

CLINICAL BASELINE ASSESSMENT INSTRUMENT: Institutional Version

Mathematica Policy Research, Inc.
Temple University

July 8, 1983

This instrument was developed for the National Long-Term Care Channeling Demonstration. This project was conducted by Mathematica Policy Research, Inc. under contract #HHS-100-80-0157 and Temple University under contract #HHS-100-80-0133 for the Department of Health and Human Services (HHS) Office of Social Services Policy (now Office of Disability, Aging and Long-Term Care Policy), as well as additional funding from the HHS Health Care Financing Administration (now Centers for Medicare and Medicaid Services) and HHS Administration on Aging. For additional information about this subject, you can visit the DALTCP home page at http://aspe.hhs.gov/_office_specific/daltcp.cfm or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. The e-mail address is: webmaster.DALTCP@hhs.gov. The DALTCP Project Officer was Robert Clark.

OMB APPROVAL NO: 0990-0074
EXPIRES: 9/30/84

Client Name

____ - ____ - ____
I.D. Number

Assessment Date(s)

Birth Date

Sex: M F

Assessment Interviewer

Respondent: Client Proxy

NATIONAL LONG TERM CARE
DEMONSTRATION

CLINICAL BASELINE ASSESSMENT INSTRUMENT
INSTITUTIONAL VERSION

This report is authorized by law (Older Americans Act, Section 421; Social Security Act, Sections 1110, 1115, 1875 and 1881; and Public Health Service Act, Sections 1526 and 1533d). While you are not required to respond, your cooperation is needed to make the results of the survey comprehensive, accurate and timely.

CLINICAL NOTES FROM THE SCREEN

CONTACTS IN THE INSTITUTION

Mathematica Policy Research and Temple University
July 8, 1983

This questionnaire was prepared for the Department of Health and
Human Services under Contract No. HHS-100-80-0157 and Contract No.
HHS 100-80-0133.

COMPLETE INFORMED CONSENT FORMS

First I'd like to find out a little about **you** and **your** living situation.

You may have recently answered a few questions similar to the ones I am going to ask now. It is important that I ask them again so that we will have the same information on everyone.

A1. **Are you** married, widowed, divorced or separated, or **have you** never been married?

- MARRIED 01
- WIDOWED 02
- DIVORCED. 03
- SEPARATED 04
- NEVER MARRIED 05
- NOT ANSWERED. -1

[HOW LONG] _____

A2. Before you entered the (hospital/nursing home), did **you** live alone?

- YES, ALONE. 01 (A6)
- NO, WITH OTHERS 02
- NO, IN GROUP HOME, NOT WITH RELATIVES. 03 (A6)
- NOT ANSWERED. -1

[TYPE OF RESIDENCE]

A3. Please tell me the names of everyone who usually lived with **you**, before **you** entered the (hospital/nursing home).

COUNT HOUSEHOLD MEMBERS OF USUAL HOME PRIOR TO INSTITUTIONALIZATION.

A4. How old is NAME?

A5. How is NAME related to **you** ? NOT ANSWERED. -1

NAME	AGE	RELATIONSHIP

A6. **Are you** considering going back to your home when **you** leave the (hospital/nursing home)?

PROBE: Do you still own or rent that home?	YES 01
	NO, NO LONGER AVAILABLE . . 02
	NO, OTHER REASON. 03
	NOT SURE. 04
	NOT ANSWERED. -1

[COMMENTS] _____

A7. Do you have any children (besides those you mentioned as living with you)?

INCLUDE ONLY LIVING CHILDREN.

YES—>How many? | - | - |
NO. 00 (A9)
NOT ANSWERED. -1 (A9)

[NAME]	[ADDRESS]	[TELEPHONE]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A8. (Do any of these children/Does this child) live within one-half hour travel time of your home?

PROBE: Of your home before you entered the (hospital/nursing home)?

YES—>How many? | - | - |
NO. 00
NOT ANSWERED. -1

A9. Could you please tell me the name, address, and phone number of someone we might contact in case we have trouble getting in touch with you?

NAME	ADDRESS	TELEPHONE

A10. What is the highest grade or year you finished in school?

	NO SCHOOLING.	00
	ELEMENTARY (01-08). . . - -	
IF UNGRADED OR FOREIGN SCHOOL, PROBE: About what grade would that be equal to (in this country)?	HIGH SCHOOL (09-12) . . - -	
	COLLEGE/GRADUATE (13-18+). - -	
	NOT ANSWERED.	-1

A11. READ CATEGORIES IF NECESSARY.

What is your racial or ethnic background?

	AMERICAN INDIAN OR ALASKAN NATIVE.	01
PROBE: Are you of Spanish origin?	ASIAN OR PACIFIC ISLANDER.	02
	BLACK, NOT OF HISPANIC ORIGIN.	03
	HISPANIC	04
	WHITE, NOT OF HISPANIC ORIGIN.	05
	NOT ANSWERED	-1

B. PHYSICAL HEALTH

The next questions are about **your** physical health.

- B1. How would **you** rate **your** overall health at the present time--would **you** say
- | | | |
|-------|-----------------------|----|
| _____ | excellent, | 01 |
| _____ | good, | 02 |
| _____ | fair, | 03 |
| _____ | or poor? | 04 |
| _____ | NOT ANSWERED. | -1 |

- B2. Before **you** entered the (hospital/nursing home), did **you** have a regular source of medical care, like a family doctor or a clinic?
- | | | |
|--|-----------------------|----|
| | YES | 01 |
| | NO. | 02 |
| | NOT ANSWERED. | -1 |

[NAME]	[ADDRESS]	[TELEPHONE]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B6. Now I am going to read you a list of health conditions and illnesses. Please tell me if you have any of them at the present time.

IF YES _____ →

	IF YES			B7. Are you currently being treated for this condition?		
	YES	NO	NA	YES	NO	NA
a. First, do you have anemia (tired blood, iron-poor blood)?	01	02	-1	01	02	-1
b. High blood pressure?	01	02	-1	01	02	-1
c. Angina or heart trouble, e.g., heart attacks?	01	02	-1	01	02	-1
d. Effects of a stroke?	01	02	-1	01	02	-1
e. Diabetes?	01	02	-1	01	02	-1
f. Arthritis or pain in your joints?	01	02	-1	01	02	-1
g. Cancer, leukemia, or a tumor?	01	02	-1	01	02	-1
h. Nerve or muscle problems like neuralgia, Parkinson's disease or seizures?	01	02	-1	01	02	-1
i. Respiratory problems like asthma, emphysema, or bronchitis?	01	02	-1	01	02	-1
j. Skin problems like a rash, eczema, or bed sores?	01	02	-1	01	02	-1
k. Broken or dislocated bones?	01	02	-1	01	02	-1
l. Paralysis?	01	02	-1	01	02	-1
m. Do you have any (other) health conditions or illnesses we haven't talked about? (SPECIFY).	01	02	-	01	02	-1
PROBE: Anything else?						
_____	01	02	-1	01	02	-1

[DETAILS OF HEALTH CONDITIONS/RISK FACTORS. INCLUDE SMOKING, ALCOHOL CONSUMPTION, COMPLIANCE WITH DOCTOR'S ORDERS.]

B9. The next question is about medical treatments **you** may have at home, after **you leave** the (hospital/nursing home).

At home, will **you** have medical treatments like injections, therapies, oxygen, or changing of bandages?

[TREATMENTS] _____ YES 01

[WHO WILL DO IT] _____ NO. 02 (B11)

[FREQUENCY] _____ UNCERTAIN 03 (B11)

NOT ANSWERED. -1 (B11)

[PRIOR HOME HEALTH AGENCY] _____

B10. Do you feel that **you** will need more help to carry out these treatments than **you** will have at home?

IF YES, PROBE: More help than is arranged for **you** now? YES 01

NO. 02

UNCERTAIN 03

NOT ANSWERED. -1

[HELP NEEDED] _____

B11. Often what you eat is important to your health. Could you please tell me what **you** usually eat?

READ CATEGORIES IF NECESSARY

CIRCLE ALL THAT APPLY

[DETAILS] _____

DAIRY PRODUCTS, SUCH AS MILK, CHEESE OR YOGURT 01

"PROTEIN FOODS", SUCH AS MEAT, POULTRY, FISH, EGGS, OR DRIED BEANS. 02

FRUITS OR VEGETABLES - EITHER RAW, COOKED OR CANNED. 03

FOODS MADE FROM GRAINS, SUCH AS BREAD, CEREAL, NOODLES, OR RICE 04

DOES NOT EAT AT ALL (IV TUBES) . 06

NOT ANSWERED -1

B12. I have some questions about special diets.

IF CLIENT: May I have your permission to ask your nurse about that after we finish talking?

IF PERMISSION GRANTED, ASK B12 OF NURSE.

IF PROXY OR IF PERMISSION REFUSED: Are you on a special diet?

YES.....	01
NO.....	02
NOT ANSWERED.....	-1

[TYPE] _____
 [WHO PRESCRIBED] _____

B13. Now, I'd like to talk about special equipment you may use. Do you use any of the following special equipment or aids now?

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Dentures?.....	01	02	-1
b. A cane?.....	01	02	-1
c. A walker?.....	01	02	-1
d. A wheelchair?.....	01	02	-1
e. A brace?.....	01	02	-1
f. A pacemaker (for your heart)?.....	01	02	-1
g. A hearing aid?.....	01	02	-1
h. Glasses or contact lenses?.....	01	02	-1
i. Any other special equipment that I haven't mentioned? (SPECIFY).....	01	02	-1

 [EQUIPMENT USE] _____

IF THE CLIENT HAS BEEN UNABLE TO GET OUT OF BED FOR MORE THAN ONE MONTH, OR WHEN LIFTED OUT STILL CANNOT AMBULATE, SKIP TO B16.

INDOOR MOBILITY

B14. The next questions are about getting around indoors, on the floor of the (hospital/nursing home).

How do you usually get around inside?

(SPECIFY) _____

[PROBLEMS WITH MOBILITY/AMBULATION] _____

B15. IF IN WHEELCHAIR, CODE WITHOUT ASKING.

How difficult is it for you to climb one flight of stairs -- is it

	not difficult,	01
PROBE: If there were stairs here,	somewhat difficult,	02
how difficult would it be for you	very difficult, or	03
to climb them?	can't you do it at all?.	04
	IN WHEELCHAIR.	05
	NOT ANSWERED	-1

B16. When you leave the (hospital/nursing home), do you feel that you will need (help/more help) with getting around inside (than you will have at home)?

IF YES, PROBE:	YES.	01
More help than is arranged	NO	02
for you now?	NOT ANSWERED	-1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

OUTDOOR MOBILITY

B17. What about outdoors? How do **you** usually get around when **you go** outdoors?

USUALLY = HALF THE TIME OR MORE DURING THE PAST MONTH

DOES NOT GO OUTDOORS

(SPECIFY) _____

SENSORY IMPAIRMENT

B18. (With **your** glasses or lenses) can **you** see well enough to read the labels on **your** medicine bottles or see the numbers on a telephone?

IF FOREIGN, PROBE: YES 01
Could **you** read a NO. 02
CLIENT'S NATIVE LANGUAGE newspaper? NOT ANSWERED. -1

B19. CAN THE CLIENT HEAR WELL ENOUGH TO UNDERSTAND NORMAL CONVERSATION (WITH A HEARING AID IF USUALLY WORN)?

YES 01
NO. 02
NOT ANSWERED. -1

B20. WHICH OF THE FOLLOWING BEST DESCRIBES THE CLIENT'S SPEECH?

PARTIALLY IMPAIRED (CAN USUALLY BE UNDERSTOOD BUT HAS DIFFICULTY WITH SOME WORDS). 01
SEVERELY IMPAIRED (CAN BE UNDERSTOOD ONLY WITH DIFFICULTY AND CANNOT CARRY ON A NORMAL CONVERSATION). 02
COMPLETELY IMPAIRED (SPEECH IS UNINTELLIGIBLE OR CANNOT SPEAK). 03

C. PHYSICAL ACTIVITIES OF DAILY LIVING

EATING

C1. The next questions are about taking care of yourself.

First, I'd like to ask you about help with eating.

During the past week, did someone usually help you eat or stay in the room in case you needed help eating?

YES, USUALLY HELPED 01

DO NOT CODE HELP WITH CUTTING MEAT OR BUTTERING BREAD.

NO, NOT USUALLY HELPED. 02 (C3)

IV, TUBES 03 (C4)

NOT ANSWERED. -1 (C3)

USUALLY = HALF THE TIME OR MORE DURING THE PAST WEEK.

[WHO HELPS]

[HOW]

C2. Did someone usually feed you?

YES 01

NO. 02

NOT ANSWERED. -1

C3. When you leave the (hospital/nursing home) do you feel that you will need (help/more help) with eating (than you will have at home)?

IF YES, PROBE:
More help than is arranged for you now?

YES 01

NO. 02

NOT ANSWERED. -1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

BED AND CHAIR TRANSFER

C4. During the past week, did someone usually help **you** get out of bed or a chair or stay in the room in case **you** needed help?

IF HELP WITH BED AND/OR CHAIR, YES, USUALLY HELPED 01
CODE "YES". NO, NOT USUALLY HELPED. 02 (C6)
DID NOT GET OUT OF BED AT ALL . . 03 (C7)
NOT ANSWERED. -1 (C6)

[WHO HELPS]

[HOW]

C5. Did someone usually lift **you** out of bed or a chair?

[SPECIAL EQUIPMENT USED] YES 01
NO. 02
NOT ANSWERED. -1

C6. When **you leave** the (hospital/nursing home), do you feel that **you** will need (help/more help) with getting out of bed or a chair (than **you** will have at home)?

IF NO, PROBE: What about special YES 01
equipment, will **you** NO. 02
need that? UNCERTAIN 03
NOT ANSWERED. -1

IF YES, PROBE: More help than is
arranged for **you** now?

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

DRESSING

C7. The next questions are about dressing -- that is, getting clothes and putting them on (including **your** brace).

During the past week, did **you** usually get dressed for the day or did **you** stay in night clothes?

GOT DRESSED 01
STAYED IN NIGHT CLOTHES 02
DID NOT CHANGE CLOTHES AT ALL . . 03 (C10)
NOT ANSWERED. -1 (C10)

C8. Did someone help **you** (dress/change **your** night clothes) or stay in the room in case **you** needed help?

DO NOT CODE HELP IN TYING SHOES OR GROOMING. YES, USUALLY HELPED 01
NO, NOT USUALLY HELPED. 02 (C10)
NOT ANSWERED. -1 (C10)

[WHO HELPS]

[HOW]

C9. Did someone usually (dress **you** /change **your** night clothes for **you**)?

YES 01
NO. 02
NOT ANSWERED. -1

C10. When **you** leave the (hospital/nursing home), do you feel that **you** will need (help/more help) with dressing (than **you** will have at home)?

IF YES, PROBE: More help than is arranged for **you** now? YES 01
NO. 02
UNCERTAIN 03
NOT ANSWERED. -1

[HELP NOW ARRANGED]

[HELP STILL NEEDED]

BATHING

C11. The next questions are about bathing -- including turning on the water.

During the past week when you had a full bath, did you usually bathe in a tub or shower, at a sink or basin, or did you have bedbaths?

IF MULTIPLE METHODS USED, PROBE: IN TUB OR SHOWER. 01
Which did you usually use for a IN SINK OR BASIN. 02
full bath? BEDBATHS. 03
DID NOT HAVE FULL BATH. 04
NOT ANSWERED. -1

[IF BEDBATH, WHO HELPS] _____

C12. Did someone usually help you get in or out of the tub or shower or stay in the room in case you needed help?

YES 01
NO. 02
NOT ANSWERED. -1

C13. During the past week, did someone usually help you bathe (at the sink or basin) or stay in the room in case you needed help?

YES, USUALLY HELPED 01
NO, NOT USUALLY HELPED. 02 (C15)
NOT ANSWERED. -1 (C15)

[WHO HELPS]

[HOW]

C14. Did someone help **you** wash more than **your** back or feet?

DO NOT CODE HELP WITH
SHAMPOOING HAIR.

YES 01

NO. 02

NOT ANSWERED. -1

C15. Did **you** usually use special equipment to help **you** bathe, like (a tub stool or grab bar/handle bars at the sink)?

[TYPE]

YES 01

NO. 02

NOT ANSWERED. -1

C16. When **you** leave the (hospital/nursing home), do you feel that **you** will need (help/more help) with bathing (than **you** will have at home)?

IF NO, PROBE: What about special
equipment, will **you**
need that?

YES 01

NO. 02

IF YES, PROBE: More help than is
aranged for **you** now?

UNCERTAIN 03

NOT ANSWERED. -1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

TOILETING

C17. The next questions are about personal care. The first one is about using the toilet.

During the past week, did **you** usually go to the bathroom to use the toilet?

PROBE: For either your bowel <u>or</u> bladder functions?	YES, TOILET FOR AT LEAST ONE FUNCTION. 01
IF NO, PROBE: What did you usually use?	NO (BEDPAN, BEDSIDE COMMUNE). 02 (C22)
	NO (CATHETER, COLOSTOMY). . . 03 (C20)
	NOT ANSWERED. -1 (C20)

[IF BEDPAN/COMMUNE, WHO HELPS]

C18. Did someone usually help **you** get to the bathroom to use the toilet or stay nearby in case **you** needed help?

YES, USUALLY HELPED 01
NO, NOT USUALLY HELPED. 02
NOT ANSWERED. -1

[WHO HELPS]

[HOW]

C19. During the past week, did **you** usually use special equipment like a grab bar or raised toilet seat to help **you** use the toilet?

[TYPE]	YES 01
_____	NO. 02
_____	NOT ANSWERED. -1

C20. Do you use a device such as a catheter bag or colostomy bag?
 [TYPE] YES 01
 _____ NO. 02
 _____ NOT ANSWERED. -1 (C22)

C21. Do you change (this/ your DEVICE) by yourself?
 [WHO HELPS] SELF CARE 01
 _____ HELP WITH CARE. 02
 _____ NOT ANSWERED. -1

C22. During the past week, did you accidentally wet or soil yourself, either day or night?
 YES 01
 NO. 02
 NOT ANSWERED. -1

C23. When you leave the (hospital/nursing home), do you feel that you will need (help/more help) with (using the toilet/caring for your bladder and bowel functions)?
 IF NO, PROBE: What about special equipment, will you need that? YES 01
 NO. 02
 IF YES, PROBE: More help than is arranged for you now? UNCERTAIN 03
 NOT ANSWERED. -1

[HELP NOW ARRANGED] _____

 [HELP STILL NEEDED] _____

D. INSTRUMENTAL ACTIVITIES OF DAILY LIVING

IF CLIENT HAS BEEN UNABLE TO GET OUT OF BED FOR MORE THAN ONE MONTH, OR WHEN LIFTED OUT STILL CANNOT AMBULATE, ASK ONLY THE QUESTIONS MARKED WITH A STAR★.

MEAL PREPARATION

D1. These next questions are about things done in a household, such as cleaning and cooking. In most (hospitals/nursing homes) there is no opportunity to do these things. I'd like to know whether you are able to do them.

Considering how you've been feeling the past week, could you prepare full meals, such as meat and a vegetable, by yourself?

- PROBE: If the rules permitted/ If someone else didn't do it/ If you had a kitchen, YES, USUALLY BY SELF. 01 (D4)
- NO, USUALLY HAS HELP/NO MEALS PREPARED. 02
- NOT ANSWERED. -1 (D3)

[WHO HELPS]

[HOW]

D2. What is the reason you (get help preparing/ don't prepare) meals? (SPECIFY)

D3. Could you prepare light meals, such as a sandwich, by yourself?

- CAN PREPARE LIGHT MEALS . . . 01
- CANNOT. 02
- NOT ANSWERED. -1

★ D4. When **you leave** the (hospital/nursing home), do you feel that **you will** need (help/more help) with meal preparation (than **you will** have at home)?

IF YES, PROBE: More help than YES. 01
 is arranged for NO 02
you now? UNCERTAIN. 03
 NOT ANSWERED -1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

HOUSEKEEPING

D5. Considering how **you have** been feeling the past week, could you do heavy work around the house, such as cleaning floors, by **yourself**?

PROBE: If someone else didn't YES, USUALLY BY SELF 01 (D7)
 do it/ NO, USUALLY HAS HELP 02
 If the rules permitted, NO WORK DONE AROUND THE HOUSE. . . 03
 NOT ANSWERED -1

[WHO HELPS] [HOW]

[REASON]

D6. Could you do light work around the house, such as washing dishes, by yourself?

COULD DO LIGHT HOUSEWORK 01
NOT AT ALL 02
NOT ANSWERED -1

★ D7. When you leave the (hospital/nursing home), do you feel that you will need (help/more help) with work around the house (than you will have at home)?

PROBE: More help than is YES. 01
arranged for you now? NO 02
UNCERTAIN. 03
NOT ANSWERED -1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

SHOPPING

D8. Considering how you've been feeling the past week, could you go grocery shopping by yourself?

PROBE: If you had transportation/ YES, USUALLY BY SELF 01 (D10)
If someone else didn't do it, NO, USUALLY HAS HELP 02
NOT ANSWERED -1

[WHO HELPS] [HOW]

[REASON]

D9. Could you go grocery shopping if someone went with **you** to help **you** manage?

PROBE: If **you** had transportation, YES, COULD WITH HELP. 01
NO, COULD NOT GO AT ALL 02
NOT ANSWERED -1

★ D10. When **you leave** the (hospital/nursing home), do you feel **you** will need (help/more help) with grocery shopping (than **you** will have at home)?

IF YES, PROBE: More help than is YES. 01
arranged for **you** now? NO 02
UNCERTAIN. 03
NOT ANSWERED -1

[HELP NOW AKRRANGED] _____

[HELP STILL NEEDED] _____

TAKING MEDICINE

★ D11. The next questions are about taking medicine.

Considering how **you've** been feeling the past week, could you take the correct amounts at the proper time without any help from another person?

PROBE: If the rules permitted it/ YES 01 (D14)
If someone else didn't do it, NO. 02
NOT ANSWERED. -1 (D13)

[WHO HELPS] [HOW]

★ D12. What is the reason **you get** help with taking medicine?
(SPECIFY)

★ D13. If someone measured out the amount of medicine beforehand and reminded **you** to take it, could you do the rest by **yourself**?

IF NEEDS REMINDER AND/OR PREMEASURED	YES	01
AMOUNT, BUT CAN DO REST, CODE "YES".	NO.	02
	NOT ANSWERED.	-1

★ D14. When **you leave** the (hospital/nursing home), do you feel that **you will** need (help/more help) with taking medicine (than **you will** have at home)?

IF YES, PROBE: More help than is	YES	01
arranged for you now?	NO.	02
	NOT ANSWERED.	-1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

TRAVEL/TRANSPORTATION

D15. Before **you** entered the (hospital/nursing home), what kind of transportation did **you** usually use?

PROBE: What about going to the	BUS/SUBWAY.	01
doctor?	CAR/VAN/TAXI.	02
	AMBULANCE ONLY.	03
	DOES NOT TRAVEL AT ALL.	04 (D18)
	NOT ANSWERED.	-1 (D18)

D16. Before you entered the (hospital/nursing home), did you have help with transportation from an agency or organization like LOCAL NAME?

YES 01
NO. 02
NOT ANSWERED. -1

[AGENCY NAME] _____

D17. Could you travel in a car, van or taxi if someone goes with you to help you manage (considering how you've been feeling the past week)?

[ESCORT NEEDED] _____ YES 01
CODE NO IF NEEDS HELP IN TRANSFER NO. 02
FROM DRIVER OF VAN OR TAXI. NOT ANSWERED. -1

[WHO HELPS] _____ [HOW] _____

★D18. When you leave the (hospital/nursing home), do you feel that you will need (help/more help) with transportation (than you will have at home)?

PROBE: More help than is arranged YES 01
for you now? NO. 02
NOT ANSWERED. -1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

MONEY MANAGEMENT

★ D19. The next questions are about managing **your** money, regardless of how much or little **you have**.

Can you write checks or pay bills by **yourself**?

- YES, USUALLY BY SELF . . . 01
- NO, USUALLY HAS HELP . . . 02 (D22)
- NO, HAS NO BILLS 03
- NOT ANSWERED -1

[WHO HELPS] _____ [HOW] _____

[REASON HAS HELP/NO BILLS] _____

★ D20. Do **you** have a legal guardian, conservator, or payee?

[NAME] _____ YES 01
_____ NO. 02
[TYPE] _____ NOT ANSWERED. -1
[ADDRESS] _____
[PHONE #] _____

★ D21. Can you take care of money for day-to-day purchases by **yourself**?

- YES 01
- NO. 02
- NOT ANSWERED. -1

★ D22. When **you leave** the (hospital/nursing home), do you feel that **you** will need (help/more help) with managing **your** money (than is arranged for **you** now)?

- YES 01
- NO. 02
- NOT ANSWERED. -1

[HELP NOW ARRANGED] _____

[HELP STILL NEEDED] _____

E. SERVICES AND SUPPORT
HOUSEHOLD SUPPORT SYSTEM

E1. Now I have some more questions about the people who helped you before **you** entered the (hospital/nursing home). First, please tell me who lived with you who regularly helped you to take care of yourself or who did things around the house.

	NAME 1 _____ NO HOUSEHOLD CARE- GIVERS -4 (E7)	NAME 2 _____	NAME 3 _____
ASK E2-E6 FOR EACH HOUSEHOLD CAREGIVER			
★ E2. How is <u>NAME</u> related to you?	NOT ANSWERED -1	NOT ANSWERED -1	NOT ANSWERED. -1
★ E3. When is <u>NAME</u> gener- ally at home to help you if you need it? CIRCLE ALL THAT APPLY	WEEK NIGHTS. 01 WEEK DAYS. 02 WEEKENDS 03 NOT ANSWERED -1	WEEK NIGHTS. 01 WEEK DAYS. 02 WEEKENDS 03 NOT ANSWERED -1	WEEK NIGHTS 01 WEEK DAYS 02 WEEKENDS. 03 NOT ANSWERED. -1
★ E4. Is <u>NAME</u> employed?	YES. 01 NO 02 NOT ANSWERED -1	YES. 01 NO 02 NOT ANSWERED -1	YES 01 NO. 02 NOT ANSWERED. -1
★ E5. What does <u>NAME</u> regularly help you with? PROBE: Anything else? IF NO MENTION OF PERSONAL CARE, PROBE: Does <u>NAME</u> help you with eat- ing, getting out of bed or a chair, dressing, bathing, or using the toilet?	PERSONAL CARE 01 PREPARING MEALS . . . 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03 TAKING MEDICINE . . . 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 _____ _____ _____ NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS . . . 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03 TAKING MEDICINE . . . 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 _____ _____ _____ NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS . . . 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03 TAKING MEDICINE . . . 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) _____ 09 _____ _____ _____ NOT ANSWERED. -1
E6. WAS ANOTHER HOUSE- HOLD CAREGIVER NAMED?	YES .(Repeat E2-E6). 01 NO. .(GO TO E7). . . 02	YES .(Repeat E2-E6). 01 NO. .(GO TO E7). . . 02	GO TO E7

INFORMAL SUPPORT SYSTEM

E7. Next, please tell me the names of friends, neighbors or family members (who do not live with you) who regularly helped you before you entered the (hospital/nursing home). Please do not include people who helped you as part of their paid or volunteer work.

ASK E8-E13 FOR EACH HOUSEHOLD CAREGIVER	NAME 1 _____ NO HOUSEHOLD CARE- GIVERS-4 (E14)	NAME 2 _____	NAME 3 _____
★ E8. How is NAME related to you?	NOT ANSWERED -1	NOT ANSWERED -1	NOT ANSWERED -1
★ E9. IF RELATIVE, Is NAME employed?	YES. 01 NO 02 NOT RELATIVE -4 NOT ANSWERED -1	YES. 01 NO 02 NOT RELATIVE -4 NOT ANSWERED -1	YES. 01 NO 02 NOT RELATIVE -4 NOT ANSWERED -1
E10. About how long does NAME come to help you? PROBE: In the avg. week or month?	<input type="text"/> <input type="text"/> VISITS PER WEEK. . . . 01 PER MONTH 02 NOT ANSWERED -1	<input type="text"/> <input type="text"/> VISITS PER WEEK. . . . 01 PER MONTH 02 NOT ANSWERED -1	<input type="text"/> <input type="text"/> VISITS PER WEEK. . . . 01 PER MONTH 02 NOT ANSWERED -1
E11. About how long does NAME usually stay each visit? PROBE: On the avg?	HOURS MINS. NOT ANSWERED -1	HOURS MINS. NOT ANSWERED -1	HOURS MINS. NOT ANSWERED -1
★ E12. What does NAME regularly help you with? PROBE: Anything else? IF NO MENTION OF PERSONAL CARE, PROBE: Does NAME help you with eating, getting out of bed or a chair, dressing, bathing, or using the toilet?	PERSONAL CARE 01 PREPARING MEALS 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . . 03 TAKING MEDICINE 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) 09 NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . . 03 TAKING MEDICINE 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) 09 NOT ANSWERED -1	PERSONAL CARE 01 PREPARING MEALS 02 HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . . 03 TAKING MEDICINE 04 MEDICAL TREATMENTS. . 05 TRANSPORTATION. . . . 06 MANAGING MONEY. . . . 07 MONITORING. 08 OTHER (SPECIFY) 09 NOT ANSWERED -1
E13. WAS ANOTHER INFORMAL CAREGIVER NAMED?	YES .(Repeat E8-E13).01 NO. .(GO TO E14) . . 02	YES .(Repeat E8-E13).01 NO. .(GO TO E14) . . 02	GO TO E14

FORMAL SUPPORT SYSTEM

E14. Now, please tell me the people who regularly came to help you as part of their paid or volunteer work before you entered the (hospital/nursing home). These could be people who came from an agency or organization or people you or your family hired.

	NAME 1 _____	NAME 2 _____	NAME 3 _____																																				
ASK E15-E19 FOR EACH FORMAL CAREGIVER	NO FORMAL CARE-GIVERS -4(E20)																																						
★ E15. Do you have a card or letter from the agency so that I can get the correct spelling? IF NO CARD, ASK FOR AGENCY NAME. IF CANNOT NAME AGENCY, PROBE FOR HELPER'S NAME AND TELEPHONE NUMBER.																																							
	NOT WITH AGENCY. . . . -4	NOT WITH AGENCY. . . . -4	NOT WITH AGENCY. . . . -4																																				
	NOT ANSWERED -1	NOT ANSWERED -1	NOT ANSWERED -1																																				
E16. How often does NAME come to help you?	<table border="1"> <tr><td> </td><td> </td><td>VISITS</td></tr> <tr><td>PER WEEK</td><td>01</td><td></td></tr> <tr><td>PER MONTH.</td><td>02</td><td></td></tr> <tr><td>NOT ANSWERED</td><td>-1</td><td></td></tr> </table>			VISITS	PER WEEK	01		PER MONTH.	02		NOT ANSWERED	-1		<table border="1"> <tr><td> </td><td> </td><td>VISITS</td></tr> <tr><td>PER WEEK</td><td>01</td><td></td></tr> <tr><td>PER MONTH.</td><td>02</td><td></td></tr> <tr><td>NOT ANSWERED</td><td>-1</td><td></td></tr> </table>			VISITS	PER WEEK	01		PER MONTH.	02		NOT ANSWERED	-1		<table border="1"> <tr><td> </td><td> </td><td>VISITS</td></tr> <tr><td>PER WEEK</td><td>01</td><td></td></tr> <tr><td>PER MONTH.</td><td>02</td><td></td></tr> <tr><td>NOT ANSWERED</td><td>-1</td><td></td></tr> </table>			VISITS	PER WEEK	01		PER MONTH.	02		NOT ANSWERED	-1	
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		VISITS																																					
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PER MONTH.	02																																						
NOT ANSWERED	-1																																						
E17. How long does NAME usually stay each visit?	<table border="1"> <tr><td> </td><td> </td><td>HOURS MINS.</td></tr> <tr><td>NOT ANSWERED</td><td>-1</td><td></td></tr> </table>			HOURS MINS.	NOT ANSWERED	-1		<table border="1"> <tr><td> </td><td> </td><td>HOURS MINS.</td></tr> <tr><td>NOT ANSWERED</td><td>-1</td><td></td></tr> </table>			HOURS MINS.	NOT ANSWERED	-1		<table border="1"> <tr><td> </td><td> </td><td>HOURS MINS.</td></tr> <tr><td>NOT ANSWERED</td><td>-1</td><td></td></tr> </table>			HOURS MINS.	NOT ANSWERED	-1																			
		HOURS MINS.																																					
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NOT ANSWERED	-1																																						
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★ E18. What does NAME regularly help you with? PROBE: Anything else? IF NO MENTION OF PERSONAL CARE, PROBE: Does NAME help you with eating, getting out of bed or a chair, dressing, bathing, or using the toilet?	PERSONAL CARE 01	PERSONAL CARE 01	PERSONAL CARE 01																																				
	PREPARING MEALS . . . 02	PREPARING MEALS . . . 02	PREPARING MEALS . . . 02																																				
	HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03	HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03	HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03																																				
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	TRANSPORTATION. . . . 06	TRANSPORTATION. . . . 06	TRANSPORTATION. . . . 06																																				
	MANAGING MONEY. . . . 07	MANAGING MONEY. . . . 07	MANAGING MONEY. . . . 07																																				
	MONITORING. 08	MONITORING. 08	MONITORING. 08																																				
	OTHER (SPECIFY) _____ 09	OTHER (SPECIFY) _____ 09	OTHER (SPECIFY) _____ 09																																				
	NOT ANSWERED -1	NOT ANSWERED -1	NOT ANSWERED -1																																				
E19. WAS ANOTHER FORMAL CAREGIVER NAMED?	YES. (Repeat E15-19). 01 NO. (GO TO E20) . . 02	YES. (Repeat E15-19). 01 NO. (GO TO E20) . . 02	GO TO E20																																				

[INVOLVEMENT IN CASE MANAGEMENT PROGRAM PRIOR TO INSTITUTIONALIZATION.]

E20. The next questions are about things **you** may have done before **you** entered the (hospital/nursing home).

Did **you** regularly attend a social, religious, or recreational program like at a senior center or (church/temple)?

REGULARLY = ON A RECURRING BASIS	YES	01
OF AT LEAST ONE VISIT		
A MONTH PRIOR TO	NO.	02
INSTITUTIONALIZATION		
	NOT ANSWERED.	-1

[WHERE] _____

E21. Did **you** regularly go to a group program where people helped **you** take care of **yourself** during the day like AREA PROGRAM TITLE?

REGULARLY = ON A ROUTINE BASIS OF	YES	01
AT LEAST ONCE A WEEK PRIOR		
TO INSTITUTIONALIZATION	NO.	02
	NOT ANSWERED.	-1

[ANY MEALS THERE] _____

[DAILY ACTIVITIES] _____

F. MENTAL FUNCTIONING

*** THIS SECTION IS NOT TO BE ASKED OF A PROXY ***

F1. Now I'm going to read a list of questions to you. Please answer "Yes" or "No" for each of them.

	<u>YES</u>	<u>NO</u>	<u>NA</u>
a. Do you often have trouble getting to sleep or staying asleep?	01	02	-1
b. Do you often find yourself feeling unhappy or depressed?.	01	02	-1
c. Are you troubled by your heart pounding or shortness of breath?.	01	02	-1
d. Do you usually have a good appetite?.	01	02	-1
e. Have you recently had periods of days or weeks when you couldn't "get going"? (you were constantly tired)	01	02	-1
f. Have you had crying spells or problems shaking off the blues?.	01	02	-1
g. Do you often have trouble keeping your mind on what you are doing?	01	02	-1

F2. Do you find yourself feeling lonely quite often, sometimes, or almost never?

QUITE OFTEN	01
SOMETIMES	02
ALMOST NEVER.	03
NOT ANSWERED.	-1

F3. Have you had any counseling or treatment for personal problems or emotional stress since DATE 6 MONTHS AGO?

[WHERE] _____	YES	01
_____	NO.	02
_____	NOT ANSWERED.	-1

F4. (Besides your husband/wife), have any friends or family members you felt close to died within the past year?

YES	01
NO.	02
NOT ANSWERED.	-1

DO NOT ASK OF A PROXY RESPONDENT

F5. Sometimes when people get older, they have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. It's very normal. If you do know the answers, the questions may seem obvious.

	CORRECT	INCORRECT/ NOT ANSWERED
a. What is the date today? _____	01	02
b. What day of the week is it? _____	01	02
c. What is the name of this place? PROBE: This hospital? This nursing home? _____ ROOM, NAME OF INSTITUTION ARE TYPICAL OF CORRECT RESPONSES.	01	02
d. What is your telephone number? IF CLIENT DOES NOT HAVE A PHONE, What is your street address? _____	01	02
e. How old are you? _____	01	02
f. When were you born? MO: _____ DAY: _____ YR: _____ CHECK COVER	01	02
g. What is the name of the President of the United States? _____	02	
h. Who was President before this one? _____	01	02
i. What was your mother's maiden name? _____ ACCEPT ANY SURNAME OTHER THAN CLIENT'S.	01	02
j. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. PROBE: Can you subtract 3 from that? _____	01	02
17, 14, 11, 8, 5, 2		

Thank you. That's all of those questions.

_ _ NUMBER CORRECT

F6. THINKING ABOUT THE CLIENT'S UNDERSTANDING OF THE QUESTIONS, MENTAL FUNCTIONING AND ABILITY TO COMMUNICATE, WOULD YOU SAY THE RESPONSES TO THE QUESTIONS ASKED OF HIM/HER WERE:

- COMPLETELY RELIABLE 01
- RELIABLE ON MOST ITEMS. 02
- RELIABLE ON SOME ITEMS. 03
- COMPLETELY UNRELIABLE 04
- NO QUESTIONS ASKED OF SAMPLE MEMBER -4

F7. DURING THE ASSESSMENT, DID THE CLIENT'S BEHAVIOR STRIKE YOU AS:

	<u>YES</u>	<u>NO</u>	<u>CANNOT DETERMINE</u>
MENTALLY ALERT AND STIMULATING	01	02	03
PLEASANT AND COOPERATIVE	01	02	03
DEPRESSED AND/OR TEARFUL	01	02	03
FEARFUL, ANXIOUS, OR EXTREMELY TENSE . .	01	02	03
FULL OF UNREALISTIC COMPLAINTS	01	02	03
SUSPICIOUS (MORE THAN REASONABLE). . . .	01	02	03
BIZARRE OR INAPPROPRIATE (E.G. DISRUPTIVE, WANDERING, ABUSIVE). . . .	01	02	03
WITHDRAWN OR LETHARGIC	01	02	03
AGITATED, QUICK, LOUD, AND EMOTIONALLY OVERRESPONSIVE	01	02	03

[BEHAVIOR AND EMOTIONAL FUNCTIONING] _____

G. FINANCIAL RESOURCES

G1. The next questions are about **your** insurance.

Are you covered by --

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Medicare? A B	01	02	-1
[# FROM CARD] _____			
b. Medicaid?	01	02	-1
[# FROM CARD] _____			

G2. Any (other) medical insurance or health plan such as Blue Cross, Blue Shield, VA or HMO?

<u>[DETAILS/NUMBERS]</u>	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
_____	01	02	-1

G3. The next questions are about sources of income and assets **you** may have. This information is needed to see if **you** may be able to get services **you** do not now have.

Do **you** (and **your** husband/wife) now have any income from --

IF YES _____>

YES NO NA

a. Social Security or rail-road retirement, including Social Security disability payments? . . . 01 02 -1

PROBE: That is, a green check.
EXCLUDE SSI.

b. Other checks from the government such as SSI (that is, a gold check)? . . 01 02 -1

c. Veterans' disability payments? 01 02 -1

d. Retirement pensions? . . . 01 02 -1

e. Any other income? 01 02 -1

G4. What is the monthly amount of that income? NOT ANSWERED

CLIENT: _____ -1

SPOUSE: _____ -1

BOTH: _____ -1

CLIENT: _____ -1

SPOUSE: _____ -1

BOTH: _____ -1

CLIENT: _____ -1

SPOUSE: _____ -1

BOTH: _____ -1

_____ -1

_____ -1

G5. Before taxes and deductions, how much is **your** (and **your** husband's/wife's) total monthly income?

ESTIMATE OK

\$ | | | | |
NOT ANSWERED -1

H. PHYSICAL ENVIRONMENT

H1. Do you (and your (husband/wife)) own or rent your (usual) home?

IF HOME OWNED BY SPOUSE, CODE "OWNS OR IS BUYING".	OWNS OR IS BUYING	01
	RENTS	02
IF GROUP HOME, CODE AS "RENTS".	OCCUPIES RENT-FREE OR FOR EXCHANGE OF SERVICES.	03
	OTHER (SPECIFY)	04
	NOT ANSWERED.	-1

[HOUSING EXPENSES] _____

H2. Do you receive any (other) assistance from the government in paying your rent?

	YES	01
	NO.	02
	NOT ANSWERED.	-1

[TYPE] _____

H3. In the past year, have you received any help from the federal, state or local government in paying your (fuel/electric) bills?

PROBE: Under (the Energy Assistance Program/ <u>LOCAL NAME</u>)?	YES	01
	NO.	02
	NOT ANSWERED.	-1

[TYPE] _____

ASK OF CLIENT ONLY

IF IN THE HOSPITAL OR NURSING HOME FOR MORE THAN TWO MONTHS AND NOT RETURNING TO USUAL HOME (See A6), SKIP THIS SECTION AND TERMINATE THE INTERVIEW.

The last questions are about how you feel about your home. The purpose of these questions is to help us understand how people feel about where they live.

H4. Is there anything about the structure of your home that makes it hard for you to go outside?

CIRCLE ALL THAT APPLY

PROBE FOR PROBLEMS RELATED TO ARCHITECTURE OR REPAIR.

- YES, STAIRS 01
- YES, OTHER PROBLEM. 02
- NO. 03
- NOT ANSWERED. -1

[PROBLEMS]

H5. How satisfied are you with the state of repairs or maintenance of your home? (Are you --

- very satisfied, 01
- fairly satisfied, 02
- or not very satisfied?) . 03
- NOT ANSWERED. -1

[COMMENTS] _____

H6. How safe do you feel inside your home at night? (Would you say very safe, somewhat safe, or very unsafe?)

- VERY SAFE 01
- SOMEWHAT SAFE 02
- VERY UNSAFE 03
- NOT ANSWERED. -1

[COMMENTS] _____

H7. How satisfied are you with your home as a place to live? (Are you --

[COMMENTS] _____

very satisfied, 01
fairly satisfied, 02
or not very satisfied?) . 03
NOT ANSWERED. -1

[SATISFACTION WITH THINGS IN GENERAL]

H8. THE PHYSICAL ENVIRONMENT

[SPECIFY ENVIRONMENT _____]

CHECK IF A PROBLEM OBSERVED FOR EACH OF THE FOLLOWING:

- | | | | |
|--|--------------------------|---|--------------------------|
| A. LOOSE, SHAKY STAIRS | <input type="checkbox"/> | M. PEELING PAINT | <input type="checkbox"/> |
| B. BROKEN WINDOWS | <input type="checkbox"/> | N. NO CURTAINS OR SHADES | <input type="checkbox"/> |
| C. ADEQUATE HANDRAILS ON STAIRS | <input type="checkbox"/> | O. INADEQUATE VENTILATION | <input type="checkbox"/> |
| D. INTERIOR OR EXTERIOR IN NEED OF MAJOR REPAIRS | <input type="checkbox"/> | P. BLOCKED PATHWAYS/ACCESS TO FIRE EXITS | <input type="checkbox"/> |
| E. NO DEADBOLT OR OTHER SECURE LOCK ON DOOR | <input type="checkbox"/> | Q. SLIPPERY, STICKY OR CLUTTERED FLOORS THAT MIGHT CAUSE SLIPPING OR TRIPPING | <input type="checkbox"/> |
| F. FREEZING IN WINTER, SWELTERING IN SUMMER | <input type="checkbox"/> | R. EVIDENCE OF SPOILED FOOD | <input type="checkbox"/> |
| G. FIRE HAZARDS SUCH AS UNSAFE HEATING OR LIGHTING EQUIPMENT OR BARE WIRES | <input type="checkbox"/> | S. DIRTY FOOD PREPARATION SURFACES | <input type="checkbox"/> |
| H. ACCUMULATION OF TRASH OR GARBAGE IN OR AROUND DWELLING UNIT | <input type="checkbox"/> | T. MORE THAN ONE DAY'S DIRTY DISHES IN SINK | <input type="checkbox"/> |
| I. RATS OR MICE OR THEIR DROPPINGS | <input type="checkbox"/> | U. BEDDING NOT FRESH | <input type="checkbox"/> |
| J. PRESENCE OR STRONG ODOR OF EXCREMENT | <input type="checkbox"/> | V. TOILET AREA FILTHY OR ODOROUS | <input type="checkbox"/> |
| K. FLOODING OR STANDING WATER INSIDE | <input type="checkbox"/> | W. NO GRAB BARS NEAR TOILET AND/OR TUB | <input type="checkbox"/> |
| L. INFESTATION WITH BUGS OR INSECTS | <input type="checkbox"/> | | |

NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION

REPORTS AVAILABLE

A Guide to Memorandum of Understanding Negotiation and Development

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

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

An Analysis of Site-Specific Results

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/sitees.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/sitees.pdf>

Analysis of Channeling Project Costs

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/projctes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/projctes.pdf>

Analysis of the Benefits and Costs of Channeling

Executive Summary: <http://aspe.hhs.gov/daltcp/reports/1986/costes.htm>

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/cost.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/cost.pdf>

Applicant Screen Set

HTML: <http://aspe.hhs.gov/daltcp/reports/1982/appscset.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1982/appscset.pdf>

Assessment and Care Planning for the Frail Elderly: A Problem Specific Approach

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/asmtcare.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/asmtcare.pdf>

Assessment Training for Case Managers: A Trainer's Guide

HTML: <http://aspe.hhs.gov/daltcp/reports/1985/asmttran.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1985/asmttran.pdf>

Case Management Forms Set

HTML: <http://aspe.hhs.gov/daltcp/reports/1985/cmforms.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1985/cmforms.pdf>

Case Management Training for Case Managers: A Trainer's Guide

HTML: <http://aspe.hhs.gov/daltcp/reports/1985/cmtrain.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1985/cmtrain.pdf>

Channeling Effects for an Early Sample at 6-Month Follow-up

HTML: <http://aspe.hhs.gov/daltcp/reports/1985/6monthes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1985/6monthes.pdf>

Channeling Effects on Formal Community-Based Services and Housing

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/commtyes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/commtyes.pdf>

Channeling Effects on Hospital, Nursing Home and Other Medical Services

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/hospites.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/hospites.pdf>

Channeling Effects on Informal Care

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/informes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/informes.pdf>

Channeling Effects on the Quality of Clients' Lives

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/qualtyes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/qualtyes.pdf>

Clinical Baseline Assessment Instrument Set

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

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

Community Services and Long-Term Care: Issues of Negligence and Liability

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

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

Differential Impacts Among Subgroups of Channeling Enrollees

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/enrolles.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/enrolles.pdf>

Differential Impacts Among Subgroups of Channeling Enrollees Six Months After Randomization

HTML: <http://aspe.hhs.gov/daltcp/reports/1984/difimpes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1984/difimpes.pdf>

Examination of the Equivalence of Treatment and Control Groups and the Comparability of Baseline Data

HTML: <http://aspe.hhs.gov/daltcp/reports/1984/baslines.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1984/baslines.pdf>

Final Report on the Effects of Sample Attrition on Estimates of Channeling's Impacts

Executive Summary: <http://aspe.hhs.gov/daltcp/reports/1986/atritnes.htm>

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/atritn.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/atritn.pdf>

Informal Care to the Impaired Elderly: Report of the National Long-Term Care Demonstration Survey of Informal Caregivers

HTML: <http://aspe.hhs.gov/daltcp/reports/1984/impaires.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1984/impaires.pdf>

Informal Services and Supports

HTML: <http://aspe.hhs.gov/daltcp/reports/1985/infserv.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1985/infserv.pdf>

Initial Research Design of the National Long-Term Care Demonstration

HTML: <http://aspe.hhs.gov/daltcp/reports/designes.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/designes.pdf>

Issues in Developing the Client Assessment Instrument for the National Long-Term Care Channeling Demonstration

HTML: <http://aspe.hhs.gov/daltcp/reports/1981/instrues.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1981/instrues.pdf>

Methodological Issues in the Evaluation of the National Long-Term Care Demonstration

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/methodes.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1986/methodes.pdf>

National Long-Term Care Channeling Demonstration: Summary of Demonstration and Reports

HTML: <http://aspe.hhs.gov/daltcp/reports/1991/chansum.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1991/chansum.pdf>

Screening Training for Screeners: A Trainer's Guide

HTML: <http://aspe.hhs.gov/daltcp/reports/1985/scretrai.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1985/scretrai.pdf>

Survey Data Collection Design and Procedures

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/sydataes.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1986/sydataes.pdf>

Tables Comparing Channeling to Other Community Care Demonstrations

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/tablees.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1986/tablees.pdf>

The Channeling Case Management Manual

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/cmmanual.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/1986/cmmanual.pdf>

The Channeling Financial Control System

HTML: <http://aspe.hhs.gov/daltcp/reports/1985/chanfcs.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1985/chanfcs.pdf>

The Comparability of Treatment and Control Groups at Randomization

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

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

The Effects of Case Management and Community Services on the Impaired Elderly

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/casmanes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/casmanes.pdf>

The Effects of Sample Attrition on Estimates of Channeling's Impacts for an Early Sample

HTML: <http://aspe.hhs.gov/daltcp/reports/1984/earlyes.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1984/earlyes.pdf>

The Evaluation of the National Long-Term Care Demonstration: Final Report

Executive Summary: <http://aspe.hhs.gov/daltcp/reports/1986/chanes.htm>

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/chan.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/chan.pdf>

The Evaluation of the National Long-Term Care Demonstration

Executive Summary: <http://aspe.hhs.gov/daltcp/reports/1988/hsres.htm>

HTML: <http://aspe.hhs.gov/daltcp/reports/1988/hsre.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1988/hsre.pdf>

The Planning and Implementation of Channeling: Early Experiences of the National Long-Term Care Demonstration

Executive Summary: <http://aspe.hhs.gov/daltcp/reports/1983/implees.htm>

HTML: <http://aspe.hhs.gov/daltcp/reports/1983/imple.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1983/imple.pdf>

The Planning and Operational Experience of the Channeling Projects (2 volumes)

HTML: <http://aspe.hhs.gov/daltcp/reports/1986/proceses.htm>

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/proceses.pdf>

DATA COLLECTION INSTRUMENTS

Applicant Screen

HTML: <http://aspe.hhs.gov/daltcp/instruments/1981/AppSc.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/1981/AppSc.pdf>

Client Contact Log

HTML: <http://aspe.hhs.gov/daltcp/instruments/CIConLog.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/CIConLog.pdf>

Client Tracking Form

HTML: <http://aspe.hhs.gov/daltcp/instruments/CITracFm.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/CITracFm.pdf>

Clinical Assessment and Research Baseline Instrument: Community Version

HTML: <http://aspe.hhs.gov/daltcp/instruments/carbicv.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/carbicv.pdf>

Clinical Baseline Assessment Instrument: Community Version

HTML: <http://aspe.hhs.gov/daltcp/instruments/cbaicv.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/cbaicv.pdf>

Clinical Baseline Assessment Instrument: Institutional Version

HTML: <http://aspe.hhs.gov/daltcp/instruments/1983/cbaiiv.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/1983/cbaiiv.pdf>

Eighteen Month Followup Instrument

HTML: <http://aspe.hhs.gov/daltcp/instruments/18mfi.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/18mfi.pdf>

Followup Instrument

HTML: <http://aspe.hhs.gov/daltcp/instruments/FollInst.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/FollInst.pdf>

Informal Caregiver Followup Instrument

HTML: <http://aspe.hhs.gov/daltcp/instruments/ICFollIns.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/ICFollIns.pdf>

Informal Caregiver Survey Baseline

HTML: <http://aspe.hhs.gov/daltcp/instruments/ICSurvey.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/ICSurvey.pdf>

Screening Identification Sheet

HTML: <http://aspe.hhs.gov/daltcp/instruments/1982/ScrIDSh.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/1982/ScrIDSh.pdf>

Time Sheet

HTML: <http://aspe.hhs.gov/daltcp/instruments/TimeSh.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/TimeSh.pdf>

Twelve Month Followup Instrument

HTML: <http://aspe.hhs.gov/daltcp/instruments/12mfi.htm>

PDF: <http://aspe.hhs.gov/daltcp/instruments/12mfi.pdf>