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

Mathematics Policy Research
January 11, 1982

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

<table>
<thead>
<tr>
<th>A2. Were you marital status from A1 within the past year?</th>
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<tbody>
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<td>YES</td>
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<table>
<thead>
<tr>
<th>A3. Does sample member live in group quarters?</th>
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<tr>
<td>IF PROXY, Does sample member live in a group home, like a boarding home, or a local terms for homes providing supportive services and personal care?</td>
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<td>YES</td>
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<tr>
<th>A4. Do you live alone?</th>
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<tr>
<td>YES, ALONE</td>
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<tr>
<td>NO, WITH OTHERS</td>
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<tr>
<td>NOT ANSWERED</td>
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</table>
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?

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Child</th>
<th>Grandchild</th>
<th>Sibling</th>
<th>Parent</th>
<th>Other Relative</th>
<th>Non-Relative</th>
<th>NA</th>
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</table>

A7. How is NAME related to you?

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

What is your birthday?

PROBE: How old are you?

\[
\begin{array}{cccc}
\text{MONTH} & \text{DAY} & \text{YEAR} \\
\hline
\text{NOT Answered} & \ldots & \ldots & \ldots & -1
\end{array}
\]

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

\[
\begin{array}{c}
\text{NO SCHOOLING} & \ldots & \ldots & 00 \\
\text{FELMENARY (01-08)} & \ldots & \ldots & -1 \\
\text{HIGH SCHOOL (09-12)} & \ldots & \ldots & -1 \\
\text{COLLEGE GRADUATE (13-18+)} & \ldots & \ldots & -1 \\
\text{NOT Answered} & \ldots & \ldots & -1
\end{array}
\]

A13. ASK IF NOT OBVIOUS.

What is your racial or ethnic background?

\[
\begin{array}{c}
\text{AMERICAN INDIAN OR ALASKAN NATIVE} & \ldots & \ldots & 01 \\
\text{ASIAN OR PACIFIC ISLANDER} & \ldots & \ldots & 02 \\
\text{BLACK, NOT OF HISPANIC ORIGIN} & \ldots & \ldots & 03 \\
\text{HISPANIC} & \ldots & \ldots & 04 \\
\text{WHITE, NOT OF HISPANIC ORIGIN} & \ldots & \ldots & 05 \\
\text{NOT Answered} & \ldots & \ldots & -1
\end{array}
\]

A14. CHECKPOINT A

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

\[
\begin{array}{c}
\text{YES} & \ldots & \ldots & 01 \quad \text{The rest of the questions I need to ask you will only take about ten minutes more. Ask subjective questions P19, Page 9, and section G, Page 36.} \\
\text{NO} & \ldots & \ldots & 02 \quad \text{CONTINUE WITH B1.} \\
\text{PROXY RESPONDENT} & \ldots & \ldots & -4 \quad \text{CONTINUE WITH B1.}
\end{array}
\]
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
### Notes on Health Conditions

#### Notes on Medicines

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</table>
B3. 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

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</thead>
<tbody>
<tr>
<td>a. First, do you have anemia (tired blood, iron-poor blood)?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>b. High blood pressure?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>c. Angina or heart trouble, for example, heart attack?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>d. Effects of a stroke?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>e. Diabetes?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>f. Arthritis or pain in your joints?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>g. Cancer, leukemia, or a tumor?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>h. Nerve or muscle problems like neuritis, Parkinson's disease, or seizures?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>i. Respiratory problems like asthma, emphysema, or bronchitis?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>j. Skin problems like a rash, eczema, or bed sores?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>k. Broken or dislocated bones?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>l. Paralysis?</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>m. Do you have any other health conditions or illnesses we haven't talked about? (SPECIFY)</td>
<td>YES</td>
<td>01</td>
</tr>
<tr>
<td>Probe: Anything else?</td>
<td>YES</td>
<td>01</td>
</tr>
</tbody>
</table>

B4. Are you currently being treated for this condition?

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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>NA</td>
</tr>
<tr>
<td>01</td>
<td>02</td>
<td>-1</td>
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<td>-1</td>
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<tr>
<td>01</td>
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</tbody>
</table>

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 (B9)
B3 NOT ANSWERED .................... 03 (B9)

B7. Thinking about the (health condition(a)/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?

PROBE: It may help to start
with what you ate for
breakfast.

READ CATEGORIES IF NECESSARY.

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,
nooodles, 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 (P12)

B11. Did a doctor prescribe it?

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

YES ................................. 01
NO ..................................... 02
NOT ANSWERED ................ -1
**P12.** CODE WITHOUT ASKING IF KNOWN.

*Do you* smoke?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOT ANSWERED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
</tbody>
</table>

**P13.** 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.**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOT ANSWERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Dentures?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>b. A cane?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>c. A walker?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>d. A wheelchair?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>e. A leg brace?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>f. A back brace?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>g. A pacemaker <em>(for your heart)</em>?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>h. A hearing aid?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>i. Glasses or contact lenses?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>j. Any other special equipment that I haven’t mentioned? <em>(SPECIFY)</em></td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
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</table>
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)
B14. Do you regularly have any medical treatments at home like injections, therapies, oxygen or changing of bandages?

Regularity = On a routine basis
Of at least once a week, at the present time.

Yes .................................. 01
No .................................... 02 (B16)
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

(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
Sm’s native language
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)
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.

a. What is the date today? .............. 01

b. What day of the week is it? ....... 01

c. What is the name of this place? .... 01

DEFO: This neighborhood? This apartment (house/project)?

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

---

e. How old are you? .............. 01

---

f. When were you born? .............. 01

MD: DAY: YR:

CHECK CONTACT SHEET QUESTION 6. IF NOT ON CONTACT SHEET, CHECK #11.

---

a. What is the name of the President of the United States? .............. 01

---

b. Who was President before this one? .. 01

---

i. What was your mother’s maiden name? .... 01

ACCEPT ANY SURNAME OTHER THAN SMITH.

---

j. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. .............. 01

PROBE: Can you subtract 3 from that?

17, 14, 11, 8, 5, 2

Thank you. That’s all of those questions.
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)
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 | 00 (C5) | NOT ANSWERED | -1 (C5) |

TRANSFER BETWEEN HOSPITALS =
MULTIPLE ADMISSIONS.

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

b. NEXT MOST RECENT

c. NEXT MOST RECENT

d. NEXT MOST RECENT

e. NEXT MOST RECENT

C3. Were you in the hospital since _DATE 2 MONTHS AGO_?

PROBE: Did you 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 all hospital stays since _DATE 2 MONTHS AGO?_

| HOSPITAL DAYS | 00 | NOT ANSWERED | -1 |

IF "A WEEK," PROBE FOR FULL WEEK OF 7 DAYS.
REASON(S) FOR NURSING HOME STAY(S)
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
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?

\begin{align*}
\text{DO NOT INCLUDE HELP WITH} & \quad \text{YES, USUALLY HELPED} \quad . \quad 01 \\
\text{CUTTING MEAT OR BUTTERING} & \quad \text{NO, NOT USUALLY HELPED} \quad . \quad 02 \ (D3) \\
\text{BREAD.} & \quad \text{IV, TURES} \quad . \quad 03 \ (D4) \\
\text{USUALLY = HALF THE TIME OR MORE} & \quad \text{NOT ANSWERED} \quad . \quad -1 \ (D3) \\
\text{DURING THE PAST WEEK.} & \quad \text{} \\
\end{align*}

D2. Did someone usually feed you?

PRORE: For most of the meal?

\begin{align*}
\text{YES} & \quad . \quad 01 \\
\text{NO} & \quad . \quad 02 \\
\text{NOT ANSWERED} & \quad . \quad -1 \\
\end{align*}

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

\begin{align*}
\text{YES} & \quad . \quad 01 \\
\text{NO} & \quad . \quad 02 \\
\text{NOT ANSWERED} & \quad . \quad -1 \\
\end{align*}

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?

\begin{align*}
\text{IF HELP WITH BED AND/OR CHAIR,} & \quad \text{YES, USUALLY HELPED} \quad . \quad 01 \\
\text{CODE "YES".} & \quad \text{NO, NOT USUALLY HELPED} \quad . \quad 02 \ (D6) \\
\text{USUALLY = HALF THE TIME OR MORE} & \quad \text{DID NOT GET OUT OF BED} \\
\text{DURING THE PAST WEEK.} & \quad \text{AT ALL} \quad . \quad 03 \ (D7) \\
\text{} & \quad \text{NOT ANSWERED} \quad . \quad -1 \ (D6) \\
\end{align*}
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)
NOTES ON HELP AND HELP NEEDED
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, PROBE: Which did you usually use for a full bath?

IN TUB OR SHOWER ............. 01
IN SINK OR BASIN .............. 02 (D14)
BEDBATHS/DID NOT HAVE FULL BATH .......... 03 (D17)
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)
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?

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

IF NO, PROBE: What did you usually use?

NO (BEDPAN, BEDSIDE COMMODE, CATHETER, COLOSTOMY) . . . . . . 02 (D21)

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

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
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 accidently 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 F1.
   PROXY RESPONDENT. ........ -4 → CONTINUE WITH F1.
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 you are getting now,
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)
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/PERSOMAL
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/
If you had a kitchen/
If you wanted to,

YES . . . . . . . . . . 01 (E10)
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?

PROBE: Or both?

LIGHT MEALS ONLY. 01
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

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

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

YES, USUALLY BY SELF. . . . 01 (E22)
NO, USUALLY HAS HELP. . . . 02
NO WORK DONE AROUND THE
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
EMOTIONAL IMPAIRMENT . . 01
DON'T KNOW HOW. . . . . . 02
SITUATIONAL/PERSONAL
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

do it/
If the rules permitted/
If you wanted to,

YES . . . . . . . . . . . . . 01 (E23)
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?

Yes, Usually by Self .... 01 (E29)
No, Usually Has Help ... 02
Not Answered ........... -1 (E26)

Code Telephone Shopping as "Has Help."

Usually = Half the Time or More During the Past Month.

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
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/  
If someone else didn't  
do it,  
YES . . . . . . . . . . . . . . 01 (E29)
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  
AT THE PRESENT TIME,  
WITH AT LEAST $10  
WORTH OF GROCERIES  
A MONTH.

YES . . . . . . . . . . . . . . 01
NO . . . . . . . . . . . . . . 02
NOT ANSWERED. . . . . . . -1
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  
NO, USUALLY BY SELF . . . 02 (E36)

WHEN MEDICINE TAKEN  
WHEN MEDICINE TAKEN  
DURING THE PAST MONTH.  
NOT ANSWERED . . . . . . .  -1 (E33)

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

PHYSICAL, COGNITIVE OR  
EMOTIONAL IMPAIRMENT. . . 01

SITUATIONAL/PERSONAL  
PREFERENCES/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 REMINDER AND/OR PREMEASURED  
YES . . . . . . . . . . . . . . . . . . . . . . 01 (E36)

AMOUNT, BUT CAN DO REST, CODE "YES."

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/  
YES . . . . . . . . . . . . . . . . . . . . . . 01 (E36)

If someone else didn't do it/  
NO . . . . . . . . . . . . . . . . . . . . . . 02

If you wanted to,  
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
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 MORALITY

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: Do you 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
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?

PROBE: Do you walk or use a wheelchair?

IF WALKS, PROBE: Do you use a cane, walker, or crutches?

USUALLY = HALF THE TIME OR MORE WHEN OUTDOORS OVER THE PAST MONTH.

CIRCLE ONE

WALKS, NO EQUIPMENT ........ 01
WALKS, CANE ................. 02
WALKS, WALKER .............. 03
WALKS, CRUTCHES .......... 04
WALKS, COMBINATION/...
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?

USUALLY = HALF THE TIME OR MORE WHEN TRAVELING OVER THE PAST MONTH.

CIRCLE ONE

BUS/SUBWAY .................. 01
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 you drive yourself?

YES ......................... 01 (E47)
NO ......................... 02
NOT ANSWERED .............. -1

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

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
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 yourself?

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/
If you could get out/
If you had bills.

YES . . . . . . . . . . . . . . 01 (E57)
NO . . . . . . . . . . . . . . 02
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?

REGULARLY = ON A ROUTINE BASIS AT
THE PRESENT TIME, WITH
AT LEAST $10 WORTH
OF BILLS A MONTH.

YES . . . . . . . . . . . . . . 01
NO . . . . . . . . . . . . . . 02
NOT ANSWERED. . . . . . . . . -1
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 (E7)
NO .............. 02
A3 OR A4 NOT ANSWERED .... 03
RELATIONSHIP CODES:

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

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.**

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<thead>
<tr>
<th>NAME 1</th>
<th>NAME 2</th>
<th>NAME 3</th>
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<tr>
<td><strong>ASK F2-F6 FOR EACH HOUSEHOLD CAREGIVER</strong></td>
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<td><strong>NAME 3</strong></td>
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<td><strong>F2.</strong> How is NAME related to you?</td>
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<td><strong>F3.</strong> When is NAME generally at home to help you if you need it?</td>
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<td><strong>F5.</strong> What does NAME regularly help you with?</td>
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<td><strong>F6.</strong> WAS ANOTHER HOUSEHOLD CAREGIVER NAMED?</td>
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<td><strong>F6.</strong> WAS ANOTHER HOUSEHOLD CAREGIVER NAMED?</td>
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**RELATIONSHIP CODES:**

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<td>Child</td>
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<td>03</td>
<td>Sibling</td>
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<td>04</td>
<td>Other Relative</td>
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<td>Codes 05 and 06 are not applicable</td>
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<td>07</td>
<td>Friend</td>
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<td>Neighbor</td>
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**DECIMAL FRACTIONS OF AN HOUR:**

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<tr>
<td>45 minutes</td>
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</table>

**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.

<table>
<thead>
<tr>
<th>ASK FOR F13 FOR EACH INFORMAL CAREGIVER</th>
<th>NAME 1</th>
<th>NAME 2</th>
<th>NAME 3</th>
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<td>How is NAME related to you?</td>
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</tr>
<tr>
<td>See codes on 33a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not answered:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not related</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not answered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>About how often does NAME come to help you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not answered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>About how long does NAME usually stay with you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not answered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What does NAME regularly help you with?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include any other?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle all that apply.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housework, laundry, shopping, chores.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical treatments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not answered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was another informal caregiver named?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (repeat F8-F13)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (go to F14)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

33
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 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 2 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.

<table>
<thead>
<tr>
<th>NAME 1</th>
<th>NAME 2</th>
<th>NAME 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO FORMAL CAREGIVERS</td>
<td>NO FORMAL CAREGIVERS</td>
<td>NO FORMAL CAREGIVERS</td>
</tr>
</tbody>
</table>

F15. Do you have a card or letter from the agency so that I can get the correct spelling? IF NO CARD, ASK FOR AGENCY NAME.

<table>
<thead>
<tr>
<th>NAME 1</th>
<th>NAME 2</th>
<th>NAME 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT WITH AGENCY ... -4</td>
<td>NOT WITH AGENCY ... -4</td>
<td>NOT WITH AGENCY ... -4</td>
</tr>
<tr>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
</tr>
</tbody>
</table>

F16. How often does NAME come to help you?

<table>
<thead>
<tr>
<th>[] VISITS</th>
<th>[] VISITS</th>
<th>[] VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER WEEK ... 01</td>
<td>PER WEEK ... 01</td>
<td>PER WEEK ... 01</td>
</tr>
<tr>
<td>PER MONTH ... 02</td>
<td>PER MONTH ... 02</td>
<td>PER MONTH ... 02</td>
</tr>
<tr>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
</tr>
</tbody>
</table>

F17. How long does NAME usually stay most visit?

<table>
<thead>
<tr>
<th>[] HOURS</th>
<th>[] HOURS</th>
<th>[] HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
</tr>
</tbody>
</table>

F18. What does NAME regularly help you with? PROBE: Anything else?

<table>
<thead>
<tr>
<th>NAME 1</th>
<th>NAME 2</th>
<th>NAME 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL CARE ... 01</td>
<td>PERSONAL CARE ... 01</td>
<td>PERSONAL CARE ... 01</td>
</tr>
<tr>
<td>PREPARING MEALS ... 02</td>
<td>PREPARING MEALS ... 02</td>
<td>PREPARING MEALS ... 02</td>
</tr>
<tr>
<td>HOUSEWORK, LAUNDRY, SHOPPING, CHORES ... 03</td>
<td>HOUSEWORK, LAUNDRY, SHOPPING, CHORES ... 03</td>
<td>HOUSEWORK, LAUNDRY, SHOPPING, CHORES ... 03</td>
</tr>
<tr>
<td>TAKING MEDICINE ... 04</td>
<td>TAKING MEDICINE ... 04</td>
<td>TAKING MEDICINE ... 04</td>
</tr>
<tr>
<td>MEDICAL TREATMENTS ... 05</td>
<td>MEDICAL TREATMENTS ... 05</td>
<td>MEDICAL TREATMENTS ... 05</td>
</tr>
<tr>
<td>TRANSPORTATION ... 06</td>
<td>TRANSPORTATION ... 06</td>
<td>TRANSPORTATION ... 06</td>
</tr>
<tr>
<td>MANAGING MONEY ... 07</td>
<td>MANAGING MONEY ... 07</td>
<td>MANAGING MONEY ... 07</td>
</tr>
<tr>
<td>MONITORING ... 08</td>
<td>MONITORING ... 08</td>
<td>MONITORING ... 08</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>OTHER (SPECIFY)</td>
<td>OTHER (SPECIFY)</td>
</tr>
<tr>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
<td>NOT ANSWERED ... -1</td>
</tr>
</tbody>
</table>

F19. WAS ANOTHER FORMAL CAREGIVER NAMED?

<table>
<thead>
<tr>
<th>NAME 1</th>
<th>NAME 2</th>
<th>NAME 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (REPEAT F15-19) ... 01</td>
<td>YES (REPEAT F15-19) ... 01</td>
<td>YES (REPEAT F15-19) ... 01</td>
</tr>
<tr>
<td>NO ... (GO TO F20) ... 02</td>
<td>NO ... (GO TO F20) ... 02</td>
<td>NO ... (GO TO F20) ... 02</td>
</tr>
</tbody>
</table>
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)
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—

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>very confident</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>somewhat confident, or</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not very confident</td>
<td>03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOULD NOT GO AT ALL/RATHER DIE</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH POOR</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH POOR AND NO ONE TO TAKE CARE OF ME</td>
<td>03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH POOR AND ADVANTAGE OF NURSING HOME MENTIONED</td>
<td>04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT ANSWERED</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G7. Now I'm going to read a list of questions to you. Please answer "Yes" or "No" for each of them.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you often have trouble getting to sleep or staying asleep?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>b. Do you often find yourself feeling unhappy or depressed?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>c. Are you troubled by your heart pounding or shortness of breath?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>d. Do you usually have a good appetite?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>e. Have you recently had periods of days or weeks when you couldn't &quot;get going&quot;? (you were constantly tired)</td>
<td>01</td>
<td>02</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>f. Have you had crying spells or problems shaking off the blues?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>g. Do you often have trouble keeping your mind on what you are doing?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
<td></td>
</tr>
</tbody>
</table>
68. 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

69. 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
ONCE ................... 02
2-6 TIMES ............ 03
ONCE A DAY OR MORE. 04
NOT ANSWERED. ......... -1

READ RESPONSE CATEGORIES IF NECESSARY.

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

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

71. (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

72. **DID YOU USE CHECKPOINT A, B, OR D TO SKIP TO B19 AND/OR SECTION C? (SEE A14, P11, 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,

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

THANK RESPONDENT.

COMPLETE SECTION J.
H1. The next questions are about your insurance.

Are you covered by --

- Medicare-Plan A for hospitalization? 01 02 -1

- Medicare-Plan B for doctors' bills? 01 02 -1
  PROBE: Is something deducted from your Social Security check?

- Medicaid? 01 02 -1
  PROBE: Do you have a LOCAL COLOR (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?

- Medicare card seen 01 02 -4

- 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?

a. Private insurance which supplements Medicare, like LOCAL NAME? .... 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 LOCAL NAME? .... 01 02 -1

e. Veterans medical benefits? ........ 01 02 -1

f. Any other 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
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--

<table>
<thead>
<tr>
<th>IF YES</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>H6.</th>
<th>What is the monthly amount of that income?</th>
<th>NOT ANSWERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Social Security or railroad retirement, including Social Security disability payments?</td>
<td>SM: $</td>
<td>___</td>
</tr>
<tr>
<td>PROBE: That is, a green check. EXCLUDE SSI.</td>
<td>SPOUSE: $</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>ROTH: $</td>
<td>___</td>
</tr>
<tr>
<td>b. Other checks from the government such as SSI (that is, a gold check), aid to the blind or disabled, or old age assistance?</td>
<td>SM: $</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>SPOUSE: $</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>ROTH: $</td>
<td>___</td>
</tr>
<tr>
<td>c. Veterans' disability payments?</td>
<td>SM: $</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>SPOUSE: $</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>ROTH: $</td>
<td>___</td>
</tr>
<tr>
<td>d. Retirement pensions or annuities from government organizations, private employers, unions or military service?</td>
<td>SM: $</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>SPOUSE: $</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>ROTH: $</td>
<td>___</td>
</tr>
<tr>
<td>e. Any other income from things like wages, money from your family, disability, interest, dividends, or rent from property or rooms?</td>
<td>NOT APPLICABLE</td>
<td></td>
</tr>
</tbody>
</table>

42
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?
PROFE: How many people depend on your income for at least half of their support?
TOTAL NUMBER (SELF ONLY = 01). . . . |____|____| (H11)
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--

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NOT ANSWERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Nursing home bills?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>b. Medical expenses, like hospital or doctor bills or for medicines?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
<tr>
<td>EXCLUDE NURSING HOME BILLS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Living expenses?</td>
<td>01</td>
<td>02</td>
<td>-1</td>
</tr>
</tbody>
</table>
I. PHYSICAL ENVIRONMENT

I1. Do you (and your (husband/wife)) own or rent your (usual) home?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Owns or is buying</td>
</tr>
<tr>
<td>02</td>
<td>Rents</td>
</tr>
<tr>
<td>03</td>
<td>Occupies rent-free or for exchange of services</td>
</tr>
<tr>
<td>04</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>-1</td>
<td>Not answered</td>
</tr>
</tbody>
</table>

I2. Do you (and your husband/wife) make a monthly housing payment on a mortgage?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No/mortgage is paid up</td>
</tr>
<tr>
<td>-1</td>
<td>Not answered</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>-1</td>
<td>Not answered</td>
</tr>
</tbody>
</table>

I4. Do you receive any (other) assistance from the government in paying your rent?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>-1</td>
<td>Not answered</td>
</tr>
</tbody>
</table>
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  
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

- PROBES FOR PROBLEMS
- RELATED TO ARCHITECTURE
- OR REPAIR.

- YES, STAIRS ........... 01
- YES, OTHER PROBLEM ........... 02
- 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.

AM     .01

END TIME: [__|__]:[__|__]

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)

49
DURING THE ASSESSMENT, DID THE CLIENT'S BEHAVIOR STRIKE YOU AS:

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

NOTES ON BEHAVIOR

NOTES ON ALCOHOL OR DRUG ABUSE

50a
J4. IF PERSONAL CARE HOME, SITE-SPECIFIC CODE FOR TYPE:

|___|___|___|___|

NO INFORMATION ... -1

J5. DID THE SAMPLE MEMBER HAVE DIFFICULTY IN SPEAKING?

YES .............. 01

NO .............. 02 (J7)

NO OPPORTUNITY TO OBSERVE .............. -1 (J7)

J6. WHICH OF THE FOLLOWING BEST DESCRIBES THE SAMPLE MEMBER'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

J7. THINKING ABOUT THE SAMPLE MEMBER'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
### THE PHYSICAL ENVIRONMENT

Check if a problem observed for each of the following:

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peeling paint</td>
<td>[ ]</td>
</tr>
<tr>
<td>No curtains or shades</td>
<td>[ ]</td>
</tr>
<tr>
<td>Inadequate ventilation</td>
<td>[ ]</td>
</tr>
<tr>
<td>Blocked pathways/access to fire exits</td>
<td>[ ]</td>
</tr>
<tr>
<td>Slippery, sticky or cluttered floors that might cause slipping or tripping</td>
<td>[ ]</td>
</tr>
<tr>
<td>Evidence of spoiled food</td>
<td>[ ]</td>
</tr>
<tr>
<td>Dirty food preparation surfaces</td>
<td>[ ]</td>
</tr>
<tr>
<td>More than one day's dirty dishes in sink</td>
<td>[ ]</td>
</tr>
<tr>
<td>Bedding not fresh</td>
<td>[ ]</td>
</tr>
<tr>
<td>Toilet area filthy or odorious</td>
<td>[ ]</td>
</tr>
<tr>
<td>No grab bars near toilet and/or tub.</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### COMMENTS ON THE PHYSICAL ENVIRONMENT


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

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

ANY STAIRS FROM STREET TO BUILDING COUNT AS ONE FLIGHT.

FLIGHTS . . . . . | | | | | | |
NONE . . . . . . . . 00
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.***
<table>
<thead>
<tr>
<th>Six Months</th>
<th>Two Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the current month is:</td>
<td>The month six months ago was:</td>
</tr>
<tr>
<td>January</td>
<td>July</td>
</tr>
<tr>
<td>February</td>
<td>August</td>
</tr>
<tr>
<td>March</td>
<td>September</td>
</tr>
<tr>
<td>April</td>
<td>October</td>
</tr>
<tr>
<td>May</td>
<td>November</td>
</tr>
<tr>
<td>June</td>
<td>December</td>
</tr>
<tr>
<td>July</td>
<td>January</td>
</tr>
<tr>
<td>August</td>
<td>February</td>
</tr>
<tr>
<td>September</td>
<td>March</td>
</tr>
<tr>
<td>October</td>
<td>April</td>
</tr>
<tr>
<td>November</td>
<td>May</td>
</tr>
<tr>
<td>December</td>
<td>June</td>
</tr>
</tbody>
</table>
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

Analysis of Channeling Project Costs

Analysis of the Benefits and Costs of Channeling
Executive Summary: http://aspe.hhs.gov/daltcp/reports/1986/costes.htm

Applicant Screen Set

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

Assessment Training for Case Managers: A Trainer’s Guide

Case Management Forms Set

Case Management Training for Case Managers: A Trainer’s Guide
Channeling Effects for an Early Sample at 6-Month Follow-up

Channeling Effects on Formal Community-Based Services and Housing

Channeling Effects on Hospital, Nursing Home and Other Medical Services

Channeling Effects on Informal Care

Channeling Effects on the Quality of Clients' Lives

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

Differential Impacts Among Subgroups of Channeling Enrollees Six Months After Randomization

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

Final Report on the Effects of Sample Attrition on Estimates of Channeling's Impacts
Executive Summary: http://aspe.hhs.gov/daltcp/reports/1986/atritnes.htm
Informal Care to the Impaired Elderly: Report of the National Long-Term Care Demonstration Survey of Informal Caregivers

Informal Services and Supports

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

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

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

Screening Training for Screeners: A Trainer's Guide

Survey Data Collection Design and Procedures

Tables Comparing Channeling to Other Community Care Demonstrations

The Channeling Case Management Manual
The Channeling Financial Control System

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

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

The Evaluation of the National Long-Term Care Demonstration: Final Report
Executive Summary: http://aspe.hhs.gov/daltcp/reports/1986/chanes.htm

The Evaluation of the National Long-Term Care Demonstration
Executive Summary: http://aspe.hhs.gov/daltcp/reports/1988/hsres.htm

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

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

Applicant Screen

Client Contact Log
- HTML: http://aspe.hhs.gov/daltcp/instruments/ClConLog.htm

Client Tracking Form
- HTML: http://aspe.hhs.gov/daltcp/instruments/1982/ClTracFm.htm

Clinical Assessment and Research Baseline Instrument: Community Version

Clinical Baseline Assessment Instrument: Community Version

Clinical Baseline Assessment Instrument: Institutional Version

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

Informal Caregiver Followup Instrument
- HTML: http://aspe.hhs.gov/daltcp/instruments/ICFollIns.htm

Informal Caregiver Survey Baseline

Screening Identification Sheet
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