#### **BOX\_01**

NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK THIS SECTION FOR DECEASED PERSONS.

NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY ROUND.

NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS FOLLOWS:

- 1 = LESS THAN 1 YEAR OLD
- 2 = 1-4
- 3 = 5-15
- 4 = 16-23
- 5 = 24 34
- 6 = 35-44
- 7 = 45-54
- 8 = 55-64
- 9 = 65 YEARS OLD OR OLDER

| ✓ Help Enabled (IMPAIRMENT) | ✓ Comment Enabled | ✓ Jump Back Enabled |
|-----------------------------|-------------------|---------------------|
|                             |                   |                     |

| Variable Name | Label                                    | Size |
|---------------|--|------|
| HOME.FONEHLP  | ANYONE GET HELP USING PHONE/PAYING BILLS | 2    |

{STR-DT} {END-DT}

The next few questions are about difficulties people may have with everyday activities such as getting around, bathing or taking medications. We are interested in difficulties due to an impairment or a physical or mental health problem.

{Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).}

Does anyone in the family receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping?

| YES        | 1  |        |
|------------|----|--------|
| NO         | 2  | {HE04} |
| Refused    | RF | {HE04} |
| Don't Know | DK | {HE04} |

# HELP AVAILABLE FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

DISPLAY INSTRUCTIONS:
DISPLAY '{Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).}' IF ROUND 5. OTHERWISE, USE NULL DISPLAY.

ROUTING INSTRUCTION:
IF CODED '1' (YES) AND A SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT HE02 BY CAPI AND GO TO LOOP\_01

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE02

| ☐ Help Enabl | ed | Comment Enabled | ✓ Jum | p Back Enabled |
|--------------|----|-----------------|-------|----------------|
|              |    |                 |       |                |

| Variable Name | Label                                 | Size |
|---------------|---------------------------------------|------|
| PRND.WHOFONE  | WHO GOT HELP USING PHONE/PAYING BILLS | 2    |
| PRND.IADLFLAG | LTC SUPPLEMENT FLAG: IADL SECTION     | 2    |

{STR-DT} {END-DT}

HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING SHOPPING.

Who is that?

**PROBE:** Does anyone else receive help or supervision doing these types of activities?

[First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] {LOOP\_01}

PROGRAMMER NOTES:

FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: IADL SECTION.

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

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

Display all RU members excluding deceased RU members.

#### LOOP 01

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX\_01A - END\_LP01

LOOP DEFINITION: LOOP\_01 DETERMINES IF PERSONS RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (I.E., PERSON SELECTED AT HE02)

#### **BOX 01A**

IF THE RU MEMBER BEING LOOPED ON IS < 13 YEARS OF AGE OR IN AGE CATEGORIES 1-3, CONTINUE WITH HE03

OTHERWISE, GO TO HE03A

| ✓ Help Enabled | (IMPAIRMENT) | Comment Enabled | ✓ Jump Back Enabled |
|----------------|--------------|-----------------|---------------------|
|                |              |                 |                     |

| Variable Name | Label                                  | Size |
|---------------|--|------|
| PRND.PHONPROB | DID PERSON GET HELP FOR HEALTH REASONS | 2    |
| PRND.IADLFLAG | LTC SUPPLEMENT FLAG: IADL SECTION      | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping because of an impairment or a physical or mental health problem?

| YES        | 1  | {HE03A}    |
|------------|----|------------|
| NO         | 2  | {END_LP01} |
| Refused    | RF | {END_LP01} |
| Don't Know | DK | {END_LP01} |

# HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

PROGRAMMER NOTES:
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: IADL SECTION.

#### **HE03A**

| Variable Name | Label                               | Size |
|---------------|-------------------------------------|------|
| PRND.HLPACTIV | HELP OR SUPERVISION WITH ACTIVITIES | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Do you expect that (PERSON) will need help or supervision with these activities for at least three more months?

| YES        | 1  | {END_LP01} |
|------------|----|------------|
| NO         | 2  | {END_LP01} |
| Refused    | RF | {END_LP01} |
| Don't Know | DK | {END_LP01} |

# END\_LP01

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP\_01 AND CONTINUE WITH HE04

| ✓ Help Enabled (HE04Help) |                | ✓ Comment Enabled          | ☑ Jump Back Enable | d    |
|---------------------------|----------------|----------------------------|--------------------|------|
| Variable Name             | ANYONE GET HEL | Label P WITH PERSONAL CARE |                    | Size |
| {STR-DT} {END-DT}         |                |                            |                    |      |

Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?

| 1  |          |
|----|----------|
| 2  | {BOX_02} |
| RF | {BOX_02} |
| DK | {BOX_02} |
|    | <br>RF   |

#### HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION.

```
PROGRAMMER NOTES:

IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE

PERSON AS 'RECEIVES HELP' AT HE05 BY CAPI.

ROUTING INSTRUCTION:

IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO LOOP_02

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HE05
```

| ☐ Help Enabled ☐ Comment Enabled ☐ Jump Back Enable |
|---|
|---|

| Variable Name | Label                            | Size |
|---------------|----------------------------------|------|
| PRND.WHOPERS  | WHO GOT HELP WITH PERSONAL CARE  | 2    |
| PRND.ADLFLAG  | LTC SUPPLEMENT FLAG: ADL SECTION | 2    |

{STR-DT} {END-DT}

HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING, DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

**PROBE:** Does anyone else receive help or supervision with personal care?

[First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] {LOOP\_02}

PROGRAMMER NOTES:
| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS OLD OR IN
| AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: ADL SECTION.

|        |              | Roster Details |
|--------|--------------|----------------|
| Title: | RU_Members_1 |                |
| Col#   | TT 1         | <b>▼</b>       |
| COI#   | Header       | Instructions   |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

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

Roster Filter:
Display all RU members excluding deceased RU members.

#### **LOOP\_02**

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX\_01B - END\_LP02

LOOP DEFINITION: LOOP\_02 DETERMINES IF PERSONS RECEIVE HELP OR SUPERVISION WITH PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP OR SUPERVISION WITH PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING, THAT IS, THE PERSON
  - IS SELECTED AT HE05)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE CATEGORIES 4-9

#### BOX\_01B

IF THE RU MEMBER BEING LOOPED ON IS < 13 YEARS OF AGE OR IN AGE CATEGORIES 1-3, CONTINUE WITH HE06

OTHERWISE, GO TO HE06A

| Help Eliabled (IMPAIRMENT) Collinelli Eliabled - Julip Dack Eliable | ✓ Help Enabled | (IMPAIRMENT) | Comment Enabled | ✓ Jump Back Enabled |
|---|----------------|--------------|-----------------|---------------------|
|---|----------------|--------------|-----------------|---------------------|

| Variable Name | Label                                   | Size |
|---------------|---|------|
| PRND.PERSPROB | DID PERSON GET HELP FOR HEALTH PROBLEMS | 2    |
| PRND.ADLFLAG  | LTC SUPPLEMENT FLAG: ADL SECTION        | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

(Do/Does) (PERSON) receive help or supervision with personal care such as bathing, dressing or getting around the house **because of an impairment or a physical or mental health problem?** 

| YES        | 1  | {HE06A}    |
|------------|----|------------|
| NO         | 2  | {END_LP02} |
| Refused    | RF | {END_LP02} |
| Don't Know | DK | {END_LP02} |

# HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

PROGRAMMER NOTES:
IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: ADL SECTION.

# **HE06A**

| ☐ Help Enabled                | ✓ Comment Enabled                                       | ✓ Jump    | o Back Enable          | ed   |
|-------------------------------|---|-----------|------------------------|------|
| Variable Name PRND.HLPPCARE H | Label ELP OR SUPERVISION WITH PERSONAL CARE             |           |                        | Size |
| {PERSON'S FIRST M             | IDDLE AND LAST NAME} {STR-DT}                           | END-DT    |                        |      |
|                               | that (PERSON) will need help or supe<br>ee more months? | rvision w | ith personal c         | are  |
| YES                           |   | 1         | {END_LP02              | 2}   |
| NO                            |   | 2         | {END_LP02              | 2}   |
| Refuse<br>Don't k             | -   | RF<br>DK  | {END_LP02<br>{END_LP02 | •    |
| שטווני                        | XI IOW  | DI        | LIND_LPU2              | - }  |

# END\_LP02

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP\_02 AND CONTINUE WITH BOX\_02

#### **BOX 02**

IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH HE07

IF ROUND 2 OR ROUND 4, GO TO HE26

#### <u>HE07</u>

| ✓ Help Enabled (HE07Help) | ✓ Comment Enabled | ✓ Jump Back Enabled |
|---------------------------|-------------------|---------------------|
|                           |                   |                     |

| Variable Name | Label                                | Size |
|---------------|--------------------------------------|------|
| HOME.AIDSHLP  | ANYONE GET HELP FROM AIDS/EQUIPMENT  | 2    |
| HOWE.AIDONE   | ANTONE GETTIELT TROM AIDO/EQUIT MENT |      |

{STR-DT} {END-DT}

Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?

| YES        | 1  |        |
|------------|----|--------|
| NO         | 2  | {HE09} |
| Refused    | RF | {HE09} |
| Don't Know | DK | {HE09} |

#### HELP AVAILABLE FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

PROGRAMMER NOTES:

IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE
PERSON AS 'USES AIDS' AT HE08 BY CAPI.

ROUTING INSTRUCTION:
IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO HE09

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE08

| ☐ Help Enabl | ed | Comment Enabled | ✓ Jum | p Back Enabled |
|--------------|----|-----------------|-------|----------------|
|              |    |                 |       |                |

| Variable Name | Label                                    | Size |
|---------------|--|------|
| PRND.WHOAIDS  | WHO GOT HELP FROM AIDS/EQUIPMENT         | 2    |
| PRND.ASEFLAG  | LTC SUPP. FLAG: AIDS/SPECIAL EQUIP. SECT | 2    |

{STR-DT} {END-DT}

USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

**PROBE:** Does anyone else use any aids for personal care or everyday activities?

[First Name,[Middle Name],Last Name] {HE09} [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name]

PROGRAMMER NOTES:
FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: AIDS/SPECIAL EQUIPMENT SECTION.

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

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

Display all RU members excluding deceased RU members.

# HE09

| Variable Name  HOME.WALKHELP  ANYONE HAVE DIFFICULTY WALK/CLIMB/GRASP/  STR-DT} {END-DT}  Does anyone in the family have difficulties walking, climbing stairs, graspin objects, reaching overhead, lifting, bending or stooping, or standing for lor periods of time?  YES  NO  2 {HE19}  Refused  RF {HE19}  Don't Know  DK {HE19}  PROGRAMMER NOTES:  IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' AT HE10 BY CAPI. | ☐ Help Enabled  |  | ✓ Comment Enabled      | <b>☑</b> Jur | mp Back Enab     | led  |
|---|---|--|------------------------|--------------|------------------|------|
| Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for lor periods of time?  YES  NO  2 {HE19}  Refused  RF {HE19}  Don't Know  DK {HE19}   |   | ANYONE HAVE DIF  |                        |              |                  | Size |
| objects, reaching overhead, lifting, bending or stooping, or standing for lor periods of time?  YES  NO  Refused  Refused  RF  Don't Know  PROGRAMMER NOTES:  IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE   | {STR-DT} {END-DT  |  |                        |              |                  |      |
| NO 2 {HE19}  Refused RF {HE19}  Don't Know DK {HE19}  PROGRAMMER NOTES:  IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE  | objects, reac   | hing overhead  |                        |              |                  |      |
| Refused RF {HE19}  Don't Know DK {HE19}  PROGRAMMER NOTES:  IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE   | YES   |  |                        | 1            |                  |      |
| Don't Know  DK {HE19}  PROGRAMMER NOTES:  IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE   | NO  |  |                        | 2            | {HE19}           |      |
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE   |   |  |                        |              |                  |      |
| ROUTING INSTRUCTION:<br>  IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO LOOP_03  | IF CODED '1<br>  PERSON AS '<br>  = = = = = = = = = = = = = = = = = = = | ' (YES) AND A<br>HAVING DIFFIC<br>= = = = = =<br>TRUCTION: | ULTY' AT HE10 BY CAPI. | ===:         | = = = = = ;<br>; |      |

#### <u>HE10</u>

| ☐ Help Enabl | ed | Comment Enabled | ✓ Jum | p Back Enabled |
|--------------|----|-----------------|-------|----------------|
|              |    |                 |       |                |

| Variable Name | Label                                  | Size |
|---------------|--|------|
| PRND.WHOWALK  | WHO HAD DIFFICULTY WALK/CLIMB/GRASP    | 2    |
| PRND.FULIFLAG | LTC SUPP. FLAG: FUNCTIONAL LIMITATIONS | 2    |

{STR-DT} {END-DT}

DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?

**PROBE:** Does anyone else have difficulties doing these types of activities?

[First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] {LOOP\_03}

PROGRAMMER NOTES:
FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS OLD OR IN

AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: FUNCTIONAL

LIMITATIONS SECTION.

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

Roster Behavior:

Multiple select allowed.

Add, delete, and edit disallowed

Roster Filter:

Display all RU members excluding deceased RU members.

#### LOOP 03

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE11 - END\_LP03

LOOP DEFINITION: LOOP\_03 COLLECTS INFORMATION ON THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON SELECTED AT HE10)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE CATEGORIES 4-9

| ☐ Help Enabled | Comment Enabled | ✓ Jump Back Enabled |
|----------------|-----------------|---------------------|
|                |                 | - Jump Dack Enabled |

| Variable Name | Label                          | Size |
|---------------|--------------------------------|------|
| PRND.LIFTDIFF | HAVE DIFFICULTY LIFTING THINGS | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

#### **SHOW CARD HE-1.**

{For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}

Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

| NO DIFFICULTY              | 1  | {HE12} |
|----------------------------|----|--------|
| SOME DIFFICULTY            | 2  | {HE12} |
| A LOT OF DIFFICULTY        | 3  | {HE12} |
| COMPLETELY UNABLE TO DO IT | 4  | {HE12} |
| Refused                    | RF | {HE12} |
| Don't Know                 | DK | {HE12} |

#### DISPLAY INSTRUCTIONS:

DISPLAY 'For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}' IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU, USE A NULL DISPLAY.

| ☐ Help Enabled ☐ Comment Enabled ☐ Jump Back Enabled |
|--|
|--|

| Variable Name | Label                            | Size |
|---------------|----------------------------------|------|
| PRND.STEPDIFF | HAVE DIFFICULTY WALKING UP STEPS | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

#### **SHOW CARD HE-1.**

How much difficulty (do/does) (PERSON) have walking up 10 steps without resting?

**PROBE:** Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

# IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO WALK, SELECT 'COMPLETELY UNABLE TO WALK.'

| NO DIFFICULTY              | 1  | {HE13} |
|----------------------------|----|--------|
| SOME DIFFICULTY            | 2  | {HE13} |
| A LOT OF DIFFICULTY        | 3  | {HE13} |
| COMPLETELY UNABLE TO DO IT | 4  | {HE13} |
| COMPLETELY UNABLE TO WALK  | 5  | {HE17} |
|                            |    |        |
| Refused                    | RF | {HE13} |
| Don't Know                 | DK | {HE13} |

PROGRAMMER NOTES:

IF CODED '5' (COMPLETELY UNABLE TO WALK), AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS '4' (COMPLETELY UNABLE TO DO IT) BY CAPI

| ☐ Help Enabled   | ✓ Comment Enabled              | <b>☑</b> Jum     | p Back Enabl                         | ed     |
|--|--------------------------------|------------------|--------------------------------------|--------|
| Variable Name PRND.BLOKDIFF HAVE DIFFICULT   | Label Y WALKING CITY BLOCKS    |                  |                                      | Size 2 |
| {PERSON'S FIRST MIDDLE AND   | LAST NAME} {STR-DT}            | END-D            | Γ}                                   |        |
| SHOW CARD HE-1.  How much difficulty (do/do about a quarter of a mile?  PROBE: Would you say r completely unable to do it? | no difficulty, some difficulty |                  | ·                                    | or     |
| NO DIFFICULTY SOME DIFFICULT A LOT OF DIFFIC COMPLETELY UN   | ULTY                           | 1<br>2<br>3<br>4 | {HE14}<br>{HE14}<br>{HE14}<br>{HE15} |        |
| Refused  Don't Know  |                                | RF<br>DK         | {HE14}<br>{HE14}                     |        |

PROGRAMMER NOTES:

IF CODED '4' (COMPLETELY UNABLE TO DO IT), AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE TO DO IT) BY CAPI

| ☐ Help Enabled | ✓ Comment Enabled | ✓ Jump Back Enabled |
|----------------|-------------------|---------------------|
|                |                   |                     |

| Variable Name | Label                          | Size |
|---------------|--------------------------------|------|
| PRND.MILEDIFF | HAVE DIFFICULTY WALKING A MILE | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

#### **SHOW CARD HE-1.**

How much difficulty (do/does) (PERSON) have walking a mile?

| NO DIFFICULTY              | 1  | {HE15}     |
|----------------------------|----|------------|
| SOME DIFFICULTY            | 2  | {HE15}     |
| A LOT OF DIFFICULTY        | 3  | {HE15}     |
| COMPLETELY UNABLE TO DO IT | 4  | {HE15}     |
| Refused                    | RF | <br>{HE15} |
|                            |    | , ,        |
| Don't Know                 | DK | {HE15}     |

| ☐ Help Enabled | Comment Enabled | ✓ Jump Back Enabled |
|----------------|-----------------|---------------------|
|                |                 |                     |

| Variable Name | Label                               | Size |
|---------------|-------------------------------------|------|
| PRND.STNDDIFF | HAVE DIFFICULTY STANDING 20 MINUTES | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

#### **SHOW CARD HE-1.**

How much difficulty (do/does) (PERSON) have standing for about 20 minutes?

| NO DIFFICULTY              | 1  | {HE16} |
|----------------------------|----|--------|
| SOME DIFFICULTY            | 2  | {HE16} |
| A LOT OF DIFFICULTY        | 3  | {HE16} |
| COMPLETELY UNABLE TO DO IT | 4  | {HE16} |
| Refused                    | RF | {HE16} |
| Don't Know                 | DK | (HE16) |

| ☐ Help Enabled ☐ Comment Enabled ☐ Jump Back E | nabled |
|--|--------|

| Variable Name | Label                            | Size |
|---------------|----------------------------------|------|
| PRND.BENDDIFF | HAVE DIFFICULTY BENDING/STOOPING | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

#### **SHOW CARD HE-1.**

How much difficulty (do/does) (PERSON) have bending down or stooping from a standing position to pick up an object from the floor or tie a shoe?

| NO DIFFICULTY              | 1  | {HE17} |
|----------------------------|----|--------|
| SOME DIFFICULTY            | 2  | {HE17} |
| A LOT OF DIFFICULTY        | 3  | {HE17} |
| COMPLETELY UNABLE TO DO IT | 4  | {HE17} |
| Refused                    | RF | {HE17} |
| Don't Know                 | DK | {HE17} |

#### <u>HE17</u>

| ☐ Help Enabled | ✓ Comment Enabled | ✓ Jump Back Enabled |
|----------------|-------------------|---------------------|
|                |                   |                     |

| Variable Name | Label                             | Size |
|---------------|-----------------------------------|------|
| PRND.RECHDIFF | HAVE DIFFICULTY REACHING OVERHEAD | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

#### **SHOW CARD HE-1.**

How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?

| NO DIFFICULTY              | 1  | {HE18}  |
|----------------------------|----|---------|
| SOME DIFFICULTY            | 2  | {HE18}  |
| A LOT OF DIFFICULTY        | 3  | {HE18}  |
| COMPLETELY UNABLE TO DO IT | 4  | {HE18}  |
| Defused                    | DE | (LIE40) |
| Refused                    | RF | {HE18}  |
| Don't Know                 | DK | {HE18}  |
|                            |    |         |

| ☐ Help Enabled | ✓ Comment Enabled | ✓ Jump Back Enabled   |
|----------------|-------------------|-----------------------|
|                |                   | - Julip Dack Lilabieu |

| Variable Name | Label                               | Size |
|---------------|-------------------------------------|------|
| PRND.GRSPDIFF | HAVE DIFFICULTY GRASPING/PICKING UP | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

#### **SHOW CARD HE-1.**

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

| NO DIFFICULTY              | 1  | {HE18A} |
|----------------------------|----|---------|
| SOME DIFFICULTY            | 2  | {HE18A} |
| A LOT OF DIFFICULTY        | 3  | {HE18A} |
| COMPLETELY UNABLE TO DO IT | 4  | {HE18A} |
|                            |    |         |
| Refused                    | RF | {HE18A} |
| Don't Know                 | DK | {HE18A} |

# **HE18A**

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

| Variable Name | Label                                   | Size |
|---------------|---|------|
| PRND.DIFACTIV | DIFFICULTY WITH ANY OF THESE ACTIVITIES | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

(Are/Is) (PERSON) expected to have difficulty with any of these activities for at least three more months?

| YES        | 1  | {END_LP03} |
|------------|----|------------|
| NO         | 2  | {END_LP03} |
| Refused    | RF | {END_LP03} |
| Don't Know | DK | {END_LP03} |

# END\_LP03

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP $\_03$  AND CONTINUE WITH HE19

| ✓ Help Enabled (HE19Help) |                   | ✓ Comment Enabled | ☑ Jump Back Enable | ed   |
|---------------------------|-------------------|-------------------|--------------------|------|
| Variable Name             |                   | Label             |                    | Size |
| HOME.WORKLIMT             | ANYONE LIMITED IN | ABILITY TO WORK   |                    | 2    |
| {STR-DT} {END-DT}         |                   |                   |                    |      |

Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

| YES        | 1  |        |
|------------|----|--------|
| NO         | 2  | {HE22} |
| Refused    | RF | {HE22} |
| Don't Know | DK | {HE22} |

# HELP AVAILABLE FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.

```
PROGRAMMER NOTES:

IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE

PERSON AS 'LIMITED ABILITY' AT HE20 BY CAPI

ROUTING INSTRUCTION:

IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO LOOP_04

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE20
```

| $\square$ Help Enabled | Comment Enabled | ✓ Jump Back Enabled |
|------------------------|-----------------|---------------------|
|------------------------|-----------------|---------------------|

| Variable Name | Label                                    | Size |
|---------------|--|------|
| PRND.WHOWORKL | WHO IS LIMITED IN ABILITY TO WORK        |      |
| PRND.WHSLFLAG | LTC SUPP FLAG: WORK/HOUSEWORK/SCHL LIMIT | 2    |

{STR-DT} {END-DT}

LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

[First Name,[Middle Name],Last Name] {LOOP\_04} [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name]

PROGRAMMER NOTES:
FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE
CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: WORK-HOUSEWORK-SCHOOL
LIMITATIONS SECTION.

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

Roster Behavior:

- 1. Multiple select allowed.
- 2. Add, delete, and edit disallowed

| Roster Filter:         |           |          |            |  |
|------------------------|-----------|----------|------------|--|
| Display all RU members | excluding | deceased | RU members |  |

### **LOOP\_04**

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE20A - END\_LP04

LOOP DEFINITION: LOOP\_03 COLLECTS INFORMATION ON WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT  $\rm HE20$ )
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

# **HE20A**

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

| Variable Name | Label                                    | Size |
|---------------|--|------|
| PRND.LIMTWORK | PERSON HAS LIMITED ACTIVITIES-WORKING A  | 2    |
| PRND.LIMTHSWK | PERSON HAS LIMITED ACTIVITIES-DOING HOUS | 2    |
| PRND.LIMTSCHL | PERSON HAS LIMITED ACTIVITIES-GOING TO S | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

#### **CHECK ALL THAT APPLY.**

| WORKING AT A JOB | 1  | {HE21} |
|------------------|----|--------|
| DOING HOUSEWORK  | 2  | {HE21} |
| GOING TO SCHOOL  | 3  | {HE21} |
| Refused          | RF | {HE21} |
| Don't Know       | DK | {HE21} |

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

| Variable Name | Label                               | Size |
|---------------|-------------------------------------|------|
| PRND.UNABLWRK | IS PERSON COMPLETELY UNABLE TO WORK | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

{At the time (PERSON) entered the institution, was/(Are/Is)} (PERSON) completely unable to {work at a job}{,/ and} { do housework}{ and}{ go to school}?

| YES        | 1  | {END_LP04} |
|------------|----|------------|
| NO         | 2  | {END_LP04} |
| Refused    | RF | {END_LP04} |
| Don't Know | DK | {END LP04} |

#### DISPLAY INSTRUCTIONS:

DISPLAY 'At the time (PERSON) entered the institution, was' IF PERSON BEING ASKED ABOU CODED AS BEING INSTITUTIONALIZED AT END DATE. DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU.

DISPLAY 'work at a job' IF HE20A IS CODED '1' (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW). IF HE20A IS NOT CODED '1', 'RF', OR 'DK', USE A NULL DISPLAY.

DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR IF HE20A IS CODED EITHER 'RF' OR 'DK'. DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER '2' OR '3'. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'do housework' IF HE20A IS CODED '2' (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW). IF HE20A IS NOT CODED '2', 'RF', OR 'DK', USE A NULL DISPLAY.

DISPLAY 'and' IF ONLY CODES '2' AND '3' ARE SELECTED AT HE20A OR IF CODES '1', '2', AND '3' ARE ALL SELECTED AT HE20A OR IF CODED EITHER 'RF' OR 'DK' AT HE20A. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'go to school' IF HE20A IS CODED '3' (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW). IF HE20A IS NOT CODED '3', 'RF', OR 'DK', USE A NULL DISPLAY.

#### END\_LP04

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP\_04 AND CONTINUE WITH HE22

#### **HE22**

| ✓ Help Enabled (HE | E22Help)          | ✓ Comment Enabled | ✓ Jump Back Enabl | ed   |
|--------------------|-------------------|-------------------|-------------------|------|
| Variable Name      |                   | Label             |                   | Size |
| HOME.SOCLLIMT      | ANYONE LIMITED IN | SOCIAL ACTIVITIES |                   | 2    |
| {STR-DT} {END-DT   | <br>}<br>         |                   |                   |      |

Besides the limitations we just talked about, is anyone in the family limited in participating in social, recreational or family activities **because of an impairment or a physical or mental health problem?** 

| YES        | 1  |        |
|------------|----|--------|
| NO         | 2  | {HE24} |
| Refused    | RF | {HE24} |
| Don't Know | DK | {HE24} |

#### HELP AVAILABLE FOR DEFINITION OF LIMITED IN PARTICIPATING.

| <br> <br> <br> | PROGRAMMER NOTES: IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'LIMITED IN PARTICIPATION' AT HE23 BY CAPI | <br> <br> <br> |
|----------------|--|----------------|
| <br> <br>      | ROUTING INSTRUCTION:  IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO HE24  | <br> <br> <br> |
| 1              | IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE23   | <br>           |

{HE24}

#### **HE23**

| ☐ Help Enabl | ed | Comment Enabled | ✓ Jum | p Back Enabled |
|--------------|----|-----------------|-------|----------------|
|              |    |                 |       |                |

| Variable Name | Label                                  | Size |
|---------------|--|------|
| PRND.WHOSOCLL | WHO IS LIMITED IN SOCIAL ACTIVITIES    | 2    |
| PRND.SOLIFLAG | LTC SUPP FLAG: SOCIAL LIMITATIONS SECT | 2    |

{STR-DT} {END-DT}

LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

**PROBE:** Is anyone else limited in participation in activities **because of an impairment or a physical or mental health problem?** 

[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]

PROGRAMMER NOTES:

FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: SOCIAL LIMITATIONS SECTION.

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

Roster Behavior:

- 1. Multiple select allowed.
- 2. Add, delete, and edit disallowed

| R | Δta |
|---|-----|

Roster Filter:
Display all RU members excluding deceased RU members.

# **HE24**

| ☐ Help Enabled                     | ✓ Comm | ent Enabled | ☑ Jump Bad | ck Enabled |  |  |
|------------------------------------|--------|-------------|------------|------------|--|--|
| {STR-DT} {END-DT}                  |        |             |            |            |  |  |
| Do any of the adults in the family |        |             |            |            |  |  |
| Υ                                  | ΈS     | NO          | REF        | DK         |  |  |

# HE24\_01

| ☐ Help Enabled   |                   | ✓ Comm         | ent Enabled | ✓ Jump Bad | ck Enable | ed   |
|--|-------------------|----------------|-------------|------------|-----------|------|
| Variable Name  | ANYONE EXPERIE    | NICE CONFUSION | Label       |            |           | Size |
|  | ANTONE EXPERIE    |                |             |            |           |      |
| Experience of memory loss it interferes with daily activitie | such that<br>vith | YES            | NO          | REF        | DK        |      |

# HE24\_02

| ☐ Help Enabled  |                  | ✓ Comm       | nent Enabled         | <b>☑</b> Jump Ba | ck Enabl | led    |
|---|------------------|--------------|----------------------|------------------|----------|--------|
| Variable Name HOME.DECISION                                     | ANYONE HAVE PRO  | OBLEMS MAKIN | Label<br>G DECISIONS |                  |          | Size 2 |
| Have proble<br>decisions to<br>that it interfe<br>with daily ac | the point<br>res | YES          | NO                   | REF              | DK       |        |

# HE24\_03

| ☐ Help Enabled  | ✓ Comment               | Enabled <sup>[</sup>     | ☑ Jump Back Er                        | nabled            |
|---|-------------------------|--------------------------|---------------------------------------|-------------------|
| Variable Name  HOME.SUPVSAFE ANYONE REQUIRE   | LE<br>SUPERVISION FOR S | abel<br>AFETY            |                                       | Size              |
| Require supervision for their own safety?   | YES                     | NO                       | REF                                   | DK                |
| PROGRAMMER NOTES: IF HE24_01, HE24_02, OR SINGLE-PERSON RU, AUTOMA CONFUSION' AT HE25 BY CA | TICALLY CODE A          |                          |                                       | - <sub> </sub>    |
| ROUTING INSTRUCTION: IF HE24_01, HE24_02, OR SINGLE-PERSON RU, GO TO                        |                         | = = = = =<br>ED '1' (YES | = = = = = = = = = = = = = = = = = = = | = ;<br> <br> <br> |
| IF HE24_01, HE24_02, AND (REFUSED), OR 'DK' (DON'   | <del>_</del>            |                          | 2' (NO), 'RF'                         | <br>              |
| OTHERWISE, CONTINUE WITH  | И НЕ25<br>— — — — — — — |                          |                                       | <br>              |

{BOX\_10}

#### **HE25**

| ☐ Help Enabled ☐ Comment Enabled ☐ Jump Back Enable |
|---|
|---|

| Variable Name | Label                                    | Size |
|---------------|--|------|
| PRND.WHOMEMRY | WHO HAS PROB WITH MEMORY/DECISION/SAFETY | 2    |
| PRND.COLIFLAG | LTC SUPP FLAG: COGNITIVE LIMITATIONS SEC | 2    |

{STR-DT} {END-DT}

{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES}{{/}HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES}{{/}REQUIRE SUPERVISION FOR THEIR OWN SAFETY}

Who is that?

**PROBE:** Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {{or }have problems making decisions to the point that it interferes with daily activities} {{or }require supervision for their own safety}?

[First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name] DISPLAY INSTRUCTIONS:

DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24\_01 CODED '1' (YES).

DISPLAY '{/}HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24\_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24\_01 IS ALSO CODED '1' (YES).

DISPLAY '{/}REQUIRE SUPERVISION FOR THEIR OWN SAFETY' IF HE24\_03 IS CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24\_01 AND/OR HE24\_02 ARE ALSO CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such that it interferes with daily activities' IF HE24\_01 CODED '1' (YES).

| DISPLAY '{or }have problems making decisions to the point that | it interferes with daily activities' IF HE24\_02 CODED '1' | (YES). DISPLAY THE 'or ' ONLY IF HE24\_01 IS ALSO CODED '1' | (YES).

DISPLAY '{or }require supervision for their own safety' IF HE24\_03 IS CODED '1' (YES). DISPLAY 'or ' ONLY IF HE24\_01 AND/OR HE24\_02 ARE ALSO CODED '1' (YES).

PROGRAMMER NOTES:

FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.

|        |              | Roster Details |
|--------|--------------|----------------|
| Title: | RU_Members_1 |                |
| Col#   | Header       | Instructions   |
|        |              |                |

Roster Definition:

This item displays RU-MEMBERS-ROSTER for selection.

Roster Behavior:

- 1. Multiple select allowed.
- 2. Add, delete, and edit disallowed

Roster Filter:

Display all RU members excluding deceased RU members.

## <u>HE26</u>

| ☐ Help Enabled   | ✓ Comment Enabled             | <b>☑</b> Jum | p Back Enal      | oled |
|--|-------------------------------|--------------|------------------|------|
| Variable Name  HOME.EYEGLASS DOES ANYONE WE                            | Label AR EYEGLASSES/CONTACTS? |              |                  | Size |
| {STR-DT} {END-DT}  |                               |              |                  |      |
| Does anyone in the family w  | ear eyeglasses or contac      | ct lenses    | ?                |      |
| YES<br>NO  |                               | 1 2          | {HE27}<br>{HE28} |      |
| Refused Don't Know   |                               | RF<br>DK     | {HE28}<br>{HE28} |      |
| DISPLAY INSTRUCTIONS: IF CODED '1' (YES) AND A PERSON AT HE27 BY CAPI. | SINGLE-PERSON RU, AUTO        | OMATICAL     | LY CODE          | <br> |
| ROUTING INSTRUCTION:   IF CODED '1' (YES) AND A                        |                               |              | н не27           | <br> |

{HE28}

### **HE27**

| ☐ Help Enabled | Comment Enabled    | ✓ Jump Back Enabled  |
|----------------|--------------------|----------------------|
|                | - Comment Linabled | - Julip Dack Lilable |

| Variable Name | Label                         | Size |
|---------------|-------------------------------|------|
| PRND.WHOGLASS | WHO WEARS EYEGLASSES/CONTACTS | 2    |

{STR-DT} {END-DT}

#### Who is that?

**PROBE:** Does anyone else wear eyeglasses or contact lenses?

[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

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

Roster Filter:
Display all RU members excluding deceased RU members.

### <u>HE28</u>

| ☐ Help Enabled   | ✓ Comment Enabled            | <b>☑</b> Jur | mp Back Enable   | ed     |
|--|------------------------------|--------------|------------------|--------|
| Variable Name  HOME.DIFFSEE DOES ANYONE HA                             | Label .VE DIFFICULTY SEEING? |              |                  | Size 2 |
| {STR-DT} {END-DT}  |                              |              |                  |        |
| Does anyone in the family hif they use them]}?                         | nave any difficulty seeing   | {[with gl    | lasses or contac | cts,   |
| YES  |                              | 1            |                  |        |
| NO   |                              | 2            | {HE33}           |        |
| Refused  |                              | RF           | {HE33}           |        |
| Don't Know   |                              | DK           | {HE33}           |        |
| DISPLAY INSTRUCTIONS: DISPLAY ' [with glasses HE26 IS CODED '1' (YES). |                              | L DISPL      | AY.              |        |
| PROGRAMMER NOTES: IF CODED '1' (YES) AND A PERSON AS 'VISION IMPAIR    | . SINGLE-PERSON RU, AUTO     |              |                  |        |
| ROUTING INSTRUCTION: IF CODED '1' (YES) AND A                          |                              | TO LOOP      |                  |        |
| IF CODED '1' (YES) AND A   | MULTI-PERSON RU, CONT        | INUE WI      | TH HE29          |        |

| ☐ Help Enabled | Comment Enabled | ✓ Jump Back Enabled |
|----------------|-----------------|---------------------|
|                |                 |                     |

| Variable Name | Label                      | Size |
|---------------|----------------------------|------|
| PRND.WHOSEE   | WHO HAS DIFFICULTY SEEING? | 2    |

{STR-DT} {END-DT}

# DIFFICULTY SEEING (WITH GLASSES OR CONTACTS, IF THEY USE THEM).

#### Who is that?

**PROBE:** Does anyone else have any difficulty seeing {[with glasses or contacts, if they use them]}?

[First Name,[Middle Name],Last Name] {LOOP\_05} [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name]

DISPLAY INSTRUCTIONS:
DISPLAY ' [WITH GLASSES OR CONTACTS, IF THEY USE THEM]' IF
HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

Display ' [with glasses or contacts, if they use them] ' IF
HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

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

Roster Filter:

Display all RU members excluding deceased RU members. \_\_\_\_\_\_

### LOOP 05

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE30 - END\_LP05

LOOP DEFINITION: LOOP\_05 COLLECTS VISION IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY SEEING (I.E., PERSON SELECTED AT HE29)

#### **HE30**

✓ Help Enabled (HE30Help)

✓ Comment Enabled
✓ Jump Back Enabled

| Variable Name | Label                                    | Size |
|---------------|--|------|
| PRND.ISBLIND  | CAN PERSON NOT SEE ANYTHING-ARE THEY BLI | 2    |
| PRND.VISNFLAG | LTC SUPP FLAG: VISION SECTION            | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?

YES 1 {END\_LP05} NO 2 {HE31} {HE31} Refused RF Don't Know DK {HE31}

#### HELP AVAILABLE FOR DEFINITION OF BLIND.

PROGRAMMER NOTES: IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION.

# <u>HE31</u>

| ☐ Help Enabled                        | ✓ Comment Enabled                                      | <b>☑</b> Jun | np Back Enabled |
|---------------------------------------|--|--------------|-----------------|
| Variable Name PRND.CANREAD CAN PERSON | Label<br>SEE WELL ENOUGH TO READ                       |              | Size 2          |
| {PERSON'S FIRST MIDDLE AN             | ND LAST NAME} {STR-DT}                                 | {END-D       | T}              |
| • •                                   | s, can/Can} (PERSON) see<br>t, even if (PERSON) cannot |              | ugh to read     |
| YES                                   |  | 1            | {END_LP05}      |
| NO                                    |  | 2            | {HE32}          |
| Refused                               |  | RF           | {HE32}          |
| Don't Know                            |  | DK           | {HE32}          |
|                                       | or contacts, can' IF PER<br>HE27, OTHERWISE (PERSON    |              |                 |

| $\square$ Help Enabled | Comment Enabled | Jump Back Enabled |
|------------------------|-----------------|-------------------|
|------------------------|-----------------|-------------------|

| Variable Name | Label                                    | Size |
|---------------|--|------|
| PRND.RECOGNIZ | CAN PERSON SEE TO RECOGNIZE FAMILIAR PEO | 2    |
| PRND.VISNFLAG | LTC SUPP FLAG: VISION SECTION            | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

{With glasses or contacts, can/Can} (PERSON) see well enough to recognize familiar people if they are two or three feet away?

| YES        | 1  | {END_LP05}  |
|------------|----|-------------|
| NO         | 2  | {END_LP05}  |
| Refused    | RF | {END_LP05}  |
| Don't Know | DK | {FND I P05} |

DISPLAY INSTRUCTIONS:
DISPLAY 'With glasses or contacts, can' IF PERSON BEING ASKED
ABOUT WAS SELECTED AT HE27, OTHERWISE (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.

PROGRAMMER NOTES:

| IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION.

### **END LP05**

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP\_05 AND CONTINUE WITH HE33

## <u>HE33</u>

| ☐ Help Enabled   | ✓ Comment Enabled     | ☑ Jump Back Enabled |        |           |
|--|-----------------------|---------------------|--------|-----------|
| Variable Name  HOME.HEARAIDE DOES ANYONE WEAR  | Label A HEARING AIDE? |                     |        | Size<br>2 |
| {STR-DT} {END-DT}  |                       |                     |        |           |
| Does anyone in the family wea  | ar a hearing aid?     |                     |        |           |
| YES  |                       | 1                   |        |           |
| NO   |                       | 2                   | {HE35} |           |
| Refused  |                       | RF                  | {HE35} |           |
| Don't Know   |                       | DK                  | {HE35} |           |
| PROGRAMMER NOTES:   IF CODED '1' (YES) AND A SI   PERSON AT HE34 BY CAPI.   COUTING INSTRUCTION: | INGLE-PERSON RU, AUTO | <br>DMATICALI       |        |           |
| IF CODED '1' (YES) AND A S   |                       |                     | <br>   |           |

| Variable Name | Label                          | Size |
|---------------|--------------------------------|------|
| PRND.WHOHRAID | WHO WEARS A HEARING AIDE       | 2    |
| PRND.HEARFLAG | LTC SUPP FLAG: HEARING SECTION | 2    |

{STR-DT} {END-DT}

Who is that?

**PROBE:** Does anyone else wear a hearing aid?

[First Name,[Middle Name],Last Name] {HE35} [First Name, [Middle Name], Last Name]

[First Name, [Middle Name], Last Name]

PROGRAMMER NOTES: FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: HEARING

|        |              | Roster Details  |
|--------|--------------|---|
| Title: | RU_Members_1 |   |
| Col#   | Header       | Instructions  |
| 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition: This item displays RU-MEMBERS-ROSTER for selection.

Roster Behavior:

- 1. Multiple select allowed.
- 2. Add, delete, and edit disallowed

Roster Filter:

 $_{\parallel}$  Display all RU members excluding deceased RU members.

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## <u>HE35</u>

| ☐ Help Enabled   | ✓ Comment Enabled   | <b>☑</b> Jum | np Back Enabled |
|--|---|--------------|-----------------|
| Variable Name  HOME.DIFFHEAR DOES ANYONE HA                            | Label  VE DIFFICULTY HEARING?   |              | Siz             |
| {STR-DT} {END-DT}  |   |              |                 |
| Does anyone in the family hey use one}]?                               | nave any difficulty hearing   | <br>{[with a | hearing aid, if |
| YES  |   | 1            |                 |
| NO   |   | 2            | {BOX_10}        |
| Refused  |   | RF           | {BOX_10}        |
| Don't Know   |   | DK           | {BOX_10}        |
| DISPLAY INSTRUCTIONS: DISPLAY '[with a hearing CODED '1' (YES). OTHERW |   |              | E33 IS          |
| PERSON AS 'HEARING IMPAI   | PROGRAMMER NOTES:  IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE  PERSON AS 'HEARING IMPAIRED' AT HE36 BY CAPI. |              |                 |
| ROUTING INSTRUCTION: IF CODED '1' (YES) AND A                          |   |              | _06             |
| IF CODED '1' (YES) AND A   | MULTI-PERSON RU, CONTI  | INUE WIT     | ГН НЕЗ6         |

| Variable Name | Label                      | Size |
|---------------|----------------------------|------|
| PRND.WHOHEAR  | WHO HAS DIFFICULTY HEARING | 2    |

{STR-DT} {END-DT}

### DIFFICULTY HEARING (WITH A HEARING AID, IF THEY USE ONE).

### Who is that?

**PROBE:** Does anyone else have any difficulty hearing {[with a hearing aid, if they use one]}?

[First Name,[Middle Name],Last Name] {LOOP\_06} [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name]

DISPLAY INSTRUCTIONS:
DISPLAY 'WITH A HEARING AID, IF THEY USE ONE' IF HE33 IS
CODED '1' (YES). OTHERWISE USE A NULL DISPLAY.

DISPLAY '[with a hearing aid, if they use one] 'IF HE33 IS
CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

|   |        |              | Roster Details  |
|---|--------|--------------|---|
| Т | Title: | RU_Members_1 |   |
| 4 | Col#   | Header       | Instructions  |
|   | 1      | NAME         | Display RU member's first, middle, and last names PERS.FULLNAME |

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection.

Contact Behavior:

1. Multiple select allowed.

2. Add, delete, and edit disallowed

Roster Filter:

Display all RU members excluding deceased RU members.

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

### LOOP 06

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE37 - END\_LP06

LOOP DEFINITION: LOOP\_06 COLLECTS HEARING IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY HEARING (I.E., PERSON SELECTED AT HE36)

#### **HE37**

✓ Help Enabled (HE37Help)

✓ Comment Enabled
✓ Jump Back Enabled

| Variable Name | Label                                | Size |
|---------------|--------------------------------------|------|
| PRND.ISDEAF   | CAN PERSON NOT HEAR - ARE THEY DEAF? | 2    |
| PRND.HEARFLAG | LTC SUPP FLAG: HEARING SECTION       | 2    |

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Can (PERSON) not hear any speech at all, that is, (are/is) (PERSON) deaf?

YES 1 {END\_LP06} NO 2 {HE38} Refused RF {HE38} Don't Know DK {HE38}

#### HELP AVAILABLE FOR DEFINITION OF DEAF.

PROGRAMMER NOTES: IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION

| ☐ Help Enabled  | ✓ Comment Enabled                | <b>☑</b> Jun | np Back Enab       | led    |
|---|----------------------------------|--------------|--------------------|--------|
| Variable Name PRND.HEARMOST CAN PERSON HE   | Label EAR MOST THINGS PEOPLE SAY |              |                    | Size 2 |
| {PERSON'S FIRST MIDDLE AND  | D LAST NAME} {STR-DT}            | (END-D       | T}                 |        |
| {With a hearing aid, can/C  | an} (PERSON) hear <b>most</b>    | of the tl    | nings people s     | say?   |
| YES<br>NO   |                                  | 1 2          | {END_LP0<br>{HE39} | 6}     |
| Refused   |                                  | RF           |                    |        |
| Don't Know  |                                  | DK           | {HE39}             |        |
| DISPLAY INSTRUCTIONS: DISPLAY 'With a hearing aid, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'. |                                  |              | 1                  |        |

| ☐ Help Enable                | d                  | ✓ Comment Enable             | ed <b>⊻</b> Jur | mp Back Enabled    |
|------------------------------|--------------------|------------------------------|-----------------|--------------------|
| Variable Name PRND.HEARSOME  | CAN PERSON H       | Label                        |                 | Size 2             |
| PRND.HEARFLAG                | LTC SUPP FLAG      | : HEARING SECTION            |                 | 2                  |
| {PERSON'S FII                | RST MIDDLE AN      | D LAST NAME} {STR-D          | T} {END-D       | DT}                |
| {With a                      | nearing aid, can/0 | Can} (PERSON) hear <b>so</b> | me of the       | things people say? |
|                              | YES                |                              | 1               | {END_LP06}         |
|                              | NO                 |                              | 2               | {END_LP06}         |
|                              | Refused            |                              | RF              | {END_LP06}         |
|                              | Don't Know         |                              | DK              | {END_LP06}         |
| PROGRAM                      | MER NOTES:         |                              |                 | <br>               |
|                              |                    |                              |                 |                    |
|                              | T PERSON IN THE    | RU-MEMBERS-ROSTER WHO        | MEETS TH        | E CONDITIONS       |
| IF NO OTHER<br>  WITH BOX_10 | PERSONS MEET TH    | E STATED CONDITIONS, E.      | ND LOOP_0       | 6 AND CONTINUE     |
| OX_10                        |                    |                              |                 |                    |
| GO TO NEXT Q                 | UESTIONNAIRE SEG   | CTION                        |                 | -                  |