

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

Mathematica Policy Research, Inc.

Temple University

June 22, 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](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](mailto: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  
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 and Temple University  
June 22, 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. Do 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 lives with you .

A4. How old is NAME?

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

NAME	AGE	RELATIONSHIP
_____		
_____		
_____		
_____		
_____		
_____		

A6. Do **you** have any children (who do not live with you)?

INCLUDE ONLY LIVING CHILDREN. YES—>How many? . . . . . | - | - |  
NO. . . . . 00 (A8)  
NOT ANSWERED. . . . . -1 (A8)

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

A7. (Do any of these children/Does this child) live within one-half hour travel time of **you**?

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



A8. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

A9. 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

A10. 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. Do 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 ]
----------	-------------	---------------

_____
_____
_____
_____
_____
_____

[ LAST VISIT ] \_\_\_\_\_

\_\_\_\_\_

[ NEXT APPOINTMENT ] \_\_\_\_\_

\_\_\_\_\_



B3. In the last year, how many times were you admitted to any kind of hospital?

ADMISSIONS. . . . . | - | - |

TRANSFER BETWEEN HOSPITALS=  
MULTIPLE ADMISSIONS.

NONE. . . . . 00

NOT ANSWERED. . . . . -1

[ HOSPITAL ]

[ DATE ]

[ REASON ]

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B4. In the last year, were you a resident in a nursing home, convalescent home or similar place?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ NURSING HOME ]

[ DATE ]

[ REASON ]

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B5. Have you applied to get into a nursing home?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ WHERE ]

\_\_\_\_\_

[ ATTITUDE TOWARD NURSING HOME ]

\_\_\_\_\_

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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 \_\_\_\_\_

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

PROBE: Anything else?

\_\_\_\_\_ 01 02 -1

B7. Are you currently being treated for this condition?

YES	NO	NA
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1
01	02	-1

01 02 -1

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



B8. 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?

MEDICINE	DOSAGE	FREQUENCY	DOCTOR	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



B9. Do you have any medical treatments at home like injections, therapies, oxygen or changing of bandages?

[ TREATMENTS ] \_\_\_\_\_ YES . . . . . 01  
 \_\_\_\_\_ NO. . . . . 02 (B11)  
 [ WHO DOES IT ] \_\_\_\_\_ NOT ANSWERED. . . . . -1 (B11)  
 [ FREQUENCY ] \_\_\_\_\_

B10. 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  
 [ 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. 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?

	<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, (inside this house/apartment/on this floor).

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, how difficult would it be for you to climb them?	somewhat difficult,. . . . . 02
	very difficult, or . . . . . 03
	can't you do it at all?. . . . 04
[ # OF FLIGHTS:	IN WHEELCHAIR. . . . . 05
STREET TO DWELLING UNIT _____	NOT ANSWERED . . . . . -1
INSIDE DWELLING UNIT _____ ]	

B16. Do you feel that you need (help/more help) with getting around inside?

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

[ HELP NEEDED ]  
\_\_\_\_\_



OUTDOOR MOBILITY

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

DOES NOT GO OUTDOORS

☐

(SPECIFY)

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:

Could you read a

CLIENT'S NATIVE LANGUAGE

newspaper?

YES . . . . . 01

NO. . . . . 02

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 ]

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C2. Did someone usually feed **you**?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

C3. Do you feel that **you need** (help/more help) with eating?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ HELP NEEDED ]

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# 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, CODE "YES".	YES, USUALLY HELPED . . . . . 01
	NO, NOT USUALLY HELPED. . . . . 02 (C6)
	DID NOT GET OUT OF BED AT ALL . . 03 (C6)
	NOT ANSWERED. . . . . -1 (C6)

[ WHO HELPS ]

[ HOW ]

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

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

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C6. Do you feel that **you need** (help/more help) with getting out of bed or a chair?

IF NO, PROBE: What about special equipment, <b>do you</b> need that?	YES . . . . . 01
	NO. . . . . 02
	NOT ANSWERED. . . . . -1

[ HELP NEEDED ]

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

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ HELP 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:  
Which did you usually use for a  
full bath?

IN TUB OR SHOWER. . . . . 01

IN SINK OR BASIN. . . . . 02 (C13)

BEDBATHS. . . . . 03 (C16)

DID NOT HAVE FULL BATH. . . . . 04 (C16)

NOT ANSWERED. . . . . -1 (C13)

[ 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 ]

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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)?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ TYPE ]

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C16. 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

[ HELP NEEDED ]

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#### 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 or  
bladder functions?

YES, TOILET FOR AT LEAST  
ONE FUNCTION. . . . . 01

IF NO, PROBE: What did **you**  
usually use?

NO (BEDPAN, BEDSIDE COMMODORE). 02 (C22)

NO (CATHETER, COLOSTOMY). . . 03 (C20)

NOT ANSWERED. . . . . -1 (C20)

[ IF BEDPAN/COMMODORE, WHO HELPS ]

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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 ]

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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	(C22)
_____	NOT ANSWERED. . . . .	-1	

C21. Do **you** change (this/ **your** DEVICE) by **yourself**?

	SELF CARE . . . . .	01
[ WHO HELPS ]	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. 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	YES . . . . .	01
equipment, <b>do you</b>	NO. . . . .	02
need that?	NOT ANSWERED. . . . .	-1

[ HELP 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.

Do you usually prepare your own meals by yourself?

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

YES, USUALLY BY SELF. . . . . 01 (D4)

NO, USUALLY HAS HELP/NO  
MEALS PREPARED. . . . . 02

NOT ANSWERED. . . . . -1 (D3)

[ WHO HELPS ]

[ HOW ]

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

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- D3. Are you able to prepare light meals, such as a sandwich, by yourself?

CAN PREPARE LIGHT MEALS . . . 01

CANNOT. . . . . 02

NOT ANSWERED. . . . . -1

- ★ D4. Do you feel that you need (help/more help) with meal preparation?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ HELP NEEDED ]

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HOUSEKEEPING

D5. Do **you** usually do the work around the house, like washing dishes and cleaning floors, by **yourself**?

YES, USUALLY BY SELF . . . . . 01 (D7)  
NO, USUALLY HAS HELP . . . . . 02  
NO WORK DONE AROUND THE HOUSE. . . 03  
NOT ANSWERED . . . . . -1

[ WHO HELPS ]

[ HOW ]

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[ REASON ]

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D6. Are **you** able to do light work around the house, such as washing dishes, by **yourself**?

CAN DO LIGHT HOUSEWORK . . . . . 01  
NOT AT ALL . . . . . 02  
NOT ANSWERED . . . . . -1

★ D7. Do you feel that **you need** (help/more help) with work around the house?

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

[ HELP NEEDED ]

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SHOPPING

D8. Do you usually shop for most of your groceries by yourself?

YES, USUALLY BY SELF . . . . 01 (D10)

NO, USUALLY HAS HELP . . . . 02

NOT ANSWERED . . . . . -1

[ WHO HELPS ]

[ HOW ]

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[ REASON ]

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D9. 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

NO, CANNOT GO AT ALL . . . . . 02

NOT ANSWERED . . . . . -1

\* D10. Do you feel you need (help/more help) with grocery shopping?

YES. . . . . 01

NO . . . . . 02

NOT ANSWERED . . . . . -1

[ HELP NEEDED ]

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TAKING MEDICINE

- ★ D11. 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  
NO, USUALLY BY SELF . . . . 02 (D14)  
NOT ANSWERED. . . . . -1 (D13)

[ WHO HELPS ]

[ HOW ]

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

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- ★ D13. 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 REMINDER AND/OR PREMEASURED AMOUNT, BUT CAN DO REST, CODE "YES". YES . . . . . 01  
NO. . . . . 02  
NOT ANSWERED. . . . . -1

- ★ D14. Do you feel you need (help/more help) when you take medicine?

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

[ HELP NEEDED ]

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TRAVEL/TRANSPORTATION

D15. What kind of transportation do **you** usually use?

PROBE: What about going to the doctor?      BUS/SUBWAY. . . . . 01 (D17)  
    CAR/VAN/TAXI. . . . . 02  
    AMBULANCE ONLY. . . . . 03  
    DOES NOT TRAVEL AT ALL. . . 04 (D18)  
    NOT ANSWERED. . . . . -1 (D18)

D16. Can **you** travel in a car, van or taxi if someone goes with **you** to help **you** manage?

[ ESCORT NEEDED ] \_\_\_\_\_ YES . . . . . 01  
    NO. . . . . 02  
    NOT ANSWERED. . . . . -1  
    [ HOW ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D17. Do **you** have help with transportation from an agency or organization, like LOCAL NAME?

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

[ AGENCY NAME ] \_\_\_\_\_  
 \_\_\_\_\_

★ D18. Do you feel that **you need** (help/more help) with transportation?

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

[ HELP NEEDED ] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



MONEY MANAGEMENT

- ★ D19. 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**?

YES, USUALLY BY SELF . . . 01 (D22)

NO, USUALLY HAS HELP . . . 02

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

NOT ANSWERED. . . -1

[ TYPE ]

[ ADDRESS ]

[ PHONE # ]

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

YES . . . 01

NO. . . 02

NOT ANSWERED. . . -1



★ D22. Do you feel that you need (help/more help) with managing your money?

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

[ HELP NEEDED ]

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TELEPHONE

The next questions are about using the telephone.

★ D23. Can you get telephone numbers and place the calls by yourself?

PROBE: Can you do both?

ONE ONLY . . . . . 01  
BOTH. . . . . 02 (D25)  
NEITHER . . . . . 03  
NOT ANSWERED. . . . . -1

[ USES SPECIAL EQUIPMENT ]

[ NEEDS SPECIAL EQUIPMENT ]

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★ D24. 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

D25. DOES CLIENT LIVE ALONE (SEE A2 AND A3)?

THOSE IN GROUP QUARTERS DO NOT  
LIVE ALONE.

YES . . . . . 01 (E7)  
NO. . . . . 02  
A2 OR A3 NOT ANSWERED . . . . . 03



E. SERVICES AND SUPPORT  
HOUSEHOLD SUPPORT SYSTEM

E1. 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.

ASK E2-E6 FOR EACH HOUSEHOLD CAREGIVER	NAME 1 _____ NO HOUSEHOLD CARE- GIVERS . . . . . -4 (E7)	NAME 2 _____	NAME 3 _____
E2. How is <u>NAME</u> related to you?	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1	NOT ANSWERED. . . . -1
E3. When is <u>NAME</u> generally 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?	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
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?	_____ _____ _____ NOT ANSWERED . . . . -1	_____ _____ _____ NOT ANSWERED . . . . -1	_____ _____ _____ NOT ANSWERED. . . . -1
E6. WAS ANOTHER HOUSEHOLD 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 help you. Please do not include people who help 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 often does NAME come to help you? PROBE: In the avg. week or month?	<input type="checkbox"/> <input type="checkbox"/> VISITS PER WEEK. . . . 01 PER MONTH . . . 02 NOT ANSWERED . . . . -1	<input type="checkbox"/> <input type="checkbox"/> VISITS PER WEEK. . . . 01 PER MONTH . . . 02 NOT ANSWERED . . . . -1	<input type="checkbox"/> <input type="checkbox"/> 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?	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	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	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
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?	NOT ANSWERED . . . . -1	NOT ANSWERED . . . . -1	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 (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).

ASK E15-E19 FOR EACH FORMAL CAREGIVER	NAME 1 _____ NO FORMAL CARE- GIVERS . . . . . -4(E20)	NAME 2 _____	NAME 3 _____
E15. 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
E16. 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
E17. How long does <b>NAME</b> usually stay each visit?	____ HOURS ____ MINS. NOT ANSWERED . . . . -1	____ HOURS ____ MINS. NOT ANSWERED . . . . -1	____ HOURS ____ MINS. NOT ANSWERED . . . . -1
E18. What does <b>NAME</b> regularly help <b>you</b> with?	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	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	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
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?	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



E20. Do **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 AT THE PRESENT	NO. . . . .	02
TIME.		
	NOT ANSWERED. . . . .	-1

[ WHERE ] \_\_\_\_\_  
\_\_\_\_\_

E21. 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	YES . . . . .	01
AT LEAST ONCE A WEEK AT		
THE PRESENT TIME.	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.

	YES	NO	NA
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.

	<u>CORRECT</u>	<u>INCORRECT/ NOT ANSWERED</u>
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 neighborhood? This apartment (house/project)?	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 _____>			G4. What is the		
	YES	NO	NA	monthly amount of that income?	NOT ANSWERED
a. Social Security or railroad retirement, including Social Security disability payments. . . .	01	02	-1	CLIENT: _____	-1
PROBE: That is, a green check.				SPOUSE: _____	-1
EXCLUDE SSI.				BOTH: _____	-1
b. Other checks from the government such as SSI					
(that is, a gold check). . . .	01	02	-1	CLIENT: _____	-1
				SPOUSE: _____	-1
				BOTH: _____	-1
c. Veterans' disability payments? . . . . .	01	02	-1	CLIENT: _____	-1
				SPOUSE: _____	-1
				BOTH: _____	-1
d. Retirement pensions? . . . .	01	02	-1	_____	-1
e. Any other income? . . . . .	01	02	-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



G6. Are you (or is anyone in your household) receiving food stamps?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ AMOUNT ] \_\_\_\_\_

G7. 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

NOT ANSWERED. . . . . -1

[ COMMENTS ON FINANCIAL ELIGIBILITY: FOLLOW SITE-SPECIFIC PROCEDURE ]

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## 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/  
LOCAL NAME)?

YES . . . . . 01

NO. . . . . 02

NOT ANSWERED. . . . . -1

[ TYPE ] \_\_\_\_\_

\_\_\_\_\_



ASK OF CLIENT ONLY

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 this building 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 here?  
(Are you --

[ COMMENTS ] \_\_\_\_\_

very satisfied, . . . . . 01

fairly satisfied, . . . . 02

or not very satisfied?) . 03

NOT ANSWERED. . . . . -1

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

[ COMMENTS ] \_\_\_\_\_

VERY SAFE . . . . . 01

SOMEWHAT SAFE . . . . . 02

VERY UNSAFE . . . . . 03

NOT ANSWERED. . . . . -1

- H7. How satisfied are you with this place 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

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

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# 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/atrtnes.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/carbicv.htm>

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