BOX_00

IF NOT ROUND 5 AND EVENT MONTH IS INTERVIEW MONTH, GO TO BOX_05

OTHERWISE, CONTINUE WITH BOX_01

BOX_01

IF PROVIDER IS FLAGGED AS 'AGENCY', CONTINUE WITH HH01

OTHERWISE, GO TO HH03

HH01

☑ Help Enabled (HH01Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.WORKERSBLSWVS		
HVIS.CNA	TYPE OF HEALTH CARE WORKER - CERT NURS ASST	2
HVIS.COMPANN	TYPE OF HEALTH CARE WORKER - COMPANION	2
HVIS.DIETICN	TYPE OF HEALTH CARE WORKER - DIETITION/NUTRT	2
HVIS.HHAIDE	TYPE OF HEALTH CARE WORKER - HOME CARE AIDE	2
HVIS.HOSPICE	TYPE OF HEALTH CARE WORKER - HOSPICE WRKR	2
HVIS.HMEMAKER	TYPE OF HEALTH CARE WORKER	2
HVIS.IVTHP	TYPE OF HEALTH CARE WORKER - IV THERAPIST	2
HVIS.MEDLDOC	TYPE OF HEALTH CARE WORKER - MEDICAL DR	2
HVIS.NURPRACT	TYPE OF HEALTH CARE WORKER - NURSE/PRACTR	2
HVIS.NURAIDE	TYPE OF HEALTH CARE WORKER - NURSES AIDE	2
HVIS.OCCUPTHP	TYPE OF HEALTH CARE WORKER - OCCUP THERAP	2
HVIS.PERSONAL	TYPE OF HEALTH CARE WORKER - PERS CARE ATTDT	2
HVIS.PHYSLTHP	TYPE OF HEALTH CARE WORKER - PHYSICAL THERAP	2
HVIS.RESPTHP	TYPE OF HEALTH CARE WORKER - RESPIR THERAP	2
HVIS.SOCIALW	TYPE OF HEALTH CARE WORKER - SOCIAL WORKER	2
HVIS.SPEECTHP	TYPE OF HEALTH CARE WORKER - SPEECH THERAP	2
HVIS.OTHRHCW	TYPE OF HEALTH CARE WORKER - OTHER	2
EVNT.PROCFLAG	EVNT UTILIZATION PROCESS FLAG	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

SHOW CARD HH-1

Please look at this card. During (VISIT MONTH), what types of health care workers from (PROVIDER) provided home care services for (PERSON)?

CHECK ALL THAT APPLY.

CERTIFIED NURSING ASSISTANT (CNA)	1
COMPANION	2
DIETITIAN/NUTRITIONIST	3
HOME HEALTH/HOME CARE AIDE	4
HOSPICE WORKER	5
HOMEMAKER	6
I.V. OR INFUSION THERAPIST	7
MEDICAL DOCTOR	8
NURSE/NURSE PRACTITIONER	9
NURSE'S AIDE	10

OCCUPATIONAL THERAPIST	11	
PERSONAL CARE ATTENDANT	12	
PHYSICAL THERAPIST	13	
RESPIRATORY THERAPIST	14	
SOCIAL WORKER	15	
SPEECH THERAPIST	16	
SOME OTHER TYPE OF HEALTH CARE WORKER	91	{HH02}

Refused	RF	{HH03}
Don't Know	DK	{HH03}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
PROGRAMMER NOTES:
'SOME OTHER TYPE OF HEALTH CARE WORKER' NOT DISPLAYED ON SHOW
CARD.

FOR SPECIFICATIONS PURPOSES ONLY (THIS CHECK IS AUTOMATIC):
CAPI DOES NOT ALLOW 'RF' OR 'DK' IN COMBINATION
WITH ANY OTHER CODE.
```

```
ROUTING INSTRUCTION:
IF CODED '91' (ALONE OR IN COMBINATION WITH ANY OTHER CODE),
CONTINUE WITH HH02

OTHERWISE, GO TO HH03
```

```
Context Header Display Instructions:
DISPLAY EVNT.EVNTBEGM AS THREE LETTERS.
```

HH02

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.WORKERS2BLSWVS		
HVIS.NONSKILL	TYPE OF HEALTH CARE WORKER - NON-SKILLED	2
HVIS.SKILLED	TYPE OF HEALTH CARE WORKER - SKILLED	2
HVIS.OTHCW	TYPE OF HEALTH CARE WORKER - SOME OTHER	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

What type of health care worker was it?

CHECK ALL THAT APPLY.

NON-SKILLED WORKER (ANY TYPE OF WORKER WHO PROVIDES HOME CARE SERVICES WHICH GENERALLY FALL INTO COMPANION, HOMEMAKER, PERSONAL CARE CATEGORIES. THESE WORKERS MAY ALSO PERFORM MINOR HEALTH CARE ACTIVITIES SUCH AS ADMINISTERING MEDICATIONS.)   1

SKILLED WORKER   2

OTHER TYPE OF HEALTH CARE WORKER   91

Refused   RF   {HH03}

Don't Know   DK   {HH03}

```
PROGRAMMER NOTES:
FOR SPECIFICATIONS PURPOSES ONLY (THIS CHECK IS AUTOMATIC):
CAPI DOES NOT ALLOW 'RF' OR 'DK' IN COMBINATION WITH ANY OTHER
CODE.
```

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ ROUTING INSTRUCTION:                                │
│ IF CODED '1' (NON-SKILLED WORKER) ALONE, GO TO HH03 │
│                                                     │
│ IF CODED '2' (SKILLED WORKER) ALONE OR IN COMBINATION WITH ANY │
│ OTHER CODE, CONTINUE WITH HH02OV1                   │
│                                                     │
│ IF CODED '91' (ALONE OR IN COMBINATION WITH ANY CODE EXCEPT │
│ '2'), GO TO HH02OV2                                 │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

```
┌─────────────────────────────────────────────────────────────┐
│ Hard CHECK:                                                  │
│ Refused and Don't Know cannot be entered in conjuction with any other code. │
└─────────────────────────────────────────────────────────────┘
```

HH02OV1

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.SKILLWOS	SPECIFY TYPE OF SKILLED WORKER	25

TYPE OF SKILLED   _____
       WORKER:

Refused   RF

Don't Know   DK

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ ROUTING INSTRUCTION:                              │
│ IF RESPONSE TO HH02 INCLUDES CODE '91', CONTINUE WITH HH02OV2 │
│                                                   │
│ OTHERWISE, GO TO HH03                             │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

HH02OV2

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.OTHCWOS	SPECIFY OTHER TYPE HLTH CARE WORKER	25

OTHER TYPE OF
HEALTH CARE
WORKER: _____ {HH03}

Refused   RF   {HH03}

Don't Know   DK   {HH03}

HH03

☑ Help Enabled (HH03Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.HOSPITAL	ANY HH CARE SVCE DUE TO HOSPITALIZATION	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Thinking about the home care services (PERSON) (have/has) received from {someone from} (PROVIDER) during (VISIT MONTH), were any of these home care services because of a hospitalization, either before or after {PERSON'S STR-DT}?

YES	1	{HH04}
NO	2	{HH04}

Refused	RF	{HH04}
Don't Know	DK	{HH04}

HELP AVAILABLE FOR DEFINITION OF HOSPITALIZATION.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.

DISPLAY THE REFERENCE PERIOD START DATE FOR THE PERSON BEING
ASKED ABOUT FOR 'PERSON'S STR-DT'.
```

HH04

☑ Help Enabled (HH04Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.VSTRELCN	ANY HH CARE SVCE RELATED TO HLTH COND	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Thinking about all of the home care services (PERSON) (have/has) received from {someone from} (PROVIDER) during (VISIT MONTH), were any of these home care services related to any specific health problem?

IF OLD AGE MENTIONED, SELECT 'YES' AND ENTER 'OLD AGE' AS CONDITION.

YES	1	{HH05}
NO	2	{BOX_02}
Refused	RF	{BOX_02}
Don't Know	DK	{BOX_02}

HELP AVAILABLE FOR DEFINITION OF HEALTH PROBLEM.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH05

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
COND.CONDID	COND ID KEY: PERSID + COUNTER(3) + CD	12
COND.CONDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
COND.CREATEQ	QUESTION THAT CREATED COND SEGMENT	4
COND.CONDNAM	NAME OF CONDITION	30
CLNK.CLNKID	CLNK ID KEY: CONDID + EVNTID	24
CLNK.CLNKRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CLNK.CREATEQ	QUESTION THAT CREATED CLNK SEGMENT	4
CLNK.CLNKTYPE	TYPE OF EVENT CONDITION IS LINKED TO	2
CRND.CRNDID	CRND ID KEY: CONDID + ROUND NUMBER	13
CRND.CRNDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CRND.CREATEQ	CREATION STAMP	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

What health condition led (PERSON) to receive home health care services from {someone from} (PROVIDER) during (VISIT MONTH)?

PROBE: Any other health condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

[Medical Condition]

[Medical Condition]

[Medical Condition]

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.

OTHERWISE, USE A NULL DISPLAY.
```

Roster Details	
Title:	PERS_COND_1

Col #	Header	Instructions
1	MEDICAL CONDITION Display name of medical condition COND.CONDNAM	

```
Roster Definition:
Display the Person's-Medical-Conditions-Roster for the
selection and addition of one or many medical condition(s)
associated with this event.
```

```
Roster Behavior:
1. Multiple Select allowed. Selection should NOT impact the
   round flag of the condition.
2. Multiple Add allowed. Interviewer should record the
   condition name.
3. Limited Delete allowed. Interviewer may delete a
   condition added on this screen as long as CAPI has
   not yet created the link between this condition and
   the event. If the interviewer attempts to delete a
   condition when delete is not allowed, display the
   following message: "DELETE ALLOWED ONLY
   WHEN CONDITION IS FIRST ENTERED."
4. Limited Edit allowed. Interviewer may edit a condition name
   newly added on this screen as long as CAPI has not yet
   created the link between this condition and the event. If
   the interviewer attempts to edit a condition when edit is
   not allowed, display the following message:  "EDIT
   ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED."
```

```
Roster Filter:
Display all conditions on person's roster; no filter.
```

BOX 02

```
IF PROVIDER FLAGGED AS 'INFORMAL', GO TO HH08

OTHERWISE, CONTINUE WITH HH06
```

HH06

☑ Help Enabled (HH06Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.TREATMT	PERSON RECEIVED MEDICAL TREATMENT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

SHOW CARD HH-2.

Please look at the top of this card.

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) by providing medical treatments or any type of therapy?

PROBE: Medical treatments include things like changing bandages, wound care, giving medication, taking blood pressure, or giving shots or injections. Therapy includes physical, occupational, and speech therapy.

YES, AT LEAST ONCE	1	{HH07}
NO	2	{HH07}
Refused	RF	{HH07}
Don't Know	DK	{HH07}

HELP AVAILABLE FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH07

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.MEDEQUIP	PERSON WAS TAUGHT USE OF MED EQUIPMT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

SHOW CARD HH-2.

Now look at the gray area in the middle of the card.

During (VISIT MONTH), did {someone from} (PROVIDER) provide or teach (PERSON) or a friend or relative how to use any medical equipment or assistive device , such as the items listed on this card?

PROBE: For example, an oxygen tank, a wheelchair, a walker, a hospital bed, a tub seat, or a special railing or commode.

YES, AT LEAST ONCE	1	{HH08}
NO	2	{HH08}
Refused	RF	{HH08}
Don't Know	DK	{HH08}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH08

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.DAILYACT	PERSON WAS HELPED WITH DAILY ACTIVITIES	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

{SHOW CARD HH-2/SHOW CARD HH-3.}

{Now look at the bottom of this card.}

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) with daily activities or personal care tasks, such as those listed on this card?

PROBE: For example, using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking or eating.

YES, AT LEAST ONCE	1	{HH09}
NO	2	{HH09}
Refused	RF	{HH09}
Don't Know	DK	{HH09}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'SHOW CARD HH-2.' AND 'Now look at the bottom of this
card.' IF PROVIDER IS FLAGGED AS 'AGENCY' OR 'PAID
INDEPENDENT'.

DISPLAY 'SHOW CARD HH-3.' IF PROVIDER IS FLAGGED AS 'INFORMAL'.

DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH09

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.COMPANY	PERSON RECEIVED COMPANIONSHIP SERVICES	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

During (VISIT MONTH), did {someone from} (PROVIDER) provide companionship or company for (PERSON)?

PROBE: For example, reading, watching T.V., playing games, going for a walk or to a restaurant, or just being together.

YES, AT LEAST ONCE	1	{HH10}
NO	2	{HH10}
Refused	RF	{HH10}
Don't Know	DK	{HH10}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH10

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.OTHSVCE	PERSON RECEIVED OTHER HOME CARE SERVICES	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Did {someone from} (PROVIDER) provide (PERSON) with any other home care services we have not yet talked about?

YES, AT LEAST ONCE	1	{HH10OV}
NO	2	{HH11}
Refused	RF	{HH11}
Don't Know	DK	{HH11}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH10OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.OTHSVCOS	SPECIFY OTHER HOME CARE SERVICE RECEIVED	25

What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, BACKUP TO HH06 TO BE SURE 'YES' IS CODED.
IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, BACKUP TO HH07 TO BE SURE 'YES' IS CODED.}
IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, BACKUP TO HH08 TO BE SURE 'YES' IS CODED.
IF COMPANIONSHIP MENTIONED, BACKUP TO HH09 TO BE SURE 'YES' IS CODED.

Other Services: _____   {HH11}

Refused   RF   {HH11}

Don't Know   DK   {HH11}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'IF MEDICAL TREATMENT OR THERAPY MENTIONED, BACKUP TO
BE SURE 'YES' IS CODED...'  IF PROVIDER IS FLAGGED AS 'AGENCY'
OR 'PAID INDEPENDENT'.
```

HH11

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.FREQCY	PROVIDER HELPED PERSON EVERY WK/SOME WKS	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Generally speaking, during (VISIT MONTH), did {someone from} (PROVIDER) come to the home to help (PERSON) every week or only during some weeks?

EVERY WEEK	1	{HH12}
SOME WEEKS	2	{HH13}
ONLY CAME ONCE	3	{HH16}
Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH12

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.DAYSPWK	NUMBER OF DAYS PER WEEK PROVIDER CAME	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

During (VISIT MONTH), about how many days per week did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

Number of Days Per _____   {HH14}
Week

Refused   RF   {BOX_03}

Don't Know   DK   {BOX_03}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

```
PROGRAMMER NOTES:
FOR SPECIFICATIONS PURPOSES ONLY (RANGE IS DETERMINED IN
PROGRAM):  ALLOW RESPONSES 1-7 ONLY.
```

HH13

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.DAYSPMO	NUMBER OF DAYS PER MONTH PROVIDER CAME	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

About how many days during (VISIT MONTH) did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

Number of Days Per _____   {HH14}
Month:

Refused   RF   {BOX_03}

Don't Know   DK   {BOX_03}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

```
Hard CHECK:
WVS ERROR HANDLER WILL DISPLAY AN ERROR MESSAGE AND FORCE THE INTERVIEWER TO
RECTIFY THE DATA IF ANY OF THE FOLLOWING SITUATIONS OCCUR:

IF (VISIT MONTH) IS:  JANUARY, MARCH, MAY, JULY, AUGUST, OCTOBER OR
DECEMBER:  1-31 FOR NUMBER OF DAYS.

IF (VISIT MONTH) IS:  APRIL, JUNE, SEPTEMBER OR NOVEMBER:  1-30 FOR NUMBER
OF DAYS.

IF (VISIT MONTH) IS:  FEBRUARY:  1-29 FOR NUMBER OF DAYS IF 2008.
OTHERWISE, 1-28 FOR NUMBER OF DAYS.
```

HH14

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.HOWOFTEN	PROV CAME ONCE PER DAY/MORE THAN ONCE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

During (VISIT MONTH), did {someone from} (PROVIDER) come once per day or more than once per day?

PROBE: We just need to know in general.

ONCE PER DAY	1	{HH16}
MORE THAN ONCE PER DAY	2	{HH15}
24 HOURS PER DAY	3	{BOX_03}
Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

HH15

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.TMSPDAY	TIMES PER DAY PROVIDER CAME HOME TO HELP	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

During (VISIT MONTH), how many times per day did {someone from} (PROVIDER) come to the home to help (PERSON)?

PROBE: We just need to know in general.

    NUMBER OF TIMES _____   {HH16}
            PER DAY

    Refused   RF   {BOX_03}

    Don't Know   DK   {BOX_03}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.
```

```
Hard CHECK:
ALLOW ONLY 2 - 6 FOR NUMBER OF TIMES PER DAY
```

HH16

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.MINLONG	MINUTES EACH VISIT LASTED	2
HVIS.HRSLONG	HOURS EACH VISIT LASTED	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

How long did {each visit usually/the visit} last?

PROBE: We just need to know in general.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER '0' FOR HOURS.

Hours _____

Minutes _____   {BOX_03}

Refused   RF   {BOX_03}

Don't Know   DK   {BOX_03}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'each visit usually' IF HH11 IS NOT CODED '3' (ONLY
CAME ONCE).

DISPLAY 'the visit' IF HH11  IS CODED '3' (ONLY CAME ONCE).
```

```
PROGRAMMER NOTES:
FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES THIS
AUTOMATICALLY): ALLOW 0-24 FOR HOURS AND 0-59 FOR MINUTES.
```

```
ROUTING INSTRUCTION:
IF 'RF', 'DK', OR '24' ENTERED FOR HOURS, GO TO BOX_03.
```

```
Hard CHECK:
IF '0' ENTERED IN BOTH HOURS AND MINUTES, THE WVS ERROR HANDLER WILL FORCE
THE INTERVIEWER TO RECTIFY THE DATA.
```

BOX 03

```
IF 2 OR MORE MONTHS, EXCLUDING INTERVIEW MONTH, FOR THIS PROVIDER FOR THIS
PERSON HAVE NOT COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION AND IF
THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH HH17

OTHERWISE, GO TO BOX_04
```

HH17

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HVIS.SAMESVCE	ANY OTHER MONTHS PER RECEIVED SERVICES	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

I have recorded that (PERSON) received services from (PROVIDER) during other months. Were the services received from (PROVIDER) during the other months similar to the services received during (VISIT MONTH). That is, in the other months, did (PROVIDER) visit {the same number of times/(READ FREQUENCY BELOW)} and provide {the same services/(READ SERVICES BELOW)}?

FREQUENCY   SERVICES

{FREQUENCY OF SERVICES} {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}

YES   1   {HH18}
NO   2   {BOX_04}

Refused   RF   {BOX_04}
Don't Know   DK   {BOX_04}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'the same number of times' IF HH12 AND HH13 WERE NOT
ASKED OR WERE CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW).
OTHERWISE, DISPLAY '(READ FREQUENCY BELOW)'.

IF HH06 - HH10 ARE ALL CODED '2' (NO), 'RF' (REFUSED), OR 'DK'
(DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY
'the same services'.  OTHERWISE, DISPLAY '(READ SERVICES
BELOW)'.

FREQUENCY =

DISPLAY NUMBER AND 'DAYS PER WEEK' IF A RESPONSE WAS RECORDED
AT HH12.
DISPLAY NUMBER AND 'DAYS PER MONTH' IF A RESPONSE WAS RECORDED
AT HH13.
DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND HH13 WERE NOT
ASKED OR WERE CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW).

SERVICES =

FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10,
DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR 'DESCRIPTION
OF SERVICE':

IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR THERAPY'
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR ASSISTIVE DEVICE
INSTRUCTION.'
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES OR PERSONAL
CARE'
IF HH09 = 1, DISPLAY 'COMPANIONSHIP'
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV
IF HH06 - HH10 ARE ALL CODED '2' (NO), 'RF' (REFUSED), OR 'DK'
(DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY
'THE SAME SERVICES'.
```

HH18

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HH18BLSWVS		
EVNT.RVTYPE	REPEAT VISIT TYPE - STEM/LEAF	2
EVNT.RVSTEM	4-DIGIT EVENT NUMBER OF STEM RV	4
EVNT.PROCFLAG	EVNT UTILIZATION PROCESS FLAG	2
EVNT.STOREVAR	MATRIX TEMPORARY STORAGE VARIABLE	2
CLNK.CLNKID	CLNK ID KEY: CONDID + EVNTID	24
CLNK.CLNKRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CLNK.CREATEQ	QUESTION THAT CREATED CLNK SEGMENT	4
CLNK.CLNKTYPE	TYPE OF EVENT CONDITION IS LINKED TO	2
EVPV.RVTYPE	REPEAT VISIT TYPE - STEM/LEAF	2
EVPV.RVSTEM	4-DIGIT EVENT NUMBER OF STEM RV	4
EVPV.CPFLAG	CHARGE PAYMENT PROCESS FLAG	2
HVIS.HVISID	HVIS ID KEY: PERSID + COUNTER(3) + CD	12
HVIS.HVISRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
HVIS.CREATEQ	CREATION STAMP	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

During which of the following months did (PROVIDER) visit {the same number of times/(READ FREQUENCY BELOW)} and provide {the same services/ (READ SERVICES BELOW)}?

PROBE: Any other months with the same number of visits and the same services?

FREQUENCY   SERVICES

{FREQUENCY OF SERVICES} {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}
                         {DESCRIPTION OF SERVICES RECEIVED}

[Month, Year]
[Month, Year]
[Month, Year]   {HH19}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'the same number of times' IF HH12 AND HH13 WERE NOT
ASKED OR WERE CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW).
OTHERWISE, DISPLAY '(READ FREQUENCY BELOW)'.

IF HH06 - HH10 ARE ALL CODED '2' (NO), 'RF' (REFUSED), OR 'DK'
(DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY
'the same services'.  OTHERWISE, DISPLAY '(READ SERVICES
BELOW)'.

FREQUENCY =

DISPLAY NUMBER AND 'DAYS PER WEEK' IF A RESPONSE WAS RECORDED
AT HH12.
DISPLAY NUMBER AND 'DAYS PER MONTH' IF A RESPONSE WAS RECORDED
AT HH13.
DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND HH13 WERE NOT
ASKED OR WERE CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW).

SERVICES =

FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10,
DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR 'DESCRIPTION
OF SERVICE':

IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR THERAPY'
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR ASSISTIVE DEVICE
INSTRUCTION.'
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES OR PERSONAL
CARE'
IF HH09 = 1, DISPLAY -'COMPANIONSHIP'
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV
IF HH06 - HH10 ARE ALL CODED '2' (NO), 'RF' (REFUSED), OR 'DK'
(DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY
'THE SAME SERVICES'.
```

```
PROGRAMMER NOTES:
FLAG EACH MONTH SELECTED AT HH18 AS A REPEAT VISIT RELATED TO
THE EVENT BEING ASKED ABOUT.  FLAG THE CHARGE PAYMENT
(CP)STATUS OF EACH REPEAT VISIT AS 'PROCESSED.'

LINK FREQUENCY AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING
ASKED ABOUT WITH EACH REPEAT VISIT.  FLAG EVENT AS PROCESSED
SO THAT THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS
FOR THE HH SECTION.
```

Roster Details

Title: PERS_MED_EVNT_1

Col #	Header	Instructions
1	DATE	Display the Month, Day, and Year of Medical Evnts EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY

Roster Definition:
Display the Person's Medical Events Roster for selection.

Roster Behavior:
1. Multiple Select allowed.
2. Add, delete, and edit disallowed.

Roster Filter:
Display all events (dates) in person's medical events roster
that meet the following criteria:
- Created this round, excluding the interview month
- Have not been processed through utilization
- Have event type 'HH'
- Are associated with the same provider as the event being
asked about during this round

HH19

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.RVNAME	NAME OF REPEAT VISIT GROUP	30
EVPV.RVNAME	NAME OF REPEAT VISIT GROUP	30

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS SELECTED IN PREVIOUS QUESTION.

_____   {BOX_04}

BOX_04

IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, CONTINUE WITH BOX_05

BOX_05

GO TO THE EVENT DRIVER (ED) SECTION