

**APPENDIX B:**

**POST-ACUTE CARE ADMISSION INTERVIEW  
AND 90-DAY TELEPHONE FOLLOW-UP  
INTERVIEW**

OMB Clearance #: 0990-0258

Expires: 5-31-2005

LABEL 04

# **A Study of Stroke Post-Acute Care and Outcomes**

**POST-ACUTE CARE ADMISSION INTERVIEW**

**November 12, 2003**

University of Colorado Health Sciences Center

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START TIME: |\_\_|\_|:|\_\_|\_| AM ..... 1  
 PM ..... 2

CASE ID: |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
 TODAY'S DATE: |\_\_|\_|\_|/|\_\_|\_|\_|/|\_\_|\_|\_|  
 Month Day Year  
 DATA COLLECTOR'S NAME: \_\_\_\_\_  
 DATA COLLECTOR'S ID #: |\_\_|\_|\_|\_|\_|

**NOTE: IF PATIENT IS COMATOSE, DO NOT DO A PROXY INTERVIEW. FINAL STATUS IS INELIGIBLE.**

**INTERVIEWER: HAVE YOU JUST COMPLETED THE INFORMED CONSENT OR WAS IT COMPLETED AT A PRIOR APPOINTMENT?**

- COMPLETED NOW ..... 1 **GO TO INTRO A**
- COMPLETED AT PRIOR APPOINTMENT..... 2 **GO TO INTRO B**

**INTRO A:** Now that we have been through the Informed Consent, do you have any questions before we go on? **ANSWER ALL QUESTIONS BEFORE PROCEEDING.**

What you say will be kept confidential except as required by law and used only for the purposes of the study as fully described in the Informed Consent form. **GO TO I1**

**INTRO B:** When we last met, you read and signed the Informed Consent which describes this study and how your participation is voluntary. It also described how everything you say in this interview will be kept confidential, except as required by law, and used only for the purposes of the study. Do you have any questions about the Informed Consent before we go on? **ANSWER ALL QUESTIONS BEFORE PROCEEDING.**

I1. First, I have some questions about (your/PATIENT NAME's) health and how (you are/[he/she] is) doing. Just do your best to answer. If you don't know something or don't want to answer a question we'll go on to the next question. Please be assured that your answers to these questions have no bearing on the assistance or care (you/PATIENT NAME) receive(s).

If you feel as though you need a break at any point, please let me know.

**INTERVIEWER: IS THIS IS A PROXY INTERVIEW?**

- YES ..... 1 **GO TO P1**
- NO ..... 0 **GO TO Q.1**

P1. What is your first and last name? Do you have a middle initial?

NAME: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

(Please spell that for me.)

P2. What is your street address?

STREET ADDRESS: \_\_\_\_\_

Is there an apartment or floor number?

APT/FLOOR: \_\_\_\_\_

What is your city, state, and zip code?

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

P3. What is your telephone number?

(|\_|\_|\_|\_|) - |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
AREA CODE

P4. What is your relationship to (PATIENT NAME)?

CIRCLE ONE

- SPOUSE..... 1
- SON..... 2
- DAUGHTER ..... 3
- BROTHER ..... 4
- SISTER..... 5
- SIGNIFICANT OTHER ..... 6
- FRIEND/NEIGHBOR ..... 7
- OTHER (SPECIFY) ..... 8

\_\_\_\_\_

P5. Please tell me the reason for (PATIENT NAME's) hospitalization.

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**INTERVIEWER: BASED ON THE PROXY'S RESPONSES TO THE ABOVE FIVE ITEMS, DETERMINE WHETHER (HE/SHE) UNDERSTOOD THE QUESTIONS. IF (HE/SHE) COULD NOT ANSWER THE QUESTIONS, SEEMED INCOHERENT OR ILLOGICAL, DISCONTINUE THE INTERVIEW.**

**ATTEMPT TO LOCATE ANOTHER PROXY USING THE PRIORITIES IN THE BOX BELOW. ADMINISTER INFORMED CONSENT AND START AT THE BEGINNING INTRODUCTION USING A NEW QUESTIONNAIRE.**

- |   |
|---|
| <p><b>PRIORITIES FOR SELECTING A PROXY:</b></p> <ol style="list-style-type: none"><li>1. DPOA</li><li>2. CLOSE RELATIVE WHO LIVES WITH THE PATIENT, SUCH AS SPOUSE, SON, DAUGHTER, SISTER, BROTHER, OR "SIGNIFICANT OTHER."</li><li>3. CLOSE FRIEND/COMPANION WHO LIVES WITH THE PATIENT.</li><li>4. CLOSE RELATIVE/FRIEND WHO LIVES IN THE SAME AREA, AND IS IN FREQUENT (AT LEAST WEEKLY) CONTACT WITH THE PATIENT.</li></ol> |
|---|

P6. Next, I'd like you to tell me about (PATIENT NAME)'s memory. Currently, is (he/she) able to recall recently learned information after 5 minutes?

YES ..... 1  
NO ..... 0  
UNKNOWN..... d

P7. Which of the following would you say best describes (his/her) current ability to make decisions? **READ ALL CATEGORIES**

CIRCLE ONE

- (He/she) makes all decisions in a reasonable and organized way..... 1
- (He/she) makes decisions in familiar situations, but experiences some difficulty in decision making when faced with new tasks or situations ..... 2
- (He/she) has difficulty making decisions, even in familiar situations, or ..... 3
- (His/her) decision making is severely impaired; (he/she) never - or rarely - makes decisions ..... 4
- UNKNOWN..... d

P8. Which of the following would you say best describes (his/her) current ability to communicate? **READ ALL CATEGORIES.**

CIRCLE ONE

- (He/she) expresses ideas clearly ..... 1
- (He/she) sometimes has difficulty finding the right words or pronouncing them, and may require some prompting to make (himself/herself) understood ..... 2
- (He/she) generally cannot find the right words or cannot pronounce them, but is able to express basic needs such as food, drink, sleep, and toilet, or ..... 3
- (He/she) is only able to communicate through certain sounds or body language..... 4
- UNKNOWN..... d

P9. Is (he/she) completely dependent on others to feed (him/her) right now, or is (he/she) able to participate in this activity?

CIRCLE ONE

- COMPLETELY DEPENDENT ..... 1
- ABLE TO PARTICIPATE ..... 2
- UNKNOWN..... d

1. Please think about the **week before** (you/PATIENT NAME) went into the hospital for (your/his/her) stroke and (your/his/her) overall health then. Would you say that the **week before** (you/he/she) went into the hospital (your/his/her) health was excellent, very good, good, fair, or poor?

- EXCELLENT..... 1
- VERY GOOD..... 2
- GOOD..... 3
- FAIR ..... 4
- POOR ..... 5

2. Next, I'd like to ask whether (you are/[he/she] is) now married, widowed, divorced, separated, or (have/has) never been married?

- MARRIED (LIVING WITH A PARTNER) ..... 1
- WIDOWED ..... 2
- DIVORCED..... 3
- SEPARATED..... 4
- NEVER MARRIED..... 5

3. Now please think about where (you/PATIENT NAME) lived before (you/he/she) went to the hospital for (your/his/her) stroke. Did (you/he/she) live in . . .

- (Your/his/her) own house or apartment, ..... 1
  - The house or apartment of a relative or friend,..... 2 **GO TO Q.5**
  - Adult foster care, or in a group home or boarding home, ..... 3 **GO TO Q.6**
  - An assisted living residence, ..... 4
  - Some other place? (SPECIFY)..... 5
- 
- HOMELESS SHELTER/ON STREET ..... 8
  - UNKNOWN..... d

4. The week before (you/he/she) went to the hospital for (your/his/her) stroke, did (you/he/she) live alone or with other people?

- ALONE ..... 1 **GO TO Q.6**
- WITH OTHERS ..... 2
- UNKNOWN..... d **GO TO Q.6**

5. The week before (you/he/she) went to the hospital for (your/his/her) stroke, who lived with (you/him/her)? (Who did [you/he/she] live with?)

**INTERVIEWER NOTE: IF CODE 1 OR CODE 4 IS CIRCLED, FOLLOW SKIP.**

CIRCLE ALL THAT APPLY

- SPOUSE/PARTNER ..... 1 **GO TO Q.6**
- DAUGHTER ..... 2
- SON..... 3
- SISTER/BROTHER ..... 4 **GO TO Q.6**
- OTHER FAMILY/RELATIVES ..... 5
- FRIENDS/NEIGHBORS ..... 6
- UNRELATED OTHERS, NOT FRIENDS  
OR NEIGHBORS..... 7
- UNKNOWN..... d

5a. Was at least one of the people (you/he/she) lived with at that time over the age of 18?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

6. (Are you/Is [PATIENT NAME]) of Spanish, Hispanic, or Latino origin, such as Mexican, Mexican American, Puerto Rican, Cuban, or some other Spanish background?

- YES, SPANISH/HISPANIC/LATINO..... 1
- NO ..... 0
- UNKNOWN..... d



7. I'm going to read you a list of five race categories. Please choose one or more races that (you/he/she) consider(s) (yourself/himself/herself) to be.

**INTERVIEWER: READ ALL CATEGORIES. CODE UNLISTED, RESPONDENT-OFFERED CATEGORIES IN "OTHER."**

**PROBE IF RESPONDS "HISPANIC" OR "LATINO":** Would that be White Hispanic/Latino, African American Hispanic/Latino, or something else?

CIRCLE ALL THAT APPLY

- White ..... 1
- African American or Black ..... 2
- American Indian or Alaska Native ..... 3
- Asian..... 4
- Native Hawaiian or Other Pacific Islander .... 5
- OTHER (SPECIFY) ..... 6

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- DON'T KNOW ..... d
- REFUSED ..... r

8. What is the highest level of education (you/PATIENT NAME) **completed**?

**INTERVIEWER: IF THE PATIENT DROPPED OUT DURING MIDDLE SCHOOL, HIGH SCHOOL, ETC. OR RECEIVED A GED, CODE HIGHEST LEVEL COMPLETED.**

**PROBE:** I need the highest grade or level of education (you/he/she) **completed**.

- ELEMENTARY OR LOWER..... 1 2 3 4 5
- MIDDLE/JUNIOR HIGH SCHOOL ..... 6 7 8
- HIGH SCHOOL ..... 9 10 11 12
- COLLEGE OR VOCATIONAL SCHOOL..... 13 14 15 16
- POST COLLEGE/GRADUATE SCHOOL..... 17 18 19 20+
- UNKNOWN..... d

**INTERVIEWER: IS RESPONDENT A PROXY?**

- YES ..... 1 **GO TO Q.21**
- NO ..... 0 **CONTINUE WITH MMSE ADMINISTRATION**

## MMSE ADMINISTRATION

### ITEMS Q.9-Q.19 GUIDELINES FOR INTERVIEWER:

- GIVE THE PATIENT AN ADEQUATE AMOUNT OF TIME TO ANSWER EACH QUESTION. FOR VARIOUS REASONS, SOME ELDERLY PERSONS MAY BE SLOW TO RESPOND, AND SHOULD NOT BE CUT OFF BEFORE IT IS CLEAR THAT (HE/SHE) DOES NOT KNOW AN ANSWER. AFTER A FEW SECONDS, IF THE PATIENT IS UNABLE TO RESPOND APPROPRIATELY TO AN ITEM, MOVE ON TO THE NEXT QUESTION.
- PROPS YOU WILL NEED: CALCULATOR, WATCH, PENCIL (NOT A MECHANICAL PENCIL).
- IT IS BEST NOT TO CORRECT MISTAKES BUT RATHER ACKNOWLEDGE ANSWERS WITH A NEUTRAL RESPONSE SUCH AS “UH-HUH” or “OKAY.”
- IF THE PATIENT SPONTANEOUSLY CORRECTS HIMSELF OR HERSELF DURING A QUESTION (i.e., SAYS WRONG DATE BUT CORRECTS WITHOUT PROMPTING), (HE/SHE) SHOULD RECEIVE CREDIT FOR THE RIGHT ANSWER.
- IF THE PATIENT IS COMPLETELY UNABLE TO PERFORM ITEMS (SUCH AS WRITING A SENTENCE) DUE TO PHYSICAL IMPAIRMENT, SCORE THE ITEM AS “0” OUT OF “0” POSSIBLE POINTS BY CHECKING THE “UNABLE TO PERFORM ITEM DUE TO PHYSICAL IMPAIRMENT” BOX.

9. Now I have some questions about thinking and memory. We ask these questions of everyone and some people find them easy and some find them more difficult. Here's the first one.

9a. Please tell me what year it is.

Year				

9b. What is the season?

**SEASON:**

---

*(WITHOUT LOOKING OUT THE WINDOW, PATIENT SHOULD BE ABLE TO GIVE THE CORRECT SEASON. WHEN A PATIENT WHO IS WELL-ORIENTED GIVES AN ANSWER THAT IS CLOSE BUT NOT CORRECT—e.g., A SNOWY DAY IN EARLY DECEMBER IS DESCRIBED AS WINTER—CREDIT SHOULD BE GIVEN FOR A CORRECT RESPONSE.)*

9c. What is today's date?

				/				/				
Month				Day				Year				

9d. What day of the week is it?

**DAY OF WEEK:**

---

9e. What month is it?

**MONTH:**

---

10a. Please tell me what state we are in.

**STATE:**

---

10b. What county are we in?

**COUNTY:**

---

*(IF PATIENT RESPONDS WITH THE NAME OF ANY COUNTY, CODE THIS ITEM AS CORRECT.)*

10c. What town or city (do you) live in?

**CITY:**

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*(ALTERNATE QUESTION: What town or city is this building in? IF THE EXAM IS BEING GIVEN IN A RURAL AREA OUTSIDE A TOWN, THE PATIENT SHOULD BE ASKED THE NAME OF THE NEAREST TOWN.)*

**TOWN:**

---

10d. What is the name of this health care center?

**NAME OF HEALTH CARE CENTER:**

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*(FOR HOME HEALTH: What is the name of the street we are on?)*

POSSIBLE POINTS	POINTS
1	_____
1	_____
1	_____
1	_____
1	_____
1	_____
1	_____
1	_____
09	_____

**PAGE TOTAL**

10e. What floor are we on?

*(FOR HOME HEALTH: What room are we in?)*

FLOOR

11. Now I'm going to name three objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.

Truck. Rabbit. Potato.

*(GIVE ONE POINT FOR EACH CORRECT ANSWER. WORDS MAY BE REPEATED IN ANY ORDER. IF THE PATIENT RECALLS FEWER THAN 3 WORDS, GIVE THE WORDS AGAIN, AS MANY TIMES AS NECESSARY—BUT NO MORE THAN 6 TIMES—UNTIL THE PATIENT REPEATS ALL 3 CORRECTLY. IF THE PATIENT HAS HEARING DIFFICULTY AND IT IS NECESSARY TO REPEAT THE WORDS ON THE FIRST TRIAL BECAUSE (HE/SHE) COULDN'T HEAR THEM, USE A DIFFERENT SET OF WORDS—SUCH AS "TABLE. STONE. HAMMER."—AND SAY THEM LOUDLY AND DISTINCTLY WITHOUT SHOUTING.)*

REPEAT THREE OBJECTS:

12. Please spell "world" backwards.  
[D - L - R - O - W]

**PROBE:** Without writing it down.

*(REPEAT THE WORD IF NECESSARY, BUT NOT AFTER THE PATIENT STARTS SPELLING. THE SCORE IS THE NUMBER OF LETTERS IN THE CORRECT ORDER (e.g., DLROW = 5; DLRW = 4; DLORW, DLW = 3; OW = 2; DRLWO = 1).*

1st ATTEMPT:

2nd ATTEMPT, IF NEEDED

13. Okay, what three things did I name before?

*(SCORE ONE POINT FOR EACH CORRECT RESPONSE, REGARDLESS OF THE ORDER IN WHICH THEY ARE RECALLED.)*

14. What is this called? (HOLD UP A PENCIL—NOT A MECHANICAL PENCIL.)

And this? (HOLD UP A WATCH.)

*(THE RESPONSE MUST BE EXACT. FOR A WATCH, "CLOCK" IS INCORRECT, WHILE TIMEPIECE," ALTHOUGH SOMEWHAT ARCHAIC, IS ACCURATE. "WATCH" OR "WRISTWATCH" BOTH RECEIVE FULL CREDIT. IF THE PATIENT CALLS A PENCIL A PEN, THIS IS INCORRECT. IF THE PATIENT IS BLIND, ASK (HIM/HER) TO FEEL THE OBJECTS AND NAME THEM. SCORE 1 POINT FOR EACH CORRECT RESPONSE.)*

POSSIBLE POINTS	POINTS
1	_____
3	_____
5	_____
3	_____
2	_____
14	_____

PAGE TOTAL

15. Please repeat after me—"No ifs, ands, or buts."  
  
*(ALLOW ONLY ONE TRIAL, AND SCORE THE RESPONSE AS CORRECT ONLY IF IT IS AN EXACT REPETITION. IF THE PATIENT HAS SIGNIFICANT HEARING IMPAIRMENT AND EITHER CAN'T MAKE OUT WHAT YOU ARE SAYING OR YOU ARE UNSURE WHETHER (HE/SHE) HEARD YOU PROPERLY, YOU MAY SUBSTITUTE THE PHRASE, "A ROLLING STONE GATHERS NO MOSS.")*

16. Please read this sign and do what it says.  
  
*(HOLD UP "CLOSE YOUR EYES" SIGN. SCORE 1 POINT ONLY IF THE PATIENT CLOSSES (HIS/HER) EYES IN RESPONSE TO THE WRITTEN INSTRUCTION.)*

**UNABLE TO PERFORM ITEM DUE TO PHYSICAL IMPAIRMENT**

17. I'd like you to copy this drawing as accurately as you can. Try to make your copy look just like this one.  
  
*(GIVE PATIENT THE DESIGN SHEET AND PENCIL. IN ORDER TO OBTAIN A SCORE OF 1 POINT THERE MUST BE 2 FIVE-SIDED POLYGONS WITH 2 INTERSECTING CORNERS. THE INTERSECTION OF THE CORNERS SHOULD FORM A DIAMOND. IF THERE ARE MORE OR LESS THAN 5 CORNERS IN EITHER FIGURE, OR IF THE GENERAL AREA OF THE INTERSECTION IS INACCURATE, CREDIT SHOULD NOT BE GIVEN. TREMOR AND ROTATION OF THE FIGURES SHOULD BE IGNORED. TWO WELL-DRAWN PENTAGONS THAT DO NOT INTERSECT TO FORM A DIAMOND RECEIVE NO CREDIT. IF A HEMIPARETIC PATIENT MUST USE THE NONDOMINANT HAND TO COPY THE DESIGN, THIS SHOULD BE TAKEN INTO CONSIDERATION. THE IMPORTANT FACTOR IS THE CORRECT GENERAL SHAPE OF THE FIGURES, AND OF THEIR GENERAL RELATIONSHIP TO ONE ANOTHER.)*

**UNABLE TO PERFORM ITEM DUE TO PHYSICAL IMPAIRMENT**

18. I'd like you to write a sentence for me on this paper. It can be anything you like as long as it is a sentence.  
  
*(IF A PATIENT HAS BILATERAL UPPER EXTREMITY PARALYSIS, SHE OR HE CAN DICTATE A SENTENCE FOR YOU TO WRITE DOWN. THE SENTENCE MAY BE A STATEMENT, QUESTION, COMMAND, OR EXCLAMATION, SHOULD CONTAIN BOTH A SUBJECT AND A VERB, AND MUST MAKE SENSE. PROBLEMS WITH GRAMMAR, SPELLING, AND PUNCTUATION ARE NOT RELEVANT, AS LONG AS THE SENTENCE EXPRESSES A COMPLETE THOUGHT.)*

POSSIBLE POINTS	POINTS
1	_____
1	_____
0	0
1	_____
0	0
1	_____
<b>PAGE TOTAL</b>	

19. Please take this paper in your right (OR LEFT) hand, fold it in half, and put it on your lap (DESK, TABLE, BED).

*(HAND THE PATIENT A SHEET OF PAPER. CHOICE OF PATIENT HAND WILL BE DETERMINED BY SUCH FACTORS AS HEMIPARESIS. THE PLACE WHERE THE PAPER WILL BE PLACED WILL BE DETERMINED BY THE LOCATION OF TESTING. THE INTENTION OF THE ITEM IS TO DETERMINE HOW WELL THE PATIENT CAN FOLLOW INSTRUCTIONS, NOT TO ASSESS MOTOR FUNCTIONING. SCORE 1 POINT FOR EACH OF THE 3 PARTS CORRECTLY EXECUTED.)*

**(ALTERNATE THREE-STEP COMMAND FOR PATIENTS WITH HEMIPARESIS:** *Please take this pen, draw an X on the paper, and hand back the pen to me.)*

- UNABLE TO PERFORM ITEM DUE TO PHYSICAL IMPAIRMENT

POSSIBLE POINTS	POINTS
3	_____
0	0

PAGE TOTAL

	Subtotal possible	Subtotal Points
Page A9	09	
Page A10	14	
Page A11		
Page A12		

TOTAL (pages A9-A12):

_____	_____
TOTAL POSSIBLE POINTS	TOTAL POINTS

20. SCORE (SEE BELOW FOR INSTRUCTIONS):

|\_|.|\_|\_|\_|

**INTERVIEWER: TO OBTAIN PATIENT'S SCORE, DIVIDE "TOTAL POINTS" BY "TOTAL POSSIBLE POINTS":**

$\frac{\text{TOTAL POINTS}}{\text{TOTAL POSSIBLE POINTS}} = \text{SCORE}$

**IF THE PATIENT OBTAINS A SCORE OF 0.567 OR HIGHER, CONTINUE WITH THE INTERVIEW.  
IF THE PATIENT OBTAINS A SCORE LOWER THAN 0.567, DISCONTINUE THE INTERVIEW, USING THE FOLLOWING STATEMENT:**

Thank you for talking with me and giving me your time. Those are all the questions I have.

**GO TO 20a**

20a. **ATTEMPT TO LOCATE A PROXY FOR THE PATIENT. CONSULT CHAPTER II.B -- FOR IMPORTANT GUIDELINES PERTAINING TO DPOAs.:**

20b. **Does patient have a DPOA?**

**NOTE: IF THE PATIENT HAS DURABLE POWER OF ATTORNEY FOR HEALTH CARE (DPOA), YOU MUST CONTACT THAT PERSON FOR CONSENT TO CONDUCT A PROXY INTERVIEW.**

YES..... 01

NO ..... 00 ➔ **LOCATE AND INTERVIEW PROXY  
(SEE PROXY PRIORITIES BELOW)**

20c. **Has DPOA given Informed Consent?**

YES..... 01 ➔ **CIRCLE RECOMMENDED PROXY  
BELOW, INTERVIEW PROXY**

NO, REFUSED ..... 00 ➔ **CODE AS REFUSAL**

COULD NOT CONTACT  
WITHIN 2 ATTEMPTS AND 48 HOURS... 02 ➔ **LOCATE AND INTERVIEW A PROXY  
(SEE PROXY PRIORITIES BELOW)**

**PROXY PRIORITIES: Select/Ask DPOA for the person who knows the most about  
PATIENT'S health and health care use:**

- a. DPOA
- b. CLOSE RELATIVE WHO LIVES WITH THE PATIENT, SUCH AS SPOUSE, SON, DAUGHTER, SISTER, BROTHER, OR "SIGNIFICANT OTHER."
- c. CLOSE FRIEND/COMPANION WHO LIVES WITH THE PATIENT.
- d. CLOSE RELATIVE/FRIEND WHO LIVES IN THE SAME AREA, AND IS IN FREQUENT (AT LEAST WEEKLY) CONTACT WITH THE PATIENT.

**ONCE PROXY IS CONTACTED, ADMINISTER INFORMED CONSENT. THEN BEGIN THE PROXY INTERVIEW USING A NEW QUESTIONNAIRE, STARTING AT I1.**

21. My next questions are about everyday activities (you/(PATIENT NAME) may have done during **the week before** (you/he/she) went into the hospital. For each activity, I will ask if (you/(PATIENT NAME) had difficulty because of a **health or physical problem**.

**INTERVIEWER: IF RESPONDENT (PATIENT OR PROXY) SAYS IT IS HARD TO REMEMBER BACK TO THAT TIME, ASK (HIM/HER) TO ANSWER AS BEST (HE/SHE) CAN.**

First, during the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty bathing or showering by (your/him/her) self because of a **health or physical problem**?

**PROBE:** This question asks about difficulty with actual bathing, not getting to or from, or in or out of the bath or shower.

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
  - NO ..... 0
  - DID NOT BATHE OR SHOWER FOR REASON OTHER THAN HEALTH/PHYSICAL PROBLEM ..... 2
  - UNKNOWN..... d
- } → **GO TO Q.22**

21a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

21b. Did (you/he/she) receive help from another person with bathing or showering?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d



22. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have any difficulty **completely** dressing by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
  - NO ..... 0
  - DID NOT COMPLETELY DRESS FOR REASON OTHER THAN HEALTH/PHYSICAL PROBLEM ..... 2
  - UNKNOWN..... d
- } → **GO TO Q.23**

22a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

22b. Did (you/he/she) receive help from another person with dressing?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

23. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty with grooming—such as combing and brushing hair, (shaving/applying make-up) and cleaning teeth—by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
  - NO ..... 0
  - DID NOT GROOM FOR REASON  
OTHER THAN A HEALTH/  
PHYSICAL PROBLEM ..... 2
  - UNKNOWN..... d
- } → **GO TO Q.24**

23a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

23b. Did (you/he/she) receive help from another person with grooming?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

24. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty preparing meals by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

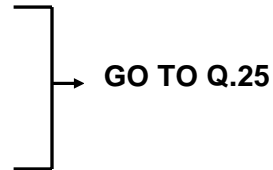
**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

DID NOT PREPARE MEALS FOR  
REASON OTHER THAN A HEALTH/  
PHYSICAL PROBLEM ..... 2

UNKNOWN..... d



24a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

24b. Did (you/he/she) receive help from another person with preparing meals?

YES ..... 1

NO ..... 0

UNKNOWN..... d

25. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty eating by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
  - NO ..... 0
  - DID NOT EAT FOR REASON  
OTHER THAN A HEALTH/  
PHYSICAL PROBLEM ..... 2
  - UNKNOWN..... d
- } → **GO TO Q.26**

25a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

25b. Did (you/he/she) receive help from another person with eating?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

26. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty getting in and out of bed, or in and out of chairs by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
- NO ..... 0 **GO TO Q.27**
- PATIENT WAS BEDBOUND ..... 3 **GO TO Q.32**
- DID NOT GET IN OR OUT OF BED  
OR CHAIRS FOR REASON OTHER  
A HEALTH/PHYSICAL PROBLEM..... 2
- UNKNOWN..... d } **GO TO Q.27**

26a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

26b. Did (you/he/she) receive help from another person with getting in and out of bed or chairs?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

27. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty **walking** around the house by (your/him/her) self because of a **health or physical problem**? By this I mean a distance of about 20 feet.

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
  - NO ..... 0
  - DID NOT WALK AROUND THE HOUSE FOR REASON OTHER THAN A HEALTH/PHYSICAL PROBLEM ..... 2
  - UNKNOWN..... d
  - WAS WHEELCHAIR BOUND ..... 4
- } **GO TO Q.28**
- } **GO TO Q.31**

27a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

27b. Did (you/he/she) receive help from another person with walking around the house?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

27I: **INTERVIEWER: DOES Q.27a=3 (UNABLE)?**

- YES ..... 1 **GO TO Q.30**
- NO..... 0

28. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty **walking** 50 feet by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

DID NOT WALK 50 FEET FOR  
REASON OTHER THAN A HEALTH/  
PHYSICAL PROBLEM ..... 2

UNKNOWN..... d

GO TO Q.29

28a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

28b. Did (you/he/she) receive help from another person with walking 50 feet?

YES ..... 1

NO ..... 0

UNKNOWN..... d

28I:

<p><b>INTERVIEWER: DOES Q.28a="3" (UNABLE TO WALK 50 FEET)?</b></p> <p>YES ..... 1 <b>GO TO Q.30</b></p> <p>NO ..... 0</p>
--

29. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty **walking** one city block or about 300 feet by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

DID NOT WALK ONE BLOCK/300 FEET  
FOR REASON OTHER THAN A  
HEALTH/PHYSICAL PROBLEM ..... 2

UNKNOWN..... d

GO TO Q.30

29a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

29b. Did (you/he/she) receive help from another person with walking one city block?

YES ..... 1

NO ..... 0

UNKNOWN..... d



30. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty going **up or down** stairs by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

DID NOT GO UP AND DOWN STAIRS  
FOR REASON OTHER THAN A  
HEALTH/PHYSICAL PROBLEM ..... 2

UNKNOWN..... d

GO TO Q.31

30a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

30b. Did (you/he/she) receive help from another person with going up or down stairs?

YES ..... 1

NO ..... 0

UNKNOWN..... d

31. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty **using** the toilet, or **getting to** the toilet by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
  - NO ..... 0
  - DID NOT USE THE TOILET FOR REASON OTHER THAN A HEALTH/PHYSICAL PROBLEM ..... 2
  - UNKNOWN..... d
- } → **GO TO Q.32**

31a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

31b. Did (you/he/she) receive help from another person with using or getting to the toilet?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

32. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty controlling (your/his/her) bladder because of a **health or physical problem**?

**INTERVIEWER: IF RESPONDENT MENTIONS A CATHETER, PROBE:** Did (you/he/she) have difficulty using and/or caring for the catheter?

**PROBE:** Was that because of a health or physical problem?

YES ..... 1

NO ..... 0

UNKNOWN..... d

} → **GO TO Q.33**

32a. How frequently did (you/he/she) have this difficulty?

Less than once that week..... 1

Once that week..... 2

Several times that week, or ..... 3

Daily..... 4

UNKNOWN..... d

33. During the week before (you/PATIENT) went into the hospital, did (you/he/she) have any difficulty buying food or personal items, such as toilet items or medicines, by (your/him/her) self because of a health or physical problem?

**INTERVIEWER:** THIS COULD INCLUDE GETTING TO AND FROM THE STORE AS WELL AS ORDERING ITEMS OVER THE TELEPHONE OR INTERNET.

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

DID NOT GET THESE ITEMS FOR REASON OTHER THAN A HEALTH/PHYSICAL PROBLEM ..... 2

UNKNOWN..... d



33a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

33b. Did (you/he/she) receive help from another person with shopping for food or personal items?

YES ..... 1

NO ..... 0

UNKNOWN..... d

34. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty managing money—such as keeping track of expenses or paying bills—by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

YES ..... 1

NO ..... 0

DID NOT MANAGE MONEY FOR  
REASON OTHER THAN A HEALTH/  
PHYSICAL PROBLEM ..... 2

UNKNOWN..... d

GO TO Q.35

34a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

34b. Did (you/he/she) receive help from another person with managing (your/his/her) money?

YES ..... 1

NO ..... 0

UNKNOWN..... d

35. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty using the telephone by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- YES ..... 1
  - NO ..... 0
  - DID NOT USE THE TELEPHONE FOR REASON OTHER THAN A HEALTH/PHYSICAL PROBLEM ..... 2
  - UNKNOWN..... d
- } → **GO TO Q.36**

35a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

35b. Did (you/he/she) receive help from another person with using the telephone?

- YES ..... 1
- NO ..... 0
- UNKNOWN..... d

36. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty **taking medicine** by (your/him/her) self because of a **health or physical problem**?

**PROBE:** This includes remembering to take the right amount at the right time and setting up pill dispensers by yourself.

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES .....	1	
NO .....	0	] → <b>GO TO Q.36I</b>
DID NOT TAKE MEDICINE FOR REASON OTHER THAN A HEALTH/ PHYSICAL PROBLEM .....	2	
UNKNOWN.....	d	

36a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY .....	1
A LOT OF DIFFICULTY .....	2
UNABLE .....	3
UNKNOWN.....	d

36b. Did (you/he/she) receive help from another person with taking (your/his/her) medicine?

YES .....	1
NO .....	0
UNKNOWN.....	d

36I. **INTERVIEWER: DOES Q.26=3 (BEDBOUND)?**

YES .....	1	<b>GO TO Q.40I</b>
NO.....	0	

37. During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty safely getting **in and out** of a car or taxi by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Was that because of a health or physical problem?

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

DID NOT GET IN AND OUT OF CAR  
OR TAXI FOR REASON OTHER  
THAN A HEALTH/PHYSICAL PROBLEM.... 2

UNKNOWN..... d

→ **GO TO Q.38**

37a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

37b. Did (you/he/she) receive help from another person with getting in and out of a car or taxi?

YES ..... 1

NO ..... 0

UNKNOWN..... d



38. My next questions might sound similar to some of the previous questions, but they deal with how (you/PATIENT NAME) **felt** about certain activities during the week before (you/he/she) went into the hospital.

During the week before (you/he/she) went into the hospital, did (you/he/she) have **any** difficulty moving around the house **as (you/he/she) felt was necessary?**

**PROBE FOR PROXIES:** Please just do your best to answer.

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

UNKNOWN..... d

} → **GO TO Q.39**

38a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

39. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty moving around the community **as (you/he/she) felt was necessary?**

**PROBE:** Whatever you consider to be (your/his/her) community.

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1  
NO ..... 0  
UNKNOWN..... d

} → **GO TO Q.40**

39a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1  
A LOT OF DIFFICULTY ..... 2  
UNABLE ..... 3  
UNKNOWN..... d

40. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty taking trips out-of-town that **(you/he/she) felt were necessary?**

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1  
NO ..... 0  
UNKNOWN..... d

} → **GO TO Q.40I**

40a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1  
A LOT OF DIFFICULTY ..... 2  
UNABLE ..... 3  
UNKNOWN..... d

40I.

<b>INTERVIEWER: IS THE RESPONDENT A PROXY?</b>	
YES .....	1 <b>GO TO Q.42</b>
NO .....	0

41. During the week before you went into the hospital, were you satisfied with how your personal needs, like dressing, bathing, going to the toilet and eating were taken care of—either by yourself or with help from others?

- YES ..... 1 **GO TO Q.42**
- NO ..... 0
- UNKNOWN..... d **GO TO Q.42**

41a. How dissatisfied were you with how your personal needs were met?

- Somewhat dissatisfied,..... 1
- Dissatisfied, or ..... 2
- Very dissatisfied? ..... 3
- UNKNOWN..... d

42. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty taking part in recreational activities like hobbies, crafts, sports, reading, watching television, and playing games, **the way (you/he/she) wanted to?**

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1

NO ..... 0

UNKNOWN..... d

} → **GO TO Q.43**

42a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1

A LOT OF DIFFICULTY ..... 2

UNABLE ..... 3

UNKNOWN..... d

43. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty performing work or other activities that were necessary or important to (you/him/her)?

**PROBE:** Work or other activities include paid employment, housework, volunteer work, or school.

**IF SPECIAL EQUIPMENT MENTIONED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

YES ..... 1  
NO ..... 0  
UNKNOWN..... d

} → **GO TO Q.44**

43a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1  
A LOT OF DIFFICULTY ..... 2  
UNABLE ..... 3  
UNKNOWN..... d

44. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty taking part in social activities with family, friends and/or other acquaintances?

**PROBE:** Whatever social activities mean to you.

YES ..... 1  
NO ..... 0  
UNKNOWN..... d

} → **GO TO Q.45**

44a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

SOME DIFFICULTY ..... 1  
A LOT OF DIFFICULTY ..... 2  
UNABLE ..... 3  
UNKNOWN..... d

45. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty taking part in (your/his/her) family life the way **(you/he/she) wanted** to?

**PROBE:** Family means people you live with and/or relatives you don't live with but see on a regular basis.

**PROBE:** Whatever taking part in family life means to you.

- YES ..... 1
- NO ..... 0 **GO TO Q.46**
- LIVES ALONE/NO RELATIVES/  
RELATIVES NOT INVOLVED ..... 2 **GO TO Q.47I**
- UNKNOWN..... d **GO TO Q.46**

45a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

46. During the week before (you/PATIENT NAME) went into the hospital, did (you/he/she) have **any** difficulty taking part in (your/his/her) family life the way **(your/his/her) family** wanted (you/him/her) to?

**PROBE:** By family we mean people (you/he/she) live(s) with and/or relatives (you don't/[he/she] doesn't) live with but see(s) on a regular basis.

**PROBE:** Whatever taking part in the family means to you.

- YES ..... 1
  - NO ..... 0
  - LIVES ALONE/NO RELATIVES/  
RELATIVES NOT INVOLVED ..... 2
  - UNKNOWN..... d
- } **GO TO Q.47I**

46a. Was that some difficulty, a lot of difficulty, or (were you/was [he/she]) unable to do this?

- SOME DIFFICULTY ..... 1
- A LOT OF DIFFICULTY ..... 2
- UNABLE ..... 3
- UNKNOWN..... d

47I.

<b>INTERVIEWER: IS THIS A PROXY INTERVIEW?</b>	
YES .....	1 <b>GO TO Q.48</b>
NO .....	0

47. We've been talking about the week before you went into the hospital. Now I have some questions about how you've felt **since you left the hospital and came here**. All I need is a "YES or NO" answer to these questions.

**PROBE:** Since you left the other (floor/ward) and came here.

**PROBE:** Since you left the hospital and came here.

	YES	NO
a. Are you basically satisfied with your life? .....	1	0
b. Have you dropped many of your activities and interests? .....	1	0
c. Do you feel that your life is empty? .....	1	0
d. Do you often get bored? .....	1	0
e. Are you in good spirits most of the time? .....	1	0
f. Are you afraid that something bad is going to happen to you? .....	1	0
g. Do you feel happy most of the time? .....	1	0
h. Do you often feel helpless? .....	1	0
i. <b>[HH ONLY]:</b> Do you prefer to stay at home, rather than going out? .....	1	0
j. Do you feel that you have more problems with memory than most? .....	1	0
k. Do you think it is wonderful to be alive now? .....	1	0
l. Do you feel pretty worthless the way you are now? .....	1	0
m. Do you feel full of energy? .....	1	0
n. Do you feel that your situation is hopeless? .....	1	0
o. Do you think that most people are better off than you are? .....	1	0

**GO TO Q.49**

**IF INTERVIEWING HOME HEALTH PATIENT:**

48. We've been talking about the week before (PATIENT) went into the hospital. Now I have some questions about how (he/she) seems to be feeling **since (he/she) left the hospital.**

**IF INTERVIEWING SNF OR IRF PATIENT:**

We've been talking about the week before (PATIENT) went into the hospital. Now I have some questions about how (he/she) seems to be feeling **since (he/she) left the hospital** and came to (his/her) current facility.

**SNF/IRF PROBE:** Since coming to this (floor/ward).

	YES	NO	UNKNOWN
a. Since (PATIENT NAME) left the hospital, has (he/she) seemed anxious?.....	1	0	d
<b>PROBE:</b> Has (he/she) had an anxious expression or seemed to be worrying?			
b. Since (he/she) left the hospital, has (he/she) seemed sad? .....	1	0	d
<b>PROBE:</b> Has (he/she) had a sad expression, sad voice, or been tearful?			
c. Since (he/she) left the hospital, has (he/she) seemed irritable or short-tempered?.....	1	0	d
d. Since (he/she) left the hospital, has (he/she) seemed agitated or restless?.....	1	0	d
<b>PROBE:</b> Such as wringing (her/his) hands, pulling (his/her) skin or pulling at (his/her) hair.			
e. . . ., has (he/she) reacted positively to pleasant events? .....	1	0	d
f. . . ., has (he/she) lost interest in (his/her) usual activities? .....	1	0	d
g. . . ., has (he/she) lost (his/her) appetite? .....	1	0	d
h. . . ., has (PATIENT NAME) lost weight? .....	1	0	d
i. . . ., has (he/she) seemed more emotional in the morning?.....	1	0	d
j. Since (PATIENT) left the hospital, has (he/she) had difficulty falling asleep? .....	1	0	d
k. . . ., has (he/she) awakened frequently during the night? .....	1	0	d
l. . . ., has (he/she) awakened earlier than usual in the morning? .....	1	0	d
m. Since (he/she) left the hospital, has (PATIENT NAME) expressed thoughts of suicide or feelings that life is not worth living? (INCLUDES SUICIDE ATTEMPT) .....	1	0	d
n. . . ., does (he/she) seem to have poor self-esteem?.....	1	0	d
<b>PROBE:</b> Expresses self-blame, or feelings of failure.			
o. . . ., has (he/she) seemed pessimistic?.....	1	0	d
<b>PROBE:</b> Expects the worst.			




49. **IF INTERVIEWING HOME HEALTH PATIENT:** Is there someone who could help (you/PATIENT NAME) with tasks like taking (you/him/her) to the doctor, fixing lunch, or home repairs, if needed?

**IF INTERVIEWING SNF OR IRF PATIENT:** If (you/PATIENT NAME) (were/was) to return to a community residence, is there someone who could help (you/him/her) with tasks like taking (you/him/her) to the doctor, fixing lunch, or home repairs, if needed?

**IF RESPONSE IS THAT PATIENT WILL NOT BE RETURNING TO THE COMMUNITY, PROBE:** I understand. But if (you/he/she) (were/was) to return to a community residence, is there someone who could help with these tasks?

YES ..... 1  
NO ..... 0  
UNKNOWN..... d

 **GO TO Q.51**

50. Would this person be able to help (you/PATIENT NAME) for as long as needed or for only a short period of time?


AS LONG AS NEEDED ..... 1  
ONLY A SHORT PERIOD ..... 2  
UNKNOWN..... d

51. **IF INTERVIEWING HOME HEALTH PATIENT:** Is there someone who could help (you/PATIENT NAME) with tasks such as eating, bathing, or grooming, if needed?

**IF INTERVIEWING SNF OR IRF PATIENT:** If (you/he/she) (were/was) to return to a community residence, is there someone who could help (you/PATIENT NAME) with tasks such as eating, bathing or grooming, if needed?

**IF RESPONSE IS THAT PATIENT WILL NOT BE RETURNING TO THE COMMUNITY, PROBE:** I understand. But if (you/he/she) (were/was) to return to a community residence, is there someone who could help with these tasks?

YES ..... 1  
NO ..... 0  
UNKNOWN..... d

 **GO TO Q.53**

52. Would this person be able to help (you/PATIENT NAME) for as long as needed or for only a short period of time?

AS LONG AS NEEDED ..... 1  
ONLY A SHORT PERIOD ..... 2  
UNKNOWN..... d

53. My next question is about income. Household income is important because it helps us learn whether people in different income groups receive different types of health care.

I have some ranges. Would you say that (your/PATIENT NAME's) yearly **household** income—from all sources, before taxes and other deductions, falls within one of these ranges?

**INTERVIEWER: READ EACH INCOME RANGE INDIVIDUALLY UNTIL THE PATIENT INDICATES THE RANGE OF HIS/HER INCOME.**

CIRCLE ONE

- \$5,000 to under \$10,000 ..... 1
- \$10,000 to under \$15,000 ..... 2
- \$15,000 to under \$20,000 ..... 3
- \$20,000 to under \$25,000 ..... 4
- \$25,000 to under \$30,000 ..... 5
- \$30,000 or more ..... 6
- REFUSED TO ANSWER..... r

54. Including (your/him/her) self, how many people does (your/his/her) yearly **household** income support?

SPECIFY NUMBER: |\_\_|\_\_|

UNKNOWN..... d

55. All I need now are the names and contact information of two family members, relatives, or friends who we may call if we are unable to contact you in approximately 3 months, which is when we would like to do the follow-up interview with you.

**COLLECT PROXY'S INFORMATION IF PROXY INTERVIEW. PATIENT INFORMATION IF PATIENT INTERVIEW.**

**PROBE:** In case you move.

**PROBE:** Well, just in case you do.

**INTERVIEWER:** AT LEAST ONE OF THESE CONTACTS SHOULD BE SOMEONE WHO DOES *NOT LIVE* WITH THE RESPONDENT. ASK THE RESPONDENT TO SPELL ALL NAMES.

**INTERVIEWER:** IF PATIENT IS EXTREMELY FATIGUED, GET THEIR SUGGESTED CONTACTS' NAMES, AND THEN RETRIEVE THE REST OF THE CONTACTING INFORMATION FROM THE MEDICAL RECORD OR THE SOCIAL SERVICES DEPARTMENT.

55a. **CONTACT 1:**

NAME: \_\_\_\_\_  
                    FIRST                                    MIDDLE INITIAL                                    LAST

55b. What is this person's street address?

STREET ADDRESS: \_\_\_\_\_

Is there an apartment or floor number?

APT/FLOOR: \_\_\_\_\_

What is the city, state and zip code?

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

55c. What is this person's relationship to you?

RELATIONSHIP: \_\_\_\_\_

55d. What is (her/his) telephone number?

(|\_|\_|\_|\_|) - |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
AREA CODE

55e. Is phone in Contact 1's name?

YES ..... 1 **GO TO Q.56a**

NO ..... 0

55f. Whose name is the phone in?

NAME: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

56a. **CONTACT 2:**

NAME: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

56b. What is this person's street address?

STREET ADDRESS: \_\_\_\_\_

Is there an apartment or floor number?

APT/FLOOR: \_\_\_\_\_

What is the city, state and zip code?

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

56c. What is this person's relationship to you?

RELATIONSHIP: \_\_\_\_\_

56d. What is (her/his) telephone number?

(|\_|\_|\_|\_|) - |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
AREA CODE

56e. Is phone in Contact 2's name?

YES ..... 1 **GO TO Q.57**  
NO ..... 0

56f. Whose name is the phone in?

NAME: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

57. Those are all my questions. Thank you for your time.

TIME ENDED: |\_|\_|:|\_|\_| AM..... 1  
PM..... 2

58. **INTERVIEWER: WAS THIS A PROXY INTERVIEW?**

YES ..... 1  
NO ..... 0 **GO TO END**

**WHY WAS A PROXY INTERVIEW REQUIRED?** Patient has . . .

CODE ALL THAT APPLY

- Aphasia/Severe Dysarthria/Severe  
Speech Impairment/Unable to Speak..... 01
  - Severe Hearing Impairment/  
Deaf ..... 02
  - Extreme Lethargy ..... 03
  - Profound Confusion ..... 04
  - OTHER (SPECIFY) ..... 05
- 

**END. INTERVIEWER: PLEASE COMPLETE THE NEXT TWO SECTIONS YOURSELF AFTER YOU COMPLETE THE INTERVIEW WITH THE PATIENT OR PROXY.**

**POST-INTERVIEW QUESTIONNAIRE: PLEASE ANSWER THE FOLLOWING QUESTIONS INDICATING YOUR PERCEPTION OF HOW THE INTERVIEW WENT.**

1. Respondent's attention to interview was:

- 1 – Poor
- 2 – Acceptable
- 3 – Good
- 4 – Excellent

2. Respondent's understanding of the questions was:

- 1 – Poor
- 2 – Acceptable
- 3 – Good
- 4 – Excellent

3. Respondent's ability to articulate answers was:

- 1 – Poor
- 2 – Acceptable
- 3 – Good
- 4 – Excellent

4. Respondent's cooperation throughout most of the interview was:

- 1 – Very uncooperative
- 2 – Somewhat uncooperative
- 3 – Somewhat cooperative
- 4 – Very cooperative

5. Did respondent appear:

	<u>No</u>	<u>Somewhat</u>	<u>Very</u>	<u>Couldn't tell</u>
a. Suspicious.....	0	1	2	3
b. Uncommunicative.....	0	1	2	3
c. Anxious/nervous.....	0	1	2	3
d. Hostile .....	0	1	2	3
e. Medicated/intoxicated.....	0	1	2	3

6. Was anyone else present during the interview?

1 – Yes

0 – No **GO TO Q.8**

9 – Phone interview

7. Who was present?

1 – Family member/friend

2 – Medical provider

3 – Other (Specify): \_\_\_\_\_

8. Additional comments:

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**MEDICAL RECORD INFORMATION—COLLECT THE FOLLOWING INFORMATION FROM THE PATIENT'S MEDICAL CHART AFTER COMPLETION OF THE INTERVIEW.**

1. PATIENT'S MEDICARE ID:

\_\_\_\_\_

2. PATIENT'S DATE OF BIRTH:

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
Month Day Year

HOME ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: (|\_|\_|\_|\_|\_|) - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|\_|  
(AREA CODE) NUMBER

PATIENT SSN: |\_|\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|

3. DATE OF INITIAL HOSPITAL ADMISSION FOR THIS STROKE:

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
Month Day Year

4. DATE OF INITIAL HOSPITAL DISCHARGE FOR THIS STROKE:

|\_|\_|\_| / |\_|\_|\_| / |\_|\_|\_|\_|\_|\_|  
Month Day Year

5. COMPLETE NAME OF ACUTE CARE FACILITY (HOSPITAL) FROM WHICH PATIENT WAS ADMITTED:

NAME: \_\_\_\_\_

6. ADDRESS AND TELEPHONE NUMBER OF ACUTE CARE FACILITY (HOSPITAL) FROM WHICH PATIENT WAS ADMITTED (IF AVAILABLE)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: (|\_|\_|\_|\_|\_|) - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|\_|  
(AREA CODE) NUMBER

OMB Clearance #: 0990-0258

Expires: 5-31-2005



# A STUDY OF STROKE POST-ACUTE CARE AND OUTCOMES

## 90-DAY TELEPHONE FOLLOW-UP INTERVIEW

May 5, 2003

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### Paperwork Reduction Act (PRA) Public Burden Statement

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Hello, my name is [fill NAME] and I'm calling from Mathematica Policy Research. May I speak with [fill RESPONDENT FROM ADMISSION INTERVIEW]?

- <1> RESPONDENT SPEAKING/COMES TO PHONE [goto t1a]
- <2> RESPONDENT UNAVAILABLE [SCHEDULE CALLBACK, S1]
- <3> RESPONDENT NOT AT THIS NUMBER [goto LOC 1]
- <4> RESPONDENT IS DECEASED [goto tLOC2]
- <5> HUNG UP DURING INTRO [RECORD STATUS ON CONTACT SHEET]
- <6> REFUSAL [RECORD REASON AND STATUS ON CONTACT SHEET]
- <7> RESPONDENT IS COGNITIVELY/PHYSICALLY IMPAIRED, CANNOT DO INTERVIEW [RECORD REASON ON CONTACT SHEET AND SEND TO SUP REVIEW]

S1. When would be a good time to callback?

**IF NECESSARY:** For this interview to be valid, we must speak with [fill RESPONDENT] by [fill 10 DAY TIME LIMIT DATE]. Is there another number I can call (him/her) at or some other way I can reach (him/her) before that time?

- <1> YES, CALLBACK AT THIS NUMBER [RECORD CALLBACK INFO ON CONTACT SHEET]
- <2> CALL ANOTHER NUMBER/LOCATION [goto LOC 1]
- <0> NO, RESPONDENT IS UNAVAILABLE DURING ENTIRE FIELD PERIOD [RECORD REASON ON CONTACT SHEET AND FINAL STATUS]

LOC 1. Do you know a phone number or address where I can reach [fill RESPONDENT]?

- <1> YES [RECORD ALL INFO ON CONTACT SHEET, INCLUDE INSTITUTION NAME IF APPLICABLE]
- <0> NO [SEND TO LOCATING, RECORD ON CONTACT SHEET]

tLOC2 IF RESPONDENT IS PROXY, GO TO LOC2; IF PATIENT, FINAL STATUS AS DECEASED.

LOC2 [RESPONDENT] helped us three months ago by doing an interview on behalf of [fill PATIENT] as part of a study on the care that stroke patients receive. Do you know another person who knows about [fill PATIENT's] health and health care use so we can do a follow up interview to see how (he/she) is doing?

- <1> YES **[goto LOC3]**
- <0> NO **[SEND TO SUPERVISOR REVIEW]**

LOC3 What is that person's name?

---

LOC4 How is (he/she) related to [fill PATIENT]?

- <1> SON/DAUGHTER
- <2> SPOUSE
- <3> OTHER RELATIVE
- <4> FRIEND
- <5> OTHER (SPECIFY) [specify] END WITH //

LOC5 What is (his/her) phone number and address?

**RECORD INFORMATION ON CONTACT SHEET**

**ATTEMPT TO LOCATE NEW PROXY**

>t1a< IF RESPONDENT IS PROXY, goto 1a, ELSE goto 1b.

>1a< IS THIS THE SAME PROXY THAT WAS INTERVIEWED AT BASELINE?

<1> YES [goto Q.1b]

<2> DIFFERENT PROXY [goto Q.1c]

>1b< You may recall that we interviewed you about three months ago when (you were/[fill PATIENT NAME] was) receiving care from [fill NAME OF FIRST POST-ACUTE CARE PROVIDER].

At that time we said we would call to see how (you were/[fill PATIENT NAME] was) doing and that's why I have called today. First, I need to confirm some information.

[goto Q.2a]

IF RESPONDENT SAYS (HE/SHE) IS NO LONGER THE MOST KNOWLEDGEABLE PERSON ABOUT THE PATIENT, goto LOC6, ELSE goto Q.2a

>1c< You may know that we interviewed [fill BASELINE PROXY] about three months ago when [fill PATIENT NAME] was receiving care from [fill NAME OF FIRST POST-ACUTE CARE PROVIDER]. At that time we received permission to recontact (him/her) to see how [fill PATIENT] is doing. I'm calling you today because [fill BASELINE PROXY] said you now know the most about [fill PATIENT's] health and health care use.

Is this correct?

<1> YES [goto TELEPHONE INFORMED CONSENT, THEN Q.2a]

<0> NO [goto LOC6]

LOC6 Do you know another person who knows about [fill PATIENT's] health and health care use so we can do a follow up interview to see how (he/she) is doing?

- <1> YES [goto LOC7]
- <0> NO [SEND TO SUPERVISOR REVIEW]

LOC7 What is that person's name?

---

LOC8 How is (he/she) related to [fill PATIENT]?

- <1> SON/DAUGHTER
- <2> SPOUSE
- <3> OTHER RELATIVE
- <4> FRIEND
- <5> OTHER (SPECIFY) [specify] END WITH //

LOC9 What is (his/her) phone number and address?

**RECORD INFORMATION ON CONTACT SHEET**

**ATTEMPT TO LOCATE NEW PROXY**

>2a< Please tell me the reason (you/[fill PATIENT NAME]) went into the hospital about three months ago.

---

---

---

>t2b< **IF RESPONDENT IS PROXY, goto Q.2b. ELSE goto Q2c.**

>2b< What is your relationship to [fill PATIENT NAME]?

- SPOUSE..... 1
  - SON..... 2
  - DAUGHTER ..... 3
  - BROTHER..... 4
  - SISTER..... 5
  - SIGNIFICANT OTHER ..... 6
  - FRIEND/NEIGHBOR ..... 7
  - OTHER (SPECIFY) ..... 8
- 

>2c< Please tell me where (you/[fill PATIENT NAME]) now live(s). (Do you/Does [he/she]) live in . . .

- <1> (your/his/her) own home (house or apartment),
- <2> the home (house or apartment) of a relative or friend,
- <3> adult foster care, or in a group home or boarding home
- <4> an assisted living residence,
- <5> a nursing home, or
- <6> some other place? (SPECIFY) [specify] END WITH //
  
- <7> HOMELESS SHELTER/ON STREET
  
- <d> DON'T KNOW
- <r> REFUSED

>2d< **INTERVIEWER:**

**(1) DID RESPONDENT UNDERSTAND QUESTIONS 2b-c?**

<1> YES

<2> NO

**(2) COULD RESPONDENT ANSWER QUESTIONS 2b-c?**

<1> YES

<2> NO

**(3) WERE (HIS/HER) RESPONSES TO QUESTIONS 2b-c COHERENT AND LOGICAL?**

<1> YES

<2> NO

>tproxy< **IF THE ANSWER TO QS. 2d1, 2d2, AND 2d3 eq <1> (YES) goto Q.t3.  
ELSE goto "THNX" AND TERMINATE. CATI CODE = FAILED COG TEST**

>t3< **IF Q.2c eq <3> "foster/group home" or <5> "nursing home," goto Q.6.  
IF Q.2c eq <2> "home of friend/relative," goto to Q.4, ELSE ASK Q.3.**

>3< (Do you/Does [he/she]) now live alone or with other people?

<1> ALONE [goto Q.6]

<2> WITH OTHERS

<d> DON'T KNOW

<r> REFUSED

>4< Who lives with (you/[fill PATIENT NAME]) now?

**INTERVIEWER: CODE ALL THAT APPLY**

- <1> SPOUSE/PARTNER [goto Q.6]
- <2> ADULT DAUGHTER
- <3> ADULT SON
- <4> SISTER/BROTHER [goto Q.6]
- <5> OTHER FAMILY/RELATIVES
- <6> FRIENDS/NEIGHBORS
- <7> UNRELATED OTHERS, NOT FRIENDS OR NEIGHBORS
  
- <d> DON'T KNOW
- <r> REFUSED

>5< Is at least one of the people (you/[fill PATIENT NAME]) live(s) with over the age of 18?

- <1> YES
- <2> NO
  
- <d> DON'T KNOW
- <r> REFUSED

>6< Would **you** say that during the past week (your/[fill PATIENT NAME's]) overall health was excellent, very good, good, fair, or poor?

- <1> EXCELLENT
- <2> VERY GOOD
- <3> GOOD
- <4> FAIR
- <5> POOR
  
- <d> DON'T KNOW
- <r> REFUSED



>7< Next, I'd like to ask whether (you are/[he/she] is) now married, widowed, divorced, or separated, or (have/has) never been married?

<1> MARRIED (LIVING WITH A PARTNER)

<2> WIDOWED

<3> DIVORCED

<4> SEPARATED

<5> NEVER MARRIED

<d> DON'T KNOW

<r> REFUSED

>8< My next questions are about everyday activities (you/[fill PATIENT NAME]) may have done in the **past week**. For each activity, I will ask if (you have/[fill PATIENT NAME] has) had difficulty because of a **health or physical problem**.

First, in the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty bathing or showering by (your/him/her) self because of a **health or physical problem**?

**PROBE:** The question asks about difficulty with actual bathing, not getting to or from, or in or out, of the bath or shower.

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.8a]  
<2> NO  
<3> DID NOT BATHE OR SHOWER  
FOR REASON OTHER THAN A  
HEALTH OR PHYSICAL PROBLEM

<d> DON'T KNOW  
<r> REFUSED  
[goto Q.9]

>8a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY  
<2> A LOT OF DIFFICULTY  
<3> UNABLE

<d> DON'T KNOW  
<r> REFUSED

>8b< Did (you/he/she) receive help from another person with bathing or showering?

<1> YES  
<2> NO

<d> DON'T KNOW  
<r> REFUSED

>9< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty **completely** dressing by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.9a]

<2> NO

<3> DID NOT COMPLETELY DRESS  
FOR REASON OTHER THAN A  
HEALTH OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.10]

>9a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>9b< Did (you/he/she) receive help from another person with dressing?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>10< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty with grooming—such as combing and brushing hair, (shaving/applying make-up) and cleaning teeth—by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- <1> YES [goto Q.10a]
  - <2> NO
  - <3> DID NOT GROOM FOR REASON  
OTHER THAN A HEALTH OR  
PHYSICAL PROBLEM
  
  - <d> DON'T KNOW
  - <r> REFUSED
- [goto Q.11]

>10a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE
  
- <d> DON'T KNOW
- <r> REFUSED

>10b< Did (you/he/she) receive help from another person with grooming?

- <1> YES
- <2> NO
  
- <d> DON'T KNOW
- <r> REFUSED

>11< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty preparing meals by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.11a]

<2> NO

<3> DID NOT PREPARE MEALS FOR  
REASON OTHER THAN A HEALTH  
OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.12]

>11a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>11b< Did (you/he/she) receive help from another person with preparing meals?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>12< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty eating by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- <1> YES [goto Q.12a]
- <2> NO
- <3> DID NOT EAT FOR REASON  
OTHER THAN A HEALTH OR  
PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.13]

>12a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>12b< Did (you/he/she) receive help from another person with eating?

- <1> YES
- <2> NO

<d> DON'T KNOW

<r> REFUSED

>13< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty getting **in** and **out** of bed, or in and out of chairs by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- <1> YES [goto Q.13a]
  - <2> NO
  - <3> DID NOT GET IN OR OUT OF BED OR CHAIRS  
FOR REASON OTHER THAN A HEALTH  
OR PHYSICAL PROBLEM
  - <4> PATIENT IS BEDBOUND [goto Q.19]
  
  - <d> DON'T KNOW
  - <r> REFUSED
- [goto Q.14]

>13a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE
  
- <d> DON'T KNOW
- <r> REFUSED

>13b< Did (you/he/she) receive help from another person with getting in and out of bed or chairs?

- <1> YES
- <2> NO
  
- <d> DON'T KNOW
- <r> REFUSED

>14< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty **walking** around the house by (your/him/her) self because of a **health or physical problem**? By this I mean a distance of about 20 feet.

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.14a]

<2> NO

<3> DID NOT WALK AROUND THE HOUSE  
FOR REASON OTHER THAN A  
HEALTH OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

<4> WHEELCHAIR BOUND [goto Q.18]  
[goto Q.15]

>14a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>14b< Did (you/he/she) receive help from another person with walking around the house?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>t14b< **IF Q.14a eq <3> "UNABLE," goto Q.17, ELSE goto Q.15**



>15< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty **walking** 50 feet by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- <1> YES **[goto Q.15a]**
  - <2> NO
  - <3> DID NOT WALK 50 FEET FOR REASON OTHER THAN A HEALTH OR PHYSICAL PROBLEM
  - <d> DON'T KNOW
  - <r> REFUSED
- [goto Q.16]**

>15a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE
- <d> DON'T KNOW
- <r> REFUSED

>15b< Did (you/he/she) receive help from another person with walking 50 feet?

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

>t15b< **IF Q.15a eq <3> "UNABLE," goto Q.17, ELSE goto Q.16**

>16< In the past week, (have you/has [he/she]) had **any** difficulty **walking** one city block or about 300 feet by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.16a]

<2> NO

<3> DID NOT WALK ONE CITY BLOCK  
FOR REASON OTHER THAN A HEALTH  
OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.17]

>16a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>16b< Did (you/he/she) receive help from another person with walking one city block?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>17< In the past week, (have you/has [he/she]) had **any** difficulty going **up or down** stairs by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.17a]

<2> NO

<3> DID NOT GO UP OR DOWN STAIRS FOR  
REASON OTHER THAN A HEALTH  
OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.18]

>17a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>17b< Did (you/he/she) receive help from another person with going up or down stairs?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>18< In the past week, (have you/has [he/she]) had **any** difficulty **using** the toilet, or **getting to** the toilet by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- <1> YES [goto Q.18a]
  - <2> NO
  - <3> DID NOT USE THE TOILET FOR REASON OTHER THAN A HEALTH OR PHYSICAL PROBLEM
  - <d> DON'T KNOW
  - <r> REFUSED
- [goto Q.19]

>18a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE
- <d> DON'T KNOW
- <r> REFUSED

>18b< Did (you/he/she) receive help from another person with using or getting to the toilet?

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

>19< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty controlling (your/his/her) bladder because of a **health or physical problem**?

**INTERVIEWER, IF R MENTIONS CATHETER, PROBE:** Did (you/he/she) have difficulty using (and/or) caring for the catheter?

**PROBE:** Is that because of a health or physical problem?

<1> YES [goto Q.19a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.20]

>19a< How frequently (do you/does [he/she]) have this difficulty?

<1> Less than once a week

<2> Once a week

<3> Several times a week

<4> Daily

<d> DON'T KNOW

<r> REFUSED

>20< In the past week, did (you/he/she) have **any** difficulty buying food or personal items—such as toilet items or medicines by (yourself/himself/herself) because of a health or physical problem?

**INTERVIEWER: THIS COULD INCLUDE GETTING TO AND FROM THE STORE AS WELL AS ORDERING ITEMS OVER THE TELEPHONE OR INTERNET.**

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.20a]

<2> NO

<3> DID NOT SHOP FOR FOOD OR PERSONAL ITEMS FOR REASON OTHER THAN A HEALTH OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.21]

>20a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE

- <d> DON'T KNOW
- <r> REFUSED

>20b< Did (you/he/she) receive help from another person with shopping for food or personal items?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

>21< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty managing (your/his/her) money—such as keeping track of expenses or paying bills—by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

- <1> YES **[goto Q.21a]**
- <2> NO
- <3> DID NOT MANAGE MONEY FOR  
FOR REASON OTHER THAN A  
HEALTH OR PHYSICAL PROBLEM

- <d> DON'T KNOW
- <r> REFUSED

**[goto Q.22]**

>21a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE

- <d> DON'T KNOW
- <r> REFUSED

>21b< Did (you/he/she) receive help from another person with managing (your/his/her) money?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>22< In the past week, (have you/has [he/she]) had **any** difficulty using the telephone by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.22a]

<2> NO

<3> DID NOT USE THE TELEPHONE FOR  
FOR REASON OTHER THAN A  
HEALTH OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.23]

>22a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>22b< Did (you/he/she) receive help from another person with using the telephone?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>23< In the past week, (have you/has [he/she]) had **any** difficulty **taking** medicine by (your/him/her) self because of a **health or physical problem**?

**PROBE:** This includes remembering to take the right amount at the right time and setting up pill dispenses by (yourself/himself/herself).

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.23a]

<2> NO

<3> DID NOT TAKE MEDICINE BY HIMSELF/HERSELF  
FOR REASON OTHER THAN A HEALTH  
OR PHYSICAL PROBLEM

<d> DON'T KNOW

<r> REFUSED

[goto Q.24]

>23a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>23b< Did (you/he/she) receive help from another person with taking (your/his/her) medicine?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED



>t24< **IF Q.13 eq <4> BEDBOUND, goto Q.25, ELSE goto Q.24**

>24< In the past week, (have you/has [fill PATIENT NAME]) had **any** difficulty safely getting **in and out** of a car or taxi by (your/him/her) self because of a **health or physical problem**?

**PROBE:** Is that because of a health or physical problem?

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

- <1> YES **[goto Q.24a]**
- <2> NO
- <3> DID NOT GET IN AND OUT OF CAR  
FOR REASON OTHER THAN A  
HEALTH OR PHYSICAL PROBLEM

- <d> DON'T KNOW
  - <r> REFUSED
- [goto Q.25]**

>24a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE

- <d> DON'T KNOW
- <r> REFUSED

>24b< (Do/Does) (you/he/she) receive help from another person with getting in and out of a car or taxi?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

>25< My next questions might sound similar to some of the previous questions, but they deal with how (you have/[fill PATIENT NAME] has) **felt** about performing certain activities.

In the past week, (have you/has [he/she]) had **any** difficulty moving around (your/his/her) home **as (you/he/she) felt was necessary?**

**PROBE FOR PROXIES:** Please just do your best to answer.

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.25a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.26]

>25a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>26< (Have you/Has [he/she]) had **any** difficulty moving around the community **as (you/he/she) felt was necessary?**

**PROBE:** Whatever you consider to be (your/his/her) community.

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.26a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.27]

>26a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>27< (Have you/Has [fill PATIENT NAME]) had **any** difficulty taking trips out-of-town that **(you/he/she) felt were necessary?**

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.27a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.t28]

>27a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE

- <d> DON'T KNOW
- <r> REFUSED

>t28< **IF PROXY, goto Q.29, ELSE goto Q.28**

>28< In the past week, have **you** been satisfied with how your personal needs, like dressing, bathing, going to the toilet and eating are taken care of either by you alone or with help from others?

- <1> YES
- <2> NO **[goto Q.28a]**

- <d> DON'T KNOW
  - <r> REFUSED
- [goto Q.29]**

>28a< How dissatisfied are you with how your personal needs are met?

- <1> Somewhat dissatisfied,
- <2> Dissatisfied, or
- <3> Very dissatisfied?

- <d> DON'T KNOW
- <r> REFUSED

>29< (Have you/Has [he/she]) had **any** difficulty taking part in recreational activities like hobbies, crafts, sports, reading, watching television, and playing games, **the way (you/he/she) wanted to?**

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.29a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.30]

>29a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>30< (Have you/Has [fill PATIENT NAME]) had **any** difficulty performing work or other activities that are necessary or important **to (you/him/her)?**

**PROBE:** Work or other activities could be paid employment, housework, volunteer work or school.

**IF SPECIAL EQUIPMENT USED, PROBE:** Did (you/he/she) have difficulty even when using special equipment?

<1> YES [goto Q.30a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.31]

>30a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>31< (Have you/Has [he/she]) had **any** difficulty taking part in social activities with family, friends and/or other acquaintances?

**PROBE:** Whatever social activities mean to you.

<1> YES [goto Q.31a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.32]

>31a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

<1> SOME DIFFICULTY

<2> A LOT OF DIFFICULTY

<3> UNABLE

<d> DON'T KNOW

<r> REFUSED

>32< (Have you/Has [fill PATIENT NAME]) had **any** difficulty taking part in (your/his/her) family life the way **(you/he/she) wanted to?**

**PROBE:** Family means people (you/[fill PATIENT NAME]) live(s) with and/or relatives (you don't/[he/she] doesn't) live with but see(s) on a regular basis.

**PROBE:** Whatever taking part in family means to you.

<1> YES [goto Q.32a]

<2> NO

<3> LIVES ALONE/RELATIVES NOT INVOLVED/  
NO RELATIVES [goto Q.t34]

<d> DON'T KNOW

<r> REFUSED

[goto Q.33]

>32a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE

- <d> DON'T KNOW
- <r> REFUSED

>33< (Have you/Has [fill PATIENT NAME]) had **any** difficulty taking part in (your/his/her) family life the way **(your/his/her) family wanted** (you/him/her) to?

**PROBE:** Family means people (you/he/she) live(s) with and/or relatives (you don't/[he/she doesn't] live with but see on a regular basis.

**PROBE:** Whatever taking part in the family means to you.

- <1> YES **[goto Q.33a]**
- <2> NO
- <3> LIVES ALONE/NO RELATIVES/  
RELATIVES NOT INVOLVED

- <d> DON'T KNOW
- <r> REFUSED

**[goto Q.t34]**

>33a< Is that some difficulty, a lot of difficulty, or (are you/is [he/she]) unable to do this?

- <1> SOME DIFFICULTY
- <2> A LOT OF DIFFICULTY
- <3> UNABLE

- <d> DON'T KNOW
- <r> REFUSED

>t34< **IF PROXY RESPONDENT, goto Q.P34. ELSE ASK Q.34**

>34< Now I have some questions about how you have been feeling during the past week. For these questions all I need is a yes or no answer, so they should go pretty quickly.

		YES	NO	DK	REF
Are you basically satisfied with your life?.....	@34a	1	2	d	r
Have you dropped many of your activities and interests? .....	@35	1	2	d	r
Do you feel that your life is empty?.....	@36	1	2	d	r
Do you often get bored? .....	@37	1	2	d	r
Are you in good spirits most of the time?.....	@38	1	2	d	r
Are you afraid that something bad is going to happen to you? .....	@39	1	2	d	r
Do you feel happy most of the time? .....	@40	1	2	d	r
Do you often feel helpless?.....	@41	1	2	d	r
Do you prefer to stay at home, rather than going out? .....	@42	1	2	d	r
Do you feel that you have more problems with memory than most? .....	@43	1	2	d	r
Do you think it is wonderful to be alive now? .....	@44	1	2	d	r
Do you feel pretty worthless the way you are now? .....	@45	1	2	d	r
Do you feel full of energy? .....	@46	1	2	d	r
Do you feel that your situation is hopeless? .....	@47	1	2	d	r
Do you think that most people are better off than you are?.....	@48	1	2	d	r

**[goto Q.49]**



>P34< Now I have some questions about how [fill PATIENT NAME] has been feeling during the past week. For these questions all I need is a yes or no answer so they should go pretty quickly. During the past week . . .

	YES	NO	DK	REF
Has [fill PATIENT NAME] seemed anxious? ..... @P34a <b>PROBE:</b> Has (he/she) had an anxious expression, or seem to be worrying?	1	2	d	r
Has (he/she) seemed sad?..... @P35 <b>PROBE:</b> Has (he/she) had a sad expression, sad voice, or tearfulness?	1	2	d	r
Has [fill PATIENT NAME] seemed irritable or short-tempered?..... @P36	1	2	d	r
Has (he/she) seemed agitated or restless? ..... @P37 <b>PROBE:</b> Such as wringing (his/her) hands, picking (his/her) skin or pulling (his/her) hair?	1	2	d	r
During the past week, has (he/she) reacted positively to pleasant events?..... @P38	1	2	d	r
Has (he/she) lost interest in (his/her) usual activities?..... @P39	1	2	d	r
Has (he/she) lost (his/her) appetite?..... @P40	1	2	d	r
Has (he/she) lost weight? ..... @P41	1	2	d	r
Has (he/she) seemed more emotional in the morning?..... @P42	1	2	d	r
Has (he/she) had difficulty falling asleep? ..... @P43	1	2	d	r
Has (he/she) awakened frequently during the night? ..... @P44	1	2	d	r
Has (he/she) awakened earlier than usual in the morning?..... @P45	1	2	d	r
During the past week, has [fill PATIENT NAME] expressed thoughts of suicide or feelings that life was not worth living? ..... @P46 <b>INTERVIEWER: INCLUDES SUICIDE ATTEMPT.</b>	1	2	d	r
Has (he/she) seemed to have poor self-esteem? ..... @P47 <b>PROBE:</b> Has (he/she) exhibited self-blame, feelings of failure?	1	2	d	r
Does (he/she) seem pessimistic? ..... @P48 <b>PROBE:</b> Does (he/she) anticipate the worst?	1	2	d	r

[NO Q.35 – Q.48 THIS VERSION]

>49< My next questions are about the care (you/[fill PATIENT NAME]) received from [fill FIRST POST-ACUTE PROVIDER].

**PROBE:** That would be the first place (you/he/she) went after leaving the hospital.

>49a< While (you were/[he/she] was) receiving care from [fill NAME OF FIRST POST-ACUTE PROVIDER] would you say that the goals and likely progress of (your/his/her) rehabilitation were explained to (you/him/her) very clearly, clearly, not very clearly, or not at all clearly?

- <1> VERY CLEARLY
- <2> CLEARLY
- <3> NOT VERY CLEARLY
- <4> NOT AT ALL CLEARLY

- <d> DON'T KNOW
- <r> REFUSED

>50< While (you were/[fill PATIENT NAME] was) receiving care from [fill NAME OF FIRST POST-ACUTE PROVIDER], did **you** participate in setting goals for (your/his/her) rehabilitation?

- <1> YES **[goto Q.51]**
- <2> NO
- <3> PROXY NOT APPROPRIATE PERSON TO PARTICIPATE IN SETTING GOALS **[goto Q.51]**

- <d> DON'T KNOW
- <r> REFUSED

>50a< Were **you** invited to participate in setting goals for (your/his/her) rehabilitation?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

>51< Now I have a couple of questions about smoking.

Did any of the health care staff talk to (you/[fill PATIENT NAME]) about smoking while (you were/[he/she] was) receiving care from [fill NAME OF FIRST POST-ACUTE PROVIDER]?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>52< Did [you/[fill PATIENT NAME]] smoke at the time of (your/his/her) stroke?

<1> YES [goto Q.53]

<2> NO

<d> DON'T KNOW

<r> REFUSED

[goto Q.54]

>53< While (you were/[he/she] was) receiving care from [fill NAME OF FIRST POST-ACUTE PROVIDER], (were you/was [he/she]) offered help to stop smoking?

**PROBE:** (Were you/Was [he/she]) referred to a stop smoking program or other counseling, given medications such as nicotine patch, gum, inhalers, or Zyban—Bupropion, Wellbutrin?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>54< (Do you/Does [he/she]) **now** smoke?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>55< How satisfied were **you** with the care (you/[fill PATIENT NAME]) received from [fill NAME OF FIRST POST-ACUTE PROVIDER]? Would you say dissatisfied, satisfied, very satisfied, or extremely satisfied?

- <1> DISSATISFIED
- <2> SATISFIED
- <3> VERY SATISFIED
- <4> EXTREMELY SATISFIED

- <d> DON'T KNOW
- <r> REFUSED

>56< How would **you** rate the instructions and training given to **you** by the staff at [fill NAME OF FIRST POST-ACUTE PROVIDER]? Would you say the instructions and training were excellent, good, fair, or poor?

- <1> EXCELLENT
- <2> GOOD
- <3> FAIR
- <4> POOR
- <5> NO INSTRUCTIONS GIVEN
- <6> PROXY NOT APPROPRIATE PERSON TO RECEIVE INSTRUCTIONS/TRAINING

- <d> DON'T KNOW
- <r> REFUSED

>57< Was (your/his/her) rehabilitation at [fill NAME OF FIRST POST-ACUTE PROVIDER] better than you expected, about what **you** expected, not as good as **you** expected, or not at all as good as **you** expected?

- <1> BETTER THAN EXPECTED
- <2> ABOUT WHAT EXPECTED
- <3> NOT AS GOOD AS EXPECTED
- <4> NOT AT ALL AS GOOD AS EXPECTED

- <d> DON'T KNOW
- <r> REFUSED

>58< **FOR SNF OR IRF PATIENTS:**  
(Are you/Is [fill PATIENT NAME]) still receiving inpatient care at [fill NAME OF FIRST POST-ACUTE PROVIDER]? By inpatient care, we mean care in a health care facility where you stay overnight.

**INTERVIEWER: IF PATIENT HAS MOVED TO A DIFFERENT UNIT OR WARD WITHIN THE SAME FACILITY, CODE "YES".**

**FOR HH PATIENTS:**  
(Are you/Is [fill PATIENT NAME]) still receiving home health care from [fill NAME OF FIRST POST-ACUTE PROVIDER]?

<1> YES

<2> NO [goto Q.59]

<d> DON'T KNOW

<r> REFUSED

[goto Q.65]

>59< How prepared (were you/was [fill PATIENT NAME]) to take care of (your/him/her) self when (your/his/her) care from [fill NAME OF FIRST POST-ACUTE PROVIDER] ended?

Would **you** say well prepared, prepared, poorly prepared, or not at all prepared?

**PROBE:** Whatever prepared means to you.

<1> WELL PREPARED

<2> PREPARED

<3> POORLY PREPARED

<4> NOT AT ALL PREPARED

<d> DON'T KNOW

<r> REFUSED

>t60< IF Q.32 eq <3> (FAMILY NOT INVOLVED), goto Q.61. ELSE goto Q.t60a

>t60a< IF PROXY RESPONDENT, goto Q.60a. ELSE goto Q.60

>60< When your care from [fill NAME OF FIRST POST-ACUTE PROVIDER] ended, how prepared was your family to help manage your needs?

Would **you** say well prepared, prepared, poorly prepared, or not at all prepared?

**PROBE:** Whatever “prepared” means to you.

<1> WELL PREPARED

<2> PREPARED

<3> POORLY PREPARED

<4> NOT AT ALL PREPARED

<5> NOT APPLICABLE--NO FAMILY/NOT INVOLVED

<d> DON'T KNOW

<r> REFUSED

[goto Q.61]

>60a< When [fill PATIENT NAME's] care from [fill NAME OF FIRST POST-ACUTE PROVIDER] ended, how prepared were you to help manage (his/her) needs?

Would **you** say well prepared, prepared, poorly prepared, or not at all prepared?

**PROBE:** Whatever “prepared” means to you.

<1> WELL PREPARED

<2> PREPARED

<3> POORLY PREPARED

<4> NOT AT ALL PREPARED

<5> PROXY NOT APPROPRIATE PERSON FOR ROLE

<d> DON'T KNOW

<r> REFUSED

>61< When (your/[fill PATIENT NAME's]) care from [fill NAME OF FIRST POST-ACUTE PROVIDER] ended, did (you/he/she) receive any of the following types of health care? Did (you/he/she) receive [fill TYPE OF CARE]?

**PROBE:** Remember this is after (your/his/her) first stay with (INSERT NAME OF FIRST POST-ACUTE CARE PROVIDER).

	YES	NO	DON'T KNOW	REFUSED
Therapy services in an office or hospital outpatient department? .....@a	(1)	(2)	(d)	(r)
Care in a nursing home? .....@b	(1)	(2)	(d)	(r)
Home health care? .....@c	(1)	(2)	(d)	(r)

>t62< **IF RESPONSE TO ANY OF Q.61a-c eq <1> (YES), goto Q.62-Q.64 FOR EACH <1> (YES). IF NONE eq <1> (YES), goto Q.65.**

>62< Why did (you/he/she) receive this additional care [fill TYPE FROM Q.61]?

**INTERVIEWER: CODE ALL THAT APPLY**

<1> CONTINUED STROKE REHABILITATION

<2> SOME OTHER REASON? (SPECIFY) [specify] END WITH //

<d> DON'T KNOW

<r> REFUSED

>63< Could you tell me the name of the health care provider or facility where you received this additional care?

**PROBE:** Could you spell that please?

FACILITY NAME: \_\_\_\_\_

<d> DON'T KNOW

<r> REFUSED

>64< Could you tell me the city and state where the provider was located?

**PROBE:** Could you spell that please?

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

<d> DON'T KNOW

<r> REFUSED

>t65< **IF RESPONSE TO Q.61C eq <1> (YES, HOME HEALTH CARE) AND FIRST POST-ACUTE CARE PROVIDER WAS A SKILLED NURSING FACILITY (SNF) OR RESIDENTIAL REHAB FACILITY (IRF), goto Q.66. OTHERWISE, goto Q.65.**

>65< Overall, how satisfied are **you** with (your/[PATIENT NAME's]) recovery? Would **you** say **you** are: dissatisfied, satisfied, very satisfied, or extremely satisfied?

<1> DISSATISFIED

<2> SATISFIED

<3> VERY SATISFIED

<4> EXTREMELY SATISFIED

<5> UNKNOWN

<d> DON'T KNOW

<r> REFUSED

**[goto thnx]**



>66< My next questions are about the home health care you just mentioned from [fill NAME OF HH PROVIDER FROM Q.63].

>66a< While (you were/[he/she was) receiving care from [fill NAME OF HH PROVIDER], would **you** say that the goals and likely progress of (your/his/her) rehabilitation were explained to **you** very clearly, clearly, not very clearly, or not at all clearly?

- <1> VERY CLEARLY
- <2> CLEARLY
- <3> NOT VERY CLEARLY
- <5> NOT AT ALL CLEARLY

- <d> DON'T KNOW
- <r> REFUSED

>67< While (you were/[he/she] was) receiving care from [fill NAME OF HH PROVIDER], did **you** participate in setting goals for (your/his/her) rehabilitation?

- <1> YES
- <2> NO **[goto Q.68]**
- <3> PROXY NOT APPROPRIATE PERSON FOR THIS ROLE

- <d> DON'T KNOW
  - <r> REFUSED
- [goto Q.69]**

>68< **Were you** invited to participate in setting goals for (your/his/her) rehabilitation?

- <1> YES
- <2> NO

- <d> DON'T KNOW
- <r> REFUSED

>69< Did any of the health care staff talk to (you/him/her) about smoking while (you/he/she) (were/was) receiving care from [fill NAME OF HH PROVIDER]?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>t70< **IF RESPONSE TO Q.52 eq <2> (NO, SMOKING AT STROKE), goto Q.71. ELSE goto Q.70.**

>70< While (you/he/she) (was/were) receiving care from [fill NAME OF HH PROVIDER] (were you/was [he/she]) offered help to stop smoking such as a referral to a stop smoking program or other counseling, given medications such as the nicotine patch, gum, inhalers, or Zyban—Bupropion, Wellbutrin?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>71< How satisfied were **you** with the care (you/he/she) received from [fill NAME OF HH PROVIDER]? Would **you** say dissatisfied, satisfied, very satisfied, or extremely satisfied?

<1> DISSATISFIED

<2> SATISFIED

<3> VERY SATISFIED

<4> EXTREMELY SATISFIED

<d> DON'T KNOW

<r> REFUSED

>72< How would **you** rate the instructions and training given to **you** by the staff at [fill NAME OF HH PROVIDER]? Would **you** say the instructions and training were excellent, good, fair, or poor?

<1> EXCELLENT

<2> GOOD

<3> FAIR

<4> POOR

<5> NO INSTRUCTIONS GIVEN

<6> PROXY NOT APPROPRIATE PERSON FOR THIS ROLE

<d> DON'T KNOW

<r> REFUSED

>73< Was (your/his/her) rehabilitation with [fill NAME OF HH PROVIDER] better than **you** expected, about what **you** expected, not as good as **you** expected, or not at all as good as **you** expected?

<1> BETTER THAN EXPECTED

<2> ABOUT WHAT EXPECTED

<3> NOT AS GOOD AS EXPECTED

<4> NOT AT ALL AS GOOD AS EXPECTED

<d> DON'T KNOW

<r> REFUSED

>74< (Are you/Is [he/she]) still receiving care from [fill NAME OF HH PROVIDER]?

<1> YES **[goto Q.81]**

<2> NO

<d> DON'T KNOW

<r> REFUSED

>75< When (your/[fill PATIENT NAME's]) care from [fill NAME OF HH PROVIDER] ended, how prepared (were you/was [he/she]) to take care of (your/him/her) self?

Would **you** say well prepared, prepared, poorly prepared, or not at all prepared?

**PROBE:** Whatever prepared means to you.

- <1> WELL PREPARED
- <2> PREPARED
- <3> POORLY PREPARED
- <4> NOT AT ALL PREPARED

- <d> DON'T KNOW
- <r> REFUSED

>t76< **IF PROXY RESPONDENT, goto Q.76a. ELSE goto t76a.**

>t76a< **IF Q.32 eq <3> (NO FAMILY), goto Q.77. ELSE ASK Q.76.**

>76< When your care from [fill NAME OF HH PROVIDER] ended, how prepared was your family to help manage your needs?

Would **you** say well prepared, prepared, poorly prepared, or not at all prepared?

**PROBE:** Whatever prepared means to you.

- <1> WELL PREPARED
- <2> PREPARED
- <3> POORLY PREPARED
- <4> NOT AT ALL PREPARED

- <5> NOT APPLICABLE--NO FAMILY/NOT INVOLVED
- <d> DON'T KNOW
- <r> REFUSED

**[goto Q.77]**

>76a< When [fill PATIENT NAME's] care from [fill NAME OF HH PROVIDER] ended, how prepared were you to help (him/her) manage (his/her) needs?

Would **you** say well prepared, prepared, poorly prepared, or not at all prepared?

**PROBE:** Whatever prepared means to you.

- <1> WELL PREPARED
- <2> PREPARED
- <3> POORLY PREPARED
- <4> NOT AT ALL PREPARED
- <5> PROXY NOT APPROPRIATE PERSON FOR ROLE
  
- <d> DON'T KNOW
- <r> REFUSED

>77< When (your/his/her) care from [fill NAME OF HH PROVIDER] ended, did (you/he/she) receive any of the following types of health care?

	YES	NO	DON'T KNOW	REFUSED
Therapy services in an office or hospital outpatient department? ..... @a	(1)	(2)	(d)	(r)
Care in a nursing home? ..... @b	(1)	(2)	(d)	(r)
Additional home health care? ..... @c	(1)	(2)	(d)	(r)

>t78< **IF RESPONSE TO ANY OF Q.77a-c eq <1> (YES), goto Q.78-Q.80 FOR EACH (YES). IF NONE eq <1> (YES), goto Q.81.**

>78< For what reason did (you/he/she) receive this additional care?

**INTERVIEWER: CODE ALL THAT APPLY**

- <1> CONTINUED STROKE REHABILITATION
- <2> SOME OTHER REASON? (SPECIFY) [specify] END WITH //
  
- <d> DON'T KNOW
- <r> REFUSED

>79< Could you tell me the name of that health care provider?

**PROBE:** Could you spell that please?

NAME OF PROVIDER: \_\_\_\_\_

<d> DON'T KNOW

<r> REFUSED

>80< Could you tell me the city and state where the provider was located?

**PROBE:** Please spell that.

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

<d> DON'T KNOW

<r> REFUSED

>81< Overall, how satisfied are **you** with (your/his/her) recovery? Would you say you are dissatisfied, satisfied, very satisfied, or extremely satisfied?

<1> DISSATISFIED

<2> SATISFIED

<3> VERY SATISFIED

<4> EXTREMELY SATISFIED

<d> DON'T KNOW

<r> REFUSED

>thnx< Those are all my questions. Thank you for your time.

# **A STUDY OF STROKE POST-ACUTE CARE COSTS AND OUTCOMES**

## Files Available for This Report

Main Report (not including appendices)

HTML: <http://aspe.hhs.gov/daltcp/reports/2006/strokePAC.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/2006/strokePAC.pdf>

APPENDIX A: SNF/IRF Patient Screening Form (Appendix A only)

PDF: <http://aspe.hhs.gov/daltcp/reports/2006/strokePAC-A.pdf>

APPENDIX B: Post-Acute Care Admission Interview and 90-Day Telephone Follow-Up Interview (Appendix B only)

PDF: <http://aspe.hhs.gov/daltcp/reports/2006/strokePAC-B.pdf>

APPENDIX C: Barthel Index Creation (Appendix C only)

PDF: <http://aspe.hhs.gov/daltcp/reports/2006/strokePAC-C.pdf>