BOX_01

```
IF COMING FROM WITHIN PERSON LOOP IN PROVIDER PROBES, CODE EV01
AUTOMATICALLY BY CAPI WITH THE CORRECT PERSON NAME AND GO TO EV02

OTHERWISE, CONTINUE WITH EV01
```

EV01

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.EV01BLSWVS		

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

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

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

[First Name, [Middle Name], Last Name]   {EV02}

Roster Details

Title: RU_MEMBERS_SelectOne

Col #	Header	Instructions
1	PERSON-TYPE-PROVIDER	Display RU members' first, middle, and last names PERS.FULLNAME

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

Roster Behavior:
1. Select allowed. Interviewer may select one from the
   listed members.
2. Multiple select disallowed.
3. Add, delete, and edit disallowed.

Roster Filter:
None, Display All.
```

EV02

☑ Help Enabled (EV02Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVNT.EVNTTYPE	EVENT TYPE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: WHAT TYPE OF EVENT IS IT?

HOSPITAL STAY	HS	{BOX_02}
HOSPITAL EMERGENCY ROOM	ER	{BOX_02}
HOSPITAL OUTPATIENT DEPARTMENT	OP	{BOX_02}
MEDICAL PROVIDER VISIT	MV	{BOX_02}
DENTAL CARE	DN	{BOX_02}
HOME HEALTH	HH	{EV06}
OTHER MEDICAL EXPENSES	OM	
INSTITUTIONAL/LONG TERM CARE STAY	IC	{BOX_02}

HELP AVAILABLE FOR DEFINITION OF EVENT TYPES.

```
ROUTING INSTRUCTION:
IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO EV02A

IF ROUNDS 1, 2, OR 4 AND EV02 IS CODED 'OM', GO TO EV03
```

BOX_02

```
ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT

AT COMPLETION OF THE PV SECTION, GO TO BOX_03
```

EV02A

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

INTERVIEWER: SELECT GROUP TYPE OF OTHER MEDICAL EXPENSE (OM) EVENT YOU NEED TO ADD:

NOTE: ONLY ONE OM GROUP TYPE MAY BE ADDED AT THIS SCREEN

REGULAR (GLASSES OR CONTACTS, INSULIN, OTHER DIABETIC SUPPLIES)	1	{EV03}
ADDITIONAL (E.G., AMBULANCE SERVICES, ORTHOPEDIC ITEMS, HEARING DEVICES, MEDICAL EQUIPMENT, ETC.)	2	{EV03A}

```
PROGRAMMER NOTES:
THE WORD 'REGULAR' AND THE WORD 'ADDITIONAL' IN THE ANSWER
CATEGORIES SHOULD BE IN BOLD TEXT.
```

EV03

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.DIABSUPS	DIABETIC SUPPLIES RECEIVED AT LEAST ONCE	2
DRUG.DRUGID	DRUG ID KEY: PERSID + COUNTER(3)	11
PMED.DRUGLINK	LINKS PMED TO DRUGID	3
DRUG.DRUGNAME	NAME OF MEDS AND PRESCRIPTIONS FILLED	30
DRUG.DRUGRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PRND.EV03BLSWVS		
PERS.INSULIN	INSULIN RECEIVED AT LEAST ONCE	2
DRUG.CREATEQ	QUESTION THAT CREATED DRUG SEGMENT	4
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVNT.EVNTTYPE	EVENT TYPE	2
EVNT.OMTYPE	OTHER MEDICAL EXPENSE TYPE	2
EVNT.PROVNUM	PROVIDER ID NUMBER	11
EVPV.EVPVID	EVPV ID KEY: EVNTID + PROVID	23
EVPV.EVPVRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVPV.CREATEQ	QUESTION THAT CREATED EVPV SEGMENT	5
EVPV.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVTYPE	PROVIDER TYPE RELATED TO EVENT	2
PMED.PMEDID	PMED ID KEY: PERSID + COUNTER(3) + CD	12
PMED.PMEDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PMED.CREATEQ	QUESTION THAT CREATED PMED SEGMENT	4
PMED.PMEDNAME	NAME OF MEDS AND PRESCRIPTIONS FILLED	30
RXLK.RXLKID	RXLK ID KEY: EVENTID + PMEDID	24
RXLK.RXLKRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
RXLK.CREATEQ	QUESTION THAT CREATED RXLK RECORD	4
PRND.PGLASSES	WHO BOUGHT/REPAIRED GLASSES/CONTACTS	2
PRND.PINSULIN	WHO OBTAINED INSULIN	2
PRND.PDIABSUP	WHO BOUGHT DIABETIC EQUIPMENT/SUPPLIES	2

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

IF KNOWN, SELECT CORRECT OME ITEM GROUP.

OTHERWISE ASK:

Did (PERSON) obtain glasses or contact lenses, insulin, or other diabetic equipment or supplies since (START DATE)?

CHECK ALL THAT APPLY.

GLASSES OR CONTACT LENSES	1	{BOX_01A}
INSULIN	2	{BOX_01A}

OTHER DIABETIC EQUIPMENT OR   3   {BOX_01A}
SUPPLIES

```
PROGRAMMER NOTES:
IF CODED '2' (INSULIN), ADD 'INSULIN' TO PERSON'S-PRESCRIBED-
MEDICINES-ROSTER, CREATING NECESSARY RECORDS FOR INSULIN.

IF CODED '3' (OTHER DIABETIC EQUIPMENT OR SUPPLIES), ADD
'OTHER DIABETIC EQUIP/SUPPLIES' TO PERSON'S-PRESCRIBED-
MEDICINES-ROSTER, CREATING NECESSARY RECORDS FOR 'OTHER
DIABETIC EQUIP/SUPPLIES'.
```

EV03A

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

Variable Name	Label	Size
EVNT.PROVNUM	PROVIDER ID NUMBER	11
PRND.EV03ABLSWVS		
PRND.AMBULANC	AMBULANCE SERVICES	2
PRND.ORTHOPED	ORTHOPEDIC ITEMS	2
PRND.HEARDEV	HEARING DEVICES	2
PRND.PROSHES	PROSTHESES	2
PRND.BATHAIDS	BATHROOM AIDS	2
PRND.MEDEQUIP	MEDICAL EQUIPMENT	2
PRND.DISPSUPL	DISPOSABLE SUPPLIES	2
PRND.ALTRMODF	ALTERATIONS/MODIFICATIONS	2
PRND.OMOTH	OTHER	2
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVNT.EVNTTYPE	EVENT TYPE	2
EVNT.OMTYPE	OTHER MEDICAL EXPENSE TYPE	2
EVPV.EVPVID	EVPV ID KEY: EVNTID + PROVID	23
EVPV.EVPVRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVPV.CREATEQ	QUESTION THAT CREATED EVPV SEGMENT	5
EVPV.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVTYPE	PROVIDER TYPE RELATED TO EVENT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}   {JAN 01} {DEC 31}

SHOW CARD PP-4A or PP-12

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP.

OTHERWISE ASK:

Looking at this card, what type of other medical expenses did (PERSON) obtain, purchase, or rent during the calendar year {year}?

CHECK ALL THAT APPLY.

AMBULANCE SERVICES	1
ORTHOPEDIC ITEMS	2
HEARING DEVICES	3
PROSTHESES	4
BATHROOM AIDS	5
MEDICAL EQUIPMENT	6
DISPOSABLE SUPPLIES	7

ALTERATIONS/MODIFICATIONS   8

OTHER   91

```
DISPLAY INSTRUCTIONS:
FOR SPECIFICATION ONLY, 'YEAR' IN PROGRAM IS HARD-CODED.
IF ROUND 3, DISPLAY FIRST YEAR OF PANEL FOR {YEAR}.  IF ROUND
5, DISPLAY SECOND YEAR OF PANEL FOR {YEAR}.
```

```
ROUTING INSTRUCTION:
IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH ANY OTHER
CODES, CONTINUE WITH EV03AOV

OTHERWISE, GO TO BOX_06
```

EV03AOV

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

Variable Name	Label	Size
EVNT.OMOTHOS	OMTYPE OTHER SPECIFY	25

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES: _____ {BOX_01A}

Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

BOX_03

```
IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04

OTHERWISE, GO TO EV05
```

EV04

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVNT.EVNTBEGM	EV04/EV05 EVENT BEGIN DATE - MONTH	2
EVNT.EVNTBEGD	EV04/EV05 EVENT BEGIN DATE - DAY	2
EVNT.EVNTBEGY	EV04/EV05 EVENT BEGIN DATE - YEAR	4
EVNT.EVNTENDM	EVENT END DATE - MONTH	2
EVNT.EVNTENDD	EVENT END DATE - DAY	2
EVNT.EVNTENDY	EVENT END DATE - YEAR	4
EVNT.PROVNUM	PROVIDER ID NUMBER	11
EVNT.DRFNAM	DOCTOR'S FIRST NAME	20
EVNT.LORPNAME	DOCTOR'S LAST NAME OR PROVIDER NAME	45
EVPV.EVNTBEGM	EVENT START DATE - MONTH	2
EVPV.EVNTBEGD	EVENT START DATE - DAY	2
EVPV.EVNTBEGY	EVENT START DATE - YEAR	4
EVPV.EVNTENDM	EVENT END DATE - MONTH	2
EVPV.EVNTENDD	EVENT END DATE - DAY	2
EVPV.EVNTENDY	EVENT END DATE - YEAR	4
EVPV.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVTYPE	PROVIDER TYPE RELATED TO EVENT	2
EVPV.PROVTYPE	PROVIDER TYPE	2
EVPV.DRFNAM	DOCTOR'S FIRST NAME	20
EVPV.LORPNAME	DOCTOR'S LAST OR PROVIDER NAME	45

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

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When (were/was) (PERSON) admitted to **and** discharged from (PROVIDER)?   Please tell me the dates of **all** stays between (START DATE) and (END DATE).

IF NECESSARY, PROBE: On what date did (PERSON) enter (PROVIDER)? On what date did (PERSON) leave (PROVIDER)?

IF STILL IN (PROVIDER) {OR RELEASED IN 2009}, ENTER 95 IN MONTH FOR DISCHARGE DATE.

PROBE: Any other stays?

[ENTER MM/DD/YY]   [ENTER MM/DD/YY]

[ENTER MM/DD/YY]   [ENTER MM/DD/YY]

[ENTER MM/DD/YY]   [ENTER MM/DD/YY]   {BOX_06}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'OR RELEASED IN 2009' IF ROUND 5.  OTHERWISE, USE A
NULL DISPLAY.
```

```
PROGRAMMER NOTES:
ALLOW 'RF' AND 'DK' FOR THE DAY AND YEAR BUT NOT FOR THE MONTH.
```

Roster Details

Title: PERS_EVNT_Add_1

Col #	Header	Instructions
1	ADMIT DATE	Display Event Begin Date EVNT.EVNTBEGM EVNT.EVNTBEGD EVNT.EVNTBEGY
2	DISCHARGE DATE	Display Event End Date EVNT.EVNTENDM EVNT.EVNTENDD EVNT.EVNTENDY

```
Roster Definition:
This item displays the PERSON'S-MEDICAL-EVENTS-ROSTER for
adding begin and end dates.
```

```
Roster Behavior:
1. Select Disallowed.
2. Multiple add allowed.  Interviewer should record the
   event begin and end dates.
3. Limited delete allowed.  Interviewer can delete an event
   that was entered on the screen where delete is used.
   That is, as long as the interviewer has not left the
   screen, they should be able to delete an event entered
   in error.
4. Limited edit allowed.  Interviewer can edit an event that
   was entered on the screen where edit is used.  That is,
   as long as the interviewer has not left the screen, they
   should be able to edit an event.
```

```
Roster Filter:
Display no events on roster initially.  This relates to HS and
IC event types (EVNT.EVNTYPE) only.
```

EV05

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVPV.EVNTENDM	EVENT END DATE - MONTH	2
EVPV.CREATEQ	QUESTION THAT CREATED EVPV SEGMENT	5
EVPV.DRMNAM	DOCTOR'S MIDDLE NAME	20
EVNT.EVNTENDD	EVENT END DATE - DAY	2
EVNT.EVNTENDM	EVENT END DATE - MONTH	2
EVNT.EVNTENDY	EVENT END DATE - YEAR	4
EVPV.EVNTENDY	EVENT END DATE - YEAR	4
EVPV.EVPVID	EVPV ID KEY: EVNTID + PROVID	23
EVPV.EVPVRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVPV.EVNTENDD	EVENT END DATE - DAY	2
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVNT.EVNTBEGM	EV04/EV05 EVENT BEGIN DATE - MONTH	2
EVNT.EVNTBEGD	EV04/EV05 EVENT BEGIN DATE - DAY	2
EVNT.EVNTBEGY	EV04/EV05 EVENT BEGIN DATE - YEAR	4
EVNT.PROVNUM	PROVIDER ID NUMBER	11
EVNT.DRFNAM	DOCTOR'S FIRST NAME	20
EVNT.LORPNAME	DOCTOR'S LAST NAME OR PROVIDER NAME	45
EVPV.EVNTBEGM	EVENT START DATE - MONTH	2
EVPV.EVNTBEGD	EVENT START DATE - DAY	2
EVPV.EVNTBEGY	EVENT START DATE - YEAR	4
EVPV.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVTYPE	PROVIDER TYPE RELATED TO EVENT	2
EVPV.PROVTYPE	PROVIDER TYPE	2
EVPV.DRFNAM	DOCTOR'S FIRST NAME	20
EVPV.LORPNAME	DOCTOR'S LAST OR PROVIDER NAME	45

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

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When did (PERSON) visit (PROVIDER)? Please tell me **all** the dates between (START DATE) and (END DATE).

PROBE: Any other dates?

[ENTER MONTH, DAY, YEAR-4]
[ENTER MONTH, DAY, YEAR-4]
[ENTER MONTH, DAY, YEAR-4]

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ PROGRAMMER NOTES:                                      │
│ ALLOW 'RF' AND 'DK' FOR THE DAY AND YEAR BUT NOT FOR THE MONTH. │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ ROUTING INSTRUCTION:                                   │
│ GO TO BOX_06                                           │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

Roster Details

Title:　　　PERS_EVNT_Add_2

Col #	Header	Instructions
1	EVENT DATE	Display Event Begin Date EVNT.EVNTBEGM EVNT.EVNTBEGD EVNT.EVNTBEGY

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─
│ Roster Definition:
│ This item displays the PERSON'S-MEDICAL-EVENTS-ROSTER for
│ adding event begin dates.
─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─
│ Roster Behavior:
│ This item can collect only those events that are the same
│ provider, person, and event type as the event being asked
│ about.
│ 1. Select Disallowed.
│ 2. Multiple add allowed.  Interviewer should record the
│    event begin dates.
│ 3. Limited delete allowed.  Interviewer can delete an event
│    that was entered on the screen where delete is used.  That
│    is, as long as the interviewer has not left the screen,
│    they should be able to delete an event entered in error.
│ 4. Limited edit allowed.  Interviewer can edit an event that
│    was entered on the screen where edit is used.  That is,
│    as long as the interviewer has not left the screen, they
│    should be able to edit an event.
─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─
│ Roster Filter:
│ Display no events on roster initially.
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─
```

EV06

☑ Help Enabled (EV06Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PROV.PROVTYPE	PROVIDER TYPE	2
EVNT.PROVTYPE	PROVIDER TYPE	2
EVNT.PROVNUM	PROVIDER ID NUMBER	11
EVNT.LORPNAME	DOCTOR'S LAST NAME OR PROVIDER NAME	45
EVNT.HHTYPE	HOME HEALTH EVENT TYPE	2
PROV.PROVID	PROV ID KEY: RUNTID + COUNTER(3) + CD	11
PROV.PROVRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PROV.CREATEQ	QUESTION THAT CREATED PROV SEGMENT	5
PROV.HHTYPE	HOME HEALTH PROVIDER TYPE	2
PROV.DRFNAM	DOCTOR'S FIRST NAME	20
PROV.LORPNAME	DR'S LAST NAME OR PROVIDER NAME	45
PROV.PRVFLAG	FLAGS VOLUNTEER/FRIEND/OTHER-REL HH CARE	2
PRND.MEALSERV	VOLUNTEERED MEAL DELIVERY SERVICE	2
PROV.PVFACID	PERSON PROVIDER'S LINK TO FACILITY	4

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

Thinking about the health care (PERSON) received at home, was the person who provided the care a friend or neighbor, a relative, a volunteer, or some type of provider who was paid? **Please do not include health care received from friends or relatives living here**.

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

NOTE: SELECT ONLY ONE TYPE OF PROVIDER AT THIS TIME.

FRIEND/NEIGHBOR	1	{EV08}
RELATIVE	2	{EV07}
VOLUNTEER	3	{EV08}
OTHER-PAID	4	{EV06A}
VOLUNTEERED: MEAL DELIVERY SERVICE	5	{BOX_06}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
PROGRAMMER NOTES:
IF CODED '5' (VOLUNTEERED: MEAL DELIVERY SERVICE), DO NOT
CREATE AN EVENT RECORD.
```

EV06A

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.SELFAGEN	DOES PROVIDER WORK FOR AGENCY OR SELF?	2

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

Did this person **work** for a home health agency, hospital, or nursing home or did they work for themselves?

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME	1	{BOX_04}
WORKED FOR SELF	2	{BOX_04}
Refused	RF	{BOX_04}
Don't Know	DK	{BOX_04}

EV07

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHRELTYP	RELATIONSHIP OF REL PROVIDING HH CARE	2

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

What is the relationship of the relative who provided home care services to (PERSON)?

IF MORE THAN ONE DAUGHTER/DAUGHTER-IN-LAW/SON/SON-IN-LAW, CODE ONLY ONE AT THIS TIME AND TREAT EACH AS A SEPARATE HOME HEALTH EVENT.

INCLUDE ALL OTHER TYPES OF RELATIVES AS ONE GROUP AND CODE 'OTHER-RELATIVE' ONLY ONE TIME.

DAUGHTER	1	{BOX_04}
DAUGHTER-IN-LAW	2	{BOX_04}
SON	3	{BOX_04}
SON-IN-LAW	4	{BOX_04}
OTHER RELATIVE	5	{EV07OV1}

EV07OV1

☑ Help Enabled (EV07OVHelp)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.EV07OV1BLSWVS		
EVNT.HHMOTHER	MOTHER PROVIDED HH CARE SERVICES	2
EVNT.HHFATHER	FATHER PROVIDED HH CARE SERVICES	2
EVNT.HHSISTER	SISTER PROVIDED HH CARE SERVICES	2
EVNT.HHBROTHR	BROTHER PROVIDED HH CARE SERVICES	2
EVNT.HHGRANPA	GRANDFATHER PROVIDED HH CARE	2
EVNT.HHGRANCH	GRANDCHILD PROVIDED HH CARE	2
EVNT.HHAUNTUN	AUNT/UNCLE PROVIDED HH CARE	2
EVNT.HHNIENEP	NIECE/NEPHEW PROVIDED HH CARE	2
EVNT.HHCOUSIN	COUSIN PROVIDED HH CARE	2
EVNT.HHOTHREL	OTHER RELS WHO PROVIDED HH CARE?	2

CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

CHECK ALL THAT APPLY.

MOTHER	1
FATHER	2
SISTER	3
BROTHER	4
GRANDPARENT	5
GRANDCHILD	6
AUNT/UNCLE	7
NIECE/NEPHEW	8
COUSIN	9
OTHER	91

Refused	RF
Don't Know	DK

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
PROGRAMMER NOTES:
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR
'DK' IN COMBINATION WITH ANY OTHER CODE.
```

```
ROUTING INSTRUCTION:
IF EV07OV1 IS CODED '91' (OTHER) ALONE OR IN COMBINATION WITH
ANY OTHER CODES, CONTINUE WITH EV07OV2

OTHERWISE, GO TO EV08
```

EV07OV2

☑ Help Enabled (EV07OVHelp)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHOTREOS	SPECIFY OTH REL PROVIDED HH CARE	25

ENTER OTHER: _____   {EV08}

Refused	RF	{EV08}
Don't Know	DK	{EV08}

EV08

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHRELNUM	NUM OF FRIEND/RELATIVES PROVIDED HH CARE	2

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

How many different {friends or neighbors/volunteers/relatives, other than daughters, daughters-in-law, sons, and sons-in-law} provided home care services for (PERSON) since (START DATE)?

NUMBER:_____   {BOX_05}

Refused   RF   {BOX_05}

Don't Know   DK   {BOX_05}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'friends or neighbors' IF EV06 IS CODED '1'
(FRIEND/NEIGHBOR).  DISPLAY 'volunteers' IF EV06 IS CODED '3'
(VOLUNTEER). DISPLAY 'relatives, other than daughters,
daughters-in-law, sons, and sons-in-law' IF EV07 IS CODED '5'
(OTHER-RELATIVE).
```

```
PROGRAMMER NOTES:
IF EV06 IS CODED '1' (FRIEND/NEIGHBOR):

- ADD 'FRIEND/NEIGHBOR' TO THE RU-MEDICAL-PROVIDERS-ROSTER,
  PERSON-TYPE-PROVIDER NAME COLUMN.  NO ADDRESS
  INFORMATION IS NECESSARY.

- FLAG PROVIDER AS 'INFORMAL'.

IF EV06 IS CODED '3' (VOLUNTEER):

- ADD 'VOLUNTEER' TO THE RU-MEDICAL-PROVIDERS-ROSTER,
  PERSON-TYPE-PROVIDER NAME COLUMN.  NO ADDRESS
  INFORMATION IS NECESSARY.

- FLAG PROVIDER AS 'INFORMAL'.

IF EV07 IS CODED '5' (OTHER RELATIVE):

- ADD 'OTHER RELATIVE' TO THE RU-MEDICAL-PROVIDERS-ROSTER,
  PERSON-TYPE-PROVIDER NAME COLUMN.  NO ADDRESS
  INFORMATION IS NECESSARY.

- FLAG PROVIDER AS 'INFORMAL'.
```

BOX_04

```
ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT

AT COMPLETION OF THE PV SECTION, CONTINUE WITH BOX_05
```

BOX_05

```
IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3' (VOLUNTEER) AND ROUND 1, GO
TO EV12.

IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3' (VOLUNTEER) AND NOT ROUND 1,
GO TO EV13.

IF EV06 IS CODED '2' (RELATIVE), FLAG PROVIDER  JUST COLLECTED IN PV
SECTION AS 'INFORMAL' AND GO TO EV13.

IF EV06A IS CODED '2' (WORKED FOR SELF), 'RF'(REFUSED), OR 'DK' (DON'T
KNOW), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS 'PAID INDEPENDENT'
AND GO TO EV10.

IF EV06A IS CODED '1' (WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME), FLAG
PROVIDER JUST COLLECTED IN PV SECTION AS 'AGENCY' AND CONTINUE WITH EV09.
```

EV09

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHPRVNUM	HOW MANY PEOPLE PROVIDED HH CARE?	2

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

How many people from (PROVIDER) provided home care services for (PERSON)?

NUMBER: _____

Refused   RF

Don't Know   DK

```
ROUTING INSTRUCTION:
IF ROUND 1, GO TO EV12

OTHERWISE, GO TO EV13
```

EV10

☑ Help Enabled (EV10Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHPRTYPE	WHAT TYPE OF HH PROVIDER	2

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

Is (PROVIDER) a companion, a professional homemaker, a home health or nurse's aide, a health professional, or something else?

PROBE: Health professionals include people like nurses, social workers, therapists of any type.

COMPANION	1	
DOMESTIC WORKER/HOUSE CLEANER	2	
HEALTH PROFESSIONAL	3	{EV11}
HOMEMAKER	4	
HOME HEALTH AIDE	5	
NURSE'S AIDE	6	
PERSONAL CARE ATTENDANT	7	
OTHER	91	{EV10OV}

Refused	RF
Don't Know	DK

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
ROUTING INSTRUCTION:
IF EV10 NOT CODED '3' (HEALTH PROFESSIONAL), OR '91' (OTHER),
AND ROUND 1, GO TO EV12

OTHERWISE, GO TO EV13
```

EV10OV

☑ Help Enabled (EV10Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHPROS	SPECIFY OTHER HH TYPE PROVIDER	25

ENTER OTHER: _____

Refused   RF

Don't Know   DK

```
ROUTING INSTRUCTION:
IF ROUND 1, GO TO EV12

OTHERWISE, GO TO EV13
```

EV11

☑ Help Enabled (EV11Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHPROFTY	WHAT TYPE OF HEALTH PRO IS PROVIDER?	2

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

What type of health professional is (PROVIDER)?

DIETITIAN/NUTRITIONIST	1	
HOME HEALTH AIDE	2	
HOSPICE WORKER	3	
I.V./INFUSION THERAPIST	4	
MEDICAL DOCTOR	5	
NURSE/NURSE PRACTITIONER	6	
NURSE'S AIDE	7	
OCCUPATIONAL THERAPIST	8	
PERSONAL CARE ATTENDANT	9	
PHYSICAL THERAPIST	10	
RESPIRATORY THERAPIST	11	
SOCIAL WORKER	12	
SPEECH THERAPIST	13	
OTHER	91	{EV11OV}

Refused	RF
Don't Know	DK

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
ROUTING INSTRUCTION:
IF EV11 NOT CODED '91' (OTHER), AND ROUND 1, GO TO EV12

IF EV11 NOT CODED '91' (OTHER), AND ROUNDS 2-5 GO TO EV13
```

EV11OV

☑ Help Enabled (EV11Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHPROFOS	SPECIFY OTHER TYPE OF HH PROFESSIONAL	25

ENTER OTHER: _____

Refused   RF

Don't Know   DK

```
ROUTING INSTRUCTION:
IF ROUND 1, CONTINUE WITH EV12

OTHERWISE, GO TO EV13
```

EV12

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.HHPRVHLP	DID PROV PROVIDE HH CARE BEFORE 1/1/96	2

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

Did {someone from} (PROVIDER) **ever** provide home care services for (PERSON) before January 1, 2007?

YES	1	{EV13}
NO	2	{EV13}
Refused	RF	{EV13}
Don't Know	DK	{EV13}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'someone from' IF PROVIDER IS A FACILITY.  OTHERWISE,
USE A NULL DISPLAY.
```

EV13

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.DRFNAM	DOCTOR'S FIRST NAME	20
EVPV.DRFNAM	DOCTOR'S FIRST NAME	20
EVNT.EVNTBEGD	EV04/EV05 EVENT BEGIN DATE - DAY	2
EVPV.EVNTBEGD	EVENT START DATE - DAY	2
EVNT.EVNTBEGM	EV04/EV05 EVENT BEGIN DATE - MONTH	2
EVPV.EVNTBEGM	EVENT START DATE - MONTH	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVPV.EVNTBEGY	EVENT START DATE - YEAR	4
EVPV.PROVTYPE	PROVIDER TYPE	2
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVPV.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVTYPE	PROVIDER TYPE RELATED TO EVENT	2
EVNT.LORPNAME	DOCTOR'S LAST NAME OR PROVIDER NAME	45
EVPV.LORPNAME	DOCTOR'S LAST OR PROVIDER NAME	45
EVNT.PROCFLAG	EVNT UTILIZATION PROCESS FLAG	2
EVNT.PROVNUM	PROVIDER ID NUMBER	11
EVNT.EVNTBEGY	EV04/EV05 EVENT BEGIN DATE - YEAR	4

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

{Last time we recorded that (PERSON) received home care services from (PROVIDER) during some part of {PRV RD INTV MTH}. Did (PERSON) continue to receive home care services from (PROVIDER) during the rest of {PRV RD INTV MTH}?}

Did {someone from} (PROVIDER) provide home care services for (PERSON) during the month of (MONTH)?

How about in (MONTH)?

YES	1
NO	2

Refused	RF
Don't Know	DK

```
DISPLAY INSTRUCTIONS:
DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR THE MONTH
OF THE PREVIOUS ROUND'S INTERVIEW FOR THIS PERSON-PROVIDER
PAIR WAS CREATED DURING THE PREVIOUS ROUND.  (HOWEVER, IT
WOULD NOT HAVE BEEN ASKED ABOUT.)  OTHERWISE, USE A NULL
DISPLAY.

DISPLAY THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE FOR
'{PRV RD INTV MTH}'.

DISPLAY 'someone from' IF PROVIDER IS A FACILITY.  OTHERWISE,
USE A NULL DISPLAY.
```

```
PROGRAMMER NOTES:
EV13 SCREEN DISPLAY SPECIFICATIONS:

1. THE NUMBER AND NAMES OF THE MONTHS LISTED ARE DETERMINED
   BY THE NUMBER OF MONTHS BETWEEN THE MONTH OF THE START
   DATE AND THE MONTH OF THE END DATE FOR THIS PERSON.  FOR
   EXAMPLE, IF THE START DATE  IS JANUARY 1 AND THE END DATE IS
   APRIL 10 FOR THIS PERSON'S  REFERENCE PERIOD, 'JANUARY',
   'FEBRUARY', 'MARCH', AND 'APRIL' ARE DISPLAYED.  THAT IS,
   THE MONTHS ARE ALL THE MONTHS OF THE PERSON'S
   REFERENCE PERIOD.

2. 'RF' (REFUSED) AND 'DK' (DON'T KNOW) ARE ALLOWED FOR
   EV13_01, EV13_02, EV13_03, AND EV13_04.  HOWEVER,
   THEY WILL BE TREATED AS A 'NO' WHEN CREATING EVENTS.

3. THE MONTHS ARE DISPLAYED IN GRID FORMAT WITH
   YES/NO/DK/RF RADIO BUTTONS.

4. EV13 HAS TO ACCOMMODATE AT LEAST 10 MONTHS.

5. A SEAM MONTH WILL BE ASKED ONLY ONE HOME HEALTH
   UTILIZATION SECTION WHENEVER IT RECEIVES (OR
   RECEIVED) A CODE OF '1' (YES) IN EITHER THE CURRENT
   ROUND OR THE PREVIOUS ROUND.

MESSAGE:  IF CURRENT INTERVIEW MONTH IS CODED '1' (YES),
DISPLAY THE FOLLOWING MESSAGE:  'HOME HEALTH UTILIZATION SEC
FOR {INT MONTH} WILL NOT BE ASKED UNTIL NEXT ROUND.'

EACH MONTH CODED '1' (YES) BECOMES A SEPARATE HOME HEALTH
EVENT FOR THIS PERSON-PROVIDER PAIR.  HOWEVER, IF THE CURRENT
INTERVIEW MONTH IS CODED '1' (YES), IT WILL NOT BE ASKED ABOUT
UNTIL THE NEXT ROUND.  IF THE MONTH OF THE PREVIOUS ROUND'S
INTERVIEW DATE IS CODED '1' (YES), IT IS ASKED ONE TIME.  THAT
IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND
THIS ROUND, IT IS ONLY ONE EVENT.
```

```
Hard CHECK:
EDIT:  ALL MONTHS DURING THE REFERENCE PERIOD CANNOT BE CODED '2' (NO), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW).  IF ALL ARE, WVS ERROR HANDLER WILL FORCE
THE INTERVIEWER TO RECTIFY THE DATA.
```

BOX 06

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP OR ED.