

# **CLINICAL ASSESSMENT AND RESEARCH BASELINE INSTRUMENT: COMMUNITY VERSION**

Mathematica Policy Research, Inc.

January 11, 1982

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NATIONAL LONG TERM CARE  
DEMONSTRATION

CLINICAL ASSESSMENT  
AND RESEARCH  
BASELINE INSTRUMENT

COMMUNITY 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

Mathematica Policy Research  
January 11, 1982

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

SAMPLE MEMBER ID. NUMBER	
_ _ - _ _ _ _ _ - _ _	
SUBSAMPLE STATUS	YES NO
CAREGIVER . . . . .	01 02
PROVIDER . . . . .	01 02
VALIDATION . . . . .	01 02

COMPLETE INFORMED CONSENT FORMS

START TIME: |\_|\_|:|\_|\_| AM . . 01  
 PM . . 02

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 (A3)
NOT ANSWERED . . . . .	-1 (A3)

A2. **Were you** MARITAL STATUS FROM A1 within the past year?

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

A3. DOES SAMPLE MEMBER LIVE IN GROUP QUARTERS?

IF PROXY, ASK: Does SAMPLE MEMBER live in a group home, like a boarding home, or a LOCAL TERMS FOR HOMES PROVIDING SUPPORTIVE SERVICES AND PERSONAL CARE?

YES . . . . .	01 (A8)
NO . . . . .	02
NOT ANSWERED . . . . .	-1

A4. **Do you** live alone?

YES, ALONE . . . . .	01 (A8)
NO, WITH OTHERS . . . . .	02
NOT ANSWERED . . . . .	-1

NAMES OF HOUSEHOLD MEMBERS

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_
- j. \_\_\_\_\_

COMMENTS ABOUT HOUSEHOLD COMPOSITION

2a

A5. Please tell me the names of everyone who usually lives with **you**.  
 RECORD NAMES ON FACING PAGE. COUNT HOUSEHOLD MEMBERS OF USUAL HOME.

A6. How old is NAME? A7. How is NAME related to **you**?

	<u>Spouse</u>	<u>Child</u>	<u>Grand-child</u>	<u>Sibling</u>	<u>Parent</u>	<u>Other Relative</u>	<u>Non-Relative</u>	<u>NA</u>
a.  __ __	01	02	03	04	05	06	07	-1
b.  __ __	01	02	03	04	05	06	07	-1
c.  __ __	01	02	03	04	05	06	07	-1
d.  __ __	01	02	03	04	05	06	07	-1
e.  __ __	01	02	03	04	05	06	07	-1
f.  __ __	01	02	03	04	05	06	07	-1
g.  __ __	01	02	03	04	05	06	07	-1
h.  __ __	01	02	03	04	05	06	07	-1
i.  __ __	01	02	03	04	05	06	07	-1
j.  __ __	01	02	03	04	05	06	07	-1

A8. **Do you** have any children (who do not live with **you**)?

INCLUDE ONLY LIVING CHILDREN. YES → How many? . . . . . |\_\_|\_\_|  
 NO . . . . . 00 (A10)  
 NOT ANSWERED. . . . . -1 (A10)

A9. (Do any of these children/Does this child) live within one-half hour travel time of **you**?

IF PLACE NAMES GIVEN, PROBE FOR TRAVEL TIME. YES → How many? . . . . . |\_\_|\_\_|  
 NO . . . . . 00  
 NOT ANSWERED. . . . . -1

A10. 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**?

RECORD NAME, ADDRESS, AND TELEPHONE NUMBER ON CONTACT SHEET IN QUESTION 15.

NOTES ON RACIAL/ETHNIC BACKGROUND

NOTES ON PROBLEMS WITH ENGLISH/LITERACY

3a

A11. CODE WITHOUT ASKING IF BIRTHDATE PRECODED ONTO CONTACT SHEET (QUESTION 6) FROM SCREEN.

What is **your** birthdate?

PROBE: How old **are you**?

|\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|  
MONTH DAY YEAR

NOT ANSWERED. . . . . -1

A12. What is the highest grade or year **you** finished in school?

NO SCHOOLING. . . . . 00

IF UNGRADED OR FOREIGN SCHOOL, PROBE: About what grade would that be equal to (in this country)?

ELEMENTARY (01-08). . |\_\_|\_\_|

HIGH SCHOOL (09-12) . |\_\_|\_\_|

COLLEGE GRADUATE (13-18+). . . . . |\_\_|\_\_|

NOT ANSWERED. . . . . -1

A13. ASK IF NOT OBVIOUS.

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

READ CATEGORIES IF NECESSARY.

HISPANIC. . . . . 04

WHITE, NOT OF HISPANIC ORIGIN . . . . . 05

NOT ANSWERED. . . . . -1

A14. CHECKPOINT A

DOES SAMPLE MEMBER SEEM VERY CONFUSED, DISORIENTED, ANXIOUS, OR EXHAUSTED?

YES . . . . . 01 → The rest of the questions I need to ask you will only take about ten minutes more. ASK SUBJECTIVE QUESTIONS B19, PAGE 9, AND SECTION G, PAGE 36.

NO . . . . . 02 → CONTINUE WITH B1.

PROXY RESPONDENT . . . . . -4 → CONTINUE WITH B1.

NOTES ON SOURCES OF MEDICAL CARE

4a

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. **Do you** have a regular source of medical care, like a family doctor or a clinic?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1



R3. 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 →

B4. Are you currently being treated for this condition?

	YES	NO	NA	YES	NO	NA
a. First, <b>do you</b> 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, for example, 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 <b>your</b> 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. <b>Do you</b> have any (other) health conditions or illnesses we haven't talked about? (SPECIFY)						
PROBE: Anything else?						
_____ . . . . .	01	02	-1	01	02	-1
_____						
_____						
_____						

B5. I would like some information about the medicines **you take** regularly now. Let's start with **your** prescriptions. (May I see them?)

AFTER PRESCRIPTIONS NOTED,  
Are there any other medicines **you keep** in a special place, for example in the refrigerator, or any special medicines like eyedrops, suppositories or injections?

AFTER ANY SPECIAL MEDICINES NOTED,  
Are there any non-prescription medicines **you take** regularly like vitamins, aspirin, or laxatives?

RECORD MEDICINES ON  
OPPOSITE PAGE

NUMBER OF MEDICINES | \_\_\_ | \_\_\_ |

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME.

Are you frequently in pain?

NOTES ON DIET AND NUTRITION

B6. DOES SAMPLE MEMBER HAVE ANY HEALTH CONDITIONS OR ILLNESSES IN B3?

YES . . . . . 01  
NO. . . . . 02 (P9)  
B3 NOT ANSWERED . . . . . 03 (P9)

B7. Thinking about the (health condition(s)/illness(es)) **you have** now, did (it/  
any of these) first become a problem within the past year?

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

B8. Did (it/any) become much worse?

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

B9. Often what you eat is important to your health. Could you please tell me  
what **you** ate yesterday?

CIRCLE ALL THAT APPLY

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

DID NOT EAT YESTERDAY . . . 05

DOES NOT EAT AT ALL (IV,  
TUBES) . . . . . 06

NOT ANSWERED . . . . . -1

B10. **Are you** on a special diet?

YES . . . . . 01  
NO. . . . . 02 (B12)  
NOT ANSWERED. . . . . -1 (B12)

B11. Did a doctor prescribe it?

INCLUDE DIETS "PRESCRIBED"  
BY DIETICIANS UNDER  
DOCTORS' ORDERS.

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

NOTES ON SPECIAL EQUIPMENT

7a

B12. CODE WITHOUT ASKING IF KNOWN.  
**Do you** smoke?

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

B13. Now, I'd like to talk about special equipment **you** may use.

CODE WITHOUT ASKING IF KNOWN.

**Do you** use any of the following special equipment or aids regularly now?

REGULARLY = ON A RECURRING BASIS, DURING THE  
 PAST WEEK.

	<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 leg brace? . . . . .	01	02	-1
f. A back brace? . . . . .	01	02	-1
g. A pacemaker (for <b>your</b> heart)? . . . . .	01	02	-1
h. A hearing aid? . . . . .	01	02	-1
i. Glasses or contact lenses? . . . . .	01	02	-1
j. Any other special equipment that I haven't mentioned? (SPECIFY)			
_____ . . . . .	01	02	-1
_____			
_____			

MEDICAL TREATMENTS AT HOME

NOTES ON HELP AND HELP NEEDED

NOTES ON VISION PROBLEMS (GLASSES, CATARACTS, GLAUCOMA, NIGHTVISION,  
AND SO ON)

NOTES ON HEARING PROBLEMS, BY OBSERVATION OR PROBE  
(HEARING AID, NEED FOR RAISED VOLUME, AND SO ON)

8a

B14. Do **you** regularly have any medical treatments at home like injections, therapies, oxygen or changing of bandages?

REGULARLY = ON A ROUTINE BASIS	YES . . . . .	01
OF AT LEAST ONCE A		
WEEK, AT THE PRESENT	NO. . . . .	02 (B16)
TIME.	NOT ANSWERED. . . . .	-1 (B16)

B15. Do you feel that **you are** getting enough help to carry out these treatments at home or **do you** need more help with them?

ENOUGH HELP/NO HELP NEEDED.	01
NEED MORE HELP. . . . .	02
NOT ANSWERED. . . . .	-1

B16. CODE WITHOUT ASKING IF KNOWN.  
(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: Could <b>you</b> read a <u>SM'S NATIVE LANGUAGE</u> newspaper?	YES . . . . .	01
	NO . . . . .	02
	NOT ANSWERED. . . . .	-1

B17. CAN THE SAMPLE MEMBER HEAR WELL ENOUGH TO UNDERSTAND NORMAL CONVERSATION (WITH A HEARING AID IF USUALLY WORN)?

ASK OF A PROXY RESPONDENT.	YES . . . . .	01
	NO . . . . .	02
	NOT ANSWERED. . . . .	-1

B18. IS THE RESPONDENT A SAMPLE MEMBER OR A PROXY?

SAMPLE MEMBER . . . . .	01
PROXY . . . . .	02 (C1)

NOTES ON COGNITIVE FUNCTIONING

9a

DO NOT ASK OF A PROXY RESPONDENT.

B19. 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
<hr style="width: 20%; margin-left: 0;"/>		
b. What day of the week is it? . . . . .	01	02
<hr style="width: 20%; margin-left: 0;"/>		
c. What is the name of this place? . . . . .	01	02
PROBE: This neighborhood? This apartment (house/project)?		
<hr style="width: 20%; margin-left: 0;"/>		
HOME, PLACE NAME ARE TYPICAL OF CORRECT RESPONSES.		
d. What is your telephone number? IF SAMPLE MEMBER DOES NOT HAVE A PHONE, What is your street address? . . . . .	01	02
<hr style="width: 20%; margin-left: 0;"/>		
e. How old are you? . . . . .	01	02
<hr style="width: 20%; margin-left: 0;"/>		
f. When were you born? . . . . .	01	02
MO:            DAY:            YR:		
CHECK CONTACT SHEET QUESTION 6. IF NOT ON CONTACT SHEET, CHECK A11.		
g. What is the name of the President of the United States? . . . . .	01	02
<hr style="width: 20%; margin-left: 0;"/>		
h. Who was President before this one? . .	01	02
<hr style="width: 20%; margin-left: 0;"/>		
i. What was your mother's maiden name? .	01	02
<hr style="width: 20%; margin-left: 0;"/>		
ACCEPT ANY SURNAME OTHER THAN SM'S.		
j. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. . . . .	01	02
PROBE: Can you subtract 3 from that?		
<hr style="width: 20%; margin-left: 0;"/>		
17, 14, 11, 8, 5, 2		

Thank you. That's all of those questions.

|\_|\_| NUMBER CORRECT

B20. DID YOU USE CHECKPOINT A TO SKIP TO R19 (SEE A14)?

YES . . . . . 01 → CONTINUE WITH G1, PAGE 36.

NO . . . . . 02

B21. CHECKPOINT B

DOES SAMPLE MEMBER SEEM VERY CONFUSED, DISORIENTED, ANXIOUS, OR EXHAUSTED?

YES . . . . . 01 → The rest of the questions I need to ask you will take only about ten minutes more. ASK SECTION G, PAGE 36.

NO . . . . . 02 → CONTINUE WITH C1.

REASON(S) FOR HOSPITALIZATION(S)

11a

C. MEDICAL CARE UTILIZATION

C1. The next questions are about **your** use of medical services.

Since DATE 6 MONTHS AGO , how many times **were you** admitted to any kind of hospital?

	ADMISSIONS. . . . .	__ __
TRANSFER BETWEEN HOSPITALS =	NONE . . . . .	00 (C5)
MULTIPLE ADMISSIONS.	NOT ANSWERED. . . . .	-1 (C5)

C2. (Starting with the most recent time,) could you please tell me which hospital(s) **you were** in since DATE 6 MONTHS AGO .

PROBE: Any others, since DATE 6 MONTHS AGO ?

a. MOST RECENT STAY _____	__ __ __
	NOT ANSWERED . . . . . -1
b. NEXT MOST RECENT _____	__ __ __
	NOT ANSWERED . . . . . -1
c. NEXT MOST RECENT _____	__ __ __
	NOT ANSWERED . . . . . -1
d. NEXT MOST RECENT _____	__ __ __
	NOT ANSWERED . . . . . -1
e. NEXT MOST RECENT _____	__ __ __
	NOT ANSWERED . . . . . -1

C3. **Were you** in the hospital since DATE 2 MONTHS AGO ?

PROBE: Did <b>you</b> stay overnight?	YES . . . . .	01
	NO . . . . .	02 (C5)
	NOT ANSWERED. . . . .	-1 (C5)

C4. Altogether, how many days **were you** in the hospital since DATE 2 MONTHS AGO ?

PROBE: Counting <u>all</u> hospital stays since <u>DATE 2 MONTHS AGO</u> ?	HOSPITAL DAYS . . . . .	__ __
	NOT ANSWERED. . . . .	-1

IF "A WEEK," PROBE FOR FULL WEEK OF 7 DAYS.

REASON(S) FOR NURSING HOME STAY(S)

12a

C5. Since DATE 6 MONTHS AGO , **were you** a resident in a nursing home, convalescent home or similar place?

YES . . . . . 01

NO . . . . . 02 (C10)

NOT ANSWERED. . . . . -1 (C10)

C6. Did **you** have any other admissions to a nursing home since DATE 6 MONTHS AGO ?

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

C7. Could you please tell me which nursing home(s) **you were** in since DATE 6 MONTHS AGO?

PROBE: Any other times, since DATE 6 MONTHS AGO?

a. MOST RECENT STAY \_\_\_\_\_ | | | |

NOT ANSWERED . . . . . -1

b. NEXT MOST RECENT \_\_\_\_\_ | | | |

NOT ANSWERED . . . . . -1

c. NEXT MOST RECENT \_\_\_\_\_ | | | |

NOT ANSWERED . . . . . -1

C8. **Were you** in a nursing home since DATE 2 MONTHS AGO ?

PROBE: **Were you** a resident in a nursing home?

YES . . . . . 01

NO . . . . . 02 (C10)

NOT ANSWERED. . . . . -1 (C10)

C9. Altogether, how many days **were you** in a nursing home since DATE 2 MONTHS AGO ?

NURSING HOME DAYS . . | | | |

NOT ANSWERED. . . . . -1

C10. The next question is about doctors **you** may have seen since DATE 2 MONTHS AGO (outside of the (hospital/nursing home) stay(s) you just told me about).

Since DATE 2 MONTHS AGO , how many times **have you** seen a medical doctor in an office, clinic, or at home? Please include hospital outpatient clinics and emergency rooms.

IF MENTIONS NUMBER OF VISITS TO CLINIC, PROBE: On how many of those visits did **you** see a doctor?

DOCTOR VISITS . . . . . |\_\_|\_\_|  
NONE. . . . . 00  
NOT ANSWERED. . . . . -1

C11. Since DATE 2 MONTHS AGO , how many days did **you** stay in bed most or all of the day (either at home or in the (hospital/nursing home))?

DAYS . . . . . |\_\_|\_\_|  
NONE. . . . . 00  
NOT ANSWERED. . . . . -1

EATING

NOTES ON HELP AND HELP NEEDED

14a

D. PHYSICAL ACTIVITIES OF DAILY LIVING

EATING

D1. 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?

DO NOT INCLUDE HELP WITH CUTTING MEAT OR BUTTERING BREAD.	YES, USUALLY HELPED . . . .	01
USUALLY = HALF THE TIME OR MORE DURING THE PAST WEEK.	NO, NOT USUALLY HELPED. . . .	02 (D3)
	IV, TUBES . . . . .	03 (D4)
	NOT ANSWERED. . . . .	-1 (D3)

D2. Did someone usually feed **you**?

PROBE: For most of the meal?

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

D3. Do you feel that **you need** (help/more help) with eating?

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

BED AND CHAIR TRANSFER

D4. 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, CODE "YES".	YES, USUALLY HELPED . . . .	01
USUALLY = HALF THE TIME OR MORE DURING THE PAST WEEK.	NO, NOT USUALLY HELPED. . . .	02 (D6)
	DID NOT GET OUT OF BED AT ALL . . . . .	03 (D7)
	NOT ANSWERED. . . . .	-1 (D6)

BED AND CHAIR TRANSFER

NOTES ON HELP AND HELP NEEDED

D5. Did someone usually lift **you** out of bed or a chair?

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

D6. During the past week, did **you** usually use special equipment, like a lift, to help **you** get out of bed or a chair?

DO NOT INCLUDE USING A CANE, WALKER, OR ORDINARY FURNITURE, IN TRANSFER.

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

D7. Do you feel that **you need** (help/more help) with getting out of bed or a chair?

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

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

DRESSING

D8. 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?

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

GOT DRESSED . . . . . 01

STAYED IN NIGHT CLOTHES . . 02

DID NOT CHANGE CLOTHES AT ALL . . . . . 03 (D11)

NOT ANSWERED. . . . . -1 (D11)

D9. Did someone usually help(**you** dress/change **your** night clothes) or stay in the room in case **you** needed help?

DO NOT INCLUDE HELP IN TYING SHOES OR GROOMING.

YES, USUALLY HELPED . . . . 01

NO, NOT USUALLY HELPED. . . 02 (D11)

NOT ANSWERED. . . . . -1 (D11)

DRESSING

NOTES ON HELP AND HELP NEEDED

16a

D10. Did someone usually (dress **you**/change **your** night clothes for **you**)?

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

D11. Do you feel that **you need** (help/more help) with (getting dressed/changing **your** night clothes)?

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

BATHING

D12. 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, IN TUB OR SHOWER . . . . . 01

PROBE: Which did **you** usually use for a full bath? IN SINK OR BASIN. . . . . 02 (D14)

USUALLY = HALF THE TIME OR MORE BEDBATHS/DID NOT HAVE FULL BATH . . . . . 03 (D17)

DURING THE PAST WEEK. NOT ANSWERED. . . . . -1 (D14)

D13. 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

D14. 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 (D16)

NOT ANSWERED. . . . . -1 (D16)

BATHING

NOTES ON HELP AND HELP NEEDED

TOILETING/CONTINENCE

DETAILS ON TOILETING

- D15. Did someone help **you** wash more than your back or feet?  
 EXCLUDE HELP WITH SHAMPOOING HAIR.
- YES . . . . . 01  
 NO . . . . . 02  
 NOT ANSWERED. . . . . -1
- D16. Did **you** usually use special equipment to help **you** bathe, like (a tub stool or grab bar/handle bars at the sink)?
- YES . . . . . 01  
 NO . . . . . 02  
 NOT ANSWERED. . . . . -1
- D17. Do you feel that **you need** (help/more help) with bathing?
- IF NO, PROBE: What about special equipment, **do you** need that?
- YES . . . . . 01  
 NO . . . . . 02  
 NOT ANSWERED. . . . . -1

TOILETING

- D18. 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 or bladder functions?
- IF NO, PROBE: What did **you** usually use?
- USUALLY = HALF THE TIME OR MORE DURING THE PAST WEEK.
- YES, TOILET FOR AT LEAST ONE FUNCTION. . . . 01  
 NO (BEDPAN, BEDSIDE COMMODE, CATHETER, COLOSTOMY) . . . . . 02 (D21)  
 NOT ANSWERED. . . . . -1 (D21)
- D19. 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
- D20. During the past week, did **you** usually use special equipment like a grab bar or raised toilet seat to help **you** use the toilet?
- YES . . . . . 01  
 NO . . . . . 02  
 NOT ANSWERED. . . . . -1

TOILETING/CONTINENCE

NOTES ON HELP AND HELP NEEDED

D21. CODE WITHOUT ASKING IF KNOWN.  
**Do you** use a device such as a catheter bag or colostomy bag?

YES . . . . . 01  
 NO . . . . . 02 (D23)  
 NOT ANSWERED. . . . . -1 (D23)

D22. **Do you** change (this/your DEVICE) by **yourself**?

SELF CARE . . . . . 01  
 HELP WITH CARE. . . . . 02  
 NOT ANSWERED. . . . . -1

D23. During the past week, did **you** accidentally wet or soil **yourself**, either day or night?

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

D24. Do you feel that **you need** (help/more help) with (using the toilet/ caring for **your** bladder and bowel functions)?

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

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

D25. CHECKPOINT D

DOES SAMPLE MEMBER SEEM VERY CONFUSED, DISORIENTED, ANXIOUS, OR EXHAUSTED?

YES . . . . . 01 → The rest of the questions I need to ask you will take only about ten minutes more. ASK SECTION G, PAGE 36.

NO . . . . . 02 → CONTINUE WITH E1.

PROXY RESPONDENT. . . . . -4 → CONTINUE WITH E1.

BEDBOUND/HOUSEHOLD ACTIVITIES

NOTES ON HELP NEEDED

E. INSTRUMENTAL ACTIVITIES OF DAILY LIVING

BEDBOUND/HOUSEHOLD ACTIVITIES

E1. IS SM BEDBOUND (DOES NOT GET OUT OF BED OR ONLY IF LIFTED)? (SEE D4 AND D5.)  
 YES . . . . . 01  
 NO . . . . . 02 (E4)  
 D4 OR D5 NOT ANSWERED . . . 03 (E4)

E2. For how long **have you** been unable to get out of bed -- has it been more than one month?  
 YES, MORE THAN ONE MONTH. . 01  
 NO, ONE MONTH OR LESS . . . 02 (E4)  
 NOT ANSWERED. . . . . -1 (E4)

E3. The next questions are about things that are usually done in a household.  
 Do you feel that **you need** more help with --

PROBE: In addition to help <b>you are</b> getting now,		<u>YES</u>	<u>NO</u>	<u>NA</u>
a. getting groceries? . . . . .		01	02	-1
b. work around the house, like washing dishes or cleaning floors? . .		01	02	-1
c. preparing meals? . . . . .		01	02	-1
d. getting around inside? . . . . .		01	02	-1
e. transportation (PROBE: For going to the doctor)? . . . . .		01	02	-1

\*\*\* SKIP TO E11. \*\*\*

MEAL PREPARATION

E4. These next questions are about things done in a household, such as cleaning and cooking.

**Do you** usually prepare **your** own meals by **yourself**?

USUALLY = HALF THE TIME OR MORE DURING THE PAST MONTH.  
 YES, USUALLY BY SELF. . . . 01 (E9)  
 NO, USUALLY HAS HELP/  
 NO MEALS PREPARED . . . . 02  
 NOT ANSWERED. . . . . -1 (E6)

MEAL PREPARATION

NOTES ON HELP AND HELPERS

NOTES ON HELP NEEDED

20a

- E5. What is the reason **you** (**get** help preparing/**don't** prepare) meals?
- PHYSICAL, COGNITIVE  
OR EMOTIONAL IMPAIRMENT . 01  
DON'T KNOW HOW. . . . . 02  
SITUATIONAL/PERSONAL  
PREFERENCE/OTHER. . . . . 03 (E7)  
NOT ANSWERED. . . . . -1
- E6. **Are you** able to prepare light meals, such as a sandwich, by **yourself** ?
- CAN PREPARE LIGHT MEALS . . 01 (E10)  
CANNOT. . . . . 02 (E10)  
NOT ANSWERED. . . . . -1 (E10)
- E7. (If that were not the case,) 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/ YES . . . . . 01 (E10)  
If **you** had a kitchen/  
If **you** wanted to, NO . . . . . 02  
NOT ANSWERED. . . . . -1
- E8. Could **you** prepare light meals, such as a sandwich, by **yourself** ?
- YES . . . . . 01 (E10)  
NO . . . . . 02 (E10)  
NOT ANSWERED. . . . . -1 (E10)
- E9. Is that full meals, like meat and a vegetable, or light meals, like a sandwich?
- LIGHT MEALS ONLY. . . . . 01  
PROBE: Or both? FULL MEALS ONLY . . . . . 02  
BOTH . . . . . 03  
NOT ANSWERED. . . . . -1
- E10. Do you feel that **you need** (help/more help) with meal preparation?
- YES . . . . . 01  
NO . . . . . 02  
NOT ANSWERED. . . . . -1

E11. Do members of **your** family or friends (who do not live with **you**) regularly prepare meals for **you** and bring them to **your** home?

REGULARLY = ON A ROUTINE BASIS, AT THE PRESENT TIME, WITH AT LEAST FOUR MEALS DELIVERED A MONTH.	YES . . . . .	01
	NO . . . . .	02
	NOT ANSWERED. . . . .	-1

E12. **Do you** regularly get meals delivered to **your** home now by an agency or organization like (Meals on Wheels/LOCAL NAME)?

REGULARLY = ON A ROUTINE BASIS, AT THE PRESENT TIME, WITH AT LEAST FOUR MEALS DELIVERED A MONTH.	YES . . . . .	01
	NO . . . . .	02 (E15)
	NOT ANSWERED. . . . .	-1 (E15)

E13. What agency or organization is that?

\_\_\_\_\_ | | | |

NOT ANSWERED. . . . . -1

IF MORE THAN ONE, CODE ONE USED MOST FREQUENTLY

E14. How many meals a week are delivered to **your** home by this agency or organization?

IF "DAILY," PROBE FOR A FULL WEEK OF 7 DAYS.	MEALS A WEEK . . . .  __ __
	NOT ANSWERED. . . . . -1

E15. HAS SM BEEN BEDBOUND FOR MORE THAN ONE MONTH (SEE QUESTIONS E1 AND E2)?

YES . . . . .	01 (E30)
NO . . . . .	02
E2 NOT ANSWERED . . . . .	03

E16. **Do you** regularly eat meals now in a senior center or some other place with a special meal program?

REGULARLY = ON A ROUTINE BASIS OF AT LEAST ONE MEAL PER WEEK AT THE PRESENT TIME.	YES . . . . .	01
	NO . . . . .	02
	NOT ANSWERED. . . . .	-1

HOUSEKEEPING

NOTES ON HELP AND HELPERS

HOUSEKEEPING

E17. **Do you** usually do the work around the house, like washing dishes and cleaning floors, by **yourself**?

- |   |   |
|---|---|
| USUALLY = HALF THE TIME OR MORE<br>DURING THE PAST MONTH. | YES, USUALLY BY SELF. . . . 01 (E22)          |
|   | NO, USUALLY HAS HELP. . . . 02                |
|   | NO WORK DONE AROUND THE<br>HOUSE . . . . . 03 |
|   | NOT ANSWERED. . . . . -1 (E19)                |

E18. What is the reason **you** (**get** help with/**don't** do) work around the house?

- |  |  |
|--|--|
| PHYSICAL, COGNITIVE OR<br>EMOTIONAL IMPAIRMENT . . . 01    |  |
| DON'T KNOW HOW. . . . . 02                                 |  |
| SITUATIONAL/PERSONAL<br>PREFERENCE/OTHER. . . . . 03 (E20) |  |
| NOT ANSWERED. . . . . -1                                   |  |

E19. **Are you** able to do light work around the house, such as washing dishes, by **yourself**?

- |                                       |
|---------------------------------------|
| CAN DO LIGHT HOUSEWORK . . . 01 (E23) |
| NOT AT ALL. . . . . 02 (E23)          |
| NOT ANSWERED. . . . . -1 (E23)        |

E20. (If that were not the case,) could **you** do heavy work around the house, such as cleaning floors, by **yourself**?

- |   |                          |
|---|--------------------------|
| PROBE: If someone else didn't<br>do it/             | YES . . . . . 01 (E23)   |
| If the rules permitted/<br>If <b>you</b> wanted to, | NO . . . . . 02          |
|   | NOT ANSWERED. . . . . -1 |

HOUSEKEEPING

NOTES ON HELP NEEDED

NOTES ON LAUNDRY

SHOPPING

NOTES ON HELP AND HELPERS

E21. Could **you** do light work, such as washing dishes, by **yourself**?

YES . . . . . 01 (E23)

NO . . . . . 02 (E23)

NOT ANSWERED. . . . . -1 (E23)

E22. Is that heavy work, like cleaning floors or light work, like washing dishes?

PROBE: Or both?

LIGHT WORK ONLY . . . . . 01

HEAVY WORK ONLY . . . . . 02

BOTH . . . . . 03

NOT ANSWERED. . . . . -1

E23. Do you feel that **you need** (help/more help) with work around the house?

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

SHOPPING

E24. **Do you** usually shop for most of **your** groceries by **yourself**?

PROBE: Or does someone help by going with **you** or doing it for **you**?

CODE TELEPHONE SHOPPING AS "HAS HELP."

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

YES, USUALLY BY SELF. . . . 01 (E29)

NO, USUALLY HAS HELP. . . . 02

NOT ANSWERED. . . . . -1 (E26)

E25. What is the reason **you get** help with grocery shopping?

PHYSICAL, COGNITIVE OR EMOTIONAL IMPAIRMENT . . . 01

SITUATIONAL/PERSONAL PREFERENCE/OTHER. . . . 02 (E27)

NOT ANSWERED. . . . . -1

SHOPPING

NOTES ON HELP NEEDED

24a

- E26. **Are you** able to go grocery shopping if someone goes with **you** to help **you** manage?
- PROBE: If **you** had transportation, YES, CAN WITH HELP. . . . . 01 (E29)
- NO, CANNOT GO AT ALL. . . . . 02 (E29)
- NOT ANSWERED. . . . . -1 (E29)
- E27. (If that were not the case,) could **you** go grocery shopping by **yourself**?
- PROBE: If **you** had transportation/ YES . . . . . 01 (E29)  
 If someone else didn't  
 do it, NO . . . . . 02
- NOT ANSWERED. . . . . -1
- E28. Could **you** go grocery shopping if someone went with **you** to help **you** manage?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- E29. Do you feel **you need** (help/more help) with grocery shopping?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- E30. Do members of **your** family or friends regularly buy groceries for **you** with their money?
- REGULARLY = ON A ROUTINE BASIS YES . . . . . 01  
 AT THE PRESENT TIME,  
 WITH AT LEAST \$10 NO . . . . . 02  
 WORTH OF GROCERIES  
 A MONTH. NOT ANSWERED. . . . . -1

TAKING MEDICINE

NOTES ON HELP AND HELPERS

25a

TAKING MEDICINE

E31. The next questions are about taking medicine.

Does someone usually help **you** to take the correct amounts of medicine at the proper time?

- PROBE: When **you take** medicine, YES, USUALLY HAS HELP . . . 01
- USUALLY = HALF THE TIME OR MORE WHEN MEDICINE TAKEN DURING THE PAST MONTH. NO, USUALLY BY SELF . . . . 02 (E36)
- NOT ANSWERED. . . . . -1 (E33)

E32. What is the reason **you get** help with taking medicine?

- PHYSICAL, COGNITIVE OR EMOTIONAL IMPAIRMENT. . . 01
- SITUATIONAL/PERSONAL PREFERENCE/OTHER. . . . 02 (E34)
- NOT ANSWERED. . . . . -1

E33. If someone measures out the amount of medicine beforehand and reminds **you** to take it, **are you able** to do the rest by **yourself**?

- IF NEEDS REMJNDER AND/OR PREMEASURED AMOUNT, BUT CAN DO REST, CODE "YES." YES . . . . . 01 (E36)
- NO . . . . . 02 (E36)
- NOT ANSWERED. . . . . -1 (E36)

E34. (If that were not the case,) could **you** take the correct amounts at the proper time without any help from another person?

- PROBE: If the rules permitted it/ If someone else didn't do it/ If **you** wanted to, YES . . . . . 01 (E36)
- NO . . . . . 02
- NOT ANSWERED. . . . . -1

E35. If someone measured out the amount of medicine beforehand and reminded **you** to take it, could **you** do the rest by **yourself**?

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

MEDICINES

NOTES ON HELP NEEDED

E36. Do you feel **you need** (help/more help) when **you take** medicine?

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

E37. HAS SM BEEN BEDBOUND FOR MORE THAN ONE MONTH (SEE QUESTION E15)?

YES . . . . . 01 (E51)

NO . . . . . 02

E15 NOT ANSWERED. . . . . 03

INDOOR MOBILITY

E38. The next questions are about getting around indoors, (inside **this** house/apartment/on **this** floor).

How **do you** usually get around inside? CIRCLE ONE

IF WALKS, PROBE: <b>Do you</b> use a cane, walker, or crutches?	WALKS, NO EQUIPMENT . . . . . 01
	WALKS, CANE . . . . . 02
	WALKS, WALKER . . . . . 03
	WALKS, CRUTCHES . . . . . 04
	WALKS, COMBINATION/ OTHER AIDS . . . . . 05
	WHEELCHAIR. . . . . 06
	NOT AT ALL. . . . . 07 (E41)
	NOT ANSWERED. . . . . -1

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

INDOOR MOBILITY

NOTES ON HELP, HELPERS AND ARCHITECTURAL BARRIERS

NOTES ON HELP NEEDED

E39. Does someone usually help **you** get around inside or stay near **you** in case **you need** help?

YES, USUALLY HAS HELP . . . 01

NO, USUALLY BY SELF . . . . 02

NOT ANSWERED. . . . . -1

  

E40. IF IN WHEELCHAIR, CODE WITHOUT ASKING.  
How difficult is it for **you** to climb one flight of stairs--is it

PROBE: If there were stairs here, how difficult would it be for you to climb them?

not difficult,. . . . . 01

somewhat difficult, . . . . 02

very difficult, or. . . . . 03

can't **you** do it at all? . . 04

IN WHEELCHAIR . . . . . 05

NOT ANSWERED. . . . . -1

  

E41. Do you feel that **you need** (help/more help) with getting around inside?

YES . . . . . 01

NO . . . . . 02

NOT ANSWERED. . . . . -1

OUTDOOR MOBILITY

COMMENTS ON CLIENT'S PHYSICAL STAMINA

TRAVEL/TRANSPORTATION

NOTES ON HELP AND HELPERS

OUTDOOR MOBILITY

E42. What about outdoors? How **do you** usually get around when **you go** outdoors?

CIRCLE ONE

- |  |  |
|--|--|
| PROBE: <b>Do you</b> walk or use a wheelchair?                             | WALKS, NO EQUIPMENT . . . . . 01               |
| IF WALKS, PROBE: <b>Do you</b> use a cane, walker, or crutches?            | WALKS, CANE . . . . . 02                       |
| USUALLY = HALF THE TIME OR MORE WHEN OUTDOORS OVER THE PAST <u>MONTH</u> . | WALKS, WALKER . . . . . 03                     |
|  | WALKS, CRUTCHES . . . . . 04                   |
|  | WALKS, COMBINATION/<br>OTHER AIDS . . . . . 05 |
|  | WHEELCHAIR . . . . . 06                        |
|  | DOES NOT GO OUTDOORS AT ALL . . . . . 07 (E44) |
|  | NOT ANSWERED. . . . . -1                       |

E43. Does someone usually help **you** get around outdoors or stay near **you** in case **you need** help?

- |                                    |
|------------------------------------|
| YES, USUALLY HAS HELP . . . . . 01 |
| NO, USUALLY BY SELF . . . . . 02   |
| NOT ANSWERED. . . . . -1           |

TRAVEL/TRANSPORTATION

E44. What kind of transportation **do you** usually use?

- |   |  |
|---|--|
| PROBE: What about going to the doctor?                              | BUS/SUBWAY. . . . . 01                   |
| USUALLY = HALF THE TIME OR MORE WHEN TRAVELING OVER THE PAST MONTH. | CAR/VAN/TAXI. . . . . 02                 |
|   | AMBULANCE ONLY. . . . . 03 (E50)         |
|   | DOES NOT TRAVEL AT ALL. . . . . 04 (E50) |
|   | NOT ANSWERED. . . . . -1                 |

E45. Can you travel in a car, van, or taxi by **yourself**?

- |   |                          |
|---|--------------------------|
| IF CAR: Can <b>you</b> drive <b>yourself</b> ?                | YES . . . . . 01 (E47)   |
| CODE NO IF NEEDS HELP IN TRANSFER FROM DRIVER OF VAN OR TAXI. | NO . . . . . 02          |
|   | NOT ANSWERED. . . . . -1 |

E46. Can you travel in a car, van, or taxi if someone goes with **you** to help **you** manage?

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

TRAVEL/TRANSPORTATION

NOTES ON HELP NEEDED

MONEY MANAGEMENT

NOTES ON HELP AND HELPERS

E47. Do you regularly have help with transportation from an agency or organization, like LOCAL NAME ?

REGULARLY = ON A RECURRING BASIS OF AT LEAST ONE TRIP A MONTH AT THE PRESENT TIME. YES . . . . . 01 NO . . . . . 02 (E50) NOT ANSWERED. . . . . -1 (E50)

E48. What agency or organization is that?

\_\_\_\_\_

NOT ANSWERED. . . . . -1

IF MORE THAN ONE, CODE ONE USED MOST FREQUENTLY

E49. Since DATE 2 MONTHS AGO , how many trips have you received from (that agency/NAME OF AGENCY IN E48)?

ROUND TRIP = 1 TRIP. TRIPS . . . . . |\_\_|\_\_| NOT ANSWERED. . . . . -1

E50. Do you feel that you need (help/more help) with transportation?

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

MONEY MANAGEMENT

E51. The next questions are about managing your money, regardless of how much or little you have.

Do you usually write checks or pay bills by yourself?

USUALLY = HALF THE TIME OR MORE DURING THE PAST MONTH. YES, USUALLY BY SELF. . . . 01 (E57) NO, USUALLY HAS HELP. . . . 02 NO, HAS NO BILLS. . . . . 03 NOT ANSWERED. . . . . -1 (E54)

E52. Do you have a legal guardian, conservator, or payee?

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

MONEY MANAGEMENT

NOTES ON HELP NEEDED

30a

- E53. What is the reason **you** (**get** help/**don't** have bills)?
- CAN'T GET OUT . . . . . 01 (E55)
- OTHER PHYSICAL IMPAIRMENT/  
COGNITIVE OR EMOTIONAL  
IMPAIRMENT. . . . . 02
- SITUATIONAL/PERSONAL  
PREFERENCE/OTHER. . . . . 03 (E55)
- NOT ANSWERED. . . . . -1
- E54. **Are you** able to take care of money for day-to-day purchases by **your-**  
**self**?
- YES . . . . . 01 (E57)
- NO . . . . . 02 (E57)
- NOT ANSWERED. . . . . -1 (E57)
- E55. (If that were not the case,) could **you** write checks or pay bills by **yourself**?
- PROBE: If someone else didn't do it/
- YES . . . . . 01 (E57)
- If **you** could get out/
- NO . . . . . 02
- If **you** had bills.
- NOT ANSWERED. . . . . -1
- E56. Could **you** take care of money for day-to-day purchases by **yourself**?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- E57. Do you feel that **you need** (help/more help) with managing **your** money?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- E58. Do members of **your** family or friends regularly pay bills for **you** with their money?
- YES . . . . . 01
- REGULARLY = ON A ROUTINE BASIS AT  
THE PRESENT TIME, WITH  
AT LEAST \$10 WORTH  
OF BILLS A MONTH.
- NO . . . . . 02
- NOT ANSWERED. . . . . -1

TELEPHONE

NOTES ON VOLUNTEER CALLING/EMERGENCY RESPONSE SYSTEMS

31a

TELEPHONE

E59. The next questions are about using the telephone.

Can **you** use a regular telephone or **do you** need a phone with special equipment such as an amplifier or enlarged dial?

REGULAR . . . . . 01  
 NEEDS SPECIAL EQUIPMENT . . 02  
 DOES NOT USE TELEPHONE  
 AT ALL. . . . . 03 (E62)  
 NOT ANSWERED. . . . . -1

E60. (Using this special telephone,) can **you** get telephone numbers and place the calls by **yourself**?

PROBE: Can **you** do both? ONE ONLY . . . . . 01  
 BOTH . . . . . 02 (E62)  
 NEITHER . . . . . 03  
 NOT ANSWERED. . . . . -1

E61. (Using this special telephone,) can **you** answer the telephone and call the operator by **yourself**?

PROBE: Can **you** do both? ANSWER ONLY . . . . . 01  
 CALL OPERATOR ONLY. . . . . 02  
 BOTH . . . . . 03  
 NEITHER . . . . . 04  
 NOT ANSWERED. . . . . -1

E62. DOES SM LIVE ALONE (SEE A3 AND A4)?

THOSE IN GROUP QUARTERS DO  
NOT LIVE ALONE. YES . . . . . 01 (F7)  
 NO . . . . . 02  
 A3 OR A4 NOT ANSWERED . . . 03

RELATIONSHIP CODES:

SPOUSE . . . . .	01	LIVE-IN STAFF . . . . .	05
CHILD . . . . .	02	OTHER NON-RELATIVE . . .	06
SIBLING. . . . .	03		
OTHER RELATIVE . . .	04		

NOTES ON HOUSEHOLD CAREGIVERS

F. SERVICES AND SUPPORT

HOUSEHOLD SUPPORT SYSTEM

F1. Now I have some more questions about the people who help **you**.

First, please tell me who lives with **you** who regularly helps **you** to take care of **yourself** or who does things around the house.

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME WITH HELP RECEIVED AT LEAST ONCE A MONTH.

IF MORE THAN 3 NAMED: I have some questions about the 3 of these who help **you** the most. Who are they?

RECORD FIRST NAME OR RELATIONSHIP ONLY ON GRID.

	NAME 1 _____	NAME 2 _____	NAME 3 _____
ASK F2-F6 FOR EACH HOUSEHOLD CAREGIVER	NO HOUSEHOLD CARE-GIVERS . . . . . -4 (F7)		
F2. How is NAME related to <b>you</b> ? SEE CODES ON 32a.	RELATIONSHIP. . _ _ _  NOT ANSWERED. . . . . -1	RELATIONSHIP. . _ _ _  NOT ANSWERED. . . . . -1	RELATIONSHIP. . _ _ _  NOT ANSWERED. . . . . -1
F3. When is NAME generally at home to help <b>you</b> if <b>you</b> 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
F4. Is NAME employed?	YES . . . . . 01 NO . . . . . 02 NOT ANSWERED . . . . . -1	YES . . . . . 01 NO . . . . . 02 NOT ANSWERED . . . . . -1	YES . . . . . 01 NO . . . . . 02 NOT ANSWERED . . . . . -1
F5. What does NAME regularly help <b>you</b> with? PROBE: Anything else? CIRCLE ALL THAT APPLY. IF NO MENTION OF PERSONAL CARE, PROBE: Does NAME help <b>you</b> 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
F6. WAS ANOTHER HOUSEHOLD CARE-GIVER NAMED?	YES . (REPEAT F2-F6). 01 NO . (GO TO F7). . . 02	YES . (REPEAT F2-F6). 01 NO . (GO TO F7). . . 02	GO TO F7

RELATIONSHIP CODES:

SPOUSE . . . . . 01  
CHILD . . . . . 02  
SIBLING. . . . . 03  
OTHER RELATIVE . . . 04  
CODES 05 AND 06 ARE  
NOT APPLICABLE  
FRIEND . . . . . 07  
NEIGHBOR . . . . . 08

DECIMAL FRACTIONS OF AN HOUR:

10 MINUTES = 00.2 HOURS  
15 MINUTES = 00.2 HOURS  
20 MINUTES = 00.3 HOURS  
30 MINUTES = 00.5 HOURS  
45 MINUTES = 00.8 HOURS

NOTES ON INFORMAL CAREGIVERS

INFORMAL SUPPORT SYSTEM

F7. Next, please tell me the names of friends, neighbors or family members (who do not live with **you**) who regularly help **you**. Please do not include people who help **you** as part of their paid or volunteer work.

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME WITH HELP RECEIVED AT LEAST ONCE A MONTH.

IF MORE THAN 3 NAMED: I have some questions about the 3 of these who help **you** the most. Who are they?

RECORD FIRST NAME OR RELATIONSHIP ONLY ON GRID.

	NAME 1 _____	NAME 2 _____	NAME 3 _____
ASK F8-F13 FOR EACH INFORMAL CAREGIVER	NO INFORMAL CAREGIVERS . . . . . -4 (F14)		
F8. How is NAME related to <b>you</b> ?	RELATIONSHIP. . _ _	RELATIONSHIP. . _ _	RELATIONSHIP. . _ _
SEE CODES ON 33a.	NOT ANSWERED. . . . . -1	NOT ANSWERED. . . . . -1	NOT ANSWERED. . . . . -1
F9. IF RELATIVE, Is NAME employed?	YES . . . . . 01	YES . . . . . 01	YES . . . . . 01
	NO . . . . . 02	NO . . . . . 02	NO . . . . . 02
	NOT RELATIVE . . . . -4	NOT RELATIVE . . . . -4	NOT RELATIVE . . . . -4
	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1
F10. About how often does NAME come to help <b>you</b> ?	_ _  VISITS	_ _  VISITS	_ _  VISITS
	PER WEEK . . . . 01	PER WEEK . . . . 01	PER WEEK . . . . 01
PROBE: In the average week or month?	PER MONTH . . . . 02	PER MONTH . . . . 02	PER MONTH . . . . 02
	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1
F11. About how long does NAME usually stay each visit?	_ _ . _  HOURS	_ _ . _  HOURS	_ _ . _  HOURS
PROBE: On the average?	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1
F12. What does NAME regularly help <b>you</b> with?	PERSONAL CARE . . . . 01	PERSONAL CARE . . . . 01	PERSONAL CARE . . . . 01
PROBE: Anything else?	PREPARING MEALS . . . 02	PREPARING MEALS . . . 02	PREPARING MEALS . . . 02
	HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03	HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03	HOUSEWORK, LAUNDRY, SHOPPING, CHORES. . 03
CIRCLE ALL THAT APPLY.	TAKING MEDICINE . . . 04	TAKING MEDICINE . . . 04	TAKING MEDICINE . . . 04
	MEDICAL TREATMENTS. . 05	MEDICAL TREATMENTS. . 05	MEDICAL TREATMENTS. . 05
IF NO MENTION OF PERSONAL CARE, PROBE: Does NAME help <b>you</b> WITH eating, getting out of bed or a chair, dressing, bathing, or using the toilet?	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
F13. WAS ANOTHER INFORMAL CAREGIVER NAMED?	YES . (REPEAT F8-F13) 01	YES . (REPEAT F8-F13) 01	GO TO F14
	NO . (GO TO F14) . . 02	NO . (GO TO F14) . . 02	

DECIMAL FRACTIONS OF AN HOUR:

10 MINUTES = 00.2 HOURS

30 MINUTES = 00.5 HOURS

15 MINUTES = 00.2 HOURS

45 MINUTES = 00.8 HOURS

20 MINUTES = 00.3 HOURS

NOTES ON FORMAL CAREGIVERS

FORMAL SUPPORT SYSTEM

F14. Now, please tell me the people who regularly (come to) help **you** as part of their paid or volunteer work. These could be people who come from an agency or organization or (people **you** or **your** family hired/people on the staff here).

REGULARLY = ON A ROUTINE BASIS AT THE PRESENT TIME WITH HELP RECEIVED AT LEAST ONCE A MONTH.

IF MORE THAN 3 NAMED: I have some questions about the 3 of these who help **you** the most. Who are they?

RECORD FIRST NAME OR TITLE ONLY ON GRID.

	NAME 1 _____	NAME 2 _____	NAME 3 _____
ASK F15-F19 FOR EACH FORMAL CAREGIVER	NO FORMAL CARE-GIVERS . . . . -4 (F22)		
F15. Do <b>you</b> 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 ANSWERED . . . -1	_____ _____ _____  _ _ _   NOT WITH AGENCY . . . -4 NOT ANSWERED . . . -1	_____ _____ _____  _ _ _   NOT WITH AGENCY . . . -4 NOT ANSWERED . . . -1
F16. How often does <b>NAME</b> come to help <b>you</b> ?	_ _  VISITS PER WEEK . . . . 01 PER MONTH . . . . 02 NOT ANSWERED . . . -1	_ _  VISITS PER WEEK . . . . 01 PER MONTH . . . . 02 NOT ANSWERED . . . -1	_ _  VISITS PER WEEK . . . . 01 PER MONTH . . . . 02 NOT ANSWERED . . . -1
F17. How long does <b>NAME</b> usually stay each visit?	_ _ . _  HOURS NOT ANSWERED . . . -1	_ _ . _  HOURS NOT ANSWERED . . . -1	_ _ . _  HOURS NOT ANSWERED . . . -1
F18. What does <b>NAME</b> regularly help <b>you</b> with? PROBE: Anything else?  CIRCLE ALL THAT APPLY.  IF NO MENTION OF PERSONAL CARE, PROBE: Does <b>NAME</b> help <b>you</b> 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
F19. WAS ANOTHER FORMAL CAREGIVER NAMED?	YES (REPEAT F15-19). 01 NO . (GO TO F20) . . 02	YES (REPEAT F15-19) . 01 NO . (GO TO F20) . . 02	GO TO F20

NOTES ON SOCIAL, RELIGIOUS, AND RECREATIONAL ACTIVITIES

F20. I'd like to know how **you** arranged for FORMAL CAREGIVER NAME 1 (and NAME 2 and NAME 3) to help **you**.

Did someone come to see **you** from LOCAL AGENCIES WITH CASE MANAGEMENT SERVICES to arrange for this help?

PROBE: Like a nurse or social worker?

YES . . . . . 01  
NO . . . . . 02 (F22)  
NOT ANSWERED. . . . . -1 (F22)

F21. What agency or organization was that?

NOT ANSWERED. . . . . -1

F22. **Do you** regularly attend a social, religious, or recreational program like at a senior center or (church/temple)?

REGULARLY = ON A RECURRING BASIS OF AT LEAST ONE VISIT A MONTH AT THE PRESENT TIME.

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

F23. DOES AREA HAVE DAY HEALTH PROGRAM?

YES . . . . . 01  
NO . . . . . 02 (F25)

F24. **Do you** regularly go to a group program where people help **you** take care of **yourself** during the day like AREA PROGRAM TITLE?

REGULARLY = ON A ROUTINE BASIS OF AT LEAST ONCE A WEEK AT THE PRESENT TIME.

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

F25. IS THE RESPONDENT A SAMPLE MEMBER OR A PROXY?

SAMPLE MEMBER . . . . . 01  
PROXY . . . . . 02 (H1)

NOTES ON AFFECT

36a

G. MENTAL FUNCTIONING

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

Next I'd like to ask you some questions that might describe your attitudes and feelings about your life.

G1. In general, how satisfying do you find the way you're spending your life these days? Would you call it completely satisfying, pretty satisfying or not very satisfying?

COMPLETELY SATISFYING . . . 01  
PRETTY SATISFYING . . . . . 02  
NOT VERY SATISFYING . . . . 03  
NOT ANSWERED . . . . . -1

G2. Day to day, how much choice do you have about what you do and when you do it? Would you say you have --

a great deal of choice, . . 01  
some choice, or . . . . . 02  
not very much choice? . . . 03  
NOT ANSWERED . . . . . -1

G3. How confident are you of figuring out how to deal with your problems? Would you say you feel--

very confident, . . . . . 01  
somewhat confident, or. . . 02  
not very confident? . . . . 03  
NOT ANSWERED . . . . . -1

G4. How much do you worry about not knowing who to turn to for help? Would you say you worry--

a lot, . . . . . 01  
some, or . . . . . 02  
not very much? . . . . . 03  
NOT ANSWERED . . . . . -1

- G5. How confident are you of getting services when you need them? Would you say you feel--
- very confident, . . . . . 01
  - somewhat confident, or. . . . . 02
  - not very confident? . . . . . 03
  - NOT ANSWERED . . . . . -1

G6. FOR CLIENT, ASK: As you know, the purpose of this program is to help people live in the community. However, we also want to study how people in general feel about moving to a nursing home.

Under what circumstances would you consider it?

FOR CONTROL, ASK: The purpose of the next question is to help us study how people in general feel about moving to a nursing home.

Under what circumstances would you consider it?

- WOULD NOT GO AT ALL/RATHER DIE. . . . . 01
- HEALTH POOR . . . . . 02
- HEALTH POOR AND NO ONE TO TAKE CARE OF ME . . . 03
- HEALTH POOR AND ADVANTAGE OF NURSING HOME MENTIONED . . . . . 04
- NOT ANSWERED . . . . . -1

- G7. 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

NOTES ON SOCIAL ACTIVITIES

G8. Have you had any counseling or treatment for personal problems or emotional stress since DATE 6 MONTHS AGO ?

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

G9. My next question is about talking to friends and relatives (who do not live with you).

During the past week, how many times did you talk to friends or relatives in person or over the telephone?

- NOT AT ALL. . . . . 01
- READ RESPONSE CATEGORIES . . . . . 02
- IF NECESSARY. . . . . 03
- 2-6 TIMES . . . . . 03
- ONCE A DAY OR MORE. . . . . 04
- NOT ANSWERED. . . . . -1

G10. Do you find yourself feeling lonely quite often, sometimes, or almost never?

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

G11. (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

G12. DID YOU USE CHECKPOINT A, B, OR D TO SKIP TO B19 AND/OR SECTION G?  
(SEE A14, R21, AND D25.)

- YES . . . . . 01
- NO. . . . . 02 (H1)

G13. Do you feel you need more help with --

PROBE: Not counting any help you may be getting now,

	<u>YES</u>	<u>NO</u>	<u>NA</u>
a. preparing meals? . . . . .	01	02	-1
b. work around the house, like washing dishes or cleaning floors? . . . . .	01	02	-1
c. getting around <u>inside</u> ? . . . . .	01	02	-1
d. transportation to places out of walking distance? . . . . .	01	02	-1
e. grocery shopping? . . . . .	01	02	-1
f. taking your medicine? . . . . .	01	02	-1
g. managing your money? . . . . .	01	02	-1
h. eating? . . . . .	01	02	-1
i. getting out of bed or a chair? . . . . .	01	02	-1
j. dressing? . . . . .	01	02	-1
k. bathing? . . . . .	01	02	-1
l. (using the toilet/controlling your bladder and bowel functions)? . . . . .	01	02	-1

THANK RESPONDENT.

COMPLETE SECTION J.

H. FINANCIAL RESOURCES

H1. The next questions are about **your** insurance.

**Are you** covered by --

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Medicare-Plan A for hospitalization? . . . . .	01	02	-1
b. Medicare-Plan B for doctors' bills? . . . . .	01	02	-1
PROBE: Is something deducted from <b>your</b> Social Security check?			
c. Medicaid? . . . . .	01	02	-1
PROBE: <b>Do you</b> have a <u>LOCAL COLOR</u> (Medicaid) card?			

H2. IF MEDICARE OR MEDICAID REPORTED:

May I please see **your** (Medicare/Medicaid) card to be sure I write down the number correctly?

	<u>YES</u>	<u>NO</u>	<u>NOT APPLICABLE</u>
a. MEDICARE CARD SEEN . . . . .	01	02	-4
b. MEDICAID CARD SEEN . . . . .	01	02	-4

VERIFY MEDICARE/MEDICAID COVERAGE AND NUMBERS ON CONTACT SHEET, (QUESTIONS 7 AND 8). ENTER CORRECT NUMBERS, AS NECESSARY, IN QUESTIONS 16 AND 17 ON CONTACT SHEET.

H3. What about the following kinds of medical or health plans? **Are you** covered by any of these?

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Private insurance which supplements Medicare, like <u>LOCAL NAME?</u> . . . . .	01	02	-1
b. Private insurance, such as Blue Cross, which covers hospitalization? . . . . .	01	02	-1
c. Private insurance, such as Blue Shield, which covers doctors' bills? . . . . .	01	02	-1
d. Membership in an HMO (Health Maintenance Organization), like <u>LOCAL NAME?</u> . . . . .	01	02	-1
e. Veterans medical benefits? . . . . .	01	02	-1
f. Any <u>other</u> medical or health insurance? . . . . .	01	02	-1

(SPECIFY) \_\_\_\_\_

H4. In the past six months, has anyone in **your** family (not counting **your** husband/wife) paid medical or nursing home bills for **you** with their money?

EXCLUDE BORROWING FROM FAMILY.	YES . . . . .	01
	NO . . . . .	02
	NOT ANSWERED. . . . .	-1

H5. The next questions are about sources of income and assets **you** may have.

FOR CLIENT, ASK: This information is needed to see if **you** may be able to get services **you do** not now have.

FOR CONTROL, ASK: This information is needed to help understand the problems of people like **you**.

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

IF YES <span style="float: right;">→</span>				H6. What is the monthly amount of that income?	NOT ANSWERED
	YES	NO	NA		
a. Social Security or rail- road retirement, including Social Security disability payments? .	01	02	-1	SM: \$ _ _ _ _ _ _	- 1
PROBE: That is, a green check. EXCLUDE SSI.				SPOUSE: \$ _ _ _ _ _ _	- 1
				BOTH: \$ _ _ _ _ _ _	- 1
b. Other checks from the government such as SSI (that is, a gold check), aid to the blind or disabled, or old age assistance? . . . . .	01	02	-1	SM: \$ _ _ _ _ _ _	- 1
				SPOUSE: \$ _ _ _ _ _ _	- 1
				BOTH: \$ _ _ _ _ _ _	- 1
c. Veterans' disability payments? . . . . .	01	02	-1	SM: \$ _ _ _ _ _ _	- 1
				SPOUSE: \$ _ _ _ _ _ _	- 1
				BOTH: \$ _ _ _ _ _ _	- 1
d. Retirement pensions or annuities from govern- ment organizations, private employers, unions or military service? . . . . .	01	02	-1	NOT APPLICABLE	
e. Any other income from things like wages, money from <b>your</b> family, disability, interest, dividends, or rent from property or rooms? . .	01	02	-1	NOT APPLICABLE	

- H7. Before taxes and deductions, how much is **your** (and **your** husband's/wife's) total monthly income?
- CHECK CONSISTENCY WITH H5. \$|\_|\_|\_|\_|\_|\_| (H9)
- NOT ANSWERED . . . . . -1
- H8. Could you give me an idea of the range? Is it --
- less than \$500, . . . . . 01
- between \$500 and \$1,000, . . . . . 02
- or \$1,000 or more a month?. 03
- NOT ANSWERED . . . . . -1
- H9. DOES SM LIVE ALONE, WITH SPOUSE ONLY, OR WITH OTHERS (SEE A3, A4, AND A7)?
- ALONE . . . . . 01 (H11)
- WITH SPOUSE ONLY. . . . . 02 (H11)
- WITH OTHERS, NOT IN A  
GROUP HOME . . . . . 03
- WITH OTHERS, IN A GROUP  
HOME . . . . . 04 (H11)
- A3, A4 OR A7 NOT ANSWERED . 05
- H10. Do the people who live with **you** usually share living expenses?
- USUALLY = HALF THE TIME OR MORE  
IN USUAL HOME. YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED . . . . . -1
- H11. How many people live on **your** income?
- PROPE: How many people depend  
on **your** income for at  
least half of their  
support? TOTAL NUMBER (SELF  
ONLY = 01). . . . .|\_|\_|\_|\_|
- NOT ANSWERED . . . . . -1
- H12. **Are you** (or is anyone in **your** household) receiving food stamps?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED . . . . . -1

H13. **Do you** (and **your** husband/wife) have any assets like real estate (other than **your** usual home), savings accounts, saving certificates, stocks or bonds, or money market funds?

PROBE: **Do you** have any bank accounts?

IF OWNED BY SPOUSE, CODE "YES."	YES . . . . .	01	
	NO . . . . .	02	(H15)
	NOT ANSWERED . . . . .	-1	(H15)

H14. Would you say that the total value of (this/these) asset(s) is--

less than \$5,000, . . . . .	01
\$5,000 to \$10,000, . . . . .	02
or more than \$10,000? . . . . .	03
NOT ANSWERED . . . . .	-1

H15. In the past six months, **have you** had to take money out of savings or sell assets to pay bills or meet living expenses?

YES . . . . .	01
NO . . . . .	02 (I1)
NOT ANSWERED . . . . .	-1 (I1)

H16. Was that for--

	<u>YES</u>	<u>NO</u>	<u>NOT ANSWERED</u>
a. Nursing home bills? . . . . .	01	02	-1
b. Medical expenses, like hospital or doctor bills or for medicines? . . . . . EXCLUDE NURSING HOME BILLS.	01	02	-1
c. Living expenses? . . . . .	01	02	-1

I. PHYSICAL ENVIRONMENT

- I1. **Do you** (and **your** (husband/wife)) own or rent **your** (usual) home?
- |  |  |         |
|--|--|---------|
|  | OWNS OR IS BUYING . . . . .                              | 01      |
| IF HOME OWNED BY SPOUSE, CODE "OWNS OR IS BUYING." | RENTS . . . . .  | 02 (I3) |
| IF GROUP HOME, CODE AS "RENTS."                    | OCCUPIES RENT-FREE OR FOR EXCHANGE OF SERVICES . . . . . | 03 (I5) |
|  | OTHER (SPECIFY) . . . . .                                | 04 (I5) |
| <hr/>  |  |         |
|  | NOT ANSWERED . . . . .                                   | -1 (I5) |
- I2. **Do you** (and **your** husband/wife) make a monthly housing payment on a mortgage?
- |  |                                  |         |
|--|----------------------------------|---------|
| EXCLUDE UTILITIES, TAXES, MAINTENANCE, CONDOMINIUM FEES, PARKING FEES. | YES . . . . .                    | 01 (I5) |
|  | NO/MORTGAGE IS PAID UP . . . . . | 02 (I5) |
|  | NOT ANSWERED . . . . .           | -1 (I5) |
- I3. IF NOT OBVIOUS, ASK:  
Is **your** (usual) home in a public housing project? That is, is the rent paid to NAME OF LOCAL HOUSING AUTHORITY?
- |  |                        |    |
|--|------------------------|----|
|  | YES . . . . .          | 01 |
|  | NO . . . . .           | 02 |
|  | NOT ANSWERED . . . . . | -1 |
- I4. **Do you** receive any (other) assistance from the government in paying **your** rent?
- |  |                        |    |
|--|------------------------|----|
|  | YES . . . . .          | 01 |
|  | NO . . . . .           | 02 |
|  | NOT ANSWERED . . . . . | -1 |

- I5. 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/LOCAL NAME)?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- I6. **Have you** had to move when **you** did not want to within the last year?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- I7. **Are you** now on a waiting list to go to a nursing home?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- I8. (**Have you** applied to get into a nursing home/Did **you** apply for the nursing home) since DATE 2 MONTHS AGO ?
- YES . . . . . 01
- NO . . . . . 02
- NOT ANSWERED. . . . . -1
- I9. IS THE RESPONDENT A SAMPLE MEMBER OR A PROXY?
- SAMPLE MEMBER . . . . . 01
- PROXY . . . . . 02 (END, P.48)
- I10. 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.
- How satisfied are you with this place as a place to live? Are you --
- very satisfied, . . . . . 01
- fairly satisfied, . . . . . 02
- or not very satisfied?. . . 03
- NOT ANSWERED. . . . . -1

- I11. How safe do you feel inside here at night? Would you say very safe, somewhat safe, or very unsafe?
- VERY SAFE . . . . . 01  
 SOMEWHAT SAFE . . . . . 02  
 VERY UNSAFE . . . . . 03  
 NOT ANSWERED. . . . . -1
- I12. How satisfied are you with the state of repairs or maintenance here? Are you --
- very satisfied, . . . . . 01  
 fairly satisfied, . . . . . 02  
 or not very satisfied?. . . 03  
 NOT ANSWERED. . . . . -1
- I13. Is there anything about the structure of this building that makes it hard for you to go outside?
- CIRCLE ALL THAT APPLY
- PROBE FOR PROBLEMS YES, STAIRS . . . . . 01  
 RELATED TO ARCHITECTURE YES, OTHER PROBLEM. . . . . 02  
 OR REPAIR. NO. . . . . 03  
 NOT ANSWERED. . . . . -1
- I14. How convenient is this place for visiting with friends? Is it --
- very convenient,. . . . . 01  
 fairly convenient,. . . . . 02  
 or not very convenient? . . 03  
 NOT ANSWERED. . . . . -1
- I15. How much does any noise from the outside bother you here? Does it bother you--
- not much, . . . . . 01  
 a little, . . . . . 02  
 or a lot? . . . . . 03  
 NOT ANSWERED. . . . . -1
- I16. How satisfied are you with the amount of privacy you have here, that is, being able to do what you wish without other people seeing you or hearing you? Would you say that you are --
- very satisfied, . . . . . 01  
 fairly satisfied, . . . . . 02  
 or not very satisfied?. . . 03  
 NOT ANSWERED. . . . . -1

THANK RESPONDENT.

IF COMPLETED IN ONE SESSION, CODE END TIME.

END TIME: |\_\_|\_\_|:|\_\_|\_\_| AM . . . .01  
PM . . . .02

J. OBSERVATIONS

J1. SAMPLE MEMBER'S SEX: MALE . . . . . 01  
 FEMALE . . . . . 02  
 NO INFORMATION. . . . . -1

J2. TYPE OF COMMUNITY IN WHICH SAMPLE MEMBER LIVES:  
 LARGE CITY (250,000 OR MORE) . . . 01  
 SUBURB OF LARGE CITY . . . . . 02  
 MEDIUM-SIZED CITY (50,000-250,000). 03  
 SUBURB OF MEDIUM CITY.. . . . 04  
 SMALL CITY (5,000-50,000) . . . . . 05  
 SMALL TOWN . . . . . 06  
 RURAL . . . . . 07  
 OTHER (SPECIFY) \_\_\_\_\_ . 08  
 NO INFORMATION . . . . . -1

J3. SAMPLE MEMBER'S CURRENT LIVING ARRANGEMENT:  
 PRIVATE HOME, ROOM OR APARTMENT . . . . . 01 (J5)

CODES 02 - 05 ARE NOT APPLICABLE IN THE COMMUNITY VERSION.

SUPPORTIVE HOUSING WITH CONGREGATE MEALS  
 (NAME: \_\_\_\_\_ ) . . 06 (J5)

SUPPORTIVE HOUSING WITH OTHER SERVICES  
 (NAME: \_\_\_\_\_ ) . . 07 (J5)

PERSONAL CARE HOME (NAME: \_\_\_\_\_ ) . . 08

OTHER (SPECIFY) \_\_\_\_\_ . . . 09 (J5)

NO INFORMATION. . . . . -1 (J5)

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

NOTES ON BEHAVIOR

NOTES ON ALCOHOL OR DRUG ABUSE



THE PHYSICAL ENVIRONMENT

CHECK IF A PROBLEM OBSERVED FOR EACH OF THE FOLLOWING:

- |  |  |
|--|--|
| PEELING PAINT . . . . .  ___   | EVIDENCE OF SPOILED FOOD .  ___                      |
| NO CURTAINS OR SHADES . .  ___   | DIRTY FOOD PREPARATION<br>SURFACES . . . . .  ___    |
| INADEQUATE VENTILATION. .  ___   | MORE THAN ONE DAY'S<br>DIRTY DISHES IN SINK . .  ___ |
| BLOCKED PATHWAYS/ACCESS<br>TO FIRE EXITS . . . . .  ___  | BEDDING NOT FRESH . . . .  ___                       |
| SLIPPERY, STICKY OR<br>CLUTTERED FLOORS THAT<br>MIGHT CAUSE SLIPPING<br>OR TRIPPING . . . . .  ___ | TOILET AREA FILTHY OR<br>ODOROUS. . . . .  ___       |
|  | NO GRAB BARS NEAR<br>TOILET AND/OR TUB. . . .  ___   |

COMMENTS ON THE PHYSICAL ENVIRONMENT

J8. CHECKLIST ON THE PHYSICAL ENVIRONMENT OF THE SAMPLE MEMBER:

	<u>PROB- LEM</u>	<u>NOT A PROBLEM</u>	<u>UNABLE TO OBSERVE</u>
A. LOOSE, SHAKY STAIRS	01	02	-1
B. BROKEN WINDOWS	01	02	-1
C. ADEQUATE HANDRAILS ON STAIRS	01	02	-1
D. INTERIOR OR EXTERIOR IN NEED OF MAJOR REPAIRS	01	02	-1
E. NO DEADBOLT OR OTHER SECURE LOCK ON DOOR	01	02	-1
F. FREEZING IN WINTER, SWELTERING IN SUMMER	01	02	-1
G. FIRE HAZARDS SUCH AS UNSAFE HEATING OR LIGHTING EQUIP- MENT OR BARE WIRES	01	02	-1
H. ACCUMULATION OF TRASH OR GARBAGE IN OR AROUND DWELLING UNIT	01	02	-1
I. RATS OR MICE OR THEIR DROPPINGS	01	02	-1
J. PRESENCE OR STRONG ODOR OF EXCREMENT	01	02	-1
K. FLOODING OR STANDING WATER INSIDE	01	02	-1
L. INFESTATION WITH BUGS OR INSECTS	01	02	-1

COMMENTS ON ARCHITECTURAL BARRIERS

J9. HOW MANY FLIGHTS OF STAIRS WOULD THE SAMPLE MEMBER HAVE TO CLIMB TO GET FROM THE STREET TO HIS/HER DWELLING UNIT (OR ROOM)?

DO NOT COUNT FLIGHTS OF STAIRS IF ELEVATORS OR RAMPS ARE AVAILABLE.

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

NONE . . . . . 00

ANY STAIRS FROM STREET TO BUILDING COUNT AS ONE FLIGHT.

UNABLE TO OBSERVE . . . . . -1

J10. ARE THERE STEPS WITHIN THE DWELLING UNIT THAT THE SAMPLE MEMBER HAS TO CLIMB? IF YES, HOW MANY STEPS?

DO NOT COUNT STEPS IF BEDROOM, BATHROOM, AND KITCHEN ARE ON ONE LEVEL.

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

NONE . . . . . 00

UNABLE TO OBSERVE . . . . . -1

\*\*\* COMPLETE CONTACT SHEET.\*\*\*

DATE REFERENCE CHART

<u>Six Months</u>		<u>Two Months</u>	
<u>If the current month is:</u>	<u>The month six months ago was:</u>	<u>If the current month is:</u>	<u>The month two months ago was:</u>
January . . . . .	July	January . . . . .	November
February . . . . .	August	February . . . . .	December
March . . . . .	September	March . . . . .	January
April . . . . .	October	April . . . . .	February
May . . . . .	November	May . . . . .	March
June . . . . .	December	June . . . . .	April
July . . . . .	January	July . . . . .	May
August . . . . .	February	August . . . . .	June
September . . . . .	March	September . . . . .	July
October . . . . .	April	October . . . . .	August
November . . . . .	May	November . . . . .	September
December . . . . .	June	December . . . . .	October

# 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/atrines.htm>

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

PDF: <http://aspe.hhs.gov/daltcp/reports/1986/atrtn.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/1982/CITracFm.htm>

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

### Clinical Assessment and Research Baseline Instrument: Community Version

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

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

### Clinical Baseline Assessment Instrument: Community Version

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

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