OF HEALTH ASSESSMENT 05
246	247	BASSDD06	DAY OF HEALTH ASSESSMENT 06
186	187	BASSMM01	MONTH OF HEALTH ASSESSMENT 01
196	197	BASSMM02	MONTH OF HEALTH ASSESSMENT 02
208	209	BASSMM03	MONTH OF HEALTH ASSESSMENT 03
220	221	BASSMM04	MONTH OF HEALTH ASSESSMENT 04
232	233	BASSMM05	MONTH OF HEALTH ASSESSMENT 05
244	245	BASSMM06	MONTH OF HEALTH ASSESSMENT 06
190	191	BASSYY01	YEAR OF HEALTH ASSESSMENT 01
200	201	BASSYY02	YEAR OF HEALTH ASSESSMENT 02
212	213	BASSYY03	YEAR OF HEALTH ASSESSMENT 03
224	225	BASSYY04	YEAR OF HEALTH ASSESSMENT 04
236	237	BASSYY05	YEAR OF HEALTH ASSESSMENT 05
248	249	BASSYY06	YEAR OF HEALTH ASSESSMENT 06
195	195	BBACK01	IS FORM 01 BACKUP ASSESSMENT
206	207	BBACK02	IS FORM 02 BACKUP ASSESSMENT
218	219	BBACK03	IS FORM 03 BACKUP ASSESSMENT
230	231	BBACK04	IS FORM 04 BACKUP ASSESSMENT
242	243	BBACK05	IS FORM 05 BACKUP ASSESSMENT
254	255	BBACK06	IS FORM 06 BACKUP ASSESSMENT
365	366	BBSDISRP	HOW OFTEN: SOCIALLY INAPPROPRIATE BEHAV?
363	364	BBSPHYAB	HOW OFTEN: PHYSICALLY ABUSIVE BEHAVIOR?
367	368	BBSRESIS	HOW OFTEN: RESISTANCE TO CARE

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
361	362	BBSVRBAB	HOW OFTEN DID VERB.ABUSIVE BEHAV. OCCUR?
359	360	BBSWANDR	HOW OFTEN DID SP WANDERING OCCUR?
333	334	BCOMATOS	WAS SP COMATOSE ON REF.DATE?
339	340	BCSCURSE	WAS ABLE TO RECALL CURRENT SEASON?
347	348	BCSDECIS	HOW SKILLED MAKING DAILY DECISIONS?
345	346	BCSINNH	WAS ABLE TO RECALL - IN NURSING HOME?
341	342	BCSLOCRO	WAS ABLE TO RECALL LOCATION OF ROOM?
337	338	BCSMEMLT	WAS LONG-TERM MEMORY OK?
335	336	BCSMEMST	WAS SHORT-TERM MEMORY OK?
343	344	BCSNAMFA	WAS ABLE TO RECALL NAMES/FACES?
322	322	BDIDABST	DID INTERVIEWER ABSTRACT
949	950	BDRBEDRL	HOW OFTEN BED RAILS WERE USED?
955	956	BDRCHAIR	WAS CHAIR PREVENTS RAISING USED?
953	954	BDRLIMB	HOW OFTEN DID SP USE LIMB RESTRAINT?
951	952	BDRTRUNK	HOW OFTEN DID SP USE TRUNK RESTRAINT?
102	103	BEVERAF	SP EVER ON ACTIVE DUTY ARMED FORCES?
256	257	BFORMREA	PRIMARY REASON FOR FORM ASSESSMENT
258	287	BFORMREO	OTHER SPECIFY - REASON FOR ASSESSMENT
192	193	BFRMTY01	FORM 01 TYPE OF ASSESSMENT
202	203	BFRMTY02	FORM 02 TYPE OF ASSESSMENT
214	215	BFRMTY03	FORM 03 TYPE OF ASSESSMENT
226	227	BFRMTY04	FORM 04 TYPE OF ASSESSMENT
238	239	BFRMTY05	FORM 05 TYPE OF ASSESSMENT
250	251	BFRMTY06	FORM 06 TYPE OF ASSESSMENT
100	101	BHISPAN	IS SP HISPANIC?
122	123	BLIVFATH	IS SP'S FATHER STILL LIVING?
120	121	BLIVMOTH	IS SP'S MOTHER STILL LIVING?
48	49	BLTCEVR	ANY PRIOR USE OF LTC
52	53	BLTCMM	WHEN WAS FIRST TIME IN LTC - MONTH?
58	59	BLTCNUM	# LTC LIVED IN BEFORE CURR USE-CONT VAR
64	65	BLTCT25P	MORE OR LESS THAN 25 PERCENT LTC TIME?
62	63	BLTCT75P	MORE OR LESS THAN 75 PERCENT LTC TIME?
60	61	BLTCTIME	LTC TIME B/TW FIRST AND CURRENT LTC USE
50	51	BLTCTYP	WHAT TYPE OF LONG TERM FACILITY?
56	57	BLTCYAGO	ABOUT HOW LONG AGO WAS IT?
54	55	BLTCYY	YEAR FIRST TIME IN LTC? (CONT VAR)
292	321	BMDSVERO	OTHER SPECIFY - VERSION OF MDS
290	291	BMDSVERS	VERSION OF MDS USED
323	324	BMENTAL	DID SP HAVE ANY MENTAL ILLNESSES?
381	382	BMLCANE	DID SP USE CANE/WALKER?
385	386	BMLWLOTH	DID SOMEONE WHEEL SP?
383	384	BMLWLSLF	DID SP WHEEL HER/HIMSELF?

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
104	105	BMRJAN	MARITAL STATUS ON 1 JAN 1996
106	107	BMRKSAD	MAR STAT WHEN ADMITTED TO FAC ON KAD/SAD
379	380	BPFBATHG	LEVEL OF SELF-PERFORMANCE IN BATHING?
373	374	BPFDRSNG	LEVEL OF SELF-PERFORM.: DRESSING?
375	376	BPFPEATNG	LEVEL OF SELF-PERFORM.: EATING?
371	372	BPFLOCOM	LEVEL OF SELF-PERFORM.: LOCOMOT. ON UNIT
377	378	BPFTOILT	LEVEL OF SELF-PERFORM.: TOILET USE?
369	370	BPFTRNSF	LEVEL OF SELF-PERFORM.: TRANSFER
194	194	BPRIM01	IS FORM 01 PRIMARY ASSESSMENT
204	205	BPRIM02	IS FORM 02 PRIMARY ASSESSMENT
216	217	BPRIM03	IS FORM 03 PRIMARY ASSESSMENT
228	229	BPRIM04	IS FORM 04 PRIMARY ASSESSMENT
240	241	BPRIM05	IS FORM 05 PRIMARY ASSESSMENT
252	253	BPRIM06	IS FORM 06 PRIMARY ASSESSMENT
68	69	BRACE	WHAT IS SP'S RACIAL BACKGROUND
70	99	BRACEOS	OTHER SPECIFY RACE
445	445	BRAININJ	DID SP HAVE TRAUMATIC BRAIN INJURY?
184	185	BRECFRMS	RECORDS CONTAIN ANY MDS OR QUAR. REV
183	183	BRECHAVE	HAVE SP'S MEDICAL RECORDS
288	289	BRECMDS	RECORDS CONTAIN FULL MDS IN REF PERIOD
116	117	BTOTLBRO	TOTAL LIVING BROTHERS
108	109	BTOTLDAU	TOTAL LIVING DAUGHTERS
114	115	BTOTLSIS	TOTAL LIVING SISTERS
110	111	BTOTLSON	TOTAL LIVING SONS
932	934	BWEIGHT	WHAT SP'S WEIGHT? (CONT VAR)
124	125	CAIDECO	SP EVER COVERED BY MEDICAID
413	413	CANCER	DID SP HAVE CANCER?
414	414	CARDDYSR	DID SP HAVE DYSRHYTHMIA?
415	415	CARDIOV	DID SP HAVE CARDIOVASCULAR DISEASE?
169	170	CAREPTA	COVERED BY MEDICARE PART A
171	172	CAREPTB	COVERED BY MEDICARE PART B
416	416	CATARCT	DID SP HAVE CATARACTS?
417	417	CERPALSY	DID SP HAVE CEREBRAL PALSY?
957	964	CRADJWGT	CR PERSON-LEVEL WEIGHT - ROUND 1
389	390	CTBADDC	WHAT WAS SP'S LEVEL OF BLADDER CONTROL?
387	388	CTBOWEC	WHAT SP'S LEVEL OF BOWEL CONTROL?
918	919	DEHYD	DID SP EXPERIENCE DEHYDRATION?
920	921	DELUS	DID SP EXPERIENCE DELUSIONS?
421	421	DEMENT	DID SP HAVE DEMENTIA?
422	422	DEPRESS	DID SP HAVE DEPRESSION?
937	938	DHBRIDGE	DID SP HAVE DENTURES/REMOVABLE BRIDGES?
941	942	DHBROKEN	DID SP HAVE ANY BROKEN/LOOSE TEETH?

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

----ALPHABETICAL LISTING OF VARIABLES----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
935	936	DHDEBRIS	DID SP HAVE DEBRIS IN MOUTH?
943	944	DHINFGUM	DID SP HAVE ANY GUM INFECTIONS?
939	940	DHTEELOS	DID SP HAVE ANY NATURAL TEETH LOST?
423	423	DIABMEL	DID SP HAVE DIABETES MELLITUS?
424	424	DIABRET	DID SP HAVE DIABETIC RETINOPATHY?
66	67	EDULEV	LEVEL OF EDUCATION
425	425	EMPCOPD	DID SP HAVE EMPHYSEMA/COPD?
426	426	GLAUCOMA	DID SP HAVE GLAUCOMA?
446	475	HA28OT01	HA28 OTHER ACTIVE DIAGNOSIS
522	551	HA31OT01	HA31 OTHER DIAGNOSIS 01
552	581	HA31OT02	HA31 OTHER DIAGNOSIS 02
582	611	HA31OT03	HA31 OTHER DIAGNOSIS 03
612	641	HA31OT04	HA31 OTHER DIAGNOSIS 04
642	671	HA31OT05	HA31 OTHER DIAGNOSIS 05
672	701	HA31OT06	HA31 OTHER DIAGNOSIS 06
702	731	HA31OT07	HA31 OTHER DIAGNOSIS 07
732	761	HA31OT08	HA31 OTHER DIAGNOSIS 08
798	827	HA33OT01	HA33 OTHER ACTIVE DIAGNOSIS 01
828	857	HA33OT02	HA33 OTHER ACTIVE DIAGNOSIS 02
858	887	HA33OT03	HA33 OTHER ACTIVE DIAGNOSIS 03
888	917	HA33OT04	HA33 OTHER ACTIVE DIAGNOSIS 04
922	923	HALLUC	DID SP EXPERIENCE HALLUCINATIONS?
112	113	HASKIDS	SP HAS LIVING CHILDREN
118	119	HASSIBS	SP HAS LIVING SIBLINGS
351	352	HCEAID	DID SP HAVE A HEARING AID?
349	350	HCECOND	WHAT WAS THE CONDITION OF HEARING?
353	354	HCUNCOND	HOW WELL WAS SP UNDERSTOOD BY OTHERS?
355	356	HCUNDOTH	HOW WELL DID SP UNDERSTAND OTHERS?
930	931	HEIGHT	WHAT SP'S HEIGHT? (CONT VAR)
427	427	HEMIPLPA	DID SP HAVE HEMIPLEGIA/HEMIPARESIS?
428	428	HIPFRACT	DID SP HAVE HIP FRACTURE?
419	419	HRTFAIL	DID SP HAVE CONGESTIVE HEART FAILURE?
429	429	HYPETENS	DID SP HAVE HYPERTENSION?
430	430	HYPETHYR	DID SP HAVE HYPERTHYROIDISM?
431	431	HYPOTENS	DID SP HAVE HYPOTENSION?
432	432	HYPOTHYR	DID SP HAVE HYPOTHYROIDISM?
130	131	ICAIDFAC	WAS SP=CR COVERED BY MEDICAID ON KAD/SAD
134	135	ICAIDLIV	WHERE LIVING WHEN MEDICAID BEGAN
132	133	ICAIDMM	MONTH SP FIRST COVERED BY MCAID
128	129	ICAIDYY	YEAR SP FIRST COVERED BY MCAID?-CONT VAR
126	127	ICDCRCOV	COVERED BY MEDICAID ON 1/1/96 OR KAD
136	165	ICDLIVOS	OTHER SPECIFY: WHERE LIVED

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
177	178	ICHACOV	COVERED BY CHAMPUS OR CHAMPVA
179	180	IDVACOV	COVERED BY DEPT OF VET AFFS PROGRAM
173	174	IGAPCOV	COVERED BY MEDIGAP POLICY
175	176	ILTCCOV	COVERED BY LONG TERM CARE POLICY
476	476	INFCDIFF	WAS SP INFECTED BY CLOSTRIDIUM DIFFICILE
477	477	INFHIV	WAS SP INFECTED BY HIV?
484	484	INFHPPTS	WAS SP INFECTED BY VIRAL HEPATITIS?
478	478	INFMRSA	SP HAS ANTIBIOTIC RESIST STAPH INFECTION
479	479	INFPNEU	WAS SP INFECTED BY PNEUMONIA?
480	480	INFRESP	DID SP HAVE RESPIRATORY INFECTION?
481	481	INFSEPT	WAS SP INFECTED BY SEPTICEMIA?
482	482	INFNBRC	WAS SP INFECTED BY TUBERCULOSIS?
483	483	INFURNRY	DID SP/URINARY TRACT INF IN LAST 30 DAY?
485	485	INFWOUND	DID SP HAVE WOUND INFECTION?
181	182	IPUBCOV	COVERED BY PUBLIC ASSISTANCE PROGRAM
433	433	MACDEGEN	DID SP HAVE MACULAR DEGENERATION?
488	489	MALCOH	MDS: WAS SP ALCOHOL DEPENDENT?
434	434	MANICDEP	DID SP HAVE MANIC DEPRESSION?
512	513	MBRAINS	MDS: SP HAS NONPSYCHOTIC BRAIN SYND?
490	491	MBREAST	MDS: SP HAS BREAST DISORDERS?
492	493	MCERDEG	MDS: SP HAS CEREBRAL DEGENERATION?
494	495	MCONST	MDS: SP HAS CONSTIPATION?
498	499	MDEVCOL	MDS: SP HAS DIVERTICULA OF COLON?
500	501	MEPILEP	MDS: SP HAS EPILEPSY?
502	503	MGASTR	MDS: SP HAS GASTRITIS/DUODENITIS?
504	505	MGASTRO	MDS: SP HAS GASTROENTERITIS?
506	507	MGHEMOR	MDS: SP HAS G.I. HEMORRHAGE?
496	497	MHERNIA	MDS: SP HAS DIAPHRAGMATIC HERNIA?
508	509	MHYPER	MDS: SP HAS HYPERPLASIA OF PROSTATE?
510	511	MHYPOP	MDS: SP HAS HYPOPOTASSEMIA/-KALEMIA?
520	521	MLEGULC	MDS: SP HAS ULCER OF LEG, CHRONIC?
514	515	MPEPULC	MDS: SP HAS PEPTIC ULCER?
516	517	MRENTUR	MDS: SP HAS RENAL URETERAL DISORDER?
518	519	MSCOLIO	MDS: SP HAS SCOLIOSIS?
764	765	NMALCOH	NON-MDS: WAS SP ALCOHOL DEPENDENT?
788	789	NMBRAINS	NON-MDS: SP HAS NONPSYCHOTIC BRAIN SYND?
766	767	NMBREAST	NON-MDS: SP HAS BREAST DISORDERS?
768	769	NMCERDEG	NON-MDS: SP HAS CEREBRAL DEGENERATION?
770	771	NMCONST	NON-MDS: SP HAS CONSTIPATION?
774	775	NMDEVCOL	NON-MDS: SP HAS DIVERTICULA OF COLON?
776	777	NMEPILEP	NON-MDS: SP HAS EPILEPSY?
778	779	NMGASTR	NON-MDS: SP HAS GASTRITIS/DUODENITIS?

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
780	781	NMGASTRO	NON-MDS: SP HAS GASTROENTERITIS?
782	783	NMGHEMOR	NON-MDS: SP HAS GI HEMORRHAGE?
772	773	NMHERNIA	NON-MDS: SP HAS DIAPHRAGMATIC HERNIA?
784	785	NMHYPER	NON-MDS: SP HAS HYPERPLASIA OF PROSTATE?
786	787	NMHYPOP	NON-MDS: SP HAS HYPOPOTASSEMIA/-KALEMIA?
796	797	NMLEGULC	NON-MDS: SP HAS ULCER OF LEG. CHRONIC?
792	793	NMPENTUR	NON-MDS: SP HAS RENAL URETERAL DISORDER?
790	791	NMPEPULC	NON-MDS: SP HAS PEPTIC ULCER?
794	795	NMSOLIO	NON-MDS: SP HAS SCOLIOSIS?
924	925	ONCHEW	DID SP EXPERIENCE CHEWING PROBLEM?
928	929	ONMOUTH	DID SP EXPERIENCE ANY MOUTH PAIN?
926	927	ONSWALL	DID SP EXPERIENCE SWALLOWING PROBLEM?
32	33	OPIADDD	OPERATIONAL INSCOPE ADMIT DATE - DAY
30	31	OPIADMM	OPERATIONAL INSCOPE ADMIT DATE - MONTH
34	35	OPIADYY	OPERATIONAL INSCOPE ADMIT DATE - YEAR
26	27	OPKADD	OPERATIONAL KEY ADMISSION DATE (KAD) DAY
24	25	OPKADMM	OPERATIONAL KEY ADMISSION DATE (KAD) MON
28	29	OPKADYY	OPERATIONAL KEY ADMISSION DATE (KAD) YEA
20	21	OPSADD	OPERATIONAL SAMPLED ADMIT DATE - DAY
18	19	OPSADMM	OPERATIONAL SAMPLED ADMIT DATE - MONTH
22	23	OPSADYY	OPERATIONAL SAMPLED ADMIT DATE - YEAR
436	436	OSTEOP	DID SP HAVE OSTEOPOROSIS?
762	763	OTACTDIA	ARE THERE ANY MORE ACTIVE DIAGNOSES?
486	487	OTMDS DIA	WERE THERE ANY OTHER MDS DIAGNOSES?
437	437	PARAPLEG	DID SP HAVE PARAPLEGIA?
438	438	PARKNSON	DID SP HAVE PARKINSON DISEASE?
9	16	PERSID	SAMPLED PERSON ID (BASEID+PERSNUM)
7	8	PERSNUM	PERSON NUMBER W/IN SAMPLED NH/UNIT(S)
399	400	PWFACLIF	WAS SP INVOLVED IN LIFE OF FACILITY?
397	398	PWGOALS	DID SP ESTABLISH OWN GOALS?
401	402	PWGRPACT	DID SP ACCEPT INVITATIONS?
391	392	PWINTOTH	WAS SP: AT EASE INTERACTING WITH OTHERS?
403	404	PWNOFC	DOES SP HAVE ABSENCE OF FAMILY CONTACT?
395	396	PWSLFACT	WAS SP:AT EASE DOING SELF ACTIVITIES?
393	394	PWSTRACT	WAS SP: AT EASE DOING PLANNED ACTIVITIES
440	440	QUADPLEG	DID SP HAVE QUADRIPLEGIA?
441	441	RENTFAIL	DID SP HAVE RENAL FAILURE?
38	39	SADDD	BEST (CAPI) SAMPLED ADMIT DATE - DAY
36	37	SADMM	BEST (CAPI) SAMPLED ADMIT DATE - MONTH
40	41	SADYY	BEST (CAPI) SAMPLED ADMIT DATE - YEAR
17	17	SAMPTYPE	SAMPLE TYPE
442	442	SCHIZOPH	DID SP HAVE SCHIZOPHRENIA?



MEPS 1996  
NURSING HOME COMPONENT (NHC) ROUND 1  
FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
435	435	SCLEROS	DID SP HAVE MULTIPLE SCLEROSIS?
443	443	SEIZURE	DID SP HAVE SEIZURE DISORDER?
42	42	SEX	SP SEX
965	966	STRATM7Y	1ST PHASE SAMPLING STRATUM
418	418	STROKE	DID SP HAVE CEREBROVASCULAR ACCIDENT?
444	444	TIA	DID SP HAVE TRANSIENT ISCHEMIC ATTACK?
945	946	ULCHAVE	DID SP HAVE ANY PRESSURE ULCERS?
947	948	ULCSTAGE	WHAT THE HIGHEST STAGE OF ULCER SP HAD?
439	439	VASCULAR	DID SP HAVE PERIPHERIAL VASCULAR DISEASE
420	420	VEINTHR	DID SP HAVE DEEP VEIN THROMBOSIS?
357	358	VISION	WHAT SP'S ABILITY TO SEE?
166	168	XINPLACY	FACILITY PART LIVED WHEN BEGAN MEDICAID

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
1	6	BASEID	SAMPLED NH/UNIT(S) IDENTIFIER
7	8	PERSNUM	PERSON NUMBER W/IN SAMPLED NH/UNIT(S)
9	16	PERSID	SAMPLED PERSON ID (BASEID+PERSNUM)
17	17	SAMPTYPE	SAMPLE TYPE
18	19	OPSADMM	OPERATIONAL SAMPLED ADMIT DATE - MONTH
20	21	OPSADDD	OPERATIONAL SAMPLED ADMIT DATE - DAY
22	23	OPSADYY	OPERATIONAL SAMPLED ADMIT DATE - YEAR
24	25	OPKADMM	OPERATIONAL KEY ADMISSION DATE (KAD) MON
26	27	OPKADDD	OPERATIONAL KEY ADMISSION DATE (KAD) DAY
28	29	OPKADYY	OPERATIONAL KEY ADMISSION DATE (KAD) YEA
30	31	OPIADMM	OPERATIONAL INSCOPE ADMIT DATE - MONTH
32	33	OPIADDD	OPERATIONAL INSCOPE ADMIT DATE - DAY
34	35	OPIADYY	OPERATIONAL INSCOPE ADMIT DATE - YEAR
36	37	SADMM	BEST (CAPI) SAMPLED ADMIT DATE - MONTH
38	39	SADDD	BEST (CAPI) SAMPLED ADMIT DATE - DAY
40	41	SADYY	BEST (CAPI) SAMPLED ADMIT DATE - YEAR
42	42	SEX	SP SEX
43	44	ALIVE	IS SP ALIVE
45	47	AGEY	AGE AS OF 1/1/96 (CONT VAR)
48	49	BLTCEVR	ANY PRIOR USE OF LTC
50	51	BLTCTYP	WHAT TYPE OF LONG TERM FACILITY?
52	53	BLTCMM	WHEN WAS FIRST TIME IN LTC - MONTH?
54	55	BLTCYY	YEAR FIRST TIME IN LTC? (CONT VAR)
56	57	BLTCYAGO	ABOUT HOW LONG AGO WAS IT?
58	59	BLTCNUM	# LTC LIVED IN BEFORE CURR USE-CONT VAR
60	61	BLTCTIME	LTC TIME B/TW FIRST AND CURRENT LTC USE
62	63	BLTCT75P	MORE OR LESS THAN 75 PERCENT LTC TIME?
64	65	BLTCT25P	MORE OR LESS THAN 25 PERCENT LTC TIME?
66	67	EDULEV	LEVEL OF EDUCATION
68	69	BRACE	WHAT IS SP'S RACIAL BACKGROUND
70	99	BRACEOS	OTHER SPECIFY RACE
100	101	BHISPAN	IS SP HISPANIC?
102	103	BEVERAF	SP EVER ON ACTIVE DUTY ARMED FORCES?
104	105	BMRJAN	MARITAL STATUS ON 1 JAN 1996
106	107	BMRKSAD	MAR STAT WHEN ADMITTED TO FAC ON KAD/SAD
108	109	BTOTLDAU	TOTAL LIVING DAUGHTERS
110	111	BTOTLSON	TOTAL LIVING SONS
112	113	HASKIDS	SP HAS LIVING CHILDREN
114	115	BTOTLSIS	TOTAL LIVING SISTERS
116	117	BTOTLBRO	TOTAL LIVING BROTHERS
118	119	HASSIBS	SP HAS LIVING SIBLINGS
120	121	BLIVMOTH	IS SP'S MOTHER STILL LIVING?

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
122	123	BLIVFATH	IS SP'S FATHER STILL LIVING?
124	125	CAIDECO	SP EVER COVERED BY MEDICAID
126	127	ICDCRCOV	COVERED BY MEDICAID ON 1/1/96 OR KAD
128	129	ICAIDYY	YEAR SP FIRST COVERED BY MCAID?-CONT VAR
130	131	ICAIDFAC	WAS SP=CR COVERED BY MEDICAID ON KAD/SAD
132	133	ICAIDMM	MONTH SP FIRST COVERED BY MCAID
134	135	ICAIDLIV	WHERE LIVING WHEN MEDICAID BEGAN
136	165	ICDLIVOS	OTHER SPECIFY: WHERE LIVED
166	168	XINPLACY	FACILITY PART LIVED WHEN BEGAN MEDICAID
169	170	CAREPTA	COVERED BY MEDICARE PART A
171	172	CAREPTB	COVERED BY MEDICARE PART B
173	174	IGAPCOV	COVERED BY MEDIGAP POLICY
175	176	ILTCCOV	COVERED BY LONG TERM CARE POLICY
177	178	ICHACOV	COVERED BY CHAMPUS OR CHAMPVA
179	180	IDVACOV	COVERED BY DEPT OF VET AFFS PROGRAM
181	182	IPUBCOV	COVERED BY PUBLIC ASSISTANCE PROGRAM
183	183	BRECHAVE	HAVE SP'S MEDICAL RECORDS
184	185	BRECFRMS	RECORDS CONTAIN ANY MDS OR QUAR. REV
186	187	BASSMM01	MONTH OF HEALTH ASSESSMENT 01
188	189	BASSDD01	DAY OF HEALTH ASSESSMENT 01
190	191	BASSYY01	YEAR OF HEALTH ASSESSMENT 01
192	193	BFRMTY01	FORM 01 TYPE OF ASSESSMENT
194	194	BPRIM01	IS FORM 01 PRIMARY ASSESSMENT
195	195	BBACK01	IS FORM 01 BACKUP ASSESSMENT
196	197	BASSMM02	MONTH OF HEALTH ASSESSMENT 02
198	199	BASSDD02	DAY OF HEALTH ASSESSMENT 02
200	201	BASSYY02	YEAR OF HEALTH ASSESSMENT 02
202	203	BFRMTY02	FORM 02 TYPE OF ASSESSMENT
204	205	BPRIM02	IS FORM 02 PRIMARY ASSESSMENT
206	207	BBACK02	IS FORM 02 BACKUP ASSESSMENT
208	209	BASSMM03	MONTH OF HEALTH ASSESSMENT 03
210	211	BASSDD03	DAY OF HEALTH ASSESSMENT 03
212	213	BASSYY03	YEAR OF HEALTH ASSESSMENT 03
214	215	BFRMTY03	FORM 03 TYPE OF ASSESSMENT
216	217	BPRIM03	IS FORM 03 PRIMARY ASSESSMENT
218	219	BBACK03	IS FORM 03 BACKUP ASSESSMENT
220	221	BASSMM04	MONTH OF HEALTH ASSESSMENT 04
222	223	BASSDD04	DAY OF HEALTH ASSESSMENT 04
224	225	BASSYY04	YEAR OF HEALTH ASSESSMENT 04
226	227	BFRMTY04	FORM 04 TYPE OF ASSESSMENT
228	229	BPRIM04	IS FORM 04 PRIMARY ASSESSMENT
230	231	BBACK04	IS FORM 04 BACKUP ASSESSMENT

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
232	233	BASSMM05	MONTH OF HEALTH ASSESSMENT 05
234	235	BASSDD05	DAY OF HEALTH ASSESSMENT 05
236	237	BASSY05	YEAR OF HEALTH ASSESSMENT 05
238	239	BFRMTY05	FORM 05 TYPE OF ASSESSMENT
240	241	BPRIM05	IS FORM 05 PRIMARY ASSESSMENT
242	243	BBACK05	IS FORM 05 BACKUP ASSESSMENT
244	245	BASSMM06	MONTH OF HEALTH ASSESSMENT 06
246	247	BASSDD06	DAY OF HEALTH ASSESSMENT 06
248	249	BASSY06	YEAR OF HEALTH ASSESSMENT 06
250	251	BFRMTY06	FORM 06 TYPE OF ASSESSMENT
252	253	BPRIM06	IS FORM 06 PRIMARY ASSESSMENT
254	255	BBACK06	IS FORM 06 BACKUP ASSESSMENT
256	257	BFORMREA	PRIMARY REASON FOR FORM ASSESSMENT
258	287	BFORMREO	OTHER SPECIFY - REASON FOR ASSESSMENT
288	289	BRECMDS	RECORDS CONTAIN FULL MDS IN REF PERIOD
290	291	BMDSVERS	VERSION OF MDS USED
292	321	BMDSVERO	OTHER SPECIFY - VERSION OF MDS
322	322	BDIDABST	DID INTERVIEWER ABSTRACT
323	324	BMENTAL	DID SP HAVE ANY MENTAL ILLNESSES?
325	326	BADLIVWI	LIVING WILL
327	328	BADDNRES	DO NOT RESUSCITATE
329	330	BADDNHOS	DO NOT HOSPITALIZE
331	332	BADOTRES	FEEDING/MEDICATION/OTHER TREATMENT
333	334	BCOMATOS	WAS SP COMATOSE ON REF.DATE?
335	336	BCSMEMST	WAS SHORT-TERM MEMORY OK?
337	338	BCSMEMLT	WAS LONG-TERM MEMORY OK?
339	340	BCSCURSE	WAS ABLE TO RECALL CURRENT SEASON?
341	342	BCSLOCRO	WAS ABLE TO RECALL LOCATION OF ROOM?
343	344	BCSNAMFA	WAS ABLE TO RECALL NAMES/FACES?
345	346	BCSINNH	WAS ABLE TO RECALL - IN NURSING HOME?
347	348	BCSDECIS	HOW SKILLED MAKING DAILY DECISIONS?
349	350	HCHECOND	WHAT WAS THE CONDITION OF HEARING?
351	352	HCHEAID	DID SP HAVE A HEARING AID?
353	354	HCUNCOND	HOW WELL WAS SP UNDERSTOOD BY OTHERS?
355	356	HCUNDOTH	HOW WELL DID SP UNDERSTAND OTHERS?
357	358	VISION	WHAT SP'S ABILITY TO SEE?
359	360	BBSWANDR	HOW OFTEN DID SP WANDERING OCCUR?
361	362	BBSVRBAB	HOW OFTEN DID VERB.ABUSIVE BEHAV. OCCUR?
363	364	BBSPHYAB	HOW OFTEN: PHYSICALLY ABUSIVE BEHAVIOR?
365	366	BBSDISRP	HOW OFTEN: SOCIALLY INAPPROPRIATE BEHAV?
367	368	BBSRESIS	HOW OFTEN: RESISTANCE TO CARE
369	370	BPFTRNSF	LEVEL OF SELF-PERFORM.: TRANSFER

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
371	372	BPFLOCOM	LEVEL OF SELF-PERFORM.: LOCOMOT. ON UNIT
373	374	BPFDRSNG	LEVEL OF SELF-PERFORM.: DRESSING?
375	376	BPFPEATNG	LEVEL OF SELF-PERFORM.: EATING?
377	378	BPFTOILT	LEVEL OF SELF-PERFORM.: TOILET USE?
379	380	BPFBATHG	LEVEL OF SELF-PERFORMANCE IN BATHING?
381	382	BMLCANE	DID SP USE CANE/WALKER?
383	384	BMLWLSLF	DID SP WHEEL HER/HIMSELF?
385	386	BMLWLOTH	DID SOMEONE WHEEL SP?
387	388	CTBOWEC	WHAT SP'S LEVEL OF BOWEL CONTROL?
389	390	CTBADDC	WHAT WAS SP'S LEVEL OF BLADDER CONTROL?
391	392	PWINTOTH	WAS SP: AT EASE INTERACTING WITH OTHERS?
393	394	PWSTRACT	WAS SP: AT EASE DOING PLANNED ACTIVITIES
395	396	PWSLFACT	WAS SP:AT EASE DOING SELF ACTIVITIES?
397	398	PWGOALS	DID SP ESTABLISH OWN GOALS?
399	400	PWFACLIF	WAS SP INVOLVED IN LIFE OF FACILITY?
401	402	PWGRPACT	DID SP ACCEPT INVITATIONS?
403	404	PWNOFC	DOES SP HAVE ABSENCE OF FAMILY CONTACT?
405	405	ALLERGY	DID SP HAVE ALLERGIES?
406	406	ALZHMR	DID SP HAVE ALZHEIMER'S DISEASE?
407	407	ANEMIA	DID SP HAVE ANEMIA?
408	408	ANXIETY	DID SP HAVE ANXIETY DISORDER?
409	409	APHASIA	DID SP HAVE APHASIA?
410	410	ASHD	DID SP HAVE ARTER. HEART DISEASE?
411	411	ARTHRIT	DID SP HAVE ARTHRITIS?
412	412	ASTHMA	DID SP HAVE ASTHMA?
413	413	CANCER	DID SP HAVE CANCER?
414	414	CARDDYSR	DID SP HAVE DYSRHYTHMIA?
415	415	CARDIOV	DID SP HAVE CARDIOVASCULAR DISEASE?
416	416	CATARCT	DID SP HAVE CATARACTS?
417	417	CERPALSY	DID SP HAVE CEREBRAL PALSY?
418	418	STROKE	DID SP HAVE CEREBROVASCULAR ACCIDENT?
419	419	HRTFAIL	DID SP HAVE CONGESTIVE HEART FAILURE?
420	420	VEINTHR	DID SP HAVE DEEP VEIN THROMBOSIS?
421	421	DEMENT	DID SP HAVE DEMENTIA?
422	422	DEPRESS	DID SP HAVE DEPRESSION?
423	423	DIABMEL	DID SP HAVE DIABETES MELLITUS?
424	424	DIABRET	DID SP HAVE DIABETIC RETINOPATHY?
425	425	EMPCOPD	DID SP HAVE EMPHYSEMA/COPD?
426	426	GLAUCOMA	DID SP HAVE GLAUCOMA?
427	427	HEMIPLPA	DID SP HAVE HEMIPLEGIA/HEMIPARESIS?
428	428	HIPFRACT	DID SP HAVE HIP FRACTURE?
429	429	HYPETENS	DID SP HAVE HYPERTENSION?

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
430	430	HYPETHYR	DID SP HAVE HYPERTHYROIDISM?
431	431	HYPOTENS	DID SP HAVE HYPOTENSION?
432	432	HYPOTHYR	DID SP HAVE HYPOTHYROIDISM?
433	433	MACDEGEN	DID SP HAVE MACULAR DEGENERATION?
434	434	MANICDEP	DID SP HAVE MANIC DEPRESSION?
435	435	SCLEROS	DID SP HAVE MULTIPLE SCLEROSIS?
436	436	OSTEOP	DID SP HAVE OSTEOPOROSIS?
437	437	PARAPLEG	DID SP HAVE PARAPLEGIA?
438	438	PARKNSON	DID SP HAVE PARKINSON DISEASE?
439	439	VASCULAR	DID SP HAVE PERIPHERIAL VASCULAR DISEASE
440	440	QUADPLEG	DID SP HAVE QUADRIPLEGIA?
441	441	RENTFAIL	DID SP HAVE RENAL FAILURE?
442	442	SCHIZOPH	DID SP HAVE SCHIZOPHRENIA?
443	443	SEIZURE	DID SP HAVE SEIZURE DISORDER?
444	444	TIA	DID SP HAVE TRANSIENT ISCHEMIC ATTACK?
445	445	BRAININJ	DID SP HAVE TRAUMATIC BRAIN INJURY?
446	475	HA28OT01	HA28 OTHER ACTIVE DIAGNOSIS
476	476	INFCDIFF	WAS SP INFECTED BY CLOSTRIDIUM DIFFICILE
477	477	INFHIV	WAS SP INFECTED BY HIV?
478	478	INFMRSA	SP HAS ANTIBIOTIC RESIST STAPH INFECTION
479	479	INFPNEU	WAS SP INFECTED BY PNEUMONIA?
480	480	INFRESP	DID SP HAVE RESPIRATORY INFECTION?
481	481	INFSEPT	WAS SP INFECTED BY SEPTICEMIA?
482	482	INFTBRC	WAS SP INFECTED BY TUBERCULOSIS?
483	483	INFURNRY	DID SP/URINARY TRACT INF IN LAST 30 DAY?
484	484	INFHPPTS	WAS SP INFECTED BY VIRAL HEPATITIS?
485	485	INFWOUND	DID SP HAVE WOUND INFECTION?
486	487	OTMDS DIA	WERE THERE ANY OTHER MDS DIAGNOSES?
488	489	MALCOH	MDS: WAS SP ALCOHOL DEPENDENT?
490	491	MBREAST	MDS: SP HAS BREAST DISORDERS?
492	493	MCERDEG	MDS: SP HAS CEREBRAL DEGENERATION?
494	495	MCONST	MDS: SP HAS CONSTIPATION?
496	497	MHERNIA	MDS: SP HAS DIAPHRAGMATIC HERNIA?
498	499	MDEVCOL	MDS: SP HAS DIVERTICULA OF COLON?
500	501	MEPILEP	MDS: SP HAS EPILEPSY?
502	503	MGASTR	MDS: SP HAS GASTRITIS/DUODENITIS?
504	505	MGASTRO	MDS: SP HAS GASTROENTERITIS?
506	507	MGHEMOR	MDS: SP HAS G.I. HEMORRHAGE?
508	509	MHYPER	MDS: SP HAS HYPERPLASIA OF PROSTATE?
510	511	MHYPOP	MDS: SP HAS HYPOPOTASSEMIA/-KALEMIA?
512	513	MBRAINS	MDS: SP HAS NONPSYCHOTIC BRAIN SYND?
514	515	MPEPULC	MDS: SP HAS PEPTIC ULCER?

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
516	517	MRENTUR	MDS: SP HAS RENAL URETERAL DISORDER?
518	519	MSCOLIO	MDS: SP HAS SCOLIOSIS?
520	521	MLEGULC	MDS: SP HAS ULCER OF LEG, CHRONIC?
522	551	HA31OT01	HA31 OTHER DIAGNOSIS 01
552	581	HA31OT02	HA31 OTHER DIAGNOSIS 02
582	611	HA31OT03	HA31 OTHER DIAGNOSIS 03
612	641	HA31OT04	HA31 OTHER DIAGNOSIS 04
642	671	HA31OT05	HA31 OTHER DIAGNOSIS 05
672	701	HA31OT06	HA31 OTHER DIAGNOSIS 06
702	731	HA31OT07	HA31 OTHER DIAGNOSIS 07
732	761	HA31OT08	HA31 OTHER DIAGNOSIS 08
762	763	OTACTDIA	ARE THERE ANY MORE ACTIVE DIAGNOSES?
764	765	NMALCOH	NON-MDS: WAS SP ALCOHOL DEPENDENT?
766	767	NMBREAST	NON-MDS: SP HAS BREAST DISORDERS?
768	769	NMCERDEG	NON-MDS: SP HAS CEREBRAL DEGENERATION?
770	771	NMCONST	NON-MDS: SP HAS CONSTIPATION?
772	773	NMHERNIA	NON-MDS: SP HAS DIAPHRAGMATIC HERNIA?
774	775	NMDEVCOL	NON-MDS: SP HAS DIVERTICULA OF COLON?
776	777	NMEPILEP	NON-MDS: SP HAS EPILEPSY?
778	779	NMGASTR	NON-MDS: SP HAS GASTRITIS/DUODENITIS?
780	781	NMGASTRO	NON-MDS: SP HAS GASTROENTERITIS?
782	783	NMGHEMOR	NON-MDS: SP HAS GI HEMORRHAGE?
784	785	NMHYPER	NON-MDS: SP HAS HYPERPLASIA OF PROSTATE?
786	787	NMHYPOP	NON-MDS: SP HAS HYPOPOTASSEMIA/-KALEMIA?
788	789	NMBRAINS	NON-MDS: SP HAS NONPSYCHOTIC BRAIN SYND?
790	791	NMPEPULC	NON-MDS: SP HAS PEPTIC ULCER?
792	793	NMPENTUR	NON-MDS: SP HAS RENAL URETERAL DISORDER?
794	795	NMSOLIO	NON-MDS: SP HAS SCOLIOSIS?
796	797	NMLEGULC	NON-MDS: SP HAS ULCER OF LEG. CHRONIC?
798	827	HA33OT01	HA33 OTHER ACTIVE DIAGNOSIS 01
828	857	HA33OT02	HA33 OTHER ACTIVE DIAGNOSIS 02
858	887	HA33OT03	HA33 OTHER ACTIVE DIAGNOSIS 03
888	917	HA33OT04	HA33 OTHER ACTIVE DIAGNOSIS 04
918	919	DEHYD	DID SP EXPERIENCE DEHYDRATION?
920	921	DELUS	DID SP EXPERIENCE DELUSIONS?
922	923	HALLUC	DID SP EXPERIENCE HALLUCINATIONS?
924	925	ONCHEW	DID SP EXPERIENCE CHEWING PROBLEM?
926	927	ONSWALL	DID SP EXPERIENCE SWALLOWING PROBLEM?
928	929	ONMOUTH	DID SP EXPERIENCE ANY MOUTH PAIN?
930	931	HEIGHT	WHAT SP'S HEIGHT? (CONT VAR)
932	934	BWEIGHT	WHAT SP'S WEIGHT? (CONT VAR)
935	936	DHDEBRIS	DID SP HAVE DEBRIS IN MOUTH?

MEPS 1996  
NURSING HOME COMPONENT (NHC) ROUND 1  
FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
937	938	DHBRIDGE	DID SP HAVE DENTURES/REMOVABLE BRIDGES?
939	940	DHTELOS	DID SP HAVE ANY NATURAL TEETH LOST?
941	942	DHBROKEN	DID SP HAVE ANY BROKEN/LOOSE TEETH?
943	944	DHINFGUM	DID SP HAVE ANY GUM INFECTIONS?
945	946	ULCHAVE	DID SP HAVE ANY PRESSURE ULCERS?
947	948	ULCSTAGE	WHAT THE HIGHEST STAGE OF ULCER SP HAD?
949	950	BDRBEDRL	HOW OFTEN BED RAILS WERE USED?
951	952	BDRTRUNK	HOW OFTEN DID SP USE TRUNK RESTRAINT?
953	954	BDRLIMB	HOW OFTEN DID SP USE LIMB RESTRAINT?
955	956	BDRCHAIR	WAS CHAIR PREVENTS RAISING USED?
957	964	CRADJWGT	CR PERSON-LEVEL WEIGHT - ROUND 1
965	966	STRATM7Y	1ST PHASE SAMPLING STRATUM



MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>BASEID</u>	<u>SAMPLED NH/UNIT(S) IDENTIFIER</u>	<u>6.0</u>	<u>NUM</u>	<u>1</u>	<u>6</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	ID	3,747		1,563,858		
	TOTAL	3,747		1,563,858		
<u>PERSNUM</u>	<u>PERSON NUMBER W/IN SAMPLED NH/UNIT(S)</u>	<u>2.0</u>	<u>CHAR</u>	<u>7</u>	<u>8</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	01	938		391,755		
	02	935		390,424		
	03	938		391,663		
	04	936		390,016		
	TOTAL	3,747		1,563,858		
<u>PERSID</u>	<u>SAMPLED PERSON ID (BASEID+PERSNUM)</u>	<u>8.0</u>	<u>CHAR</u>	<u>9</u>	<u>16</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	ID	3,747		1,563,858		
	TOTAL	3,747		1,563,858		
<u>SAMPTYPE</u>	<u>SAMPLE TYPE</u>	<u>1.0</u>	<u>NUM</u>	<u>17</u>	<u>17</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 CURRENT RESIDENT	3,747		1,563,858		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>OPSADMM</u>	<u>OPERATIONAL SAMPLED ADMIT DATE - MONTH</u>	<u>2.0</u>	<u>NUM</u>	<u>18</u>	<u>19</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 JANUARY	246		103,021		
	2 FEBRUARY	260		107,294		
	3 MARCH	296		127,703		
	4 APRIL	271		115,458		
	5 MAY	287		120,461		
	6 JUNE	281		117,228		
	7 JULY	299		128,516		
	8 AUGUST	321		133,464		
	9 SEPTEMBER	292		120,938		
	10 OCTOBER	328		136,842		
	11 NOVEMBER	382		154,063		
	12 DECEMBER	484		198,869		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>OPSADDD</u>	<u>OPERATIONAL SAMPLED ADMIT DATE - DAY</u>	<u>2.0</u>	<u>NUM</u>	<u>20</u>	<u>21</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1	174		70,854		
	2	124		53,612		
	3	116		49,145		
	4	103		42,522		
	5	121		50,471		
	6	133		55,773		
	7	103		42,896		
	8	116		47,852		
	9	109		44,767		
	10	130		54,548		
	11	128		52,767		
	12	114		48,070		
	13	120		48,733		
	14	118		49,857		
	15	127		52,248		
	16	107		41,746		
	17	117		49,010		
	18	123		51,006		
	19	125		53,110		
	20	123		51,994		
	21	144		60,810		
	22	134		53,272		
	23	95		38,682		
	24	132		56,802		
	25	94		40,362		
	26	121		52,291		
	27	132		55,942		
	28	137		57,995		
	29	122		49,629		
	30	127		53,155		
	31	78		33,938		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
OPSADYY	OPERATIONAL SAMPLED ADMIT DATE - YEAR	2.0	NUM	22	23	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	Q1: 32 TO < 92	819		339,856		
	Q2: 92 TO < 94	752		321,631		
	Q3: 94 TO < 95	728		305,517		
	Q4: 95 TO < 95	1,448		596,854		
	TOTAL	3,747		1,563,858		
OPKADMM	OPERATIONAL KEY ADMISSION DATE (KAD) MON	2.0	NUM	24	25	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 JANUARY	243		102,264		
	2 FEBRUARY	260		107,105		
	3 MARCH	299		127,545		
	4 APRIL	277		117,866		
	5 MAY	297		124,221		
	6 JUNE	300		124,755		
	7 JULY	302		128,692		
	8 AUGUST	333		139,589		
	9 SEPTEMBER	284		117,347		
	10 OCTOBER	337		140,621		
	11 NOVEMBER	349		141,903		
	12 DECEMBER	466		191,950		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>OPKADDD</u>	<u>OPERATIONAL KEY ADMISSION DATE (KAD) DAY</u>	<u>2.0</u>	<u>NUM</u>	<u>26</u>	<u>27</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY</u>	<u>CRADJWGT</u>	
	1	170		68,928		
	2	128		55,300		
	3	117		49,102		
	4	100		41,189		
	5	121		50,075		
	6	129		54,244		
	7	104		43,599		
	8	131		53,576		
	9	110		45,498		
	10	125		52,828		
	11	130		53,457		
	12	115		48,436		
	13	123		50,580		
	14	111		47,537		
	15	113		46,877		
	16	109		42,988		
	17	114		47,864		
	18	126		52,469		
	19	126		53,338		
	20	123		52,382		
	21	147		62,121		
	22	137		54,800		
	23	94		38,799		
	24	126		53,659		
	25	100		42,439		
	26	128		55,421		
	27	132		55,828		
	28	130		53,573		
	29	115		45,945		
	30	134		56,966		
	31	79		34,043		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
OPKADYY	OPERATIONAL KEY ADMISSION DATE (KAD) YEA	2.0	NUM	28	29	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	Q1: 32 TO < 91	724		300,732		
	Q2: 91 TO < 94	1,049		444,191		
	Q3: 94 TO < 95	708		296,068		
	Q4: 95 TO < 95	1,266		522,867		
	TOTAL	3,747		1,563,858		
OPIADMM	OPERATIONAL INSCOPE ADMIT DATE - MONTH	2.0	NUM	30	31	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 JANUARY	253		106,569		
	2 FEBRUARY	263		108,163		
	3 MARCH	296		124,988		
	4 APRIL	278		117,599		
	5 MAY	296		123,627		
	6 JUNE	299		124,317		
	7 JULY	303		129,678		
	8 AUGUST	338		141,833		
	9 SEPTEMBER	283		116,833		
	10 OCTOBER	342		143,694		
	11 NOVEMBER	329		134,884		
	12 DECEMBER	467		191,673		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>OPIADDD</u>	<u>OPERATIONAL INSCOPE ADMIT DATE - DAY</u>	<u>2.0</u>	<u>NUM</u>	<u>32</u>	<u>33</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1	167		67,685		
	2	129		55,077		
	3	118		49,422		
	4	94		38,780		
	5	118		49,169		
	6	130		55,011		
	7	104		43,790		
	8	128		52,113		
	9	114		47,215		
	10	123		51,860		
	11	129		54,107		
	12	110		46,055		
	13	125		52,170		
	14	113		48,416		
	15	117		48,445		
	16	111		44,035		
	17	112		47,101		
	18	129		53,995		
	19	128		54,309		
	20	120		51,367		
	21	150		62,493		
	22	133		52,891		
	23	97		39,647		
	24	126		53,606		
	25	99		41,897		
	26	130		56,424		
	27	129		54,575		
	28	130		53,318		
	29	120		47,931		
	30	133		56,036		
	31	81		34,918		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
OPIADYY	OPERATIONAL INSCOPE ADMIT DATE - YEAR	2.0	NUM	34	35	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	Q1: 32 TO < 91	756		313,907		
	Q2: 91 TO < 94	1,068		451,667		
	Q3: 94 TO < 95	711		297,358		
	Q4: 95 TO < 95	1,212		500,926		
	TOTAL	3,747		1,563,858		
SADMM	BEST (CAPI) SAMPLED ADMIT DATE - MONTH	2.0	NUM	36	37	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 JANUARY	245		102,563		
	2 FEBRUARY	261		107,676		
	3 MARCH	297		128,054		
	4 APRIL	271		115,458		
	5 MAY	285		119,668		
	6 JUNE	281		117,228		
	7 JULY	299		128,516		
	8 AUGUST	320		133,018		
	9 SEPTEMBER	293		121,335		
	10 OCTOBER	329		137,349		
	11 NOVEMBER	381		153,666		
	12 DECEMBER	485		199,327		
	TOTAL	3,747		1,563,858		



MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SADDD	BEST (CAPI) SAMPLED ADMIT DATE - DAY	2.0	NUM	38	39	
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY CRADJWGT</u>			
	1	174	70,854			
	2	124	53,612			
	3	117	49,496			
	4	103	42,522			
	5	121	50,471			
	6	133	55,773			
	7	102	42,542			
	8	116	47,852			
	9	109	44,767			
	10	130	54,548			
	11	129	53,225			
	12	113	47,672			
	13	120	48,733			
	14	119	50,211			
	15	128	52,630			
	16	107	41,746			
	17	117	49,010			
	18	122	50,655			
	19	124	52,728			
	20	124	52,459			
	21	144	60,810			
	22	135	53,669			
	23	96	39,189			
	24	131	56,295			
	25	94	40,362			
	26	121	52,291			
	27	130	55,019			
	28	137	57,995			
	29	122	49,629			
	30	127	53,155			
	31	78	33,938			
	TOTAL	3,747	1,563,858			

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
SADYY	BEST (CAPI) SAMPLED ADMIT DATE - YEAR	2.0	NUM	40	41	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	Q1: 32 TO < 92	820		340,363		
	Q2: 92 TO < 94	751		321,185		
	Q3: 94 TO < 95	729		305,963		
	Q4: 95 TO < 95	1,447		596,347		
	TOTAL	3,747		1,563,858		
SEX	SP SEX	1.0	NUM	42	42	SS21/RH6
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 MALE	1,069		443,520		
	2 FEMALE	2,678		1,120,338		
	TOTAL	3,747		1,563,858		
ALIVE	IS SP ALIVE	2.0	NUM	43	44	SS23/RH7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	39		18,206		
	-5 NEVER WILL KNOW	50		19,888		
	0 NO	393		159,242		
	1 YES	3,265		1,366,522		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>AGEY</u>	<u>AGE AS OF 1/1/96 (CONT VAR)</u>	<u>3.0</u>	<u>NUM</u>	<u>45</u>	<u>47</u>	Constructed
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	Q1: 4 TO < 76	861		355,675		
	Q2: 76 TO < 84	908		376,607		
	Q3: 84 TO < 90	986		418,229		
	Q4: 90 TO < 103	992		413,347		
	TOTAL	3,747		1,563,858		
<u>BLTCEVR</u>	<u>ANY PRIOR USE OF LTC</u>	<u>2.0</u>	<u>NUM</u>	<u>48</u>	<u>49</u>	BQ1
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	346		139,222		
	-7 REFUSED	2		661		
	0 NO	2,354		987,380		
	1 YES	1,045		436,595		
	TOTAL	3,747		1,563,858		
<u>BLTCTYP</u>	<u>WHAT TYPE OF LONG TERM FACILITY?</u>	<u>2.0</u>	<u>NUM</u>	<u>50</u>	<u>51</u>	BQ2
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	28		11,455		
	-1 INAPPLICABLE	2,702		1,127,263		
	1 NURSING HOME	628		261,158		
	2 RESIDENTIAL CARE FACILITY	247		106,656		
	3 OTHER LONG-TERM CARE FACILITY	142		57,327		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BLTCMM	WHEN WAS FIRST TIME IN LTC - MONTH?	2.0	NUM	52	53	BQ3

<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY CRADJWGT</u>
-9 NOT ASCERTAINED	2	850
-8 DK	630	263,347
-7 REFUSED	4	1,131
-1 INAPPLICABLE	2,702	1,127,263
1 JANUARY	37	15,012
2 FEBRUARY	31	12,808
3 MARCH	35	13,784
4 APRIL	24	10,432
5 MAY	29	11,537
6 JUNE	47	20,375
7 JULY	33	13,997
8 AUGUST	39	16,663
9 SEPTEMBER	28	11,781
10 OCTOBER	43	18,207
11 NOVEMBER	29	11,982
12 DECEMBER	34	14,691
TOTAL	3,747	1,563,858

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BLTCYY	YEAR FIRST TIME IN LTC? (CONT VAR)	2.0	NUM	54	55	BQ3

<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY CRADJWGT</u>
-8 DK	477	199,753
-7 REFUSED	4	1,131
-1 INAPPLICABLE	2,702	1,127,263
Q1: 19 TO < 87	125	53,884
Q2: 87 TO < 91	119	50,368
Q3: 91 TO < 94	151	63,039
Q4: 94 TO < 95	169	68,419
TOTAL	3,747	1,563,858

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BLTCYAGO	ABOUT HOW LONG AGO WAS IT?	2.0	NUM	56	57	BQ4
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	211		86,711		
	-1 INAPPLICABLE	3,270		1,364,105		
	1 ABOUT 1 YEAR	29		11,628		
	2 ABOUT 2 YEARS	56		23,775		
	3 ABOUT 5 YEARS	103		44,286		
	4 10 OR MORE YEARS	78		33,353		
	TOTAL	3,747		1,563,858		
BLTCNUM	# LTC LIVED IN BEFORE CURR USE-CONT VAR	2.0	NUM	58	59	BQ5
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	1		552		
	-8 DK	223		90,340		
	-7 REFUSED	4		1,052		
	-1 INAPPLICABLE	2,902		1,209,774		
	1	521		221,263		
	2	66		28,713		
	3	18		7,021		
	4	5		2,421		
	5	4		1,448		
	6	1		421		
	7	1		457		
	9	1		397		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>BLTCTIME</u>	<u>LTC TIME B/TW FIRST AND CURRENT LTC USE</u>	2.0	NUM	60	61	BQ6
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	2		850		
	-8 DK	182		74,513		
	-7 REFUSED	3		667		
	-1 INAPPLICABLE	2,902		1,209,774		
	1 ALL	443		188,205		
	2 MORE THAN HALF	102		42,808		
	3 HALF OR LESS THAN HALF	113		47,041		
	TOTAL	3,747		1,563,858		
<u>BLTCT75P</u>	<u>MORE OR LESS THAN 75 PERCENT LTC TIME?</u>	2.0	NUM	62	63	BQ7
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	3		941		
	-1 INAPPLICABLE	3,645		1,521,050		
	1 MORE	79		33,106		
	2 LESS	20		8,761		
	TOTAL	3,747		1,563,858		
<u>BLTCT25P</u>	<u>MORE OR LESS THAN 25 PERCENT LTC TIME?</u>	2.0	NUM	64	65	BQ8
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	3		1,479		
	-1 INAPPLICABLE	3,634		1,516,817		
	1 MORE	15		6,224		
	2 LESS	95		39,339		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
EDULEV	LEVEL OF EDUCATION	2.0	NUM	66	67	BQ9/HA51
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	811		335,005		
	1 NO FORMAL SCHOOLING	119		49,683		
	2 ELEMENTARY (1ST-8TH GRADES)	941		398,196		
	3 SOME HIGH SCHOOL (9TH-12TH GRADES)	558		233,701		
	4 COMPLETED HIGH SCHOOL, NO COLLEGE	728		302,166		
	5 TECHNICAL OR TRADE SCHOOL	111		46,693		
	6 SOME COLLEGE	215		88,487		
	7 COLLEGE GRADUATE	212		88,373		
	8 GRADUATE DEGREE	52		21,554		
	TOTAL	3,747		1,563,858		
BRACE	WHAT IS SP'S RACIAL BACKGROUND	2.0	NUM	68	69	BQ10
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 AMERICAN INDIAN	26		10,089		
	2 ALASKAN NATIVE	1		256		
	3 ASIAN OR PACIFIC ISLANDER	31		14,005		
	4 BLACK	331		138,421		
	5 WHITE	3,320		1,385,521		
	91 OTHER SPECIFY	38		15,567		
	TOTAL	3,747		1,563,858		
BRACEOS	OTHER SPECIFY RACE	30.0	CHAR	70	99	BQ10
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,709		1,548,291		
	TEXT	38		15,567		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BHISPAN	IS SP HISPANIC?	2.0	NUM	100	101	BQ11
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	73		30,136		
	0 NO	3,567		1,489,210		
	1 YES	107		44,512		
	TOTAL	3,747		1,563,858		
BEVERAF	SP EVER ON ACTIVE DUTY ARMED FORCES?	2.0	NUM	102	103	BQ12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	408		168,833		
	-1 INAPPLICABLE	1		450		
	0 NO	3,036		1,271,324		
	1 YES	302		123,251		
	TOTAL	3,747		1,563,858		
BMRJAN	MARITAL STATUS ON 1 JAN 1996	2.0	NUM	104	105	BQ13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-5 NEVER WILL KNOW	28		10,613		
	-1 INAPPLICABLE	1		450		
	1 MARRIED	627		258,269		
	2 WIDOWED	2,199		928,172		
	3 DIVORCED	300		124,063		
	4 SEPARATED	47		19,441		
	5 NEVER MARRIED	545		222,850		
	TOTAL	3,747		1,563,858		



MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BMRKSAD	MAR STAT WHEN ADMITTED TO FAC ON KAD/SAD	2.0	NUM	106	107	BQ14
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	1		190		
	-8 DK	1		475		
	-5 NEVER WILL KNOW	5		2,195		
	-1 INAPPLICABLE	1,191		488,081		
	1 MARRIED	110		46,080		
	2 WIDOWED	2,102		887,657		
	3 DIVORCED	285		117,610		
	4 SEPARATED	48		19,917		
	5 NEVER MARRIED	4		1,653		
	TOTAL	3,747		1,563,858		
BTOTLDAU	TOTAL LIVING DAUGHTERS	2.0	NUM	108	109	BQ18
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	367		149,554		
	-1 INAPPLICABLE	1		450		
	0	1,628		675,977		
	1	1,068		449,662		
	2	435		183,120		
	3	171		72,221		
	4	39		17,160		
	5	21		9,103		
	6	8		3,254		
	7	6		2,223		
	8	3		1,135		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BTOTLSON	TOTAL LIVING SONS	2.0	NUM	110	111	BQ19
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	411		169,486		
	-1 INAPPLICABLE	1		450		
	0	1,690		705,935		
	1	1,077		448,136		
	2	367		153,923		
	3	121		51,602		
	4	45		18,962		
	5	20		8,965		
	6	7		3,456		
	7	4		1,185		
	8	2		656		
	9	1		588		
	10	1		515		
	TOTAL	3,747		1,563,858		
HASKIDS	SP HAS LIVING CHILDREN	2.0	NUM	112	113	Constructed
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	245		100,621		
	-1 INAPPLICABLE	1		450		
	0 NO	1,087		453,103		
	1 YES	2,414		1,009,685		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BTOTLSIS	TOTAL LIVING SISTERS	2.0	NUM	114	115	BQ20
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	1,323		549,879		
	0	1,396		584,176		
	1	619		257,344		
	2	225		94,108		
	3	99		41,647		
	4	45		19,661		
	5	19		7,864		
	6	11		5,012		
	7	2		894		
	8	8		3,274		
	TOTAL	3,747		1,563,858		
BTOTLBRO	TOTAL LIVING BROTHERS	2.0	NUM	116	117	BQ21
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	1,354		561,588		
	0	1,622		675,929		
	1	475		201,025		
	2	160		67,875		
	3	69		28,200		
	4	27		11,685		
	5	16		7,842		
	6	9		4,025		
	7	5		1,762		
	8	8		3,156		
	10	1		259		
	11	1		514		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
HASSIBS	SP HAS LIVING SIBLINGS	2.0	NUM	118	119	Constructed
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	1,273		527,520		
	0 NO	1,124		467,457		
	1 YES	1,350		568,881		
	TOTAL	3,747		1,563,858		
BLIVMOTH	IS SP'S MOTHER STILL LIVING?	2.0	NUM	120	121	BQ22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	101		42,025		
	-1 INAPPLICABLE	3,412		1,424,286		
	0 NO	118		49,822		
	1 YES	116		47,725		
	TOTAL	3,747		1,563,858		
BLIVFATH	IS SP'S FATHER STILL LIVING?	2.0	NUM	122	123	BQ23
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	142		59,345		
	-1 INAPPLICABLE	3,412		1,424,286		
	0 NO	138		57,628		
	1 YES	55		22,599		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>CAIDECO</u>	<u>SP EVER COVERED BY MEDICAID</u>	<u>2.0</u>	<u>NUM</u>	<u>124</u>	<u>125</u>	<u>IN1</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	87		33,580		
	0 NO	1,003		410,548		
	1 YES	2,597		1,095,402		
	2 PENDING	60		24,329		
	TOTAL	3,747		1,563,858		
<u>ICDCRCOV</u>	<u>COVERED BY MEDICAID ON 1/1/96 OR KAD</u>	<u>2.0</u>	<u>NUM</u>	<u>126</u>	<u>127</u>	<u>IN6</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	27		10,494		
	-7 REFUSED	1		320		
	-1 INAPPLICABLE	1,162		473,059		
	0 NO	68		28,094		
	1 YES	2,489		1,051,891		
	TOTAL	3,747		1,563,858		
<u>ICAIDYY</u>	<u>YEAR SP FIRST COVERED BY MCAID?-CONT VAR</u>	<u>2.0</u>	<u>NUM</u>	<u>128</u>	<u>129</u>	<u>IN7</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	1,082		448,000		
	-7 REFUSED	14		4,869		
	-1 INAPPLICABLE	1,260		512,828		
	Q1: 62 TO < 91	320		137,855		
	Q2: 91 TO < 93	218		93,328		
	Q3: 93 TO < 95	463		198,308		
	Q4: 95 TO < 96	390		168,670		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ICAIDFAC	WAS SP=CR COVERED BY MEDICAID ON KAD/SAD	2.0	NUM	130	131	IN8
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	2		649		
	-7 REFUSED	2		640		
	-1 INAPPLICABLE	3,730		1,557,877		
	1 YES	13		4,692		
	TOTAL	3,747		1,563,858		
ICAIDMM	MONTH SP FIRST COVERED BY MCAID	2.0	NUM	132	133	IN9
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	53		23,899		
	-1 INAPPLICABLE	2,895		1,197,512		
	1 JANUARY	77		33,091		
	2 FEBRUARY	44		18,542		
	3 MARCH	64		28,158		
	4 APRIL	56		24,402		
	5 MAY	60		25,875		
	6 JUNE	81		35,720		
	7 JULY	74		31,592		
	8 AUGUST	72		30,439		
	9 SEPTEMBER	74		31,600		
	10 OCTOBER	61		25,201		
	11 NOVEMBER	69		29,602		
	12 DECEMBER	67		28,226		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>ICAIDLIV</u>	<u>WHERE LIVING WHEN MEDICAID BEGAN</u>	<u>2.0</u>	<u>NUM</u>	<u>134</u>	<u>135</u>	<u>IN10</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	2		649		
	-8 DK	712		295,840		
	-7 REFUSED	8		3,340		
	-1 INAPPLICABLE	2,482		1,037,799		
	1 IN THIS FACILITY	202		85,562		
	2 OTHER NURSING HOME	76		32,091		
	3 RESIDENTIAL CARE FACILITY	23		9,719		
	4 CCRC/RETIREMENT HOME/CENTER	2		907		
	5 HOSPITAL	33		14,700		
	6 PRIVATE HOME OR APARTMENT	194		77,807		
	91 OTHER SPECIFY	13		5,443		
	TOTAL	3,747		1,563,858		
<u>ICDLIVOS</u>	<u>OTHER SPECIFY: WHERE LIVED</u>	<u>30.0</u>	<u>CHAR</u>	<u>136</u>	<u>165</u>	<u>IN10</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,734		1,558,415		
	TEXT	13		5,443		
	TOTAL	3,747		1,563,858		
<u>XINPLACY</u>	<u>FACILITY PART LIVED WHEN BEGAN MEDICAID</u>	<u>3.0</u>	<u>CHAR</u>	<u>166</u>	<u>168</u>	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	NOT IN FACILITY	17		6,893		
	-1 INAPPLICABLE	3,143		1,307,821		
	-9 NOT ASCERTAINED	1		324		
	PLACE NUMBER	586		248,820		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
CAREPTA	COVERED BY MEDICARE PART A	2.0	NUM	169	170	IN12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	47		18,109		
	-1 INAPPLICABLE	5		2,228		
	0 NO	266		105,633		
	1 YES	3,429		1,437,889		
	TOTAL	3,747		1,563,858		
CAREPTB	COVERED BY MEDICARE PART B	2.0	NUM	171	172	IN13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	680		285,517		
	-7 REFUSED	2		640		
	0 NO	1,031		425,400		
	1 YES	2,034		852,301		
	TOTAL	3,747		1,563,858		
IGAPCOV	COVERED BY MEDIGAP POLICY	2.0	NUM	173	174	IN18
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	206		86,578		
	0 NO	2,429		1,014,352		
	1 YES	1,112		462,929		
	TOTAL	3,747		1,563,858		



MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ILTCCOV	COVERED BY LONG TERM CARE POLICY	2.0	NUM	175	176	IN20
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	363		150,764		
	0 NO	3,248		1,357,548		
	1 YES	136		55,546		
	TOTAL	3,747		1,563,858		
ICHACOV	COVERED BY CHAMPUS OR CHAMPVA	2.0	NUM	177	178	IN22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	128		52,621		
	-1 INAPPLICABLE	1		365		
	0 NO	3,596		1,503,232		
	1 YES	22		7,639		
	TOTAL	3,747		1,563,858		
IDVACOV	COVERED BY DEPT OF VET AFFS PROGRAM	2.0	NUM	179	180	IN23
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	114		47,837		
	0 NO	3,529		1,474,254		
	1 YES	104		41,768		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
IPUBCOV	COVERED BY PUBLIC ASSISTANCE PROGRAM	2.0	NUM	181	182	IN24
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	173		72,970		
	0 NO	3,543		1,477,593		
	1 YES	31		13,295		
	TOTAL	3,747		1,563,858		
BRECHAVE	HAVE SP'S MEDICAL RECORDS	1.0	NUM	183	183	HA1
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	8		3,005		
	1 YES	3,739		1,560,853		
	TOTAL	3,747		1,563,858		
BRECFRMS	RECORDS CONTAIN ANY MDS OR QUAR. REV	2.0	NUM	184	185	HA2
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	8		3,005		
	0 NO	141		56,091		
	1 YES	3,598		1,504,762		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSMM01	MONTH OF HEALTH ASSESSMENT 01	2.0	NUM	186	187	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY CRADJWGT</u>			
	-5 NEVER WILL KNOW	64	27,689			
	-1 INAPPLICABLE	149	59,096			
	1 JANUARY	565	239,207			
	2 FEBRUARY	20	7,911			
	3 MARCH	18	7,912			
	4 APRIL	21	8,909			
	5 MAY	49	19,895			
	6 JUNE	43	18,323			
	7 JULY	57	24,097			
	8 AUGUST	83	34,804			
	9 SEPTEMBER	79	31,692			
	10 OCTOBER	467	195,204			
	11 NOVEMBER	1,023	430,401			
	12 DECEMBER	1,109	458,718			
	TOTAL	3,747	1,563,858			

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSDD01	DAY OF HEALTH ASSESSMENT 01	2.0	NUM	188	189	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY CRADJWGT</u>			
	-5 NEVER WILL KNOW	64	27,689			
	-1 INAPPLICABLE	149	59,096			
	1	133	56,416			
	2	145	61,054			
	3	122	50,884			
	4	132	54,573			
	5	133	55,472			
	6	133	57,853			
	7	130	54,596			
	8	133	58,535			
	9	145	58,770			
	10	122	51,629			
	11	118	49,946			
	12	147	60,573			
	13	125	53,161			
	14	158	67,497			
	15	116	49,140			
	16	90	35,979			
	17	79	32,011			
	18	87	35,062			
	19	108	43,573			
	20	119	50,784			
	21	126	52,795			
	22	99	41,459			
	23	47	18,567			
	24	81	33,518			
	25	80	33,171			
	26	111	45,948			
	27	124	51,484			
	28	123	50,360			
	29	98	41,456			
	30	103	43,139			
	31	67	27,669			
	TOTAL	3,747	1,563,858			

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSYY01	YEAR OF HEALTH ASSESSMENT 01	2.0	NUM	190	191	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-5 NEVER WILL KNOW	64		27,689		
	-1 INAPPLICABLE	149		59,096		
	93	1		515		
	94	6		2,103		
	95	2,981		1,243,421		
	96	546		231,033		
	TOTAL	3,747		1,563,858		
BFRMTY01	FORM 01 TYPE OF ASSESSMENT	2.0	NUM	192	193	HA4
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	220		89,404		
	0 QUARTERLY REVIEW	1,417		600,889		
	1 MDS	2,110		873,565		
	TOTAL	3,747		1,563,858		
BPRIM01	IS FORM 01 PRIMARY ASSESSMENT	1.0	NUM	194	194	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	359		148,195		
	1 YES	3,388		1,415,663		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BBACK01	IS FORM 01 BACKUP ASSESSMENT	1.0	NUM	195	195	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,640		1,519,426		
	1 YES	107		44,432		
	TOTAL	3,747		1,563,858		
BASSMM02	MONTH OF HEALTH ASSESSMENT 02	2.0	NUM	196	197	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	1		459		
	-5 NEVER WILL KNOW	3		901		
	-1 INAPPLICABLE	2,427		1,002,969		
	1 JANUARY	120		50,509		
	2 FEBRUARY	92		39,692		
	3 MARCH	151		63,934		
	4 APRIL	101		42,134		
	5 MAY	120		52,883		
	6 JUNE	128		54,713		
	7 JULY	128		53,237		
	8 AUGUST	135		59,394		
	9 SEPTEMBER	128		54,446		
	10 OCTOBER	120		50,406		
	11 NOVEMBER	40		17,119		
	12 DECEMBER	53		21,060		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSDD02	DAY OF HEALTH ASSESSMENT 02	2.0	NUM	198	199	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY</u>	<u>CRADJWGT</u>	
	-9 NOT ASCERTAINED	1		459		
	-5 NEVER WILL KNOW	3		901		
	-1 INAPPLICABLE	2,427		1,002,969		
	1	59		26,261		
	2	38		16,728		
	3	45		19,841		
	4	42		17,024		
	5	45		18,287		
	6	54		22,554		
	7	38		15,979		
	8	27		10,773		
	9	46		20,783		
	10	45		18,330		
	11	39		16,146		
	12	43		17,809		
	13	47		18,869		
	14	42		17,713		
	15	41		17,699		
	16	47		20,801		
	17	55		23,159		
	18	46		19,611		
	19	34		14,517		
	20	42		17,269		
	21	54		22,700		
	22	42		18,545		
	23	33		14,196		
	24	42		18,144		
	25	46		19,565		
	26	44		19,700		
	27	49		20,470		
	28	38		16,386		
	29	25		10,122		
	30	36		15,557		
	31	32		13,990		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSY02	YEAR OF HEALTH ASSESSMENT 02	2.0	NUM	200	201	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	1		459		
	-5 NEVER WILL KNOW	3		901		
	-1 INAPPLICABLE	2,427		1,002,969		
	94	1		547		
	95	1,226		521,185		
	96	89		37,797		
	TOTAL	3,747		1,563,858		
BFRMTY02	FORM 02 TYPE OF ASSESSMENT	2.0	NUM	202	203	HA4
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	2,428		1,003,516		
	0 QUARTERLY REVIEW	119		49,563		
	1 MDS	1,200		510,779		
	TOTAL	3,747		1,563,858		
BPRIM02	IS FORM 02 PRIMARY ASSESSMENT	2.0	NUM	204	205	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	2,427		1,002,969		
	0 NO	1,179		501,303		
	1 YES	141		59,586		
	TOTAL	3,747		1,563,858		



MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BBACK02	IS FORM 02 BACKUP ASSESSMENT	2.0	NUM	206	207	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	2,427		1,002,969		
	0 NO	168		69,902		
	1 YES	1,152		490,987		
	TOTAL	3,747		1,563,858		
BASSMM03	MONTH OF HEALTH ASSESSMENT 03	2.0	NUM	208	209	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,739		1,560,556		
	1 JANUARY	2		806		
	4 APRIL	1		431		
	10 OCTOBER	1		360		
	11 NOVEMBER	3		1,226		
	12 DECEMBER	1		481		
	TOTAL	3,747		1,563,858		
BASSDD03	DAY OF HEALTH ASSESSMENT 03	2.0	NUM	210	211	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,739		1,560,556		
	7	2		803		
	9	1		417		
	11	1		389		
	12	1		481		
	13	2		854		
	17	1		360		
	TOTAL	3,747		1,563,858		

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 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSYY03	YEAR OF HEALTH ASSESSMENT 03	2.0	NUM	212	213	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,739		1,560,556		
	95	6		2,497		
	96	2		806		
	TOTAL	3,747		1,563,858		
BFRMTY03	FORM 03 TYPE OF ASSESSMENT	2.0	NUM	214	215	HA4
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,739		1,560,556		
	0 QUARTERLY REVIEW	7		2,872		
	1 MDS	1		431		
	TOTAL	3,747		1,563,858		
BPRIM03	IS FORM 03 PRIMARY ASSESSMENT	2.0	NUM	216	217	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,739		1,560,556		
	0 NO	8		3,302		
	TOTAL	3,747		1,563,858		

MEPS 1996  
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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BBACK03	IS FORM 03 BACKUP ASSESSMENT	2.0	NUM	218	219	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,739		1,560,556		
	0 NO	7		2,872		
	1 YES	1		431		
	TOTAL	3,747		1,563,858		
BASSMM04	MONTH OF HEALTH ASSESSMENT 04	2.0	NUM	220	221	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	9 SEPTEMBER	1		389		
	TOTAL	3,747		1,563,858		
BASSDD04	DAY OF HEALTH ASSESSMENT 04	2.0	NUM	222	223	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	19	1		389		
	TOTAL	3,747		1,563,858		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSYY04	YEAR OF HEALTH ASSESSMENT 04	2.0	NUM	224	225	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	95	1		389		
	TOTAL	3,747		1,563,858		
BFRMTY04	FORM 04 TYPE OF ASSESSMENT	2.0	NUM	226	227	HA4
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	1 MDS	1		389		
	TOTAL	3,747		1,563,858		
BPRIM04	IS FORM 04 PRIMARY ASSESSMENT	2.0	NUM	228	229	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	0 NO	1		389		
	TOTAL	3,747		1,563,858		
BBACK04	IS FORM 04 BACKUP ASSESSMENT	2.0	NUM	230	231	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	1 YES	1		389		
	TOTAL	3,747		1,563,858		

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 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSMM05	MONTH OF HEALTH ASSESSMENT 05	2.0	NUM	232	233	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	9 SEPTEMBER	1		389		
	TOTAL	3,747		1,563,858		
BASSDD05	DAY OF HEALTH ASSESSMENT 05	2.0	NUM	234	235	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	19	1		389		
	TOTAL	3,747		1,563,858		
BASSYY05	YEAR OF HEALTH ASSESSMENT 05	2.0	NUM	236	237	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	95	1		389		
	TOTAL	3,747		1,563,858		
BFRMTY05	FORM 05 TYPE OF ASSESSMENT	2.0	NUM	238	239	HA4
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	1 MDS	1		389		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BPRIM05	IS FORM 05 PRIMARY ASSESSMENT	2.0	NUM	240	241	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	0 NO	1		389		
	TOTAL	3,747		1,563,858		
BBACK05	IS FORM 05 BACKUP ASSESSMENT	2.0	NUM	242	243	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	0 NO	1		389		
	TOTAL	3,747		1,563,858		
BASSMM06	MONTH OF HEALTH ASSESSMENT 06	2.0	NUM	244	245	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	1 JANUARY	1		389		
	TOTAL	3,747		1,563,858		
BASSDD06	DAY OF HEALTH ASSESSMENT 06	2.0	NUM	246	247	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	11	1		389		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BASSYY06	YEAR OF HEALTH ASSESSMENT 06	2.0	NUM	248	249	HA3a/HA3b/HA7b
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	96	1		389		
	TOTAL	3,747		1,563,858		
BFRMTY06	FORM 06 TYPE OF ASSESSMENT	2.0	NUM	250	251	HA4
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	0 QUARTERLY REVIEW	1		389		
	TOTAL	3,747		1,563,858		
BPRIM06	IS FORM 06 PRIMARY ASSESSMENT	2.0	NUM	252	253	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	0 NO	1		389		
	TOTAL	3,747		1,563,858		
BBACK06	IS FORM 06 BACKUP ASSESSMENT	2.0	NUM	254	255	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,470		
	0 NO	1		389		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BFORMREA	PRIMARY REASON FOR FORM ASSESSMENT	2.0	NUM	256	257	HA6
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	7		2,905		
	-1 INAPPLICABLE	1,737		731,702		
	1 ADMISSION	467		188,599		
	2 ANNUAL	669		274,721		
	3 SIGNIFICANT CHANGE IN STATUS	245		104,168		
	4 DISCHARGE - RETURN NOT ANTICIPATED	58		23,551		
	5 QUARTERLY REVIEW	428		180,608		
	91 OTHER	136		57,604		
	TOTAL	3,747		1,563,858		
BFORMREO	OTHER SPECIFY - REASON FOR ASSESSMENT	30.0	CHAR	258	287	HA6
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,611		1,506,254		
	TEXT	136		57,604		
	TOTAL	3,747		1,563,858		
BRECMDS	RECORDS CONTAIN FULL MDS IN REF PERIOD	2.0	NUM	288	289	HA7a
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	2,535		1,050,154		
	0 NO	245		101,852		
	1 YES	967		411,852		
	TOTAL	3,747		1,563,858		



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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BMDSVERS	VERSION OF MDS USED	2.0	NUM	290	291	HA8
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	218		88,609		
	1 VERSION 1	3,031		1,269,647		
	2 VERSION 2	447		181,776		
	91 OTHER	51		23,826		
	TOTAL	3,747		1,563,858		
BMDSVERO	OTHER SPECIFY - VERSION OF MDS	30.0	CHAR	292	321	HA8
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,696		1,540,032		
	TEXT	51		23,826		
	TOTAL	3,747		1,563,858		
BDIDABST	DID INTERVIEWER ABSTRACT	1.0	NUM	322	322	HC2
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	1 ALL	2,168		899,876		
	2 MAJORITY	194		81,093		
	3 HALF	75		32,953		
	4 SOME	240		100,469		
	5 NONE	1,070		449,467		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>BMENTAL</u>	<u>DID SP HAVE ANY MENTAL ILLNESSES?</u>	<u>2.0</u>	<u>NUM</u>	<u>323</u>	<u>324</u>	<u>HA9</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	81		34,251		
	0 NO	3,262		1,362,375		
	1 YES	404		167,232		
	TOTAL	3,747		1,563,858		
<u>BADLIVWI</u>	<u>LIVING WILL</u>	<u>2.0</u>	<u>NUM</u>	<u>325</u>	<u>326</u>	<u>HA10</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	21		8,276		
	0 NO	2,963		1,240,265		
	1 YES	763		315,317		
	TOTAL	3,747		1,563,858		
<u>BADDNRES</u>	<u>DO NOT RESUSCITATE</u>	<u>2.0</u>	<u>NUM</u>	<u>327</u>	<u>328</u>	<u>HA10</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	21		8,276		
	0 NO	1,936		799,183		
	1 YES	1,790		756,399		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BADDNHOS	DO NOT HOSPITALIZE	2.0	NUM	329	330	HA10
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	21		8,276		
	0 NO	3,583		1,495,362		
	1 YES	143		60,220		
	TOTAL	3,747		1,563,858		
BADOTRES	FEEDING/MEDICATION/OTHER TREATMENT	2.0	NUM	331	332	HA10
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	21		8,276		
	0 NO	3,466		1,450,286		
	1 YES	260		105,297		
	TOTAL	3,747		1,563,858		
BCOMATOS	WAS SP COMATOSE ON REF.DATE?	2.0	NUM	333	334	HA11
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	5		1,607		
	0 NO	3,710		1,549,506		
	1 YES	32		12,745		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BCSMEMST	WAS SHORT-TERM MEMORY OK?	2.0	NUM	335	336	HA12
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	10		4,170		
	-1 INAPPLICABLE	32		12,745		
	0 NO	1,193		491,471		
	1 YES	2,512		1,055,471		
	TOTAL	3,747		1,563,858		
BCSMEMLT	WAS LONG-TERM MEMORY OK?	2.0	NUM	337	338	HA13
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	11		5,093		
	-1 INAPPLICABLE	32		12,745		
	0 NO	1,652		689,029		
	1 YES	2,052		856,991		
	TOTAL	3,747		1,563,858		
BCSCURSE	WAS ABLE TO RECALL CURRENT SEASON?	2.0	NUM	339	340	HA14
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	41		16,563		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,014		847,501		
	1 YES	1,660		687,049		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BCSLOCRO	WAS ABLE TO RECALL LOCATION OF ROOM?	2.0	NUM	341	342	HA14
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	41		16,563		
	-1 INAPPLICABLE	32		12,745		
	0 NO	1,628		683,771		
	1 YES	2,046		850,778		
	TOTAL	3,747		1,563,858		
BCSNAMFA	WAS ABLE TO RECALL NAMES/FACES?	2.0	NUM	343	344	HA14
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	41		16,563		
	-1 INAPPLICABLE	32		12,745		
	0 NO	1,457		607,148		
	1 YES	2,217		927,401		
	TOTAL	3,747		1,563,858		
BCSINNH	WAS ABLE TO RECALL - IN NURSING HOME?	2.0	NUM	345	346	HA14
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	41		16,563		
	-1 INAPPLICABLE	32		12,745		
	0 NO	1,562		656,176		
	1 YES	2,112		878,373		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BCSDECIS	HOW SKILLED MAKING DAILY DECISIONS?	2.0	NUM	347	348	HA15
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	12		4,704		
	-1 INAPPLICABLE	32		12,745		
	0 INDEPENDENT	728		299,560		
	1 MODIFIED INDEPENDENCE	833		345,909		
	2 MODERATELY IMPAIRED	1,230		519,936		
	3 SEVERELY IMPAIRED	912		381,004		
	TOTAL	3,747		1,563,858		
HCHECOND	WHAT WAS THE CONDITION OF HEARING?	2.0	NUM	349	350	HA16
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	20		8,193		
	-1 INAPPLICABLE	32		12,745		
	0 HEARS ADEQUATELY	2,374		993,981		
	1 HEARS WITH MINIMAL DIFFICULTY	852		354,595		
	2 HEARS IN SPECIAL SITUATIONS ONLY	360		149,408		
	3 HEARING HIGHLY IMPAIRED	109		44,936		
	TOTAL	3,747		1,563,858		
HCHEAID	DID SP HAVE A HEARING AID?	2.0	NUM	351	352	HA17
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	37		14,333		
	-1 INAPPLICABLE	32		12,745		
	0 NO	3,307		1,383,073		
	1 YES	371		153,707		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
HCUNCOND	HOW WELL WAS SP UNDERSTOOD BY OTHERS?	2.0	NUM	353	354	HA18
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	5		2,103		
	-1 INAPPLICABLE	32		12,745		
	0 UNDERSTOOD	1,896		786,566		
	1 USUALLY UNDERSTOOD	786		329,577		
	2 SOMTIMES UNDERSTOOD	594		249,595		
	3 RARELY/NEVER UNDERSTOOD	434		183,272		
	TOTAL	3,747		1,563,858		
HCUNDOTH	HOW WELL DID SP UNDERSTAND OTHERS?	2.0	NUM	355	356	HA19
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	4		1,704		
	-1 INAPPLICABLE	32		12,745		
	0 UNDERSTOOD	1,670		694,823		
	1 USUALLY UNDERSTOOD	982		408,259		
	2 SOMTIMES UNDERSTOOD	724		302,628		
	3 RARELY/NEVER UNDERSTOOD	335		143,699		
	TOTAL	3,747		1,563,858		

MEPS 1996  
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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
VISION	WHAT SP'S ABILITY TO SEE?	2.0	NUM	357	358	HA20
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	39		17,180		
	-1 INAPPLICABLE	32		12,745		
	0 ADEQUATE	2,249		931,949		
	1 IMPAIRED	937		396,670		
	2 HIGHLY IMPAIRED	339		142,770		
	3 SEVERELY IMPAIRED	151		62,545		
	TOTAL	3,747		1,563,858		
BBSWANDR	HOW OFTEN DID SP WANDERING OCCUR?	2.0	NUM	359	360	HA21
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	8		3,995		
	-1 INAPPLICABLE	32		12,745		
	0 NOT AT ALL	3,361		1,402,249		
	1 LESS THAN DAILY	132		55,723		
	2 DAILY OR MORE FREQUENTLY	214		89,146		
	TOTAL	3,747		1,563,858		
BBSVRBAB	HOW OFTEN DID VERB.ABUSIVE BEHAV. OCCUR?	2.0	NUM	361	362	HA21
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	9		4,136		
	-1 INAPPLICABLE	32		12,745		
	0 NOT AT ALL	3,270		1,364,780		
	1 LESS THAN DAILY	315		131,795		
	2 DAILY OR MORE FREQUENTLY	121		50,402		
	TOTAL	3,747		1,563,858		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BBSPHYAB	HOW OFTEN: PHYSICALLY ABUSIVE BEHAVIOR?	2.0	NUM	363	364	HA21
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	9		4,159		
	-1 INAPPLICABLE	32		12,745		
	0 NOT AT ALL	3,366		1,405,540		
	1 LESS THAN DAILY	260		107,608		
	2 DAILY OR MORE FREQUENTLY	80		33,806		
	TOTAL	3,747		1,563,858		
BBSDISRP	HOW OFTEN: SOCIALLY INAPPROPRIATE BEHAV?	2.0	NUM	365	366	HA21
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	10		4,493		
	-1 INAPPLICABLE	32		12,745		
	0 NOT AT ALL	3,169		1,322,776		
	1 LESS THAN DAILY	307		128,703		
	2 DAILY OR MORE FREQUENTLY	229		95,141		
	TOTAL	3,747		1,563,858		
BBSRESIS	HOW OFTEN: RESISTANCE TO CARE	2.0	NUM	367	368	HA21
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	37		15,574		
	-1 INAPPLICABLE	32		12,745		
	0 NOT AT ALL	3,216		1,343,287		
	1 LESS THAN DAILY	267		109,988		
	2 DAILY OR MORE FREQUENTLY	195		82,264		
	TOTAL	3,747		1,563,858		

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 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BPFTRNSF	LEVEL OF SELF-PERFORM.: TRANSFER	2.0	NUM	369	370	HA22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	9		3,996		
	-1 INAPPLICABLE	32		12,745		
	0 INDEPENDENT	992		409,541		
	1 SUPERVISION	264		109,840		
	2 LIMITED ASSISTANCE	627		266,847		
	3 EXTENSIVE ASSISTANCE	790		329,859		
	4 TOTAL DEPENDENCE	1,018		425,431		
	5 ACTIVITY DID NOT OCCUR	15		5,597		
	TOTAL	3,747		1,563,858		
BPFLOCOM	LEVEL OF SELF-PERFORM.: LOCOMOT. ON UNIT	2.0	NUM	371	372	HA22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	8		3,499		
	-1 INAPPLICABLE	32		12,745		
	0 INDEPENDENT	1,255		521,274		
	1 SUPERVISION	355		147,913		
	2 LIMITED ASSISTANCE	521		219,880		
	3 EXTENSIVE ASSISTANCE	481		202,161		
	4 TOTAL DEPENDENCE	1,021		427,381		
	5 ACTIVITY DID NOT OCCUR	74		29,004		
	TOTAL	3,747		1,563,858		

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DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BPFDRSNG	LEVEL OF SELF-PERFORM.: DRESSING?	2.0	NUM	373	374	HA22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	6		2,794		
	-1 INAPPLICABLE	32		12,745		
	0 INDEPENDENT	445		181,567		
	1 SUPERVISION	308		126,944		
	2 LIMITED ASSISTANCE	768		320,721		
	3 EXTENSIVE ASSISTANCE	879		369,757		
	4 TOTAL DEPENDENCE	1,293		543,057		
	5 ACTIVITY DID NOT OCCUR	16		6,274		
	TOTAL	3,747		1,563,858		
BPFPEATNG	LEVEL OF SELF-PERFORM.: EATING?	2.0	NUM	375	376	HA22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	10		4,190		
	-1 INAPPLICABLE	32		12,745		
	0 INDEPENDENT	1,510		626,590		
	1 SUPERVISION	839		351,266		
	2 LIMITED ASSISTANCE	418		177,256		
	3 EXTENSIVE ASSISTANCE	282		115,568		
	4 TOTAL DEPENDENCE	643		271,914		
	5 ACTIVITY DID NOT OCCUR	13		4,330		
	TOTAL	3,747		1,563,858		

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 FILE 2: PERSON-LEVEL FILE

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BPFTOILT	LEVEL OF SELF-PERFORM.: TOILET USE?	2.0	NUM	377	378	HA22
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	11		4,768		
	-1 INAPPLICABLE	32		12,745		
	0 INDEPENDENT	755		312,563		
	1 SUPERVISION	232		95,862		
	2 LIMITED ASSISTANCE	586		245,671		
	3 EXTENSIVE ASSISTANCE	725		305,542		
	4 TOTAL DEPENDENCE	1,360		568,111		
	5 ACTIVITY DID NOT OCCUR	46		18,595		
	TOTAL	3,747		1,563,858		
BPFBATHG	LEVEL OF SELF-PERFORMANCE IN BATHING?	2.0	NUM	379	380	HA23
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	13		5,654		
	-1 INAPPLICABLE	32		12,745		
	0 INDEPENDENT	116		48,524		
	1 SUPERVISION	237		98,585		
	2 PHYSICAL HELP LIMITED TO TRANSFER ONL	400		164,646		
	3 PHYSICAL HELP IN PART OF BATHING ACTV	1,223		510,458		
	4 TOTAL DEPENDENCE	1,723		722,005		
	8 ACTIVITY DID NOT OCCUR	3		1,241		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BMLCANE	DID SP USE CANE/WALKER?	2.0	NUM	381	382	HA24
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	32		12,095		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,722		1,135,854		
	1 YES	961		403,164		
	TOTAL	3,747		1,563,858		
BMLWLSLF	DID SP WHEEL HER/HIMSELF?	2.0	NUM	383	384	HA24
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	32		12,095		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,462		1,029,206		
	1 YES	1,221		509,812		
	TOTAL	3,747		1,563,858		
BMLWLOTH	DID SOMEONE WHEEL SP?	2.0	NUM	385	386	HA24
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	32		12,095		
	-1 INAPPLICABLE	32		12,745		
	0 NO	1,912		795,729		
	1 YES	1,771		743,289		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>CTBOWEC</u>	<u>WHAT SP'S LEVEL OF BOWEL CONTROL?</u>	2.0	NUM	387	388	HA25
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	14		5,920		
	-1 INAPPLICABLE	32		12,745		
	0 CONTINENT	1,620		670,221		
	1 USUALLY CONTINENT	279		115,901		
	2 OCCASIONALLY INCONTINENT	247		104,890		
	3 FREQUENTLY INCONTINENT	337		140,536		
	4 INCONTINENT	1,218		513,645		
	TOTAL	3,747		1,563,858		
<u>CTBADDC</u>	<u>WHAT WAS SP'S LEVEL OF BLADDER CONTROL?</u>	2.0	NUM	389	390	HA25
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	12		5,277		
	-1 INAPPLICABLE	32		12,745		
	0 CONTINENT	1,306		540,187		
	1 USUALLY CONTINENT	315		134,263		
	2 OCCASIONALLY INCONTINENT	294		120,458		
	3 FREQUENTLY INCONTINENT	555		233,362		
	4 INCONTINENT	1,233		517,567		
	TOTAL	3,747		1,563,858		
<u>PWINTOTH</u>	<u>WAS SP: AT EASE INTERACTING WITH OTHERS?</u>	2.0	NUM	391	392	HA27
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	32		12,745		
	0 NO	1,225		510,295		
	1 YES	2,490		1,040,818		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PWSTRACT	WAS SP: AT EASE DOING PLANNED ACTIVITIES	2.0	NUM	393	394	HA27
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,265		941,126		
	1 YES	1,450		609,986		
	TOTAL	3,747		1,563,858		
PWSLFACT	WAS SP:AT EASE DOING SELF ACTIVITIES?	2.0	NUM	395	396	HA27
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,245		936,977		
	1 YES	1,470		614,136		
	TOTAL	3,747		1,563,858		
PWGOALS	DID SP ESTABLISH OWN GOALS?	2.0	NUM	397	398	HA27
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,623		1,094,464		
	1 YES	1,092		456,648		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PWFACLI	WAS SP INVOLVED IN LIFE OF FACILITY?	2.0	NUM	399	400	HA27
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,967		1,237,918		
	1 YES	748		313,195		
	TOTAL	3,747		1,563,858		
PWGRPACT	DID SP ACCEPT INVITATIONS?	2.0	NUM	401	402	HA27
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,804		1,174,719		
	1 YES	911		376,393		
	TOTAL	3,747		1,563,858		
PWNOFC	DOES SP HAVE ABSENCE OF FAMILY CONTACT?	2.0	NUM	403	404	HA27
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	32		12,745		
	0 NO	3,609		1,509,306		
	1 YES	106		41,806		
	TOTAL	3,747		1,563,858		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>ALLERGY</u>	<u>DID SP HAVE ALLERGIES?</u>	1.0	NUM	405	405	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,127		1,296,618		
	1 YES	620		267,240		
	TOTAL	3,747		1,563,858		
<u>ALZHMR</u>	<u>DID SP HAVE ALZHEIMER'S DISEASE?</u>	1.0	NUM	406	406	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,178		1,321,427		
	1 YES	569		242,431		
	TOTAL	3,747		1,563,858		
<u>ANEMIA</u>	<u>DID SP HAVE ANEMIA?</u>	1.0	NUM	407	407	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,095		1,292,521		
	1 YES	652		271,337		
	TOTAL	3,747		1,563,858		
<u>ANXIETY</u>	<u>DID SP HAVE ANXIETY DISORDER?</u>	1.0	NUM	408	408	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,462		1,444,478		
	1 YES	285		119,380		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
APHASIA	DID SP HAVE APHASIA?	1.0	NUM	409	409	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,613		1,506,290		
	1 YES	134		57,569		
	TOTAL	3,747		1,563,858		
ASHD	DID SP HAVE ARTER. HEART DISEASE?	1.0	NUM	410	410	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,046		1,269,678		
	1 YES	701		294,180		
	TOTAL	3,747		1,563,858		
ARTHRIT	DID SP HAVE ARTHRITIS?	1.0	NUM	411	411	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	2,835		1,184,573		
	1 YES	912		379,285		
	TOTAL	3,747		1,563,858		
ASTHMA	DID SP HAVE ASTHMA?	1.0	NUM	412	412	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,682		1,537,271		
	1 YES	65		26,587		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
CANCER	DID SP HAVE CANCER?	1.0	NUM	413	413	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,474		1,451,767		
	1 YES	273		112,091		
	TOTAL	3,747		1,563,858		
CARDDYSR	DID SP HAVE DYSRHYTHMIA?	1.0	NUM	414	414	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,374		1,405,330		
	1 YES	373		158,528		
	TOTAL	3,747		1,563,858		
CARDIOV	DID SP HAVE CARDIOVASCULAR DISEASE?	1.0	NUM	415	415	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,205		1,338,522		
	1 YES	542		225,336		
	TOTAL	3,747		1,563,858		
CATARCT	DID SP HAVE CATARACTS?	1.0	NUM	416	416	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,339		1,386,165		
	1 YES	408		177,693		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>CERPALSY</u>	<u>DID SP HAVE CEREBRAL PALSY?</u>	<u>1.0</u>	<u>NUM</u>	<u>417</u>	<u>417</u>	<u>HA28</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,722		1,553,102		
	1 YES	25		10,756		
	TOTAL	3,747		1,563,858		
<u>STROKE</u>	<u>DID SP HAVE CEREBROVASCULAR ACCIDENT?</u>	<u>1.0</u>	<u>NUM</u>	<u>418</u>	<u>418</u>	<u>HA28</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	2,955		1,231,554		
	1 YES	792		332,305		
	TOTAL	3,747		1,563,858		
<u>HRTFAIL</u>	<u>DID SP HAVE CONGESTIVE HEART FAILURE?</u>	<u>1.0</u>	<u>NUM</u>	<u>419</u>	<u>419</u>	<u>HA28</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	2,970		1,238,738		
	1 YES	777		325,121		
	TOTAL	3,747		1,563,858		
<u>VEINTHR</u>	<u>DID SP HAVE DEEP VEIN THROMBOSIS?</u>	<u>1.0</u>	<u>NUM</u>	<u>420</u>	<u>420</u>	<u>HA28</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,703		1,545,038		
	1 YES	44		18,820		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
DEMENT	DID SP HAVE DEMENTIA?	1.0	NUM	421	421	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	2,449		1,009,894		
	1 YES	1,298		553,964		
	TOTAL	3,747		1,563,858		
DEPRESS	DID SP HAVE DEPRESSION?	1.0	NUM	422	422	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	2,993		1,248,272		
	1 YES	754		315,586		
	TOTAL	3,747		1,563,858		
DIABMEL	DID SP HAVE DIABETES MELLITUS?	1.0	NUM	423	423	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,068		1,282,363		
	1 YES	679		281,495		
	TOTAL	3,747		1,563,858		
DIABRET	DID SP HAVE DIABETIC RETINOPATHY?	1.0	NUM	424	424	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,731		1,557,013		
	1 YES	16		6,845		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
EMPCOPD	DID SP HAVE EMPHYSEMA/COPD?	1.0	NUM	425	425	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,275		1,365,927		
	1 YES	472		197,931		
	TOTAL	3,747		1,563,858		
GLAUCOMA	DID SP HAVE GLAUCOMA?	1.0	NUM	426	426	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,512		1,467,272		
	1 YES	235		96,586		
	TOTAL	3,747		1,563,858		
HEMIPLPA	DID SP HAVE HEMIPLEGIA/HEMIPARESIS?	1.0	NUM	427	427	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,626		1,510,499		
	1 YES	121		53,359		
	TOTAL	3,747		1,563,858		
HIPFRACT	DID SP HAVE HIP FRACTURE?	1.0	NUM	428	428	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,559		1,484,791		
	1 YES	188		79,068		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
HYPETENS	DID SP HAVE HYPERTENSION?	1.0	NUM	429	429	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	2,371		991,507		
	1 YES	1,376		572,351		
	TOTAL	3,747		1,563,858		
HYPETHYR	DID SP HAVE HYPERTHYROIDISM?	1.0	NUM	430	430	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,595		1,501,549		
	1 YES	152		62,309		
	TOTAL	3,747		1,563,858		
HYPOTENS	DID SP HAVE HYPOTENSION?	1.0	NUM	431	431	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,680		1,536,408		
	1 YES	67		27,450		
	TOTAL	3,747		1,563,858		
HYPOTHYR	DID SP HAVE HYPOTHYROIDISM?	1.0	NUM	432	432	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,470		1,447,004		
	1 YES	277		116,854		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
MACDEGEN	DID SP HAVE MACULAR DEGENERATION?	1.0	NUM	433	433	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,710		1,548,487		
	1 YES	37		15,371		
	TOTAL	3,747		1,563,858		
MANICDEP	DID SP HAVE MANIC DEPRESSION?	1.0	NUM	434	434	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,703		1,545,225		
	1 YES	44		18,633		
	TOTAL	3,747		1,563,858		
SCLEROS	DID SP HAVE MULTIPLE SCLEROSIS?	1.0	NUM	435	435	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,698		1,543,378		
	1 YES	49		20,480		
	TOTAL	3,747		1,563,858		
OSTEOP	DID SP HAVE OSTEOPOROSIS?	1.0	NUM	436	436	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,395		1,418,023		
	1 YES	352		145,835		
	TOTAL	3,747		1,563,858		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
PARAPLEG	DID SP HAVE PARAPLEGIA?	1.0	NUM	437	437	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,731		1,557,601		
	1 YES	16		6,257		
	TOTAL	3,747		1,563,858		
PARKNSON	DID SP HAVE PARKINSON DISEASE?	1.0	NUM	438	438	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,511		1,466,435		
	1 YES	236		97,423		
	TOTAL	3,747		1,563,858		
VASCULAR	DID SP HAVE PERIPHERIAL VASCULAR DISEASE	1.0	NUM	439	439	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,462		1,446,010		
	1 YES	285		117,848		
	TOTAL	3,747		1,563,858		
QUADPLEG	DID SP HAVE QUADRIPLLEGIA?	1.0	NUM	440	440	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,738		1,560,276		
	1 YES	9		3,583		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>RENTFAIL</u>	<u>DID SP HAVE RENAL FAILURE?</u>	1.0	NUM	441	441	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,692		1,539,389		
	1 YES	55		24,469		
	TOTAL	3,747		1,563,858		
<u>SCHIZOPH</u>	<u>DID SP HAVE SCHIZOPHRENIA?</u>	1.0	NUM	442	442	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,610		1,507,681		
	1 YES	137		56,177		
	TOTAL	3,747		1,563,858		
<u>SEIZURE</u>	<u>DID SP HAVE SEIZURE DISORDER?</u>	1.0	NUM	443	443	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,431		1,433,391		
	1 YES	316		130,467		
	TOTAL	3,747		1,563,858		
<u>TIA</u>	<u>DID SP HAVE TRANSIENT ISCHEMIC ATTACK?</u>	1.0	NUM	444	444	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,683		1,537,900		
	1 YES	64		25,958		
	TOTAL	3,747		1,563,858		

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BRAININJ	DID SP HAVE TRAUMATIC BRAIN INJURY?	1.0	NUM	445	445	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,733		1,558,341		
	1 YES	14		5,517		
	TOTAL	3,747		1,563,858		
HA28OT01	HA28 OTHER ACTIVE DIAGNOSIS	30.0	CHAR	446	475	HA28
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,473		1,446,798		
	TEXT	274		117,060		
	TOTAL	3,747		1,563,858		
INFCDIFF	WAS SP INFECTED BY CLOSTRIDIUM DIFFICILE	1.0	NUM	476	476	HA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,734		1,557,945		
	1 YES	13		5,913		
	TOTAL	3,747		1,563,858		
INFHIV	WAS SP INFECTED BY HIV?	1.0	NUM	477	477	HA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,739		1,560,596		
	1 YES	8		3,262		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>INFMRSA</u>	<u>SP HAS ANTIBIOTIC RESIST STAPH INFECTION</u>	<u>1.0</u>	<u>NUM</u>	<u>478</u>	<u>478</u>	<u>HA29</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,731		1,557,468		
	1 YES	16		6,390		
	TOTAL	3,747		1,563,858		
<u>INFPNEU</u>	<u>WAS SP INFECTED BY PNEUMONIA?</u>	<u>1.0</u>	<u>NUM</u>	<u>479</u>	<u>479</u>	<u>HA29</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,576		1,492,846		
	1 YES	171		71,012		
	TOTAL	3,747		1,563,858		
<u>INFRESP</u>	<u>DID SP HAVE RESPIRATORY INFECTION?</u>	<u>1.0</u>	<u>NUM</u>	<u>480</u>	<u>480</u>	<u>HA29</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,644		1,521,315		
	1 YES	103		42,543		
	TOTAL	3,747		1,563,858		
<u>INFSEPT</u>	<u>WAS SP INFECTED BY SEPTICEMIA?</u>	<u>1.0</u>	<u>NUM</u>	<u>481</u>	<u>481</u>	<u>HA29</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,723		1,553,731		
	1 YES	24		10,128		
	TOTAL	3,747		1,563,858		

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INFTBRC	WAS SP INFECTED BY TUBERCULOSIS?	1.0	NUM	482	482	HA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,741		1,561,779		
	1 YES	6		2,079		
	TOTAL	3,747		1,563,858		
INFURNRY	DID SP/URINARY TRACT INF IN LAST 30 DAY?	1.0	NUM	483	483	HA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,287		1,369,718		
	1 YES	460		194,140		
	TOTAL	3,747		1,563,858		
INFHPPTS	WAS SP INFECTED BY VIRAL HEPATITIS?	1.0	NUM	484	484	HA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,741		1,561,481		
	1 YES	6		2,377		
	TOTAL	3,747		1,563,858		
INFWOUND	DID SP HAVE WOUND INFECTION?	1.0	NUM	485	485	HA29
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	0 NO	3,704		1,546,138		
	1 YES	43		17,720		
	TOTAL	3,747		1,563,858		

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OTMDS DIA	WERE THERE ANY OTHER MDS DIAGNOSES?	2.0	NUM	486	487	HA30
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	218		88,609		
	0 NO	1,324		555,971		
	1 YES	2,205		919,279		
	TOTAL	3,747		1,563,858		
MALCOH	MDS: WAS SP ALCOHOL DEPENDENT?	2.0	NUM	488	489	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,165		902,436		
	1 YES	40		16,843		
	TOTAL	3,747		1,563,858		
MBREAST	MDS: SP HAS BREAST DISORDERS?	2.0	NUM	490	491	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,191		913,068		
	1 YES	14		6,211		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
MCKERDEG	MDS: SP HAS CEREBRAL DEGENERATION?	2.0	NUM	492	493	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,186		911,833		
	1 YES	19		7,446		
	TOTAL	3,747		1,563,858		
MCONST	MDS: SP HAS CONSTIPATION?	2.0	NUM	494	495	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	1,957		820,204		
	1 YES	248		99,075		
	TOTAL	3,747		1,563,858		
MHERNIA	MDS: SP HAS DIAPHRAGMATIC HERNIA?	2.0	NUM	496	497	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,136		890,087		
	1 YES	69		29,191		
	TOTAL	3,747		1,563,858		

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MDEVCOL	MDS: SP HAS DIVERTICULA OF COLON?	2.0	NUM	498	499	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,129		888,014		
	1 YES	76		31,264		
	TOTAL	3,747		1,563,858		
MEPILEP	MDS: SP HAS EPILEPSY?	2.0	NUM	500	501	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,191		913,671		
	1 YES	14		5,607		
	TOTAL	3,747		1,563,858		
MGASTR	MDS: SP HAS GASTRITIS/DUODENITIS?	2.0	NUM	502	503	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,131		887,474		
	1 YES	74		31,805		
	TOTAL	3,747		1,563,858		



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MGASTRO	MDS: SP HAS GASTROENTERITIS?	2.0	NUM	504	505	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,185		911,208		
	1 YES	20		8,070		
	TOTAL	3,747		1,563,858		
MGHEMOR	MDS: SP HAS G.I. HEMORRHAGE?	2.0	NUM	506	507	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,149		894,969		
	1 YES	56		24,310		
	TOTAL	3,747		1,563,858		
MHYPER	MDS: SP HAS HYPERPLASIA OF PROSTATE?	2.0	NUM	508	509	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,172		905,144		
	1 YES	33		14,135		
	TOTAL	3,747		1,563,858		

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MHYPOP	MDS: SP HAS HYPOPOTASSEMIA/-KALEMIA?	2.0	NUM	510	511	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,165		903,728		
	1 YES	40		15,550		
	TOTAL	3,747		1,563,858		
MBRAINS	MDS: SP HAS NONPSYCHOTIC BRAIN SYND?	2.0	NUM	512	513	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,191		913,823		
	1 YES	14		5,456		
	TOTAL	3,747		1,563,858		
MPEPULC	MDS: SP HAS PEPTIC ULCER?	2.0	NUM	514	515	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,103		877,923		
	1 YES	102		41,356		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
MRENTUR	MDS: SP HAS RENAL URETERAL DISORDER?	2.0	NUM	516	517	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,169		905,344		
	1 YES	36		13,935		
	TOTAL	3,747		1,563,858		
MSCOLIO	MDS: SP HAS SCOLIOSIS?	2.0	NUM	518	519	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,187		911,737		
	1 YES	18		7,542		
	TOTAL	3,747		1,563,858		
MLEGULC	MDS: SP HAS ULCER OF LEG, CHRONIC?	2.0	NUM	520	521	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,542		644,580		
	0 NO	2,190		913,601		
	1 YES	15		5,678		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
HA31OT01	HA31 OTHER DIAGNOSIS 01	30.0	CHAR	522	551	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	1,711		714,268		
	TEXT	2,036		849,590		
	TOTAL	3,747		1,563,858		
HA31OT02	HA31 OTHER DIAGNOSIS 02	30.0	CHAR	552	581	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	2,521		1,052,556		
	TEXT	1,226		511,302		
	TOTAL	3,747		1,563,858		
HA31OT03	HA31 OTHER DIAGNOSIS 03	30.0	CHAR	582	611	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,076		1,284,261		
	TEXT	671		279,597		
	TOTAL	3,747		1,563,858		
HA31OT04	HA31 OTHER DIAGNOSIS 04	30.0	CHAR	612	641	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,441		1,435,387		
	TEXT	306		128,472		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
HA31OT05	HA31 OTHER DIAGNOSIS 05	30.0	CHAR	642	671	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,742		1,561,553		
	TEXT	5		2,306		
	TOTAL	3,747		1,563,858		
HA31OT06	HA31 OTHER DIAGNOSIS 06	30.0	CHAR	672	701	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,744		1,562,543		
	TEXT	3		1,315		
	TOTAL	3,747		1,563,858		
HA31OT07	HA31 OTHER DIAGNOSIS 07	30.0	CHAR	702	731	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,745		1,563,022		
	TEXT	2		836		
	TOTAL	3,747		1,563,858		
HA31OT08	HA31 OTHER DIAGNOSIS 08	30.0	CHAR	732	761	HA31
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,746		1,563,440		
	TEXT	1		418		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
OTACTDIA	ARE THERE ANY MORE ACTIVE DIAGNOSES?	2.0	NUM	762	763	HA32
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	6		2,367		
	0 NO	3,002		1,257,805		
	1 YES	739		303,686		
	TOTAL	3,747		1,563,858		
NMALCOH	NON-MDS: WAS SP ALCOHOL DEPENDENT?	2.0	NUM	764	765	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	716		294,261		
	1 YES	23		9,425		
	TOTAL	3,747		1,563,858		
NMBREAST	NON-MDS: SP HAS BREAST DISORDERS?	2.0	NUM	766	767	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	732		300,619		
	1 YES	7		3,067		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
NMCERDEG	NON-MDS: SP HAS CEREBRAL DEGENERATION?	2.0	NUM	768	769	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	731		300,110		
	1 YES	8		3,576		
	TOTAL	3,747		1,563,858		
NMCONST	NON-MDS: SP HAS CONSTIPATION?	2.0	NUM	770	771	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	644		266,397		
	1 YES	95		37,289		
	TOTAL	3,747		1,563,858		
NMHERNIA	NON-MDS: SP HAS DIAPHRAGMATIC HERNIA?	2.0	NUM	772	773	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	724		297,201		
	1 YES	15		6,485		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
NMDEVCOL	NON-MDS: SP HAS DIVERTICULA OF COLON?	2.0	NUM	774	775	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	721		296,304		
	1 YES	18		7,382		
	TOTAL	3,747		1,563,858		
NMEPILEP	NON-MDS: SP HAS EPILEPSY?	2.0	NUM	776	777	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	734		301,371		
	1 YES	5		2,315		
	TOTAL	3,747		1,563,858		
NMGASTR	NON-MDS: SP HAS GASTRITIS/DUODENITIS?	2.0	NUM	778	779	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	715		293,465		
	1 YES	24		10,221		
	TOTAL	3,747		1,563,858		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
NMGASTRO	NON-MDS: SP HAS GASTROENTERITIS?	2.0	NUM	780	781	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	736		302,483		
	1 YES	3		1,203		
	TOTAL	3,747		1,563,858		
NMGHEMOR	NON-MDS: SP HAS GI HEMORRHAGE?	2.0	NUM	782	783	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	726		298,460		
	1 YES	13		5,226		
	TOTAL	3,747		1,563,858		
NMHYPER	NON-MDS: SP HAS HYPERPLASIA OF PROSTATE?	2.0	NUM	784	785	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	733		301,451		
	1 YES	6		2,235		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>NMHYPOP</u>	<u>NON-MDS: SP HAS HYPOPOTASSEMIA/-KALEMIA?</u>	<u>2.0</u>	<u>NUM</u>	<u>786</u>	<u>787</u>	<u>HA33</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	726		298,170		
	1 YES	13		5,517		
	TOTAL	3,747		1,563,858		
<u>NMBRAINS</u>	<u>NON-MDS: SP HAS NONPSYCHOTIC BRAIN SYND?</u>	<u>2.0</u>	<u>NUM</u>	<u>788</u>	<u>789</u>	<u>HA33</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	735		301,794		
	1 YES	4		1,892		
	TOTAL	3,747		1,563,858		
<u>NMPEPULC</u>	<u>NON-MDS: SP HAS PEPTIC ULCER?</u>	<u>2.0</u>	<u>NUM</u>	<u>790</u>	<u>791</u>	<u>HA33</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	716		294,332		
	1 YES	23		9,355		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
<u>NMPENTUR</u>	<u>NON-MDS: SP HAS RENAL URETERAL DISORDER?</u>	<u>2.0</u>	<u>NUM</u>	<u>792</u>	<u>793</u>	<u>HA33</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	733		301,468		
	1 YES	6		2,218		
	TOTAL	3,747		1,563,858		
<u>NMSOLIO</u>	<u>NON-MDS: SP HAS SCOLIOSIS?</u>	<u>2.0</u>	<u>NUM</u>	<u>794</u>	<u>795</u>	<u>HA33</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	733		301,298		
	1 YES	6		2,388		
	TOTAL	3,747		1,563,858		
<u>NMLEGULC</u>	<u>NON-MDS: SP HAS ULCER OF LEG. CHRONIC?</u>	<u>2.0</u>	<u>NUM</u>	<u>796</u>	<u>797</u>	<u>HA33</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,008		1,260,172		
	0 NO	732		300,379		
	1 YES	7		3,308		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
HA33OT01	HA33 OTHER ACTIVE DIAGNOSIS 01	30.0	CHAR	798	827	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,092		1,294,167		
	TEXT	655		269,691		
	TOTAL	3,747		1,563,858		
HA33OT02	HA33 OTHER ACTIVE DIAGNOSIS 02	30.0	CHAR	828	857	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,463		1,445,431		
	TEXT	284		118,427		
	TOTAL	3,747		1,563,858		
HA33OT03	HA33 OTHER ACTIVE DIAGNOSIS 03	30.0	CHAR	858	887	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,634		1,516,180		
	TEXT	113		47,678		
	TOTAL	3,747		1,563,858		
HA33OT04	HA33 OTHER ACTIVE DIAGNOSIS 04	30.0	CHAR	888	917	HA33
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-1 INAPPLICABLE	3,707		1,546,947		
	TEXT	40		16,911		
	TOTAL	3,747		1,563,858		

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DEHYD	DID SP EXPERIENCE DEHYDRATION?	2.0	NUM	918	919	HA34
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	33		14,135		
	-1 INAPPLICABLE	32		12,745		
	0 NO	3,578		1,493,858		
	1 YES	104		43,119		
	TOTAL	3,747		1,563,858		
DELUS	DID SP EXPERIENCE DELUSIONS?	2.0	NUM	920	921	HA35
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	49		19,990		
	-1 INAPPLICABLE	32		12,745		
	0 NO	3,501		1,462,817		
	1 YES	165		68,306		
	TOTAL	3,747		1,563,858		
HALLUC	DID SP EXPERIENCE HALLUCINATIONS?	2.0	NUM	922	923	HA36
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	53		21,639		
	-1 INAPPLICABLE	32		12,745		
	0 NO	3,518		1,469,075		
	1 YES	144		60,398		
	TOTAL	3,747		1,563,858		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
ONCHEW	DID SP EXPERIENCE CHEWING PROBLEM?	2.0	NUM	924	925	HA37
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	66		27,584		
	-1 INAPPLICABLE	32		12,745		
	0 NO	2,769		1,155,722		
	1 YES	880		367,807		
	TOTAL	3,747		1,563,858		
ONSWALL	DID SP EXPERIENCE SWALLOWING PROBLEM?	2.0	NUM	926	927	HA37
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	66		27,584		
	-1 INAPPLICABLE	32		12,745		
	0 NO	3,118		1,299,158		
	1 YES	531		224,371		
	TOTAL	3,747		1,563,858		
ONMOUTH	DID SP EXPERIENCE ANY MOUTH PAIN?	2.0	NUM	928	929	HA37
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	66		27,584		
	-1 INAPPLICABLE	32		12,745		
	0 NO	3,617		1,510,886		
	1 YES	32		12,643		
	TOTAL	3,747		1,563,858		

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HEIGHT	WHAT SP'S HEIGHT? (CONT VAR)	2.0	NUM	930	931	HA38
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	44		17,799		
	-1 INAPPLICABLE	4		1,634		
	Q1: 46 TO < 61	820		340,113		
	Q2: 61 TO < 64	1,022		432,947		
	Q3: 64 TO < 66	672		280,643		
	Q4: 66 TO < 81	1,185		490,723		
	TOTAL	3,747		1,563,858		
BWEIGHT	WHAT SP'S WEIGHT? (CONT VAR)	3.0	NUM	932	934	HA39
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	29		10,834		
	Q1: 56 TO < 111	896		377,830		
	Q2: 111 TO < 131	954		397,524		
	Q3: 131 TO < 154	933		388,147		
	Q4: 154 TO < 304	935		389,524		
	TOTAL	3,747		1,563,858		
DHDEBRIS	DID SP HAVE DEBRIS IN MOUTH?	2.0	NUM	935	936	HA40
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	38		16,004		
	0 NO	3,653		1,524,542		
	1 YES	56		23,313		
	TOTAL	3,747		1,563,858		

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DHBRIDGE	DID SP HAVE DENTURES/REMOVABLE BRIDGES?	2.0	NUM	937	938	HA40
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	38		16,004		
	0 NO	2,020		839,616		
	1 YES	1,689		708,238		
	TOTAL	3,747		1,563,858		
DHTEELOS	DID SP HAVE ANY NATURAL TEETH LOST?	2.0	NUM	939	940	HA40
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	38		16,004		
	0 NO	2,557		1,061,568		
	1 YES	1,152		486,287		
	TOTAL	3,747		1,563,858		
DHBROKEN	DID SP HAVE ANY BROKEN/LOOSE TEETH?	2.0	NUM	941	942	HA40
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	38		16,004		
	0 NO	3,534		1,474,514		
	1 YES	175		73,340		
	TOTAL	3,747		1,563,858		



MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
DHINFGUM	DID SP HAVE ANY GUM INFECTIONS?	2.0	NUM	943	944	HA40
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	38		16,004		
	0 NO	3,669		1,531,364		
	1 YES	40		16,491		
	TOTAL	3,747		1,563,858		
ULCHAVE	DID SP HAVE ANY PRESSURE ULCERS?	2.0	NUM	945	946	HA41
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	16		6,666		
	0 NO	3,369		1,407,091		
	1 YES	362		150,102		
	TOTAL	3,747		1,563,858		
ULCSTAGE	WHAT THE HIGHEST STAGE OF ULCER SP HAD?	2.0	NUM	947	948	HA42
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	1		516		
	-8 DK	7		2,873		
	-1 INAPPLICABLE	3,385		1,413,757		
	1 STAGE 1	100		41,404		
	2 STAGE 2	172		72,651		
	3 STAGE 3	55		22,144		
	4 STAGE 4	27		10,512		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BDRBEDRL	HOW OFTEN BED RAILS WERE USED?	2.0	NUM	949	950	HA43
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-9 NOT ASCERTAINED	1		419		
	-8 DK	36		14,880		
	0 NOT USED	1,350		559,644		
	1 USED LESS THAN DAILY	80		33,588		
	2 USED DAILY	2,280		955,328		
	TOTAL	3,747		1,563,858		
BDRTRUNK	HOW OFTEN DID SP USE TRUNK RESTRAINT?	2.0	NUM	951	952	HA43
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	22		9,146		
	0 NOT USED	3,303		1,379,860		
	1 USED LESS THAN DAILY	37		15,120		
	2 USED DAILY	385		159,732		
	TOTAL	3,747		1,563,858		
BDRLIMB	HOW OFTEN DID SP USE LIMB RESTRAINT?	2.0	NUM	953	954	HA43
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	41		16,565		
	0 NOT USED	3,671		1,532,662		
	1 USED LESS THAN DAILY	7		2,465		
	2 USED DAILY	28		12,166		
	TOTAL	3,747		1,563,858		

MEPS 1996  
 NURSING HOME COMPONENT (NHC) ROUND 1  
 FILE 2: PERSON-LEVEL FILE

DATE: February 24, 1997

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>	<u>QUESTION NUMBER</u>
BDRCHAIR	WAS CHAIR PREVENTS RAISING USED?	2.0	NUM	955	956	HA43
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	-8 DK	25		10,162		
	0 NOT USED	3,447		1,437,072		
	1 USED LESS THAN DAILY	30		12,110		
	2 USED DAILY	245		104,514		
	TOTAL	3,747		1,563,858		
CRADJWGT	CR PERSON-LEVEL WEIGHT - ROUND 1	8.4	NUM	957	964	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	55.2277 - 941.1315	3,747		1,563,858		
	TOTAL	3,747		1,563,858		
STRATM7Y	1ST PHASE SAMPLING STRATUM	2.0	NUM	965	966	
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY CRADJWGT</u>		
	11	1,522		646,905		
	12	116		41,444		
	13	48		18,592		
	14	32		17,343		
	15	676		265,531		
	16	133		51,122		
	17	1,220		522,922		
	TOTAL	3,747		1,563,858		

## **E. Appendices**

## **Appendix 1: Survey Instrument Print Files**

These files are included in this release as five separate PDF files, which are described in the README2.TXT file.

## **Appendix 2: Sample Design Report**

MEDICAL EXPENDITURE PANEL SURVEY  
NURSING HOME COMPONENT

FINAL SAMPLE DESIGN REPORT FOR THE 1996  
MEDICAL EXPENDITURE PANEL SURVEY  
NURSING HOME COMPONENT

March 1997

Submitted to:

Agency for Health Care Policy and Research  
Center for Cost and Financing Studies

Submitted by:

Westat, Inc.  
1650 Research Boulevard  
Rockville, Maryland 20850

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## 1. OVERVIEW OF SAMPLE DESIGN

The goal of the Medical Expenditure Panel Survey Nursing Home Component (MEPS NHC) is to produce national estimates for persons residing in nursing homes during 1996. Information will be gathered on nursing home characteristics for a nationally representative sample of nursing homes and on the demographic characteristics, residence history, health status, and long-term care expenditures for a sample of residents in these nursing homes. This report documents the implementation of the sample design, including the sampling frame, facility selection, and within-facility sample selection through round 1 of data collection.

The target population consists of “free-standing” nursing homes with at least three beds that are staffed and set up for nursing care, as well as nursing care units consisting of a distinguishable group of three or more nursing home beds within a larger facility. Either type of facility must be:

- Medicare certified as a skilled nursing facility and/or Medicaid certified as a nursing facility, OR
- Licensed as a nursing home with an RN or LPN onsite 24 hours a day, 7 days a week.

The sample of nursing home residents will be stratified by whether they reside at the nursing home at the beginning of 1996 (current residents sample) or are admitted during the calendar year (first admissions sample). The target population of the current residents sample is defined as persons who resided in nursing homes as of January 1, 1996. The target population of the first admissions sample is defined as persons who resided in a nursing home during 1996 but who are not current residents as defined above.

The sample has been designed with the goal of estimating a population proportion of 0.20 with a coefficient of variation (CV) of 9.8 percent or less for facilities, 5.5 percent or less for current residents, and 6.5 percent or less for first admissions. Table 1-1 shows the relative standard errors obtained in the 1987 National Medical Expenditure Survey Institutional Population Component (NMES-2 IPC) for selected current residents and first admissions characteristics. These relative standard errors, or CVs, are based on a sample size of approximately 800 responding nursing homes.

Table 1-1. 1987 NMES-2 IPC nursing and personal care home survey: person level population estimates and relative standard errors

Sample	Measure	Estimate	Relative standard error
Current residents	Average annual expenses	\$16,432	0.018
	Per diem expenses	\$52.10	0.016
	Average annual Medicaid expenses	\$8,236	0.040
	Total days in facilities	317.0	0.006
	Proportion with dementia	0.133	0.024
	Proportion needing help walking	0.700	0.014
	Proportion white	0.910	0.008
First admission	Average annual expenses	\$6,884	0.029
	Per diem expenses	\$68.00	0.027
	Average annual Medicaid expenses	\$2,016	0.077
	Total days in facilities	114.80	0.023
	Proportion with dementia	0.063	0.040
	Proportion needing help walking	0.754	0.017
	Proportion white	0.906	0.011

The sampling frame for the selection of facilities is an updated version of the 1991 National Health Provider Inventory (NHPI). The 1991 NHPI is a census of approximately 18,000 nursing homes in the United States, collected by the Bureau of the Census for the National Center for Health Statistics (NCHS) and for AHCPR. The 1991 NHPI served as the base, to which approximately 2,000 new facilities and 275 hospital-based facilities were added.

Facilities were selected as a double, or two-phase, sample. For the first phase, 1,651 facilities were sampled within strata with probabilities proportional to size. The measure of size was the number of beds in the facility that are reserved for nursing home use. The first phase sample was assigned to four travel cost strata and a second-phase subsample of 1,430 facilities was selected with equal probabilities within the four cost strata.

The second phase sample was divided into a main sample of 1,150 facilities and a reserve sample of 280 facilities, the latter being divided into four “release groups” of 70 facilities each. The release groups were intended to be sent to the field to supplement the main sample if response and eligibility rates were lower than expected. On the other hand, the main sample was randomly split into eighteen “recall groups” of approximately sixty-four facilities each. If response and eligibility rates were higher than expected, sampled facilities could be randomly withdrawn from the field by canceling data collection in selected "recall groups."

In fact, the MEPS NHC Round 1 response and eligibility rates were higher than anticipated. Therefore, at the conclusion of Round 1, a decision was made to withdraw the facilities in two randomly selected recall groups from Rounds 2 and 3 data collection.

In most facilities, a fixed sample of four current residents and four new admissions were selected using simple random sampling within each facility. In facilities with poor measures of size, the first admissions sample size could be increased from two to three per round (to a total of six). The within-facility sample sizes are intended to yield approximately 3,043 eligible current resident respondents and 2,218 eligible first admission respondents, all with complete use and expenditure data.

The target sample sizes are summarized in Table 1-2.

Table 1-2. Nursing and personal care facilities: number sampled and responding by round

Units	Round 1	Round 2	Round 3	Total
<b>Facilities</b>				
Selected at first phase	1,651			
Selected at second phase	1,150			
Eligible	1,127			
Completed FQ	862			
Cooperated with sampling	836	811	787	
<b>Current residents</b>				
Selected and eligible	3,344			
Unit response IUED & RH data*		3,243	3,144	
Completed IUED & RH data**		3,177	3,043	
Completed background data	2,842			
Completed baseline health status data	3,210			
Completed end-of-year health status data			2,020	
<b>First Admissions</b>				
Selected		1,622	1,574	3,196
Not first admissions		357	346	703
Eligible first admissions		1,265	1,228	2,493
Unit response IUED & RH data*		1,189	1,155	2,344
Completed IUED & RH data**		1,125	1,093	2,218
Completed background data		1,037	1,007	2,044
Completed baseline health status data		1,163	1,130	2,293
Completed end-of-year health status data		397	673	1,070

Notes:

\* At least 1/3 of data completed, counted as unit response

\*\* Completed data provided

FQ - Facility Questionnaire

IUED - Institutional Use and Expenditure Data

RH - Residence History

Source: Agency for Health Care and Policy Research. 1996 Medical Expenditure Panel Survey, Nursing Home Component

## 2. SAMPLING FRAME

### 2.1 Description of the NHPI

The sampling frame is based on the 1991 NHPI. The NHPI is collected by the U.S. Bureau of the Census for the National Center for Health Statistics (NCHS) and the AHCPR. In 1991, it contained approximately 16,000 nursing homes and 31,000 board and care homes.<sup>i</sup> The MEPS NHC sampling frame was created by updating a subset of the 1991 NHPI provided by NCHS to AHCPR. This subset contained 15,811 facilities on the 1991 NHPI defined as nursing homes by NCHS, as well as 1,691 new nursing homes that were identified through state lists and directories of nursing homes. To this file AHCPR added 275 facilities,<sup>ii</sup> most of which were Veteran's Administration nursing homes.

A nursing home, according to the NCHS definition, is a facility having at least three beds and identifying itself on the NHPI questionnaire as one of the following:

- A licensed nursing home;
- A skilled nursing long-term care unit of a hospital;
- A nursing care unit of a retirement center;
- A nursing facility certified under Medicare or Medicaid; or
- Some other type of nursing home.

Among the facilities meeting this definition, 205 appeared to be board and care homes and were excluded by the AHCPR. Another 223 facilities classified as nursing homes on the NHPI were reclassified as hospital based nursing facilities according to the American Hospital Association (AHA). Another 275 mostly VA facilities (that had been excluded by NCHS) were added to the frame. The updated NHPI contained 17,572 facilities.

To be eligible for the MEPS NHC, facilities must have at least three beds and be either Medicare- and/or Medicaid-certified or licensed as nursing homes. Final eligibility for MEPS NHC will be determined during Round 1 of facility data collection; however, the initial sampling frame includes all facilities on the updated NHPI that are likely to meet these criteria.

### 2.2 Editing the MEPS NHC Frame

The number of beds reported by the facility on the NHPI questionnaire was edited for hospital based facilities using the AHA guide. As part of the editing, the number of beds was compared with the number of residents. A large ratio of residents to beds could indicate an

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<sup>i</sup> See "1991 National Health Provider Inventory of Nursing Homes and Board and Care Homes (Facility File) Micro-Data Tape Documentation," National Center for Health Statistics, pp. 3, 8, 11.

<sup>ii</sup> Documented in e-mail correspondence from M. Pancholi to P. Broene dated 10/18/95 and a 7/17/95 memo from M. Pancholi to P. Broene, "The Updated Health Provider Inventory".

inconsistency in reporting, unless the questionnaire shows the presence of a long-term care unit within a larger facility for senior citizens. As a result, the number of beds was edited for 209 hospital-based facilities.

Missing values for variables on the NHPI that were needed for sampling were obtained from external sources when possible. Information on license/certification status, type of ownership, and the number of beds was obtained for all but a small percentage of the new facilities. Certification status was not available for the 275 VA facilities and was imputed for an additional 69 facilities. The facility ownership type (profit, nonprofit, government) was unknown for 216 facilities but was not imputed. Missing telephone numbers were supplied for over 1,700 facilities but 132 still remained missing on the frame at the time of sampling. A Beale code (also known as the Human Resource Profile Code) was placed on the file to indicate the MSA status of each facility. These codes were collapsed for use in sampling. The collapsed values were 0=large metro core, 1=large metro fringe, 2=medium metro area, 3=lesser metro area, 4=adjacent to an MSA, and 5=not adjacent to an MSA.

### **2.3 Measure of Size**

In the initial planning of the survey, the number of residents was proposed as the most appropriate measure of size. A careful review of the data fields on the NHPI, however, indicated that the number of "eligible beds" would be preferable. The question on the NHPI that asks the number of residents is somewhat general ("How many residents stayed in this home last night?"); by contrast, the question that asks the number of beds defines certain types of beds that should be excluded (e.g., beds for day care only and hospital or retirement center beds not associated with "your" nursing home). Also, the number of residents might be construed to include persons in a board and care wing. Therefore the number of beds as reported on the NHPI questionnaire was used directly as the measure of size, except in approximately 200 cases where the number of beds was edited using the 1993 American Hospital Association Guide.

### **3. FACILITY SELECTION**

#### **3.1 Summary**

Facilities were selected in two phases. At the first phase, a stratified sample of 1,651 facilities was selected with probability proportional to size. Six of the seven strata were created by crossing three types of Medicaid/Medicare reimbursement with an indicator of whether the facility is hospital-based or not. The seventh stratum contained the twenty largest facilities, of which eleven were chosen by NCHS for inclusion in the NCHS National Nursing Home Survey (NNHS) and the remaining nine were designated for the MEPS NHC. These nine facilities were then drawn with certainty at the first phase in the MEPS NHC. The stratum sample sizes in the remaining six strata were determined using proportional allocation. The original measure of size was the number of beds, but to minimize overlap with the NCHS NNHS, a Keyfitz procedure was employed to compute new probabilities of selection.

Cost stratification was then performed on the 1,651 facilities in the first phase sample, with the actual strata being defined in terms of distance from the nearest of the fifty largest U.S. cities and the expected effect on travel cost. Next, the optimal sampling rates were determined for the four cost strata. Using these sampling rates, a cost-stratified subsample of 1,430 facilities was selected from the 1,651 facilities in the main sample. A reserve sample of 280 facilities was subsampled from the 1,430 facilities, leaving 1,150 facilities for the main sample. Within each cost stratum, the second phase sample of noncertainty facilities was subsampled at a rate of .803, yielding a reserve sample of 280 facilities and a main sample of 1,150 facilities. The four release groups were assigned by sorting the reserve sample by order of selection and consecutively numbering from 1 to 4, repeating until all 280 facilities were assigned. This resulted in four release groups of 70 facilities each. The main sample was randomly divided into eighteen subsamples of approximately 64 facilities each by sorting the noncertainty sample facilities in the order of selection and consecutively numbering from 1 to 18, repeating until all 1,139 noncertainty facilities were assigned.

#### **3.2 Initial Stratification**

The facility sample is a two-phase stratified sample. At the first phase, the 17,572 facilities on the frame were stratified into seven strata. Facilities were selected with probabilities proportional to size, i.e. the number of eligible beds, in each stratum at the first phase. The initial sample was grouped into four cost strata defined by total expected variable data collection costs. At the second phase, noncertainty facilities were subsampled with equal probabilities within each cost stratum.

The first phase strata were formed by grouping facilities according to three types of Medicaid/Medicare reimbursement and whether the facility is hospital-based or not. The twenty largest facilities were placed in a separate stratum. Eleven of these were selected previously for the NNHS conducted by the NCHS. The remaining nine were designated for the MEPS NHC.



The sample was allocated in proportion to total beds for the first phase strata. Within explicit strata, facilities were sorted in ascending order by location variables and ownership to form implicit strata.

### 3.3 Determining Selection Possibilities

An initial sample of 1,651 facilities was selected using Probability proportionate to size (PPS) sampling. For the  $i$ -th facility in the  $h$ -th stratum, the initial selection probability was computed as:

$$\begin{aligned}
 P_{hi} &= n_h \frac{\text{Facility } i \text{ MOS}}{\text{Stratum } h \text{ MOS}} \\
 &= (1,651) \frac{\text{Stratum } h \text{ MOS}}{\text{Total MOS}} \frac{\text{Facility } i \text{ MOS}}{\text{Stratum } h \text{ MOS}} \\
 &= (1,651) \frac{\text{Facility } i \text{ MOS}}{\text{Total MOS}}
 \end{aligned}$$

However, prior to selecting the sample, these selection probabilities were modified to minimize the overlap with the 1995 NNHS. This survey was conducted by the NCHS and fielded in late 1995. Because both the NNHS and MEPS NHC used similar sampling frames, it was important to prevent (if possible) any nursing homes from being included in both surveys.

A Keyfitz procedure was used to adjust the probabilities of selection to minimize the overlap between the MEPS NHC facility sample and the 1995 NNHS sample. This procedure provides the desired unconditional probabilities of selection for the MEPS NHC sample while at the same time minimizing the overlap. To compute conditional probabilities of selection for MEPS NHC, we must know the probabilities of selection for a facility in both the MEPS NHC and the 1995 NNHS frame, as well as which nursing homes were selected in the 1995 NNHS. To describe the procedure, we will use the following notation:

$P(i \in \text{MEPS NHC})$  = Probability that the  $i$ -th nursing home on the NHPI is selected for the MEPS NHC

$P(i \in \text{NNHS})$  = Probability that the  $i$ -th nursing home on the NHPI is selected for the 1995 NNHS

$P(i \in \text{MEPS NHC} | i \in \text{NNHS})$  = Conditional probability that the  $i$ -th nursing home is selected for the MEPS NHC given that it was selected for the 1995 NNHS.

The unconditional probability of selection for a facility in the MEPS NHC can be written as:  
 $P(i \in \text{MEPS NHC}) = P(i \in \text{MEPS NHC} / i \in \text{NNHS})P(i \in \text{NNHS}) + P(i \in \text{MEPS NHC} / i \notin \text{NNHS})P(i \notin \text{NNHS})$ .

From this statement, expressions for the conditional probabilities of selection  $P(i \in \text{MEPS NHC} / i \in \text{NNHS})$  and  $P(i \in \text{MEPS NHC} / i \notin \text{NNHS})$  for the facilities on the MEPS NHC frame can be derived. The actual conditional probabilities of selection for MEPS NHC will depend on which of the two situations described below applies.

**Case 1:**  $P(i \in \text{MEPS NHC}) \geq 1 - P(i \in \text{NNHS})$ . For this case, set

$$P(i \in \text{MEPS NHC} | i \in \text{NNHS}) = \frac{P(i \in \text{MEPS NHC}) - (1 - P(i \in \text{NNHS}))}{P(i \in \text{NNHS})}$$

and

$$P(i \in \text{MEPS NHC} | i \notin \text{NNHS}) = 1.$$

**Case 2:**  $P(i \in \text{MEPS NHC}) < 1 - P(i \in \text{NNHS})$ . Here, set

$$P(i \in \text{MEPS NHC} | i \in \text{NNHS}) = 0$$

and

$$P(i \in \text{MEPS NHC} | i \notin \text{NNHS}) = \frac{P(i \in \text{MEPS NHC})}{1 - P(i \in \text{NNHS})}$$

Given the outcome of the 1995 NNHS sampling, it is shown below that selecting the MEPS NHC sample with these redefined probabilities preserves the original MEPS NHC probabilities of selection.

For Case 1,

$$P(i \in \text{MEPS NHC}) = \frac{P(i \in \text{MEPS NHC}) - (1 - P(i \in \text{NNHS}))}{P(i \in \text{NNHS})} P(i \in \text{NNHS}) + 1 * (1 - P(i \in \text{NNHS})) = P(i \in \text{MEPS NHC})$$

For Case 2,

$$P(i \in \text{MEPS NHC}) = 0 * P(i \in \text{NNHS}) + \frac{P(i \in \text{MEPS NHC})}{1 - P(i \in \text{NNHS})} * (1 - P(i \in \text{NNHS})) = P(i \in \text{MEPS NHC})$$

After applying these rules in the six noncertainty strata, the facilities were selected for the MEPS NHC using the redefined selection probabilities. In the certainty stratum, the nine facilities not selected by NCHS for the NNHS sample were sampled with certainty. The remaining eleven facilities were assigned a zero probability of selection. The outcome of using these probabilities of selection was that none of the MEPS NHC sample facilities overlapped with the NCHS NNHS sample.

There were two additional certainty facilities selected in two of the noncertainty strata. These two facilities were Case 1 situations and were not selected in the NNHS sample, so that their Keyfitz probabilities were set equal to one. The remainder of the sample in the six noncertainty strata were case 2 facilities.

### **3.4 Cost Stratification**

After the first phase sample was drawn, the sampled facilities were assigned to four cost strata based on the geographic distribution of the sample. The cost strata were approximated by measuring distance in kilometers from the nearest of the 50 largest cities. Specifically, each facility was assigned to one of four cost strata:

- Stratum 1: Full workload in a single geographic area such as a city;
- Stratum 2: Partial workload only in a single area, requiring considerable travel;
- Stratum 3: Single facility requiring considerable travel but within the range of other facilities; and
- Stratum 4: Single facility at a distance requiring air travel.

The cost stratification process consisted of several steps. First, the first phase sample of 1,651 facilities was mapped using computer mapping software. Each facility was mapped into the appropriate ZIP Code center point. Then, to approximate the cost strata, a map of the fifty largest U.S. cities and concentric zones around them was overlaid on the facility map. Facilities located within 100 kilometers of a city were assigned to Stratum 1, facilities 100 to 200 kilometers to Stratum 2, facilities 200 to 300 kilometers to Stratum 3, and facilities beyond 300 kilometers of a city were assigned to Stratum 4.

### **3.5 Minimizing the Overlap With the MCBS**

The Medicare Current Beneficiary Survey (MCBS) is an ongoing survey of Medicare beneficiaries conducted by Westat for the Health Care Finance Administration. As part of this survey, Westat field interviewers visit many nursing homes throughout the United States. As with the NNHS, it was important to minimize the number of nursing homes involved in both surveys. However, an alternative to the Keyfitz procedure was necessary due to the virtual impossibility of calculating the probabilities of selection for the MCBS facilities.

Our procedure was to flag any nursing home reported by MCBS respondents as their current residence as of September 28, 1995, that was also in the first phase MEPS NHC sample. There were 71 such facilities. Of these overlapping facilities, one MEPS NHC noncertainty facility was removed from the first phase sample prior to sampling at the second phase, thus giving a zero chance of selection. An adjustment factor was applied to the weights within each cost stratum to prevent an undercoverage bias. The nine facilities which were included with

certainty in the first phase of MEPS NHC sampling were designated to be selected with certainty at the second phase, regardless of whether or not they overlapped with the MCBS. Based on opinions of health care analysts at AHCPR, facilities excluded in this way were unlikely to differ in any systematic way from other facilities in the first phase sample. Thus we expect that this procedure will not cause any sampling bias.

### 3.6 Selecting the Second Phase Sample

An equal probability subsample of the initial sample was drawn within each cost stratum using systematic sampling. The sample size for each cost stratum was determined by optimum allocation. The optimum allocation was computed using the formula

$$n_h = n \frac{W_h / \sqrt{c_h}}{\sum_h W_h / \sqrt{c_h}} \equiv nr_h$$

where  $W_h$  and  $r_h$  represent the population proportion and sampling rate for the  $h$ -th stratum. This formula neglects the variance for the analysis variables, since it is expected that they would vary little between cost strata. The MEPS NHC facilities overlapping with MCBS were not removed prior to determining the optimal allocation, since these facilities will be treated in sample weighting as nonrespondents.

The optimum allocation based on the MEPS NHC first phase sample is shown in Table 3-1. The optimal subsampling rates were between .78 and .89. The proportions (the  $W_h$ ) shown in the table are those obtained in the MEPS NHC sample of 1,651 facilities. The data collection cost estimates shown in this table include travel costs, interviewer per diem and salary, and data processing costs.

Table 3-1. Optimum allocation to cost strata based on the MEPS NHC sample\*

Stratum	Cost per facility	$W_h$	First stage sample	Second stage sample	Optimal sampling rate	Main sample	Reserve sample
Full workload	\$2,216	0.52	855	765	0.894	616	149
Partial workload	\$2,583	0.26	439	363	0.827	292	71
Drive to single facility	\$2,335	0.16	255	222	0.872	178	44
Fly to single facility	\$2,949	0.07	102	80	0.781	64	16
			1,651	1,430		1,150	280

\*The stratum proportions are based on the MEPS NHC sample. The costs are based on the data collection budget for the MEPS NHC.

### 3.7 Sampling Algorithms

This section describes in detail the algorithms used to select the main and reserve samples. The following notations will be used in this section:

$S_0$	=	event the facility is selected for the 1st phase sample
$S_1$	=	event the facility is selected for the 2nd phase sample
$n_0$	=	overall 1st phase sample size
$n_{h0}$	=	1st phase sample size in stratum h
$n_1$	=	overall 2nd phase sample size
$n_{h'1}$	=	2nd phase sample size in cost stratum h'
$m$	=	overall main sample size
$m_{h'}$	=	main sample size in cost stratum h'
$r$	=	overall reserve sample size
$r_{h'}$	=	reserve sample size in cost stratum h'
$c_{h0}$	=	Number of 1st phase certainty selections in stratum h
$c_{h'1}$	=	Number of 2nd phase certainty selections in cost stratum h'
$M_{hi}$	=	Measure of size for $i$ -th facility in stratum h
$N_h$	=	Number of facilities on the frame in stratum h
$\pi_{hi}^{(0)}$	=	Initial selection probability for $i$ -th facility in stratum h
$\pi_{hi}^{(1)}$	=	Final selection probability for $i$ -th facility in stratum h

#### First Phase

Both phases of the facility sampling were accomplished using Westat's macro WESSAMP. Probability proportional to size (PPS) systematic sampling was used at the first phase, and equal probability systematic sampling at the second phase. At the first phase, the unconditional probability of selection for the  $i$ -th facility is  $n_h M_{hi} / M_h$ , where  $M_{hi}$  is the measure of size for the  $i$ -th

facility in stratum  $h$  ( $h=1,2,\dots,7$ ),  $M_h$  is the sum of the measures of size in the stratum, and  $n_h$  is the number of facilities sampled in the stratum. Any facility with unconditional probability of selection greater than or equal to 1 is classified as a certainty selection and assigned a selection probability equal to 1. Two facilities in the six noncertainty strata met this criteria. In the certainty stratum there were twenty large facilities, of which nine were not sampled in NCHS's NNHS. These were taken with certainty for the MEPS NHC. In the large stratum, the remaining eleven facilities had their conditional probabilities set to 0. In the six noncertainty strata, as described in Section 3.2, these selection probabilities were modified to minimize the overlap with the NNHS. The modified probabilities of selection resulted in two additional facilities being selected with certainty.

Thus the sampling algorithm for the first stage consisted of this step:

**Step 1.** Within each stratum, sort the facilities by Beale code, type of ownership, and ZIP Code. Calculate the conditional (Keyfitz) probabilities of selection. Select  $n_{h0}$  facilities with PPS, with the Keyfitz probability of selection as the measure of size. There will be  $c_{h0}$  certainties, i.e., facilities that will have  $\pi_{hi}^{(0)} = 1$ . For the other facilities, the original unconditional selection probabilities will be

$$\pi_{hi}^{(0)} = \frac{(n_{h0} - c_{h0})M_{hi}}{\sum_{i=1}^{Nh - c_{h0}} M_{hi}}$$

where  $M_{hi}$  is the measure of size for the  $i$ -th facility in the  $h$ -th stratum.

### Second Phase Sample

The first phase sample of 1,651 facilities was mapped into four cost strata and subsampled within each cost stratum. The sample size in each cost stratum was determined using optimal allocation. Equal stratum variances were assumed for MEPS NHC variables. Within each cost stratum, the certainty facilities and noncertainty facilities identified as overlapping with MCBS were first removed. The sample was then sorted by the same order of selection used in the first phase sample, and an equal probability systematic sample of facilities was drawn with the sample sizes in Table 3-3. The resulting second phase sample of 1,430 facilities was again sorted within cost strata by the order of selection, and the noncertainty facilities were subsampled again at a rate of .803 to create a randomly chosen reserve sample of 280 facilities and a main sample of 1,150 facilities. The reserve sample was split into four release groups of 70 facilities each by sequentially assigning the numbers one through four to the facilities in their original sort order. The noncertainty facilities in the main sample were randomly divided into eighteen recall groups consisting of approximately 64 facilities each using the same procedure.

Thus the sampling algorithm for the second phase consisted of these steps:

**Step 2.** Map the sample of  $n_0$  facilities into the four cost strata using facility ZIP Code and mapping software.

**Step 3.** Remove noncertainty facilities identified as overlapping with MCBS and certainty facilities from the first phase sample.

**Step 4.** To select the second phase sample of  $n_1$  facilities from the first phase sample of  $n_0$ , sort the facilities in each cost stratum in the original order of selection. Within each cost stratum, draw an equal probability systematic sample of facilities, where the sample size is determined by optimal allocation (see Table 3-1). Subtract the number of first phase certainty facilities in each cost stratum from the designated sample size in Table 3-1 prior to sampling.

**Step 5.** To select the reserve sample of  $r$  facilities from the  $n_1$  second phase facilities, first sort the noncertainty facilities in the second phase sample by order of selection in each cost stratum. Within each cost stratum, select an equal probability systematic sample of facilities using the sample sizes in Table 3-1. Create four release groups by sorting the reserve sample in the order of selection, then consecutively numbering the reserve sample from 1 to 4, repeating until the entire reserve sample has been assigned. There will be  $m=n_1-r$  facilities in the main sample and  $r$  facilities in the reserve sample. The reserve sample will consist of four release groups of  $r/4$  facilities each.

**Step 6.** To create the eighteen recall groups from the main sample, sort the noncertainty facilities in the main sample in the order of selection, then consecutively number facilities from 1 to 18, repeating until all noncertainty main sample facilities have been assigned. Each recall group thus will represent a random subsample of the main sample.

For a two phase sampling process like this, the sampling probabilities for the  $i$ -th facility in the  $h$ -th stratum can be written as:

$$\pi_{hi}^{(1)} = P(hi \in S_1 | hi \in S_0)P(hi \in S_0).$$

For the “initial certainty/final certainty” facilities -- facilities that were selected with certainty at both the first and second phases of sampling -- the overall selection probability is 1.00.

For the “initial noncertainty/final noncertainty” facilities, the final selection probability would be

$$P_{hi}^{(1)} = \frac{m_{hi} (n_{h0} - c_{h0}) M_{hi}}{n_{h0} \sum_{i=1}^{N_h - c_{h0}} M_{hi}}$$

where  $m_{h'}$  is the main sample size in cost stratum  $h'$  and  $n_{h'o}$  is the number of first phase sample facilities in cost stratum  $h'$ . If release groups are used, the numerator in the first factor would be incremented by the extra number of facilities released. If no release groups are used but some recall groups are withdrawn, the numerator is decreased by the number of facilities being withdrawn in cost stratum  $h'$ .

### **3.8 Initial Screening of Facilities**

An initial screening was carried out by telephone. Only facilities meeting the following requirements were retained in the sample:

- Facilities must have three or more beds that are staffed and set up for residents (or a distinguishable group of three or more beds within a facility).
- Facilities must either be:
  - Medicare certified as a skilled nursing facility and/or Medicaid certified as a nursing facility; or
  - Licensed as a nursing home with an RN or LPN onsite 24 hours a day, 7 days a week.

As a result of the screening, fourteen facilities were identified as being out of business, while one facility was determined to be ineligible.

### **3.9 Round One Facility Response Rates**

Given the response rate assumptions specified in Table 3-2, the initial sample sizes were intended to result in a final sample of approximately 787 cooperating facilities, with control over the final sample size to be obtained through the use of release and recall groups. At the end of Round 1, 1,124 of the 1,150 facilities sent to the field were determined to be eligible. Of these, 951 completed the Facility Questionnaire and sampling of current residents, 158 refused, and 14 broke off the interview. Twelve facilities were ineligible and fifteen had gone out of business. The Round 1 response rate to the facility questionnaire was 85 percent and the eligibility rate was 98 percent, both exceeding expectations. Based on these data, AHCPR made a decision to recall two groups of facilities from Rounds 2 and 3 data collection, for a total of 127 facilities. Of these, 108 had cooperated in Round 1.



Table 3-2. Minimum acceptable response rates for the National Nursing Home Expenditure Survey

Instrument	Response rate	Method of calculation
Facility Questionnaire (FQ)	77%	$\frac{\text{Responding facilities}}{\text{Selected eligible facilities}}$
January 1, 1996 sampling list	98%	$\frac{\text{Facilities completing sampling}}{\text{Facilities completing FQ}}$
Round two admissions sampling list	97%	$\frac{\text{Facilities completing sampling}}{\text{Facilities cooperating on previous contacts}}$
Round three admissions sampling list	97%	$\frac{\text{Facilities completing sampling}}{\text{Facilities cooperating on previous contacts}}$
Institutional use and expenditure data (January 1, 1996 residents)	91%	Sampled persons with complete institutional use and expenditure data for all of 1996/All sampled and eligible January 1, 1996 residents
Institutional use and expenditure data (first admissions)	89%	Sampled persons with complete institutional use and expenditure data for all of 1996/All sampled and eligible first admissions
Residence history data (January 1, 1996 residents)	95%	Sampled persons with complete residence history data for all of 1996/All sample and eligible January 1, 1996 residents
Residence history data (first admissions)	90%	Sampled persons with complete residence history data for all of 1996/All sampled and eligible first admissions
Background data (January 1, 1996 residents)	85%	Sampled persons with data/All sample and eligible January 1, 1996 residents
Background data (first admissions)	82%	Sampled persons with data/All sample and eligible first admissions)
Baseline health status data (January 1, 1996 residents)	96%	Sampled persons with data/All sampled and eligible January 1, 1996 residents
Baseline health status data (first admissions)	92%	Sample persons with data/All sample and eligible first admissions
End-of-Year health status data (1/1/96 residents)	91%	Sampled persons with data/All sampled and eligible 1/1/96 residents residing in an eligible facility on 12/31/96
End-of-Year health status data (first admissions)	89%	Sampled persons with data/All sampled and eligible first admissions residing in an eligible facility on 12/31/96

### **3.10 Field Problems**

#### **Nursing Homes Associated With Chains, CCRCs, or Hospitals**

Sampled facilities belonging to nursing home chains were identified in advance of screening to assist both the recruiters and Round 1 interviewers. Situations involving facilities that are affiliated with hospitals or retirement centers and facilities with board and care wings were also given special attention during the training of field staff. During Round 1 facility data collection, if the facility respondent identified the facility or unit as a hospital-based skilled nursing facility, the hospital name was added to the place roster in the Facility Questionnaire and a flag was set to indicate that the hospital has a SNF unit. Interviewers were instructed to carefully identify and list residents only of those parts of the facility that are eligible for the MEPS NHC.

#### **Facilities That Have Moved or Combined With Other Facilities**

During screening it was discovered that some facilities had moved and were no longer located at the address given for them on the NHPI. Facilities that had moved were retained in the sample and “followed” to the new location. If the new location was not learned until fieldwork is underway, the facility was assigned to a new interviewer if necessary to complete data collection.

A sampled facility that combined with another facility was retained in the sample as long as the other facility was not listed on the NHPI. If both the original facilities were listed separately on the NHPI, the combined facility had an increased chance of selection because it could have been selected through either one of the original facilities. This increased chance of selection must either be accounted for in the facility weight, or alternatively one of the listings must be considered out-of-scope. When the combined facilities could be treated as multiple units of one nursing home, the latter approach was used. Otherwise, weighting adjustments were made.

#### **Facilities With Multiple Units**

When administering the facility questionnaire, the sampled facility was sometimes discovered to correspond to more than two eligible facilities or to a facility with more than one unit containing eligible nursing home beds. If any of the facilities (or units of one facility) associated with the sampled facility were listed separately on the NHPI frame, they were considered out-of-scope because they already had a chance to be selected. The purpose of doing this was to give each facility only one chance of selection, thereby avoiding the need to make an adjustment to the facility base weight for multiple chances of selection. If none of the nursing homes associated with the sampled facility were listed on the NHPI, the interviewer was instructed to collect data from all of them if time and travel distance permit. If this was not practical, the plan was to subsample in facilities that are discovered to contain three or more eligible units or locations where there were too many units to permit data collection from all of them. However, during Round 1 it was not necessary to implement this. An alternate plan was to assign some of the units to another interviewer.

The rules for deciding which units are eligible are given in Table 3-3.

Table 3-3. Rules for facility sampling

On NHPI	Sampled	
	Headquarters	One of subunits
Headquarters and all subunits	None are eligible	Only sampled subunit is eligible
Headquarters only	All are eligible	--
All subunits but <b>not</b> headquarters	--	Only sampled subunit is eligible
Subset of subunits is listed; headquarters not listed	--	Sampled unit and unlisted subunits are eligible*
Subset of subunits is listed; headquarters listed also	Unlisted subunits are eligible	Only sampled subunit is eligible

\*Either revise CAPI to subsample or review in home office for weighting corrections

### 3.11 Survey Database

A database of the sampled facilities was created and loaded into each computer assisted personal interviewing (CAPI) machine for the field staff to use in the sampling of residents. Each record contained the following data:

- Facility name, address, and telephone number;
- Numbers of residents and eligible beds from the NHPI;
- Final measure of size;
- The random numbers used for sampling current residents and first admissions.

## 4. SAMPLING OF PERSONS WITHIN FACILITIES

The nursing home residents sample consists of samples of persons who reside in institutions on January 1, 1996 (the 1996 current residents sample) and persons who are admitted to institutions at any time from January 1, 1996 through December 31, 1996 (the first admissions sample). The subset of first admissions who are being admitted for the first time to a nursing home in 1996 will constitute the eligible first admissions sample. A more detailed definition of an eligible first admission is given in section 4.3. These two samples cover the entire population of persons who will reside in nursing homes during 1996. After all three rounds, the target sample sizes of residents for the 787 cooperating facilities are 3,043 eligible current residents and 2,218 eligible first admissions with complete expenditure and residence history data. These target sample sizes result from the number of sampled persons expected with complete use and expenditure data after sampling four current residents and four to six first admissions per facility. Two to three first admissions per facility in each of rounds 2 and 3 will be sampled. A fixed sample size per facility was chosen instead of sampling from each list at a fixed rate because the former method is more reliable for obtaining the desired sample sizes. As a consequence, however, the first admissions sample weights will not be equal across sampling periods, nor will they be exactly equal across nursing homes. To lessen the variability of the first admissions sampling weights, the sample size will be permitted to range from 2 to 3.

### 4.1 Checking Facility Data Against Frame Data

This procedure was implemented by the field interviewers during their visits to the sample institutions in Round 1. At the first visit to the facility, the interviewer made a list of eligible current residents. The interviewer entered the number of current residents on the list into the CAPI system. The computer compared the number of residents listed with the measure of size derived from the NHPI and displayed the message "Call Home Office" if any of the following were true for  $r_1$ , the number of eligible beds on the NHPI, and  $r_2$ , the number of current residents listed at the facility:

- $r_2 < 10$  and  $|r_1 - r_2| > 5$ ;
- $10 \leq r_2 \leq 300$  and  $r_2/r_1 > 1.5$  or  $r_2/r_1 < .5$ ; or
- $r_2 > 300$  and  $r_2/r_1 > 1.33$  or  $r_2/r_1 < .67$ .

If the nursing home facility existed within a long-term care facility, the interviewer verified that the number of residents listed corresponds to the eligible portion of the facility. The interviewer also verified that no eligible portions of the facility were overlooked.

## 4.2 Current Residents Sample

A list of current residents as of January 1, 1996 was compiled by the interviewer in each sampled facility. Within each facility a systematic random sample of four current residents was drawn within the CAPI system. The within-facility sampling fraction was assigned to be  $4/CR_{hi}$ , where  $CR_{hi}$  is the number of current residents listed at the  $i$ -th facility in the  $h$ -th stratum, so that within strata the overall probabilities of selection of current residents are as close to equal as possible. The probabilities of selection will not be exactly equal because the measure of size used to select facilities was the number of beds; however, to the extent that the number of current residents is correlated with the number of beds at the facility, the selection probabilities will be approximately equal. In facilities with fewer than four residents, the sampling fraction was set to one and all residents were taken.

The interviewer entered the size of the list of current residents in the CAPI system, which then determined the random start, the skip interval, and the sample of line numbers. The selected line numbers were displayed on the computer screen and stored in memory for later validation. The order of selection for the sampled current residents was stored for inclusion in the final database.

At the end of Round 1, the following response rates were obtained for current residents:

Questionnaire Module	Completed		Partial		Nonresponse	
	N	%	N	%	N	%
Residence History	3725	98	22	1	44	1
Background	3621	96	13	0	157	4
Income/Assets	NA	NA	NA	NA	NA	NA
Health Insurance	3545	94	38	1	208	5
Baseline Health Status	3751	99	10	0	30	1
Prescribed Medicines	3584	95	145	4	62	2

The overall response rate for the current residents sample is 98.8 percent. To be considered a respondent, the sampled resident is required to have 75 percent of their baseline health status items complete, and age, sex, and race reported. There were 44 eligible current residents who did not meet this requirement. Of these, four met the baseline health status criteria but were missing at least one of the demographic variables. In addition, there were 17 sampled persons who were ineligible.

## 4.3 First Admissions Sample

### First Admissions Sample Size

Lists of residents will be obtained from the sampled facilities and screened to determine who has been newly admitted since the last round of data collection. Listing, sampling, and data collection for first admissions will take place in rounds 2 and 3, where the reference period for round 2 is from January 1, 1996 to June 30, 1996, and the reference period for round 3 is from

July 1, 1996 to December 31, 1996. The first admissions will be sampled as a systematic sample in the same manner as the current residents sample, except that the sample size will be determined in the CAPI program. The order of selection will be stored for each sampled first admission. If the measure of size differs substantially from the number of current residents listed, then the first admission sample probabilities of selection will lead to excessive variability in the first admission sampling weights if not corrected.

Thus the sample size for the first admissions sample at a given facility may be revised based on the relationship between the current residents and the number of first admissions listed. The revised sample size will be based on the selection probability:

$$\pi = (\text{Facility sample size}) \frac{\text{Facility MOS}}{\text{Total MOS}} \frac{\text{FA sample size}}{\text{Number of FAs listed}}$$

where

Facility sample size = the number of facilities sampled, FA sample size is the number of first admissions sampled at the given facility;

Number of FAs = the number of first admissions listed at the given facility;

Facility MOS = the number of nursing home beds on the frame for the facility; and

Total MOS = the stratum total number of nursing home beds on the frame.

In order to have an approximately self-weighting sample, we would want

$$\pi = \frac{\text{Overall FA sample size}}{\text{Total FAs}}$$

Thus, in order to have equal selection probabilities, the FA sample size should be

$$\begin{aligned} \text{FA sample size} &= \frac{\pi(\text{Total MOS})}{\text{Facility sample size}} \frac{\text{Number of FAs listed}}{\text{Facility MOS}} \\ &= \frac{\text{Overall FA sample size}}{\text{Total FAs}} \frac{\text{Total MOS}}{\text{Facility sample size}} \frac{\text{Number of FAs listed}}{\text{Facility MOS}} \\ &= \frac{\text{Overall FA sample size}}{\text{Facility sample size}} \frac{\text{Total MOS}}{\text{Total FAs}} \frac{\text{Number of FAs listed}}{\text{Facility MOS}} \\ &= (\text{Average FA sample size}) \frac{\text{Number of FAs listed}}{\rho(\text{Facility MOS})} \end{aligned}$$

where

$$\rho = \frac{\text{Total FAs}}{\text{Total MOS}} = \frac{\text{Average FAs}}{\text{Average MOS}}$$

Thus, the first admissions sample sizes are adjusted upwards or downwards according to whether there are more or fewer listed based on the measure of size that is adjusted by the factor  $\rho$  to reflect the average number of first admissions to residents. However, the within-facility first admissions sample size will not be permitted to exceed three per round, and will only be less than two when there are fewer than two first admissions in the facility for the round. Although  $\rho$  is unknown, it can be approximated using 1987 NMES data on the ratio of nursing home admissions to residents. The value of  $\rho$  using 1987 NMES data turns out to be  $718,670/1,523,540 = .472$ .

### **Eligibility Determination**

Since residents can be admitted to a facility multiple times during the course of the reference period, more than one record may exist for some persons on the facility's list. Interviewers will delete duplicates so that no individual appears on the list more than once. The interviewer will then select two or three first admissions per facility per round of data collection using the CAPI software in the same manner as for current residents.

An eligible first admission is defined as a person with no admissions or stays on or after January 1, 1996, in MEPS NHC eligible facilities prior to the admission for which the person was sampled at the primary sampled facility. Information about where the person lived between January 1, 1996, and the date of admission to the sampled facility, referred to as the pre-stay period, will be collected from facility respondents. Using CAPI, data will be collected on the beginning and ending dates for each separate period of residence during the pre-stay period, the name and type of each place where the sampled person stayed, and whether the person stayed at that place the whole time between the beginning and ending dates. Place types will include the sampled facility, community residence, acute care or long-term care hospitals, and other long-term facilities. All places of residence provisionally identified as long-term care facilities will be searched on the NHPI file for a determination of nursing home eligibility status. Since this would include hospitals with long-term care skilled nursing units, the American Hospital Directory (AHA) file will also be searched during residence history data collection to determine first admission eligibility.

As an aid to determining eligibility, the NHPI and AHA files were loaded into the interviewers' laptop computers and incorporated into their CAPI software. A search software program allows the field interviewers to search for an identified long-term care facility on the NHPI or AHA files in different ways, including name, address, state, and telephone number. Interviewers are able to conduct searches based on portions of the information to maximize the likelihood of finding matches. At the conclusion of the pre-stay residence history data collection, the CAPI system automatically brings the interviewer to the NHPI and AHA lookup functions to search for matches to reported long-term care facilities. Interviewers are trained to search for the facility name and, if that fails, to use the facility address and telephone number. Statisticians may verify NHPI and AHA lookups at any time in the home office.

Based on information collected from the facility about prior admissions to other facilities, the sampled admissions will be classified as eligible (with no prior stay in an eligible facility during the reference period), ineligible (with one or more prior stays identified), or indeterminate (with some period of time within the reference period for which the facility could not report whether the resident was in an eligible facility).

Figure 4-1a shows the data collection process and the flowchart for determining eligibility based on data collected at the facility. There are four possible outcomes, each having a different protocol for data collection:

- Eligible first admission (EF): no admissions prior to sampling;
  - All data collection continues.
- Ineligible first admission (IF): one or more admissions prior to sampling;
  - All data collection stops.
- Provisionally eligible first admission (PF): eligibility cannot be determined either because the facility has a gap in the pre-stay data, or there was an admission to a facility but either the name of the facility is unknown or it did not match in the NHPI lookup;
  - All data collection continues.
- Sampling error (SE): the sampled admission is listed twice and the entry sampled is the second one;
  - All data collection stops.

For persons who are eligible or indeterminate, interviewers will attempt to complete a community residence history for the pre-stay period by contacting a knowledgeable community respondent (usually a relative) by telephone. Information from the community residence history questionnaires will be consulted to make an eligibility determination for persons in the indeterminate group. Persons found to be ineligible on the basis either of the facility data or the community data will be dropped from further data collection.

Figure 4-1b shows the process of eligibility determination using pre-stay data. The process is the same for both the facility and the community pre-stay data. Figure 4-2 shows the rules for final eligibility determination. Finally, Table 1-2 shows expected number of sampled first admissions that will be eligible and the expected final first admissions sample sizes.



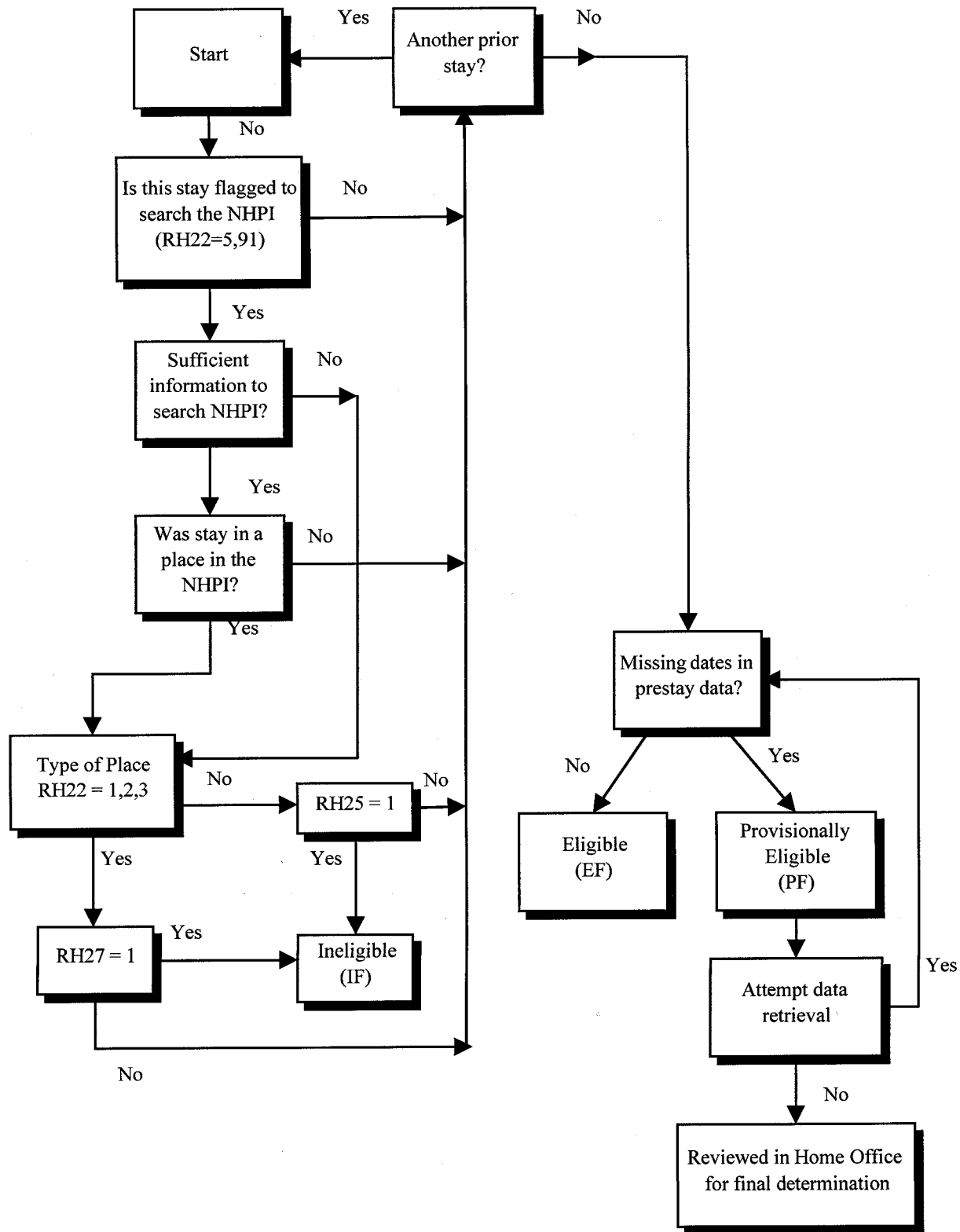


Figure 4-1a. Sampled facility first admissions eligibility determination

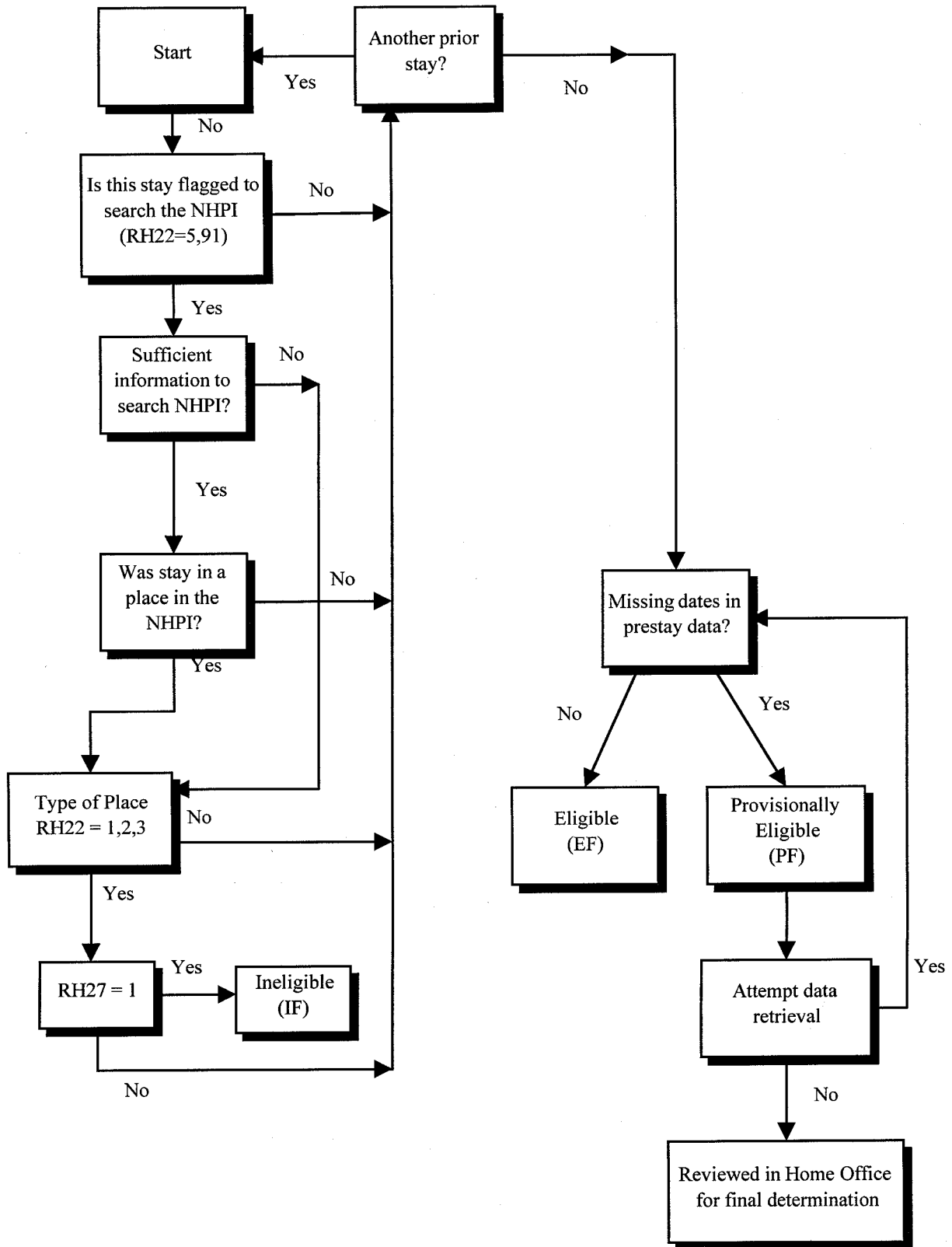


Figure 4-1b. Community first admissions eligibility determination

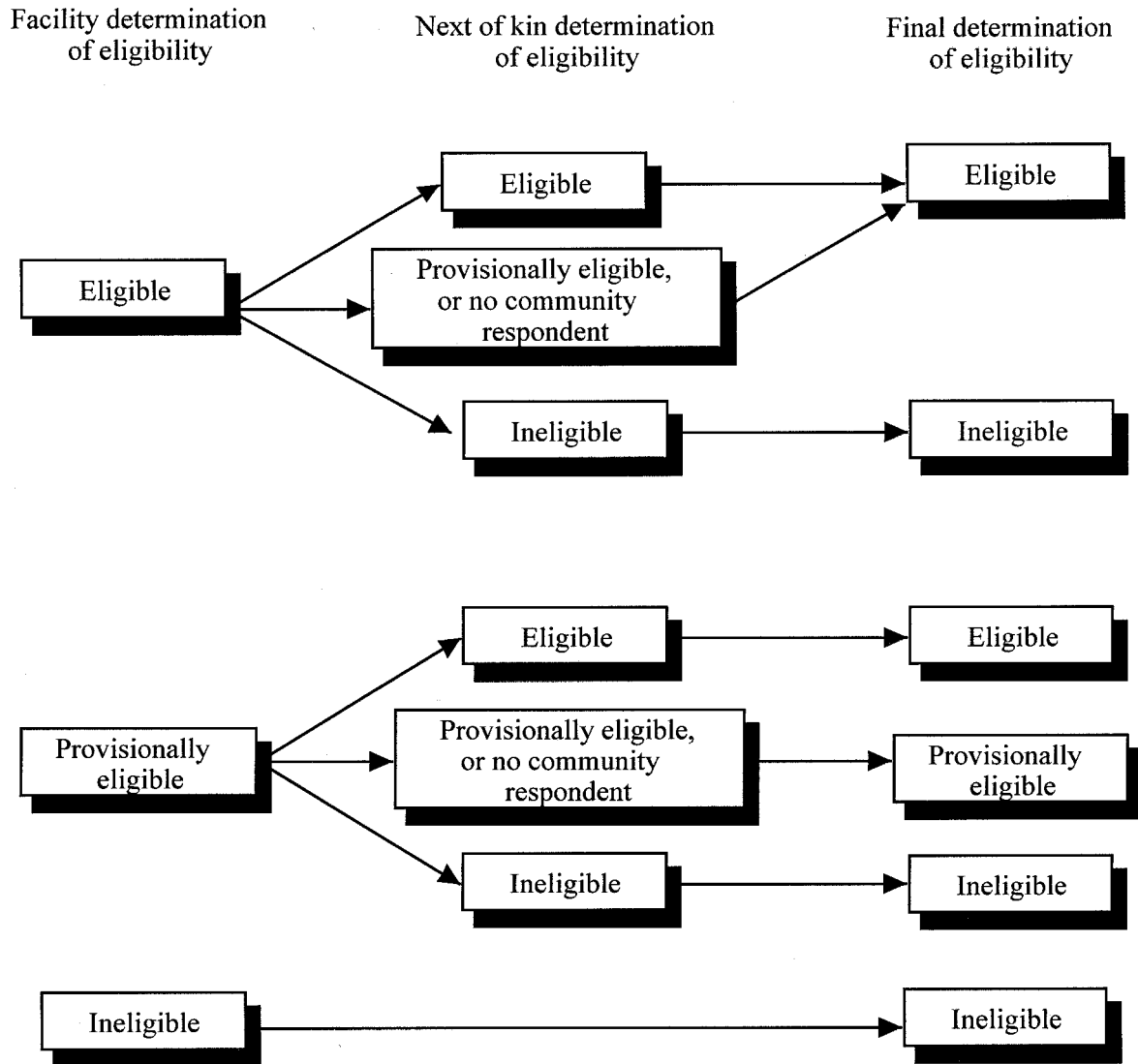


Figure 4-2. Final determination of eligibility

#### 4.4 Resolution of Sampling Errors

There are a number of types of sampling errors that can occur. In most cases, the interviewer should notify the home office of the situation, continuing data collection until a contact with the home office results in instructions to proceed otherwise. These sampling errors and their resolution will for the most part be handled in the CAPI software. Below, we list some errors that might occur and the resolution. The first three types will be resolved in the CAPI software. Such sampling errors might be the following:

- Person sampled as a first admission was a resident on January 1, 1996.

Resolution:

- First admission was not listed for current resident sample: Drop from the first admission sample and code as a sampling error; adjust current resident sample weights.
- First admission was listed for both current resident and first admission samples: Drop from the first admission sample and code as sampling error.

- Person sampled as a current resident was not a resident on January 1, 1996 but was admitted later.

Resolution:

- Current resident was not listed for first admission sample: Drop from the current resident sample and code as a sampling error; add to first admission list before first admission sampling to ensure a chance of selection.
- Current resident was listed for first admission sample: Drop from the current resident sample.

- Person sampled as a first admission was admitted and listed twice (or more).

Resolution:

- First admission was sampled on first admission: Retain first admission in the sample
- First admission was sampled on later admission: Drop first admission from the sample.

- Omission of eligible persons from listing.

Resolution: Call home office; adjust sampling weights.

- Listing/sampling of ineligible persons, e.g. residents of an assisted living wing.

Resolution: Call home office; clean list and resample, if possible. May require CAPI intervention from home office to allow resampling. If resampling is not possible, CAPI software will detect ineligible sampled persons in the residence history questionnaire and they will be dropped from the sample and coded as out-of-scope.

These resolutions are not perfect. While they are intended to preserve the rule of a single chance of selection, they do not preserve the clear stratification of the current resident versus first admissions samples. In each case, the sampled person being dropped could instead be retained, if proper adjustments were made to the sampling weights. It should be noted, however, that this latter resolution would not preserve the stratification of the two samples either.

### **Appendix 3: Survey Overview Document**

**DESIGN AND METHODS FOR THE 1996  
MEDICAL EXPENDITURE PANEL SURVEY, NURSING HOME COMPONENT**

March 1997

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## **INTRODUCTION**

The 1996 Nursing Home Component (NHC) of the Medical Expenditure Panel Survey (MEPS) is a national, year-long, panel survey of nursing homes and their residents. The MEPS is the third in a series of surveys sponsored by the Agency for Health Care Policy and Research (AHCPR) to collect information on the health care utilization and expenditures of the American public. The first survey was the 1977 National Medical Care Expenditure Survey (NMCES), the second the 1987 National Medical Expenditure Survey (NMES). The NMES was the first national expenditure survey to contain an institutional component designed explicitly to collect medical expenditure information on persons in long-term care facilities.

The 1996 MEPS NHC is co-sponsored by the AHCPR and the National Center for Health Statistics (NCHS), both agencies of the U.S. Public Health Service. Westat, Inc. is the prime contractor for data collection and is supported by MedStat, NORC, and CODA.

This report describes the design of and the methods used in the MEPS NHC survey. Included is information on the NHC objectives, sample design, instruments of data collection, and data collection procedures.

## **OBJECTIVES OF THE MEPS NHC**

The primary objective of the NHC is to estimate use and expenses for nursing home services and health care for persons who were nursing home (NH) residents at any time during 1996. Other major objectives are to permit estimates:

For nursing home residents:

- Annual expenditures and sources of payment for nursing home services.
- Annual use, expenditures, and sources of payment for in-patient hospital services.
- Use, expenditures, and sources of payment for physician services during periods of NH residence.
- Use of prescribed medications.
- Health status at selected points in time.
- Discharge status for residents discharged during 1996.
- Characteristics of NH residents prior to admission.
- Estimates of annual use, expenditures, and sources of payment stratified by facility and resident characteristics.

For the nursing home facility:

- NH characteristics including facility structure, type of ownership, expenses, and revenues.
- NH characteristics including services typically provided, staffing, numbers of beds and residents.

The MEPS NHC is also designed to permit estimates of:

- Number of persons who are January first residents in a NH.
- Number of persons admitted to a NH during 1996.
- Number of persons discharged from a NH during 1996.
- Total NH users for the year.

## **SAMPLE DESIGN**

The MEPS NHC is a year-long panel survey for calendar year 1996. The design is very similar to that of the 1987 NMES Institutional Population Component survey (Cohen, Potter, and Flyer, 1993) and sought to meet or improve on the precision of the 1987 survey. The final sample design was based on results from the 1987 survey, analyses conducted during the 1991 NMES Institutional Feasibility Study (Bethel, 1993; Bethel, Flyer, and Wolters, 1993; Bethel, Ward, and Kalton, 1993), and work conducted during the pre-test stage of the NHC.

The NHC design has a multi-stage stratified probability design, with facilities selected in the first stage and residents in the last stage. The reference population (universe) is all persons who spent one or more nights in 1996 as a resident of a nursing home. To allow a chance of selection for all persons in this universe, two samples of residents were selected within sampled cooperating facilities:

- A cross-sectional sample of January 1, 1996, residents (referred to as current residents).
- A sample of persons admitted during 1996, with no prior admissions to an eligible facility during 1996 (referred to as first admissions).

Thus, all persons who were residents of a NH any time during 1996 were represented in the sample.

### **Facility Eligibility**

The universe of institutions eligible for inclusion in the MEPS NHC consisted solely of nursing homes, whereas the 1987 institutional survey also included personal care homes and facilities for persons with mental retardation. For a discussion of why these facility types were excluded, see Sommers, 1995.

To be included as a nursing home, a facility must have met one of the following definitions:

- A facility or distinct portion of a facility certified as a Medicare Skilled Nursing Facility (SNF).

- A facility or distinct portion of a facility certified as a Medicaid Nursing Facility (NF).
- A facility or distinct portion of a facility licensed by a state as a nursing home, with three or more beds, that provides onsite supervision by an RN or LPN 24 hours a day, seven days a week.

By the above definitions, all SNF- or NF-certified units of licensed hospitals are eligible for the sample, as are all Veterans Administration (VA) long-term care nursing units. In such cases, and in the case of retirement communities with nursing facilities, only the long-term care nursing unit(s) of the facility were eligible for inclusion in the sample. Should a facility also contain a long-term care unit that only provided assistance with activities of daily living (e.g., a personal care unit) or provided nursing care at a level below that required to be classified as a nursing facility, that unit would be excluded from the sample<sup>1</sup>.

### Sample Frame

The cleaned 1991 National Health Provider Inventory (NHPI) served as the starting point for frame construction (Scirocco, 1994). NCHS updated the NHPI with lists of facilities that were licensed by the states or certified by the Health Care Financing Administration (HCFA). New facilities (births to the frame) were determined by the NCHS and AHCPR staffs who compared the updated list with the 1991 NHPI. To insure that the updated list was clean of duplicate listings, comparisons were made of facility name, address, phone number, and size (Sommers, 1995).

This updated list consisted of 17,572 nursing facilities containing 1,789,772 beds which is an increase of 2,461 facilities and 174,086 beds over the 1991 NHPI (see Table 1). Much of the growth was in births to the frame (new facilities), but some was due to increased efforts to add hospital-based long-term care (LTC) units, a facility type which has undergone considerable growth in the last few years (Prospective Payment Assessment Commission, 1996). A careful review of the American Hospital Association's listing of hospitals was made and any hospital-based LTC units not on the updated NHPI, including VA nursing homes, were added. As a result, 275 facilities were added, representing 13 percent of the hospital-based NHs on the frame.

Key information required for sampling, such as number of nursing home beds, was available for 15,511 of the 17,572 facilities on the final NHC frame. By searching directories and lists of NHs, NCHS and AHCPR staff members found missing bed size information for all but 100 facilities. Bed size was imputed for these facilities. Other variables needed for sampling, such as ownership, had a somewhat larger number missing information. However, it was felt that this amount of missing information was insignificant (Sommers, 1995). Thus, to save resources, AHCPR did not update frame information any further.

The final number of NHs and NH beds on the NHC frame (see Table 1) was compared to an independent source (Harrington, Preston, Grant, et al., 1990) and found to be "well within range." (Sommers, 1995). For additional information on the 1991 NHPI and MEPS NHC frame construction see Sommers, 1993, and Sommers, 1995, respectively.

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<sup>1</sup> For operational details on how this was accomplished, see the section in this document on the Round 1 Facility Questionnaire.

## Sample Design

A stratified two-stage systematic sample was adopted, where stage 1 reflected the selection of facilities, in two phases, and stage 2 reflected the selection of persons in these facilities. For complete technical details see Broene and Bethel (in press) and Sommers (1995).

### First Phase Facility Selection

Facilities were selected in the first phase with selection probabilities proportional to the number of nursing home beds in the facility. Allocation was proportional to the total number of beds in the stratum. The primary stratification was by type of Medicaid reimbursement method and type of nursing facility. Within the primary strata, location variables of the NH and ownership type were used for implicit stratification.

As part of this phase, a Keyfitz procedure was used to adjust the probabilities of selection in order to eliminate any overlap between the 1996 MEPS NHC facility sample and the sample for the 1995 NCHS National Nursing Home Survey. This adjustment was made to reduce the burden on nursing home respondents (Sommers, 1995). By this methodology, 1,651 facilities were selected in the first phase of facility selection.

### Second Phase Facility Selection

The initial sample of facilities was selected in order to achieve a second phase sample of 1,150 facilities. Results from the 1987 survey (Cohen, Potter, and Flyer, 1993) and the 1991 Feasibility Study (Bethel, Ward, and Kalton, 1993) indicated that survey data collection costs could be reduced, while minimizing the effect on variance, by sub-sampling facilities in the higher cost strata at rates of selection lower than the less expensive strata.

To accomplish the sub-sampling of facilities, facilities sampled in the first phase were assigned to cost strata based upon interviewer travel and workload costs. Table 2 shows the cost strata; facilities were assigned to strata using computerized mapping software. Once the facilities were assigned, each cost strata was sub-sampled using Cochran's (1977) optimal allocation technique.

The distribution of the first phase sample of facilities, by cost strata, is also shown in Table 2, as are the results for the second phase of facility sub-sampling, by cost strata, resulting in the final facility sample of 1,150.

### Person-level Sample Selection

To assure representation of all persons who resided in the nursing home during the study period, two types of person samples were selected in the sampled cooperating facilities:

- (1) Current residents -- those persons admitted to a sampled facility before January 1, 1996 who were not discharged as of January 1, 1996, (i.e., the cross-sectional sample of January first residents) and

- (2) Eligible first admissions -- those persons admitted to the sampled facility on January 1 or later during 1996, who had no earlier 1996 admission to any eligible facility.

### Resident Sample

Within sampled facilities, a fixed sample of four January first residents was selected in each cooperating facility during Round 1. The January first resident sample was selected by interviewers from a frame constructed by the interviewer or from a frame provided by the facility. Interviewers cleaned and numbered the list of residents and then selected a random sample of four residents by entering the number of eligible<sup>2</sup> residents in the facility into the interviewer's laptop computer. The computer then listed the line numbers for the random sample selected. The cross-sectional sample of all January first residents is expected to yield 3,344 residents at the end of Round 1 and 3,144 with expenditure data at the end of Round 3 (see Table 3).

### Admissions Sample

To obtain a sample of eligible first admissions, a sample of two persons was selected from lists of first admissions at each of the sampled cooperating facilities in Rounds 2 and 3. In a few facilities, with large admissions populations, the sample could be three persons per round, for a maximum of six 1996 admissions sampled per facility.

The Round 2 frame will consist of all persons whose first stay in the facility during 1996 resulted from an admission during the period January 1, 1996, through June 30, 1996. The Round 3 frame will consist of persons admitted to the sampled facility during the July 1 - December 31, 1996, period, with no prior admissions during 1996 in the sampled facility. The interviewer's procedures used to select the admissions sample are analogous to those used for the January first sample.

In order to insure that each person sampled as an admission had a single chance of selection, information about where the person resided between January 1, 1996, and the date of admission to the sampled facility was collected from facility and community respondents. All places identified by respondents as a long-term care place were searched on the sampling frame directory for determination as an eligible NH. Persons sampled as an admission and with a January 1, 1996, stay, or 1996 admission to an eligible NH, prior to their admission to the sampled NH, are ineligible for the MEPS NHC, as they already had a prior chance of selection. These procedures were first tested in the 1991 Feasibility Study (Bethel, Flyer, and Wolters, 1993). Subsequent data collection on these ineligible persons was terminated. This exclusion of ineligible admissions is expected to result in a final admissions sample of 2,344 persons, at the end of Round 3, with expenditure data (see Table 3).

### Sub-sampling the Sample of Facilities

The response rate assumptions used to develop the sample sizes presented in Table 3 were designed to result in a final facility sample size of 787 cooperating facilities at the end of 3 rounds of data collection.

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<sup>2</sup> Operationally, residents are eligible if they are resident in an eligible long-term care unit of the sampled facility as of midnight December 31, 1995.

At the end of Round 1 data collection, 1,124 of the 1,150 sampled facilities were determined to be eligible; 952 of these were eligible and responding (85%). To bring the sample size in line with the original design, the facility sample was subsampled at the end of Round 1. A total of 127 facilities (and all sampled persons in those facilities) were randomly deselected. Of these facilities 108 cooperated in Round 1.

## **INSTRUMENTS AND DATA COLLECTION PROCEDURES**

The data collection methods of the MEPS NHC are products of those used for the 1987 NMES institutional expenditure survey (Edwards and Edwards, 1989), the 1991 Institutional Feasibility Study (Anderson, Harper, Tourangeau, et al., 1993), and NHC pre-test work. While the 1996 methods are similar to those used in 1987, several enhancements have been introduced, principally for three reasons:

- An analytic desire to quantify recent changes in the NH industry, most importantly the diversification of services provided and the de-bundling of payments for NH services.
- Changing the mode of data collection from a paper and pencil mode to a computer-assisted personnel interviewing (CAPI) mode.
- Improving data quality and/or reducing data collection costs (for example, see Anderson, Bethel, Tourangeau, et al., 1994; Potter, 1989; Potter and Braden, 1993).

### **Overview of Data Collection Methods**

Table 4 presents an overview of the data collection plan for the MEPS NHC. The plan calls for a Screener/Recruitment Round and three rounds of data collection. The Screener/Recruitment Round was conducted by telephone to recruit the facility's participation in the study. Rounds 1-3 are conducted in the nursing home, using the CAPI technology. There is also a single telephone interview with a community respondent knowledgeable about the sample person's situation prior to admission to the NH; this interview is conducted in Round 2 (or Round 3 if sampled in Round 3).

#### Round 1

Round 1 consists of an in-person visit by an interviewer to the sampled nursing facility to collect facility and sample person data. The interviewer administers the Facility Questionnaire (FQ), which collects information on the characteristics and structure of the facility, and determines the facility's final eligibility for the NHC. Once the FQ is completed and the facility is determined to be eligible (or any part of the facility is determined to be eligible), the interviewer constructs a sampling list of January 1, 1996, residents (in eligible parts of the facility), selects a random sample of four, and begins person-level data collection.

Round 1 data collection for the January first resident sample consists of residence history information, including hospital stays, from the date of last residence in the community until the date of the Round 1 interview; health status; demographic background; insurance information; and prescription medicine use.

## Round 2

In Round 2, interviewers return to the sampled facility and continue data collection on the facility by updating facility certification information and enumerating the services routinely provided by the facility. Interviewers also continue data collection on the January first sample of residents by updating their residence history and collecting health service use, prescribed medicine use, expenditure data, and incident health conditions during periods of NH residence, for the period from January 1st to the date of interview. Interviewers will also identify potential respondents for community data collection.

In Round 2, interviewers will select a sample of residents who were admitted to the sampled nursing home between January 1, 1996, and June 30, 1996 (i.e., the first of two admissions samples). Data to be collected includes residence history information from January 1 (or date of last community residence if prior to January 1) until the date of the Round 2 interview; health status information, background, and insurance coverage at the time of admission to the nursing home; and health service use, prescribed medicine use, and expenditure data. Potential community respondents are also identified.

Also in Round 2, community data collection for persons sampled as January first residents and for the Round 2 admissions sample is begun. The same interviewers who conducted the facility interview generally conduct the community interview, via telephone using computer-assisted interviewing (CAI) technology, for each sampled person. The Community Questionnaire collects information for which the nursing home is not a good source of information, e.g., family relationships (Tourangneau, and Blair, 1993), as well as information found missing from the facility, and income, assets, and caregiving data.

Round 2 also initiates new facility data collection. The design of the NHC is such that sampled persons are followed as they move from one eligible facility to another eligible facility. This provides a picture of their entire year's worth of use and expenditures in all nursing homes in which the person was a resident during 1996. For all persons discharged from the originally sampled nursing home during the Round 1 reference period and admitted to another potentially eligible nursing home, Round 2 data collection in the new (transfer) facility is initiated.

Person-level data collection in new facilities is similar to Round 2 data collection in a sampled facility. Data collection begins at the new facility with administration of the New Facility Questionnaire, which determines the facility's eligibility and mirrors the Round 1 FQ.

## Round 3

Round 3 continues data collection on the sampled facility by collecting information on patient revenues and expenses in the facility, and updating facility staffing information that was originally collected in Round 1. Updated resident information is collected about residence history, health status, health services use, expenditures, and prescribed medicine use. Health status information as of December 31 is collected for the January first sample still in a nursing home.

During Round 3, interviewers will also select a sample of admissions from residents who were admitted to the sampled facility between July 1, 1996, and December, 31, 1996, and who were not residents of an eligible NH previously during 1996. Data collected on this sample mirrors what was collected in Round 2 for the Round 2 sample of admissions.



Round 3 new facility data collection is conducted in new facilities identified during Rounds 2 or 3, as well as in continuing new facilities (i.e., new facilities originally fielded in Round 2).

### **The MEPS NHC Instruments and Data Items**

Prior to the start of data collection for the MEPS Nursing Home Component there were almost two years of instrument design work, including feasibility- and usability-testing. This work, in conjunction with previous research (e.g., Anderson, Harper, Tourangeau, et al., 1993; Anderson, Bethel, Tourangeau, et al., 1994; Potter and Cunningham, 1994; Tourangeau, Vincent, Anderson, et al., 1993; Tourangeau and Johnson, 1993; Northrup and Ward, 1993), led to an instrument that is almost exclusively conducted using CAPI technology.

Aside from the intent of improving data quality, the NHC CAPI instrument was designed to take advantage of the CAPI computer environment in several ways, including:

- Determining the "best respondent" for the interviewer at the item-level rather than at the questionnaire- or respondent-level.
- Prompting the interviewer to retrieve missing data items from alternative respondents, before the interviewer leaves the NH.
- Prompting the interviewer to reconcile inconsistent data (as determined by mathematical formulae) with the respondent at the time of data collection.
- Providing the interviewer with preloaded directories of information (e.g., prescribed medicine data), to be used during data collection.
- Reducing respondent burden in the NH, by organizing data collection around the respondent.

Conducting the NHC in CAPI had other advantages as well, including a shorter post-production processing time and subsequent release of the data to the public. But a survey like the NHC, in CAPI, can have a down side in that the resulting instruments, with their numerous flow boxes, programmer specifications, and question word fills can be difficult to comprehend. The purpose of the following section is to overcome the natural limitations of reading a complicated CAPI questionnaire by providing the reader with the analytic intent of each of the questionnaire sections. Also presented is an overview of key data collection methods used with the instruments. The section is in four parts:

- (1) Facility-level data collection in the sampled NH.
- (2) Person-level data collection in the sampled NH.
- (3) Person-level data collection in the community.
- (4) Data collection in the transfer (new) facilities.

## Facility-level Data Collection in the Sampled NH

### Screener/Recruitment Materials

The telephone screener/recruitment round was conducted using scripted materials. The purpose was to verify the facility's name and address, screen out facilities that were clearly ineligible (e.g., facilities with no nursing staff), recruit the facility to participate in the survey, and make an appointment for the Round 1 interview.

### Round 1 Facility-level Data

The Round 1 facility-level data collection consisted of administering the Round 1 Facility Questionnaire (FQ), the Round 1 Self-Administered Questionnaire (SAQ), and collecting the facility's printed rate schedule. The Round 1 FQ, a CAPI instrument that is administered in person to the facility administrator (or designate), must be administered before any person-level data collection can begin. The FQ is divided into five parts (each section is uniquely identified in CAPI by the letter identifier shown to the left below):

<u>Letter Identifier</u>	<u>Description</u>
FA	Facility Structure and Characteristics. This section maps how the sampled facility is structured, determines the facility's final eligibility for the survey, and collects data on facility characteristics. The section ends with a vehicle for collecting the Round 1 SAQ.
FR	A vehicle for collecting a copy of the facility's printed rate schedule.
FG	Facility Records Organization Grid. It includes prompts to identify the various records the facility maintains with resident data, and for obtaining access to the records and to the facility staff members in charge of the records.
SS	Sampling Section. Used for selecting a sample of four January first residents. Related to the section is the "Call Home Office" function, a mechanism for interviewers to alert NHC statisticians, in real time, about problems with the measure of size and dual probabilities of facility selection, among other functions.  Once the sample of residents is selected, this section collects person-level information -- name, age, sex, date of admission, and date of death (if applicable) -- necessary to set up the question word fills in the subsequent person-level instruments.
MD	Missing Data Module. If certain critical facility items are missing (e.g., information needed to determine the facility's eligibility) this module presents the items for another respondent to answer.

See Table 5 for a listing of the major data items in the Round 1 FQ.

The mapping of the facility's structure is important to understand the diversification of services offered not only by the NH, but by the "larger structure" that the NH may be part of (e.g., a retirement center, hospital). To accomplish this objective, all places, within the NH and its larger facility, where persons sleep over night (and on the same campus as the NH) are listed. This includes assisted living complexes, personal care units, and independent living facilities on the same campus as the NH.

Mapping the NH's structure identifies all the units in the NH, and the NH's larger structure, and determines their eligibility for use and expenditure data collection. Units classified by the end of the Round 1 FQ as an ineligible long-term care unit (e.g., a board and care unit) are ineligible for use and expenditure data collection. Thus, all places enumerated as part of the NH or part of the NH's larger structure have a "Place Type" taxonomy associated with the place. Possible Place Types are<sup>3</sup>:

- Eligible long-term care (e.g., a nursing home)
- Ineligible long-term care (e.g., personal care unit)
- Hospital
- Community

This information is used to drive subsequent skip patterns and word fills in all person-level data collection in the facility. To make this information readily available to the interviewer, a Place Roster (a listing of enumerated places) is available to the interviewer on the laptop (with a function key). A fictitious example of how a Place Roster might look, at the end of the Round 1 FQ, is shown below<sup>4</sup>:

PLACE NAME	PLACE TYPE
Jordon Senior Living Center	INEL LTC
Horizon House	COMMUNITY
Naomi House	INEL LTC
* Johnson Health Care	ELIG LTC
* Alzheimer's Unit	ELIG LTC
* East Wing	ELIG LTC
* West Wing	ELIG LTC

{\* consider this place as part of the eligible case}

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<sup>3</sup>An eligible long-term care place is defined as a facility or distinct part of a facility certified by Medicare, or Medicaid, or licensed and providing 24 hour, on-site supervision by an RN or LPN, seven days a week, 24 hours a day. An ineligible long-term care place is a facility or distinct part of a facility that is not certified or licensed as an eligible long-term care place, but which provides services for personal care assistance with bathing or dressing. These places include residential care places, board and care homes, personal care homes, assisted living facilities, and like units of retirement centers or nursing homes. Hospitals could be acute or LTC hospitals; SNF hospital units are classified as eligible LTC places. Community places include all independent living units of retirement centers, as well as private homes or apartments.

<sup>4</sup>All place names are fictitious, any resemblance to real places is purely coincidental.

In this case, the larger facility is the Jordon Senior Living Center, which has three parts: an independent living building (Horizon House), an assisted living building (Naomi House), and a nursing home (Johnson Health Center). The nursing home contains three parts: an Alzheimers unit, and two general population nursing wings (the East and West Wings). During person-level data collection in the facility, additional places will be added to the Place Roster, so that the Place Roster contains a complete listing of all places the interviewer encounters during data collection in the facility.

The Round 1 SAQ is distributed to the facility administrator (or designee) during the administration of the Round 1 Facility Questionnaire. The SAQ collects information that the pre-test showed could not be easily collected by in-person interviewing (e.g., staffing levels). See Table 5 for a description of the Round 1 SAQ data items.

### Round 2 Facility-level Data

The Round 2 sampled facility-level instruments consist of:

- Round 2 Facility Questionnaire (FQ).
- Round 2 Sampling Instrument
- Facility Rate Schedule form
- Collecting any Round 1 SAQs not collected during the previous round.

The Round 2 FQ is a CAPI instrument administered to the facility administrator. Unlike in Round 1, it does not have to be administered prior to any person-level data collection. The majority of the data items are on services routinely offered by the facility to residents and nonresidents (see Table 5).

The Round 2 FQ section on physicians has both analytic and operational relevance and is used to create a Physician Roster, a listing of physicians whose services are billed for through the facility as part of the facility's basic room and board rate. When coupled with the information collected with the person-level Health Services Use section, it is possible to distinguish physicians who bill separately for their services from those whose services are billed for as part of the basic NH charge.

The Sampling Instrument is used to select the Round 2 sample of first admissions (on average two with a maximum of three). To eliminate persons with a dual probability of selection, persons resident in the NH on January first are not eligible for Round 2 admissions sampling. Round 2 sampling operations do not have to be completed prior to person-level data collection on persons sampled in the previous round. Otherwise, the instrument is similar to the Round 1 sampling instrument.

The Facility Rate Schedule form is a paper instrument that is uniquely generated by the home office for each facility. It retrieves missing rate schedule information not collected in Round 1, as well as collecting billing rates for basic care provided in each special care unit, within the facility, and for HMO contract care.

### Round 3 Facility-level Data

The Round 3 facility-level instruments consist of:

- Round 3 Facility Questionnaire (FQ).

- Round 3 Sampling Instrument.
- Round 3 Self Administered Questionnaire (SAQ).

The Round 3 FQ is a CAPI and/or paper instrument depending upon availability of the respondent and applicable records. Also known as the Cost of Patient Care Questionnaire (CPCQ), its main purpose is to collect patient revenue and expenses data on the NH, see Table 5 for details. NH administrators are the most likely respondents; they are urged to consult the facility's Medicaid Cost Reports (when applicable) and/or Annual Report when answering the questions.

The Round 3 sampling instrument and procedures are essentially the same as in Round 2, except that the sampling frame is constructed from a list of persons admitted to the NH from July 1, to December 31, 1996. Persons resident in the sampled NH on January 1, or admitted to the facility between January 1, and June 30, 1996 are not eligible for Round 3 admissions sampling, as they had a prior chance of selection.

The Round 3 SAQ (also known as the Round 3 NH Staffing Questionnaire) is similar in design to the Round 1 SAQ, except that data are collected as of the end of the year, and items on NH staff turnover and physicians' privileges in the NH have been added (see Table 5).

#### Person-level Data Collection in Sampled NHs

An overview of person-level data collection, by round, is shown in Table 4. There are seven topical sections to the person-level CAPI application:

- Residence History.
- Health Status.
- Background.
- Insurance.
- Prescribed Medicines.
- Expenditures.
- Health Service Use.

Because previous research had shown that many respondents could be required for data collection (see Anderson, Bethel, Tourangeau, et al., 1994), the NHC CAPI application was designed with topical sections to accommodate different respondents.

Whether a topical section is required to be administered in a round is determined by: when the sampled person was sampled, the round of data collection, the location of the SP during the round (and in some cases the previous round), the SP's vital status and, in some instances, the availability of key data items. The specifications for this information are programmed as part of the CAPI application.<sup>5</sup>

The order that the topical sections are administered for a person, (within a round), is determined by the interviewer, at the time of data collection, based upon the availability of facility respondents and records.

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<sup>5</sup>The programming specifications that determine the administration of questionnaire sections in the NH are not contained in the questionnaire, but in a document referred to as the Navigation Specifications.

The one exception is the Residence History section, which sets up a person's reference dates; it must be administered prior to any other person-level section. Exhibit 1 shows the CAPI screen used by the interviewers to chose topical sections, and sampled persons, within a facility. For a more detailed discussion of the navigational capabilities of the MEPS NHC CAPI see Sperry, Edwards, Dulaney, et al., (in press).

The following sections describe the data collection methodology and the major data elements contained in the seven person-level questionnaire sections<sup>6</sup> collected in facilities.

### Residence History

The facility Residence History (RH) instrument is administered in the sampled nursing facility during the round in which the sampled person was first sampled and in every subsequent round thereafter. Data are typically collected from respondents using medical records and admissions and discharge documents. The RH instrument has three major goals:

- (1) To determine the whereabouts of the sampled person each day of the 1996 reference period. This includes identifying such things as the place prior to admission and date of last community residence.
- (2) To drive person-level data collection for all the other person-level instruments. For example, the stay dates for nursing home stays determine the reference periods for prescribed medicine data collection.
- (3) To determine the survey eligibility of persons sampled for inclusion in the survey.

Since RH data are used to drive the person-level data collection, and in some cases determine person-level eligibility, the RH instrument must be administered before any other person-level questionnaire sections are collected for that person.

The RH collects information about all stays of one or more nights. These include, for example, in-patient hospital stays, stays in the community, in one's own residence, personal care places, or other nursing homes, as well as stays in the sampled NH. Other RH data items include dates of the stay and place type. Also identified is the specific unit in which a NH stay occurred, should the NH have multiple units. Table 6 provides an overview of the major RH data items.

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<sup>6</sup>Terminology used throughout the facility person-level CAPI instrument includes references to four types of sample persons. These sample person types are defined during the course of the interview (during the Facility Residence History section) and are used to steer a person's data collection. These person types are: (1) "SP sampled in this facility this round." (2) "Continuing resident still in the facility at the end of the previous round reference period." This can refer to persons sampled as January first residents (CR) or sampled as an admission in the second round (F2) and who are still in the facility at the end of the previous round, or to a transfer SP in either a sampled or new facility at the end of the previous round. (3) "Continuing resident discharged alive from the facility at the end of the previous round reference period." This can refer either to a January first resident or to an admission sampled in the second round of data collection in the current facility, or to a transfer SP who was in the current facility last round. (4) "First residence history for this SP this facility, and SP was not sampled in this facility."

All places identified in the RH are classified into one of four Place Types. The criteria for Place Type determination are programmed into the CAPI RH application and are used to define stays in eligible nursing units. Since a place can have multiple units with distinctly different place types, the RH questionnaire classifies both places and stays, as follows:

- **Eligible long-term care.** Stays in a bed certified by Medicare, or Medicaid, or licensed and providing 24 hour onsite supervision by an RN or LPN, seven days a week, 24 hours a day.
- **Ineligible long-term care.** Stays in a bed that is not certified or licensed as an eligible long-term care place (i.e., not a nursing home), but which provides services for personal care assistance with bathing or dressing. These places include residential care places, board and care homes, personal care homes, assisted living facilities, and similar units of retirement centers or nursing homes.
- **Hospital.** A stay in a bed in any type of hospital. Stays in a SNF or LTC unit of a hospital are classified as eligible long-term care stays.
- **Community.** These places include all independent living units of retirement centers, as well as private homes or apartments.

Places/stays that do not meet any of the first three definitions above are classified as community places. All these "other places" are reviewed by the home office staff between rounds of data collection to insure correct classification of places and stays.

Depending upon the place type, additional information about the stay and the place where the stay occurred are also collected. For example, for stays in the community, information about with whom the sampled person lived is collected (see Table 6).

There are several key dates that are determined by a sample person's residence history. These are used to steer person-level data collection (within a round and across rounds). These are:

- **Sampled Admission Date (SAD).** For January first residents (i.e., current residents), the date of the most recent admission to the sampled facility prior to January 1, 1996. For persons sampled as first admissions, the date of the first admission to the sampled facility during the January 1 through December 31, 1996, reference year.
- **Key Admission Date (KAD).** The beginning of the episode of sampled nursing home care. The date of the first admission to the sampled facility, excluding readmissions following an acute care hospital stay.
- **In-scope Admission Date (IAD).** The beginning of the episode of eligible nursing home care. The date of the first admission to an eligible nursing facility, excluding readmissions following an acute care hospital stay.

- **Transfer Admission Date (TAD).** The date of admission to an eligible facility, either a sampled facility or a new facility, by a sampled person who transfers out of the originally sampled NH, to another NH, during the reference year, as reported by the transfer facility.
- **End Date for Earliest Community Stay (CED).** The date of the beginning of the episode of institutionalization (regardless of whether the stay was in an eligible nursing home or an ineligible long-term care place), excluding readmissions following an acute care hospital stay. The end date of the most recent time the sampled person lived in the community.

There is one other key date used for person-level data collection. This date is not established in the RH, but in the Background Questionnaire. It is defined here for completeness:

- **First Long-term Care Use (FLU).** The date of first ever long-term care use in a person's lifetime.

Examples of these key dates, for a few sample persons, are illustrated in Figure 1. For a person, it is possible for all these dates to be the same, for all the dates to be different, or something in between.

The RH section is also used to determine person-level eligibility. Persons sampled as an admission and with a prior 1996 admission to an eligible NH other than the sampled NH, are ineligible (since they had a prior chance of selection). Determination of eligibility is made, by CAPI, using the RH data and a pre-loaded directory of the sampling frame. This methodology was first tested in the 1991 Feasibility Study (Bethel, Flyer, Wolters, et al., 1993; Anderson, Bethel, Tourangeau, et al., 1994).

### Health Status

Health status data collected in the facility are measured at multiple time points, depending on the data item and whether the person was sampled as a January first resident or as an admission. The following time points are possible:

- **January 1, 1996.** Used to collect baseline health status information for persons sampled as January first residents. These data are collected during Round 1.
- **December 31, 1996.** Used to collect end of the year health status information for persons sampled as January first residents and still in an eligible nursing facility on December 31. These data are collected during Round 3.
- **Key Admission Date (KAD).** Used to collect baseline health status information for persons sampled as an admission. The KAD is the date of the first admission to the sampled facility, excluding readmissions following an acute care hospital stay<sup>7</sup>. For the Round 2 admissions

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<sup>7</sup> For the admissions sample, the KAD is essentially the day that the sampled person was admitted to the NH in 1996. The only admissions in which the KAD is different from their admission dates (SAD) are those who were in a hospital on January 1, 1996 and subsequently readmitted to the NH. Thus, their sampled admissions date is in 1996 and the KAD is some time prior to 1996.



sample, these data are collected during Round 2; for the Round 3 admissions sample, these data are collected during Round 3.

- **KAD plus 90 days.** Used to collect health status data at a second point in time, for persons sampled as an admission, provided that the person is still in the nursing home. These data can be collected in either Round 2 or 3 depending upon when the 90 day point occurs. When the 90 day point occurs during 1997, data collection is still attempted, provided the person is in an eligible NH unit.
- **All of 1996.** Used to collect incident health conditions throughout the year for all sampled persons, provided the person was in a nursing home. These data are collected in Rounds 1, 2, and 3.

The facility Health Status section is designed to accommodate all of these possibilities (see Table 7).

Most of the facility health status items are based on HCFA's Resident Assessment Form, the Minimum Data Sets (MDS). The NHC was designed to mirror the MDS. Question wording is exactly the same. Possible response categories and definitions of concepts are derived directly from the MDS.

There are multiple MDS versions<sup>8</sup>. The MEPS Health Status questions were based on question wording in Version 2 of the MDS. Version 2 has detail over and above Version 1 and is the HCFA standard for 1996. There are also multiple reasons for an MDS assessment (e.g., annual review, quarterly review) and different MDS forms are used for different assessment reasons<sup>9</sup>. This can result in some MDS health status items being located on some MDS forms, but not on others. In order to plan for this variation, which can occur by state<sup>10</sup>, Westat, the data collection contractor for the MEPS NHC, surveyed all states as to their use of MDS forms (Hallman, 1995). Copies of all the state forms were collected and reviewed. This variation was built into the Health Status CAPI programming. CAPI determines for the interviewer which MDS forms (e.g., annual, quarterly) and which section of the MDS the respondent (and interviewer) should be using to obtain the information. Health status items not based on the MDS are labeled as such so that interviewers can cue the respondent to check medical records to obtain the information. Table 7 indicates if the MDS question wording is the basis of each of the health status items in the MEPS NHC.

The Health Status data are collected each round, by abstracting it from NH medical records/MDS forms, or by interviewing respondents, typically nursing staff, who refer to records during the interview.

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<sup>8</sup>Version 2 of the MDS was introduced in 1996, but many facilities are known to still be using Version 1 due to a variety of reasons including waivers from HCFA.

<sup>9</sup> See HCFA, MDS Manual on the Internet: <http://linear.chspa.wisc.edu/mdsinfo.htm>.

<sup>10</sup>State variation is a function of such things as state waivers for initiating use of Version 2, waivers for state-specific MDS forms, and states using the MDS+ forms, etc.

## Background and Insurance

The design of the previous institutional survey in 1987 was such that, for a sample person, many of the demographic data items were collected from both next-of-kin residing in the community and from NH respondents. This resulted in some redundancy and inconsistency in the data and increased the data collection costs. Because of this, and the questionnaire and item nonresponse associated with the community data collection in 1987, AHCPR undertook a series of analyses to investigate alternative data collection methodologies for background data items (Tourangeau and Blair, 1993; Tourangeau and Johnson, 1993; Anderson, Bethel, Tourangeau et al., 1994). The design for the MEPS NHC Background and Insurance sections are a direct outgrowth of those analyses which, in part, indicated:

- That for some demographic data items, information could be collected from either facility respondents or community respondents, with no loss in the reliability of the data.
- That some data items were best collected from community respondents.
- That it was possible to reduce background item nonresponse, with no sacrifice in reliability, by collecting some of items from the facility rather than from the community.

This led to a design for the NHC that is based on the premise that a "best" respondent could be identified for a data item considering simultaneously data quality issues, respondent burden, and data collection costs. Thus, the design is such that each demographic item is collected by one of the following six methodologies:

- Facility is the only data source for the item.
- Facility is considered the primary data source for the item. If the facility was unable to provide the item for a person, the missing information is subsequently collected from the person's next-of-kin residing in the community.
- Community is the only data source for the item.
- Community is considered the primary data source for the item. If the community respondent was unable to provide the item, the missing information is collected from facility respondents.
- Community is considered the primary data source for the item. For operational reasons, the data are collected from both the community and facility at all times.
- Item is collected from both community and facility. The NHC design assumes no primary data source for the item.

Since the methodology is driven, in part, by the completeness of the data provided, the methodology may vary across persons. Table 8 shows the data items by the methodology used<sup>11</sup>.

The facility Background (BQ) and Insurance (IN) sections are used to collect demographic items from sampled NH respondents and records. The BQ collects demographic information, typically from nursing staff who use medical records. The IN section collects data on a person's insurance coverage at baseline<sup>12</sup>; these data may be collected from respondents who use medical records (including an MDS form), but may also be collected from sources in the NH's billing office. The BQ and IN are administered just once for a person, during the round in which the person was sampled and always prior to any community data collection.

### Prescribed Medicines

The Prescribed Medicine (PM) section of the facility CAPI collects data on a person's use of prescribed medicines while a resident of the NH for calendar year 1996. The data collected includes the name of the medicine; the form, strength, and dosage in which it was prescribed; and the number of times it was prescribed each month (see Table 9). Information on medicines that were only administered as needed (PRNs) is also captured.

The feasibility of collecting prescribed medicine data was first evaluated in the 1991 Feasibility Study (Tourangeau and Kuby, 1993); that experience showed:

- That it was possible to collect PM data with sufficient detail to code the data with a NDC code<sup>13</sup>.
- That abstracting the data was "relatively easy" and "substantially reduced" the burden on the facility to provide these data (Anderson, Bethel, Tourangeau, et al., 1994).

The design of the MEPS PM section built on that experience. Since results showed that data could be abstracted, the PM section was designed to be used by the interviewers to input data abstracted from the forms used in NHs to track the administration of medicines, or to be administered to respondents (typically nursing staff) while respondents reviewed the standardized forms. PM data are collected in each round in which the person was in an eligible NH.

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<sup>11</sup>Excluded from this table are community respondent reported items on potential caregiver network, caregiver services, and health status data; these data are only collected from community respondents. See detail on the Community Questionnaire for additional information.

<sup>12</sup>For January first residents this is January 1, 1996, while for persons sampled as admissions this is at the time of admission to the sampled NH. For January first residents, a few insurance items are also collected on coverage at the time of admission to the NH (KAD).

<sup>13</sup>The National Drug Code (NDC) system is the national standard classification system maintained by the FDA and used by the pharmacy industry (U.S. Pharmacopeial Convention, Inc., 1994) .

To improve the quality of the data, and to reduce the burden of data collection and post-data collection NDC coding, a directory of over 2,000 prescribed medicines, known to be frequently used by the elderly, was built into the application from the 1995 Red Book file (Medical Economics Company, Inc., 1995)<sup>14</sup>. Information on the name, form, and strength of the medicine was available to the interviewers and thus did not have to be keyed. Examples of CAPI screens containing the preloaded Red Book information are shown in Exhibit 2. An illustration of how the screens worked is described below.

For example: To enter information on "allopurinol," the interviewer, in response to the question "What was the name of the prescribed medicine...?" simply types "all," the first three letters of allopurinol. This searches the directory and moves the on-screen cursor to within one entry of the desired medication (see Exhibit 2). At this point, the interviewer simply moves the cursor down one entry and then hits the Enter key for the desired medication. The next question asks "In what form and strength was allopurinol?" and shows the interviewer all the known forms and strengths in which allopurinol is available. The interviewer again simply moves the cursor to the desired location and hits the Enter key to select, for example, "Tablet 100 MG."

The PM section also collects information on any medications not contained in the directory, though for these medications the interviewer must key in all the information.

### Expenditures

The Expenditures section of the person-level facility questionnaire collects data on the costs of health care services provided by nursing homes during 1996. The data collected includes information about the facility's billing practices, such as the length of the billing period, start and end date of and number of days in each billing period, and the rate or rates billed for a person's room and board and basic care in each billing period, as well as charges for ancillary care. The section also includes information on all payments received by the facility (for both basic and ancillary services), the sources of payments for those services, and the amounts paid by each source, by billing period. See Table 10 for a listing of possible sources of payments, as well as all the other major expenditure data items.

In situations where the nursing home/eligible unit is part of a larger facility (e.g., retirement complex), billing and payment data are only collected for the services provided in the eligible part of the facility. For example, if a person was in a board and care unit of a retirement center early in the year and then transferred to the nursing unit midway through the year, billing and payment data are collected for the care provided in the nursing unit of the facility, but not for care in the board and care unit.

Analysis of data from the 1987 NH expenditure study showed that data inconsistencies and anomalies occurred during data collection (Northrup and Anderson, 1993). While these anomalies did not compromise the quality of the data, they added considerably to the cost and time of the post-data collection efforts, delaying the availability of expenditure estimates. To this end, the Expenditure section was redesigned during the Feasibility Study and field tested (Northrup and Ward, 1993; Anderson, Bethel,

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<sup>14</sup>The Red Book file contains detailed information on all prescribed medicines sold in the United States. In addition to the name, information is available on form and strength, therapeutic class, the NDC code, and the wholesale cost of the medication.

Tourangeau, et al., 1994). Results from those efforts showed that a number of edits could be built into the questionnaire to greatly reduce the number of data anomalies. As a result, the NHC Expenditure section incorporates several data edits into the programming logic of the CAPI. These edits range from simple numeric comparisons like "Why does the total amount billed not equal the sum of the sources of payments?" to complex logical edits across several questionnaire sections like "Why was Medicare Part A a source of payment when the NH stay was not preceded by a hospital stay?" See Table 10 for the major edits used.

Expenditure data are first collected in eligible NHs during Round 2 (however, the reference period begins on 1/1/96 for January 1 sampled persons, or date of admission for the Admission sample) and are collected again during Round 3. Typical respondents are facility billing office personnel, who refer to billing and payment records. NH financing is sufficiently complex that interviewers are trained to collect the expenditure data from a respondent, and to abstract data only when the facility refuses to provide a respondent.

### Health Services Use

The CAPI section on Health Services Use collects information on the use of health services for the periods of time the sample person was a NH resident during 1996. Like Expenditures, it is administered in Rounds 2 and 3, and covers the entire 1996 reference period. Typical respondents are nursing staff who refer to medical records during the interview. These data may also be abstracted, by the interviewer, from medical records. Data items include frequency of physician use, physical therapy use, hospital emergency room visits, and hospital outpatient visits (see Table 11). Inpatient hospital use, of stays of one or more nights, are not collected with the Health Services Use section, but are collected in the Residence History section of the application.

Like the Round 2 FQ, the Health Services Use section also contains the facility-level questions on physicians who practice in the nursing home. These questions are asked in Health Services Use if the Round 2 FQ has yet to be administered and are administered only once per facility, in either the Health Services Use section or in the Round 2 FQ. These questions are used to create a Physician Roster, a listing of physicians whose services are billed for through the facility as part of the facility's basic room and board rate. Thus, it will be possible to distinguish physician services that are billed separately from those that are billed for as part of the basic (or ancillary) NH charges.

### Community Respondent Roster

The last sampled facility instrument is a paper and pencil instrument. The Community Respondent Roster (CRR) is used to collect information on potential community respondents from NH sources. It is administered, for each sample person, to each NH respondent that provided data about the sample person. For each potential community respondent identified, the CRR collects: locating information, attributes about the potential respondent, and the potential respondent's relationship to the sample person. Once all CRRs are completed for a sample person, the interviewer enters the data into the laptop for transmission to the home office, where an algorithm (based upon the work of Tourangeau and Johnson, 1993) is used to determine the best community respondent for community data collection.

### Person-level Data Collection in the Community

Community data collection generally takes place once for each sample person for whom a community respondent was identified. For persons sampled as January first residents, or those sampled as Round 2 admissions, it occurs when Round 2 facility data collection is completed for the person. Similarly, for persons sampled as admissions in Round 3, community data are collected in Round 3. Data collection is by telephone, by the field interviewers who typically collected the facility data. Computer assisted interviewing technology is used. Typical community respondents are next-of-kin living in the community, but could also be friends, guardians, and others who are knowledgeable about the sampled person's condition prior to admission to the NH. It could also include facility staff, or, in the case of a sampled person who was discharged from the NH, the sampled person.

In addition to collecting information about the sampled person's situation prior to admission to the NH, the Community Questionnaire (CQ) also collects information that the facility is known to have a difficult time providing (Tourangeau and Blair, 1993), such as living kin, as well as income, assets, and caregiving information<sup>15</sup>. Finally, the CQ is used to update residence history data for all persons sampled as an admission (i.e., it collects residence history data for the period prior to NH admission) and for all persons discharged from the NH, residence history data are collected for the period after discharge from the NH<sup>16</sup>. See Tables 8 and 12 for an overview of the community data items.

### Data Collection in New Facilities

The MEPS NHC design is such that persons are followed throughout 1996 as they move from nursing home to nursing home; thus, estimates for all of 1996 are possible. Each sampled person's residence history data is reviewed by the Westat home office staff in an ongoing manner to identify persons who transfer into new facilities. Whenever a sampled person moves into a potentially eligible new facility, new facility data collection procedures are initiated, which consist of:

- Determination of facility eligibility as a nursing home.
- Collection of facility-level data on the new facility.
- Collection of person-level data on the transfer person, while the person is a resident in the new facility.

Data collection instruments and procedures in the new facilities are similar to those used in the sampled facilities except that no Background, Insurance, baseline Health Status, or information on potential community respondents is collected. For operational reasons, potential new facilities identified during Round 1 are fielded in Round 2; new facilities identified during Round 2 are fielded at the beginning of Round 3,

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<sup>15</sup>The caregiving data are only collected for persons sampled as admissions and entering the NH from the community or the hospital, with a community stay immediately prior.

<sup>16</sup>For some persons, this results in a second CQ being conducted to update missing RH information.

while new facilities identified during Round 3 are fielded later in Round 3. Potential new facilities are defined as:

- Nursing homes.
- Any place listed on the NHC sampling frame of facilities.
- Board and care homes, personal care homes, assisted living facilities, or similar places.
- SNF and LTC units of hospitals.

Final determination of their eligibility as a NH (i.e., an eligible new facility) is made with the New Facility Questionnaire. This instrument mirrors the Round 1 sample facility FQ (Table 5) in determining eligibility and collecting facility-level information on the new facility<sup>17</sup>.

In facilities found to be eligible as a NH, person-level data collection consists of use of health care service and prescribed medicines, expenditure information, and incident health conditions. Each of these was collected, by round, for the time period the sampled person was in the transfer facility during 1996. Some cross-sectional health status data are also collected. For persons sampled as admissions and in a new facility 90 days after admission to the sampled facility, health status items are collected for the time two measurement (90 days after admission). For the January first sample in a new facility on December 31, 1996, end of the year health status data are collected (see Table 7). Residence history data are also collected in new facilities, measured from the time of discharge from the previous nursing home to the end of the reference period.

In cases where the facility is not an eligible nursing home, the only person-level data collected are residence history data.

### **Medicare Claims Data**

In addition to primary data collation activities, MEPS NHC will acquire claims data (including billing and payment information) from the HCFA for the Medicare Beneficiary population in the NHC sample. Both Part A and Part B claims data will be obtained.

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<sup>17</sup>The New Facility Questionnaire differs from the Round 1 Sampled Facility Questionnaire with the addition of the Round 2 sampled facility questions on physicians and the deletion of person-level sampling.

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**Table 1: Nursing facilities and beds on the updated MEPS NHC sampling frame, by the source from which the facilities were added to the frame**

	Data source from which facilities were added to frame			Total on updated frame
	Cleaned 1991 NHPI <sup>1</sup>	New facilities added from state licensing lists and lists of HCFA-certified facilities (births)	Hospital based LTC units added from AHA list	
Facilities	15,111	2,391	275	17,572
Beds	1,615,686	146,231	29,979	1,789,772

<sup>1</sup> Eventually 205 of these facilities (representing 2,124 beds) were dropped from the MEPS - NHC sampling frame because the facilities failed to meet the MEPS - NHC eligibility criteria as a nursing home.

Source: Sommers, 1995

**Table 2: Number of facilities selected during the first- and second-phase sample of facilities, by cost stratum**

Cost stratum	Interviewer workload	Facilities selected during first-phase sample of facilities		Facilities selected during second-phase facility sample	
		Number	Percent distribution of the first-phase sample	Number	Percent of first-phase sample selected
Total		1,651	100.0	1,150	69.7
1	Full workload, single area	855	51.8	616	72.0
2	Partial workload, considerable distance	439	26.6	292	66.5
3	Single facility in area, considerable distance	255	15.4	178	70.1
4	Single facility, air travel	102	6.2	64	62.4

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Table 3: Projected sample yield of nursing homes and sampled persons: Numbers sampled and responding, by round**

Sampled unit	Round 1	Round 2	Round 3	Total
<b>Facilities</b>				
Selected at first phase	1,651			
Selected at second phase	1,150			
Eligible	1,127			
Completed Facility Questionnaire in Round	862			
Cooperated with sampling in Round	836	811	787	
Cooperated in all Rounds	--	--	--	787
<b>January First Residents</b>				
Selected and eligible	3,344			
Baseline health status data provided	3,210			
Expenditure data provided <sup>1</sup>	--	3,243	3,144	3,144
<b>Admissions</b>				
Selected	--	1,622	1,574	3,196
Not first admissions	--	357	346	703
Eligible first admissions	--	1,265	1,228	2,493
Baseline health status data provided	--	1,163	1,130	2,293
Expenditure data provided <sup>1</sup>	--	1,189	1,155	2,344

<sup>1</sup> Defined as at least one-third of expenditure data completed.

Source: Broene P, Bethel J. Sample design report for the 1996 Medical Expenditure Panel Survey: Nursing home component. Rockville (MD): Public Health Service (US), Agency for Health Care Policy and Research; in press

**Table 4: Overview of data collection activities for the 1996 Medical Expenditure Panel Survey, Nursing Home Component**

	<b>Screener/Recruitment Round</b> 1/96-2/96 (Telephone)	<b>Round 1</b> 3/96-6/96 (In-Person)	<b>Round 2</b> 8/96-1/97 (In-Person)	<b>Round 3</b> 4/97-8/97 (In-Person)
<b>Nursing Home (NH) Data</b>	<ul style="list-style-type: none"> <li>• Verify Address</li> <li>• Administrator's Name</li> <li>• Recruit Facility</li> </ul>	<ul style="list-style-type: none"> <li>• NH Structure/Eligibility</li> <li>• Staffing</li> <li>• Rate Schedule</li> <li>• Sample Current Residents</li> </ul>	<ul style="list-style-type: none"> <li>• NH Services</li> <li>• Update facility rate schedule</li> <li>• Sample First Admits</li> <li>• Transfer Facility - NH Characteristics</li> </ul>	<ul style="list-style-type: none"> <li>• NH Revenue &amp; Expenses</li> <li>• Update Staffing</li> <li>• Sample First Admits</li> <li>• Transfer Facility - NH Characteristics</li> </ul>
<b>Resident Data</b> Current Residents as of 1/1/96	No Data Collection	<ul style="list-style-type: none"> <li>• Residence History</li> <li>• Health Status at Baseline</li> <li>• Incident Health Conditions</li> <li>• Background</li> <li>• Insurance</li> <li>• P-Meds Use</li> </ul>	<ul style="list-style-type: none"> <li>• Update Residence History</li> <li>• Expenditure Data</li> <li>• P-Meds Use</li> <li>• Use of Health Services</li> <li>• Incident Health Conditions</li> <li>• Identify Community Respondents</li> <li>• Community Data Collection (by telephone)</li> </ul>	<ul style="list-style-type: none"> <li>• Update Residence History</li> <li>• Expenditure Data</li> <li>• Incident Health Conditions</li> <li>• Health Status at End of Year</li> <li>• P-Meds Use</li> <li>• Use of Health Services</li> </ul>
<b>Residents Admitted</b> 1/1/96 to 6/30/96	No Data Collection	No Data Collection	<ul style="list-style-type: none"> <li>• Residence History</li> <li>• Health Status at Baseline</li> <li>• Health Status 90 days after Baseline</li> <li>• Incident Health Conditions</li> <li>• Background</li> <li>• Insurance</li> <li>• Expenditure Data</li> <li>• P-Meds Use</li> <li>• Use of Health Services</li> <li>• Identify Community Respondents</li> <li>• Community Data Collection (by telephone)</li> </ul>	<ul style="list-style-type: none"> <li>• Update Residence History</li> <li>• Health Status 90 days after Baseline</li> <li>• Incident Health Conditions</li> <li>• Expenditure Data</li> <li>• P-Meds Use</li> <li>• Use of Health Services</li> </ul>
<b>Residents Admitted</b> 7/1/96 to 12/31/96	No Data Collection	No Data Collection	No Data Collection	<ul style="list-style-type: none"> <li>• Residence History</li> <li>• Health Status at Baseline</li> <li>• Health Status 90 days after Baseline</li> <li>• Incident Health Conditions</li> <li>• Background</li> <li>• Insurance</li> <li>• Expenditure Data</li> <li>• P-Meds Use</li> <li>• Use of Health Services</li> <li>• Identify Community Respondents</li> <li>• Community Data Collection (by telephone)</li> </ul>

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Table 5: Major sampled facility-level data items, by round of data collection**

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**Round 1 Sampled Facility-Level Data Items**

**Round 1 Facility Questionnaire (FQ)**

Whether the sampled facility/unit(s) was a free standing nursing facility or part of a larger facility or campus (e.g., part of a retirement center, hospital). All parts of the larger facility (e.g., nursing unit, assisted living, independent living) are enumerated as to:

- Place type (e.g. nursing, assisted living)
- Name of place
- Number of beds/units

Characteristics of the eligible nursing home/unit(s):

If the eligible NH/unit(s) has any unlicensed beds in the NH (e.g., personal care unit).

All unlicensed (non-nursing) units are enumerated as to:

- |                      |                           |
|----------------------|---------------------------|
| Place type           | Name of place             |
| Number of beds/units | Year unit began operation |

If the eligible NH/unit(s) have any special care units (e.g., Alzheimer's unit).

All special care units are enumerated as to:

- |  |                     |
|--|---------------------|
| Unit type  | Unit name           |
| Number of beds/units                               | Number of residents |
| Year unit began operation                          |                     |
| Whether unit has any Medicare residents            |                     |
| Whether unit has any Medicaid residents            |                     |
| Whether unit has direct care staff dedicated to it |                     |

Certification status by Medicare and Medicaid

- Number of Medicare beds
- Number of Medicaid beds
- Number of duly-certified beds
- Number of non-certified beds in the sampled NH/unit

Number of residents:

- In eligible NH/unit(s)
- With Medicare as primary source of payment
- With Medicaid as a source of payment
- With private pay as the only source of payment

Size, ownership type and chain membership

Sampling Section (SS) of the FQ directs the interviewer on sampling four January first residents from the eligible NH/unit(s) and sets up the person-level data collection (name of the sampled person, etc.)

**Round 1 Self-Administered Questionnaire (SAQ)**

Medicare and Medicaid provider numbers

Number of admissions to the eligible LTC place in 1995

**Table 5: Major sampled facility-level data items, by round of data collection**

---

**Round 1 Self-Administered Questionnaire (cont'd)**

- Number of nursing staff employees, by type (RN, LPN and aids), for the first full week in January
- Number of nursing staff hired by facility from agencies as registry or pool staff, by type
- Wage rate for entry level nursing aids at the facility
- Nursing wage rates for RN and LPN's, for both employee and agency staff

**Hard-copy of the Sampled Facility's Rate Schedule**

**Round 2 Sampled Facility-Level Data Items**

**Round 2 Facility Questionnaire**

- Updates the Medicare/Medicaid certification status
  - For newly certified facilities collects information on:
    - Number of beds certified by Medicare, Medicaid, and duly-certified
    - Number of residents that have Medicare, Medicaid and private pay as a source of payment
- Characteristics of the sampled NH/unit(s)
  - Accreditation by JCAHO
  - Population group primarily served
  - Availability of specially trained providers, at the facility, routinely providing services to residents:

Physical therapist	Speech therapist
Occupational therapist	Respiratory therapist
Audiologist	Podiatrist
Dentist	Dental hygienist
Nutritionist/dietician	Psychiatrist
Psychologist	Psychiatric social worker
Psychiatric nurse	Optometrist
Pharmacist	Other mental health professional
Special education provider/teacher	
  - Services provided routinely on-site to residents:

Ventilator care	IV therapy
Dialysis	Tube feeding
Isolation (for highly contagious conditions or compromised immune system)	
  - Other services provided to residents :
    - Hearing tests
    - Transportation services for health care



**Table 5: Major sampled facility-level data items, by round of data collection**

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Whether facility vaccinated residents and proportion of residents vaccinated for:	
Influenza	Pneumonia
Services routinely provided onsite to nonresidents:	
Adult day care	Rehabilitation therapy (PT/OT/ST)
Dialysis	Case management services
Family support services	
Services routinely provided to nonresidents off-site:	
Home delivered meals	Homemaker/chore services
Infusion therapy	Rehabilitation therapy
Hospice services	Case management services
Wound care or other post-acute skilled nursing care	
Admission and discharge policies	
Whether facility provided respite care and number of respite beds	
Characteristics about the larger facility (should the sampled NH/unit(s) be part of a larger facility)	
Population groups served	
Availability of services routinely provided by larger facility to residents:	
Physical therapy	Speech therapy
Occupational therapy	Respiratory therapy
Hearing therapy	Podiatry
Dental services	Nutritional services
Mental health services	Ventilator care
IV therapy	Dialysis
Tube feeding	
Services routinely provided by larger facility to non-residents:	
Adult day care	Home delivered meals
Homemaker services	Home health care
Hospice care	Case management services
Characteristics about physicians who provide services in the sampled NH/unit(s):	
Whether facility had contract with a group of physicians:	
Whether facility billed for physician care through the facility basic or ancillary rate	
Names of all physicians who bill through the facility	
Whether group billed through the facility entirely or sometimes	
Whether there are other physicians for whom the facility bills for care through the basic or ancillary rate	
Names of all physicians who bill through the facility	
Whether physician bills entirely/sometimes	

**Table 5: Major sampled facility-level data items, by round of data collection**

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**Round 2 Sampling Questionnaire**

Directs the interviewer on sampling the sample of persons (2 - 3 persons) who were admitted to the facility January 1- June 30, 1996 and sets up the person-level data collection

**Missing Rd 1 Self-Administered Questionnaire**

**Facility Rate Schedule Form**

Retrieves missing rate schedule information

If facility is known to have any special care units, obtains billing rate for each unit

Whether the facility has any special private pay billing rates with HMOs  
Billing rate amount

**Round 3 Sampled Facility-Level Data Items**

**Round 3 Facility Questionnaire**

Number of residents in sampled NH/unit(s) last night

Whether the facility filed a Medicaid cost report annual financial report, date of report

Revenue and expense data for the facility:

Total patient revenues	Total patient days
Total patient expenses	Total nonpatient revenues

Total revenues and patient days from following sources:

Medicaid	Medicare
Private pay	VA
Other sources	

**Round 3 Self-Administered Questionnaire (SAQ)**

Number of nursing staff employees, by type (RN, LPN and aids), last full week in December

Number of nursing staff hired by facility from agencies as registry or pool staff, by type

Wage rate for entry level nursing aids at the facility

**Table 5: Major sampled facility-level data items, by round of data collection**

---

**Round 3 Self-Administered Questionnaire (cont'd)**

Nursing wage rates for RN and LPN's, for both employee and agency staff

Number of nursing staff hired, by type, during 1996

Number of physicians caring for eligible LTC place/unit residents

Criteria used for a physician to obtain practice privileges at facility

Number of physicians who are salaried employees of the facility

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Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Table 6: Major data items collected in the facility residence history section of the questionnaire**

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Reference period for which residence history (RH) data are collected for sample persons:

January first sample:

Start - date of most recent community stay prior to Jan. 1, 1996

End - Dec. 31, 1996

Sample of admissions:

Start - January 1, 1996 or date of most recent community stay prior to Jan. 1, which ever occurs first

End - Dec. 31, 1996<sup>1</sup>

Place types for which RH data are collected:

Eligible long-term care (LTC)<sup>2</sup> - such places as free standing nursing homes and LTC nursing units of retirement centers, CCRSs, hospitals, and VA centers

Ineligible long-term care<sup>3</sup> - such places as residential care facilities, board and care homes, assisted living facilities, and group homes

Hospitals - all hospital types

Community - includes independent living units in retirement centers as well as private homes and apartments

Information collected about all stays:

Beginning and end dates of stay

Place type

Place type typology

Information collected about stays in a nursing home/unit(s) (eligible long-term care)<sup>2</sup>:

Name and address of place/unit where stay occurred

Whether a formal discharge occurred

If facility has multiple units<sup>4</sup>:

Which unit the stay occurred in

Whether stay was in a LTC nursing unit

Whether facility was on the sampling frame

**Table 6: Major data items collected in the facility residence history section of the questionnaire**

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Information collected about hospital stays<sup>5</sup>:

Name and address of place/unit where stay occurred

Whether stay was in LTC nursing unit, e.g., Skilled Nursing Facility unit

Type of hospital (if not already available)

Main diagnosis that caused the hospitalization<sup>6,7</sup>

Information collected about ineligible LTC stays<sup>3</sup>:

Name and address of place/unit where stay occurred

Whether stay was in a LTC nursing unit of the place

Whether place provided help with bathing or dressing<sup>8</sup>

Information collected about stays in the community:

Who lived with person

Did person receive formal home health services

For the community stay immediately prior to start of institutionalization episode, the city, state, and zip code of the place where the stay occurred

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<sup>1</sup> For persons admitted during the last quarter of 1996, the Health Status questionnaire collects some residence history information during the period Jan. 1, 1997 to 90 days after admission.

<sup>2</sup> Eligible long-term care places are defined as a place/unit certified by Medicare or Medicaid, or licensed and providing 24 hour on site supervision by an RN or LPN seven days a week, 24 hours a day.

<sup>3</sup> Ineligible long-term care places are defined as a place/unit not licensed or certified (i.e., not a NH), with services provided for personal care assistance with bathing or dressing.

<sup>4</sup> For example, nursing facilities that are part of retirement centers or hospitals, or special care units such as Alzheimers or rehabilitation units.

<sup>5</sup> To reduce the burden on facility respondents, for some hospital stays, details about the hospital stays were obtained from American Hospital Association data rather than facility respondents.

<sup>6</sup> Only collected for hospital stays that occurred during 1996.

<sup>7</sup> The main diagnosis of a hospital stay could be collected with the Residence History section of the questionnaire or with the Health Status section of the questionnaire, depending upon where the information was found.

<sup>8</sup> Information is not collected if the ineligible LTC unit/place is part of the sampled facility (sampled facility structure is collected with the Rd 1 Facility Questionnaire).

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Table 7: Overview of the health status data items collected in the facility, by sample type, time points of measurement, and MDS origin of question wording**

Health status data items	Data items collected for the January first sample and measured at the:		Data items collected for the admissions sample and measured at the:		Items collected for both samples and measured for:	Question wording based on Version 2 MDS
	Jan. 1, 1996	Dec. 31, 1996 <sup>1</sup>	Key admission date <sup>2</sup>	Key admission date plus 90 days <sup>1,3</sup>	All of 1996 <sup>1</sup>	
History of mental retardation, mental illness or developmental disability	X <sup>2</sup>		X <sup>2</sup>			X
Advance directives:						
Living will	X		X			X
Do not resuscitate	X		X			X
Do not hospitalize	X		X			X
Feeding/medication restriction	X		X			X
Person comatose	X	X	X	X		n/a
Memory/cognitive skills:						
Short-term memory	X	X	X	X		X
Long-term memory	X	X	X	X		X
Recall ability (4 items)	X	X	X	X		X
Independence in daily decisions	X	X	X	X		X
Hearing/Communication:						
Condition of hearing	X		X			X
Hearing aid use	X		X			n/a
Ability to communicate	X		X			X
Ability to see	X		X			X
Behavioral symptoms:						
Wandering	X	X	X	X		X
Verbally abusive	X	X	X	X		X
Physically abusive	X	X	X	X		X
Disruptive behavior	X	X	X	X		X
Resistance to care	X	X	X	X		X
Self-performance in:						
Transferring	X	X	X	X		X
Locomotion on unit	X	X	X	X		X
Dressing	X	X	X	X		X
Eating	X	X	X	X		X
Toilet use	X	X	X	X		X
Modes of locomotion:						
Cane/Walker	X	X	X	X		X
Wheeled self	X	X	X	X		X
Other person wheeled	X	X	X	X		X

**Table 7: Overview of the health status data items collected in the facility, by sample type, time points of measurement, and MDS origin of question wording**

Health status data items	Data items collected for the January first sample and measured at the:		Data items collected for the admissions sample and measured at the:		Items collected for both samples and measured for:	Question wording based on Version 2 MDS
	Jan. 1, 1996	Dec. 31, 1996 <sup>1</sup>	Key admission date <sup>2</sup>	Key admission date plus 90 days <sup>1,3</sup>	All of 1996 <sup>1</sup>	
<b>Continence</b>						
Bowel control	X		X			X
Bladder control	X		X			X
<b>Psychosocial well-being:</b>						
Interacts with others	X		X			X
Plans or structures activities	X		X			X
Established own goals	X		X			X
Pursues involvement	X		X			X
Accepts invitations	X		X			X
Has absence of contact	X		X			X
<b>Active diagnoses and conditions on MDS assessment</b>						
	X		X			X
<b>Active infections at date:</b>						
Clostridium difficulty	X		X			X
HIV	X		X			X
Conjunctivitis			X			X
Methicillin resistant staph	X		X			X
Pneumonia	X		X		X	X
Respiratory infection	X		X			X
Septicemia	X		X		X	X
Sexually transmitted diseases			X			X
Tuberculosis	X		X			X
Urinary tract infection	X		X		X	X
Viral Hepatitis	X		X			X
Wound infection	X		X			X
<b>Any other active diagnoses or conditions in medical record</b>						
	X		X			n/a
<b>Fractures, by site</b>						
	X		X		X	X
<b>Did person experience:</b>						
Dehydration	X		X			X
Delusions	X		X			X
Hallucinations	X		X			X
<b>Oral/nutritional status:</b>						
Chewing problem	X		X			X
Swallowing problem	X		X			X
Mouth debris	X		X			X
Height	X		X			X
Weight	X	X	X	X		X

**Table 7: Overview of the health status data items collected in the facility, by sample type, time points of measurement, and MDS origin of question wording**

Health status data items	Data items collected for the January first sample and measured at the:		Data items collected for the admissions sample and measured at the:		Items collected for both samples and measured for:	Question wording based on Version 2 MDS
	Jan. 1, 1996	Dec. 31, 1996 <sup>1</sup>	Key admission date <sup>2</sup>	Key admission date plus 90 days <sup>1,3</sup>	All of 1996 <sup>1</sup>	
<b>Dental Health:</b>						
Debris in mouth	X		X			X
Dentures	X		X			X
Teeth loss	X		X			X
Broken/carious teeth	X		X			X
Inflamed gums	X		X			X
<b>Pressure sores</b>						
Active	X		X		X	X
Stage	X		X			X
<b>Restraint devices:</b>						
Bed rails	X	X	X	X		X
Trunk restraint	X	X	X	X		X
Limb restraint	X	X	X	X		X
Chair prevents rising	X	X	X	X		X
<b>Main reason/diagnosis for hospitalization(s)</b>					X <sup>4</sup>	n/a
<b>Items specific to MDS record identification:</b>						
Date of form	X	X	X	X		X
Type of MDS form	X	X	X	X		X
Version of MDS	X	X	X	X		X
<b>Miscellaneous items on MDS form and included in the Health Status:</b>						
Medicaid ID number	X		X			X
Medicare ID number	X		X			X
Social Security number	X		X			X
Level of education	X		X			X

<sup>1</sup> Data items are collected only if the person is still in an eligible NH/unit on the reference date.

<sup>2</sup> Collected at the time of admission to the facility as part of the pre-admission screening (PASAR).

<sup>3</sup> In situations where Key Admission Date plus 90 days occurs during 1997, these data items are collected, provided the sampled person is resident in an eligible NH/unit on the reference day.

<sup>4</sup> In situations where the Key Admission Date plus 90 days occurs during 1997, the Health Status section also collects dates of hospitalization in 1997 and reason for hospitalization.

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.



**Table 8: Demographic data items collected in the facility and community questionnaires, by primary and secondary data source for the item**

Data items	Facility is primary data source for item		Item collected in both facility and community, design assumes no primary source	Community is primary data source for item		
	Item collected in facility only	Item collected in facility, missing data collected in community		Item collected in both community and facility, community primary data source	Item collected in community, missing data collected in facility	Item collected in community only
<b>BACKGROUND ITEMS</b>						
Age <sup>1,2</sup>		X				
Sex <sup>1,2</sup>		X				
Race				X		
Prior lifetime use of LTC			X			
Type of facility			X			
When			X			
Education				X <sup>3</sup>		
Veterans status		X				
Marital status <sup>2,4</sup>		X				
Spouse's residence		X				
Ownership of spouse's home		X				
Spouse's health status				X		
Numbers of living daughters, sons, sisters and brothers (4 items)				X		
Vital status of parents (2 items) <sup>5</sup>				X		
Reason for NH entry (8 items)						X
<b>ITEMS ON INSURANCE COVERAGE</b>						
Ever Medicaid covered		X				
Medicaid coverage at baseline <sup>2,6</sup>		X				

**Table 8: Demographic data items collected in the facility and community questionnaires, by primary and secondary data source for the item**

Data items	Facility is primary data source for item		Item collected in both facility and community, design assumes no primary source	Community is primary data source for item		
	Item collected in facility only	Item collected in facility, missing data collected in community		Item collected in both community and facility, community primary data source	Item collected in community, missing data collected in facility	Item collected in community only
Date of first coverage <sup>6</sup>		X				
Place of first coverage <sup>6</sup>		X				
Medicaid coverage at admission		X				
Medicare Part A coverage <sup>2,6</sup>	X					
Medicare Part B coverage <sup>2,6</sup>	X					
Private health insurance (Medigap) <sup>6</sup>			X			
Private LTC coverage <sup>6</sup>				X		
Did policy pay for NH costs						X
Did policy pay family directly						X
Amount paid to family						X
Did family members other than sample person/spouse pay any NH costs						X
CHAMPUS/CHAMPVA coverage <sup>6</sup>	X					
Other VA contract coverage <sup>6</sup>	X					
Other public assistance health insurance coverage <sup>6</sup>	X					
<b>INCOME AND ASSETS ITEMS</b>						
Any Social Security income						X <sup>7</sup>
Amount last month						X <sup>7</sup>

**Table 8: Demographic data items collected in the facility and community questionnaires, by primary and secondary data source for the item**

Data items	Facility is primary data source for item		Item collected in both facility and community, design assumes no primary source	Community is primary data source for item		
	Item collected in facility only	Item collected in facility, missing data collected in community		Item collected in both community and facility, community primary data source	Item collected in community, missing data collected in facility	Item collected in community only
Any pension income					X <sup>7</sup>	
Amount last month						X
Any income from other sources						X
Total 1995 income						X
Home ownership by person					X <sup>7</sup>	
Worth of home						X
Any financial assets at admission						X
Worth of assets						X

<sup>1</sup> Actually asked in the Residence History section of the questionnaire rather than Background section in order to set up question wording fills for all subsequent questionnaire sections.

<sup>2</sup> Should the first facility respondent fail to provide the information, the missing information is retrieved, during the current round, from other facility respondents.

<sup>3</sup> In the facility, education can be collected as part of the Background or Health Status sections, depending upon where the interviewer finds the information first.

<sup>4</sup> For January first residents measured at January 1 and the Key Admission Date (KAD); for admissions measured at the Key Admission Date.

<sup>5</sup> Only asked of SPs less than 65 years old.

<sup>6</sup> Items on insurance coverage are measured as of January 1 for the January first sample and as of the Key Admission Date for the admission sample.

<sup>7</sup> Income data collected from Round 3 facility respondents were collected in the Expenditure section of the questionnaire for all persons in the NH any time during Round 3.

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Table 9: Major data items in the facility Prescribed Medicines section of the person-level questionnaire**

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Prescribed medicine data are collected for each person, for each month during 1996 that the person was a resident of an eligible LTC place/unit

- Whether any prescribed medicines were administered in the month
  - Name of each prescribed medicine, including any PRNs
  - Form, strength, and dosage of the prescribed medicine<sup>1</sup>
  - Frequency of administration
  - Whether the prescribed medicine was discontinued during the month
- 

<sup>1</sup> For over the counter prescribed medicines, only frequency of administration is collected.

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Table 10: Major data items in the facility Expenditure section of the person-level questionnaire**

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For persons admitted to the sampled NH/unit(s) prior to January 1, 1996, determines all sources of payment for basic care when first admitted to the NH

Primary sources of payment at the time of admission

Reference period for subsequent expenditures: all days in a eligible LTC unit during 1996

Whether there was a charge for basic care:

Reason for no charge

Whether the SP was billed separately for health-related ancillary charges

Length of facility billing period

The following are collected for each person, for each billing period (BP):

Number of days billed for care:

Why number of days in BP is different from number of days care was billed for

Rates billed for basic care:

Number of days at each rate

Sources of payments for the BP and amount of payments from each source, possible sources includes:

Medicaid	Private pay
Person's/family's income	Social Security
Private health insurance	Pension
VA contract	HMO contract
Medicare Part A	Others

Whether ancillary charges were billed:

Total ancillary charges

Sources of payments and amount of payments from each source

Data items used to reconcile inconstant billing amounts with payment amounts:

Why Medicare paid for care but stay in the NH was not preceded by a hospital stay

Why total amount billed is not equal to the sum of the sources of payments

Why Medicare/Medicaid is a source of payment in a facility that is not certified by Medicare/Medicaid

**Table 10: Major data items in the facility Expenditures section of the person-level questionnaire**

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Why Medicare/Medicaid is a source of payment when person's insurance coverage data indicates person was not covered by Medicare/Medicaid

Why Medicaid is not a source of payment in the BP, when it was a source of payment in previous billing periods

When Medicare is an source of payment and Medicare payments in the BP are  $\leq 10$  percent of the total BP payment, verify that Medicare is not Medicare Part B rather than Medicare Part A

For persons with LTC insurance, determine why the LTC insurance is not a source of payment

---

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Table 11: Major data items in the facility Health Care Use section of the person-level questionnaire**

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For each person, the section collects health care use information, for the period of time the sample person was resident in a eligible LTC place/unit(s), during 1996

Did person see, while a resident of the NH, a:

Physician outside of the NH  
Number of visits

Physician within the NH  
Doctor's name that provided care  
Number of visits

Dental provider  
Number of visits

Psychiatrist or other mental health provider  
Type of provider  
Number of visits  
Whether therapy was individual, group or both

Podiatrist

While a resident of the NH, did person receive any:

Physical therapy  
Frequency of therapy  
Time period over which therapy was provided

Occupational therapy  
Frequency of therapy  
Time period over which therapy was provided

Speech and hearing therapy  
Frequency of therapy

Respiratory therapy

I.V. Therapy

Educational or habilitation services  
Frequency of therapy, by type  
Time period over which service was provided

While a resident, did person have any:

Hospital emergency room visits  
Date of each emergency room visit  
Main reason or diagnosis

Visits to the hospital, without an overnight stay  
Number of visits  
(Visits to the hospital, with an overnight stay, are collected in the Residence History section, see Table 6)

**Table 11: Major data items in the facility Health Care Use section of the person-level questionnaire**

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Characteristics about physicians who provide services in the eligible LTC place (if not previously collected with the Round 2 Facility Questionnaire):

Whether facility had contract with a group of physicians

Whether facility billed for physician care through the facility basic or ancillary rate

Names of all physicians who bill through the facility

Whether group billed through the facility entirely or sometimes

Whether there are other physicians and for which the facility bills for care through the basic or ancillary rate

Names of all physicians who bill through the facility

Whether physician bills entirely/sometimes

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Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.



**Table 12: Overview of data items in the Community Questionnaire**

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Community residence history information:

Details on the whereabouts of the person prior to admission, or after discharge, from the sampled facility or a transfer facility. Data items collected on the pre-admission and post-discharge stays are comparable to those in the facility Residence History<sup>1</sup> (see Table 6 for details)

Background and insurance information (see Table 8 for details)

Reason for admission to the eligible LTC place/unit(s)

Health status of person immediately prior to NH admission:

Physical health status	Mental health status
ADL supervision required	IADL supervision required
Use of walker/grab bars	Difficulty in locomotion
Memory loss	

Potential caregiver network (limited to spouse, children and members of the household prior to admission), including information on:

Age and sex of the potential caregiver  
Potential caregiver's relationship to person

Formal and informal caregiving information (caregiving information not limited to care provided by care-giver network, but by all care-givers), including:

Caregivers who provided skilled care  
Caregivers for ADL assistance  
Caregivers for IADL assistance  
Frequency of care provided  
Who arranged for the care to be provided  
Whether the care provided was formal or informal care

Characteristics of the caregiver, including:

Place of residence	Marital status
Health status	Whether minor children lived at home
Level of education	Whether caregiver had a full-time job

Income and assets of the sample person (see Table 8 for details)

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<sup>1</sup> In the Community Questionnaire, pre-admission residence history data are collected for all persons sampled as an admission. For the January first sample pre-admission data collection are limited to retrieving information that the facility was unable to provide, such as the whereabouts of the person immediately prior to their pre-NH-admission hospital stay. For persons sampled as Jan. 1 resident or as an Admission in Round 2, and who completed a community interview in Round 2, and who are not resident in an eligible NH/unit as of the date of the Round 2 or Round 3 facility interview, a Round 3 community questionnaire is conducted in Round 3 to update residence history data only.

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Exhibit 1. Example of the CAPI person-level navigation screen used in sampled facilities during Round 1**

```
NAVIGATE          90401          Mountainside Nursing Home

                SELECT THE SP AND SECTION YOU WOULD LIKE TO DO NEXT.

TYPE   NAME                RH    HS    PM    BQ    IN
-----
CR     ELAINE BRAZIL        C     RDY   C     RDY   RDY
CR     JACKIE CALDRON       C     RDY   C     RDY   RDY
CR     DONALD FREUD         C     RDY   C     RDY   RDY
CR     PEGGY LACEY          C     RDY   C     RDY   RDY

SAMPLED ADMISSION DATE: 09/11/93          AVAILABLE RESULT CODES:
                                           1.  CONSENT REQUIRED
                                           4.  INITIAL REFUSAL

                VITAL STATUS:  DECEASED ON 03/03/96
                BACKGROUND STATUS:  READY TO INTRVW

USE ARROW KEYS.  TO SELECT, PRESS ENTER.  TO EXIT, PRESS ESC.
```

The names of the persons and NH shown above are fictitious, any resemblance to real people or real NHs is purely coincidental.

Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**Exhibit 2. Example of two CAPI screens used to collect prescribed medicine data on the name, form, and strength of the medication**

123.002 PM2	03/13/96	ROXANNE BACKUS SISTERS OF CHARITY
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IN JANUARY 1996:

What was the name of the prescribed medicine administered to ROXANNE BACHUS?

<input type="checkbox"/> ACETAZOLAMIDE
<input type="checkbox"/> ADALAT
<input type="checkbox"/> ADVIL
<input type="checkbox"/> ALBUTEROL
<input type="checkbox"/> ALBUTEROL SULFATE
<input type="checkbox"/> ALDACTONE
<input type="checkbox"/> ALLBEE C-800
<input checked="" type="checkbox"/> ALLOPURINOL
<input type="checkbox"/> ALPRAZOLAM
<input type="checkbox"/> More Above/Below

PRESS F1 FOR EXPLANATION OF ADMINISTERED.

TO SELECT/DESELECT, PRESS ENTER. IF MEDICINE NOT ON LIST OR TO EXIT, PRESS ESC.

123.0022 PM2B	03/13/96	ROXANNE BACHUS SISTERS OF CHARITY
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In what form and strength was ALLOPURINOL?

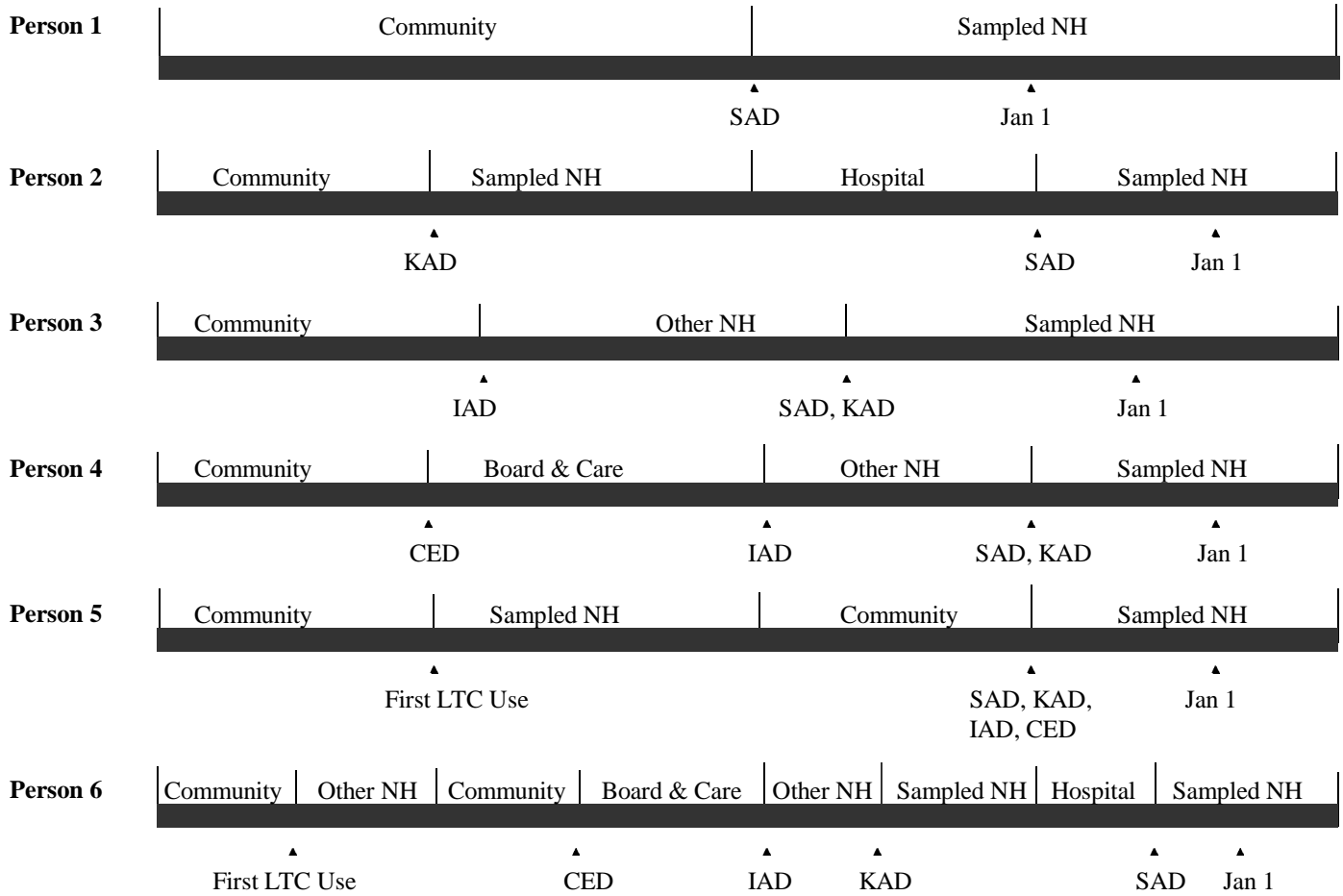
<input checked="" type="checkbox"/> Tablet	100 MG
<input type="checkbox"/> Tablet	300 MG
<input type="checkbox"/> ADD FORM AND STRENGTH	

USE ARROW KEYS. TO SELECT/DESELECT PRESS ENTER. TO EXIT PRESS ESC.

The names of the persons and NH shown above are fictitious, any resemblance to real people or real NHs is purely coincidental.  
Source: Agency for Health Care Policy and Research. Medical Expenditure Panel Survey, Nursing Home Component, 1996.

**FIGURE 1. Examples of residence history timelines and key date items.**

*Possible Timelines for January 1 Residents*



*Possible Timelines for First Admissions*

