

2007

Fourth National Study of OAA Title III Service Recipients

Survey Instruments

May 17, 2007

The RESP segment will contain a variable, TALKWHO, which will indicate which type of interview is being administered as well as the current respondent for that interview. The interview type will never change, but the type of respondent can change.

The values for RESP.TALKWHO are as follows:

CG1 - Caregiver answering themselves

CG2 - Proxy answering for caregiver

CG3 - Translator/interpreter answering for caregiver

PM1 - Home delivered meals being answered by participant

PM2 - Proxy answering for participant

PM3 - Translator/interpreter answering for participant

PC1 - Congregate meals being answered by care recipient

PC2 - Proxy answering for care recipient

PC3 - Translator/interpreter answering for care recipient

PH1 - Homemaker being answered by care recipient

PH2 - Proxy answering for care recipient

PH3 - Translator/interpreter answering for care recipient

PT1 - Transportation questionnaire being answered by participant

PT2 - Proxy answering for participant

PT3 - Translator/interpreter answering for participant

PG - Case management being answered by care recipient

PG2 - Proxy answering for care recipient

PG3 - Translator/interpreter answering for care recipient

GLOBAL DISPLAY IN THE FOOTER OF EACH SCREEN IN CONTACTS AND INTERVIEW:

“{DISPLAY D1} {DISPLAY D2} {DISPLAY D3}”

Display #	Criteria	Display Text
<i>D1</i>	IF THIS IS A PROXY INTERVIEW (RESP.TALKWHO = CG2, PM2, PH2, PA2, PC2, PG2, PT2)	"PROXY FOR"
	ELSE IF THIS IS AN INTERPRETER INTERVIEW (RESP.TALKWHO = CG3, PM3, PH2, PA2, PC2, PG2, PT3)	"INTERPRETER/TRANSLATOR FOR"
	ELSE IF THIS IS A SUBJECT INTERVIEW (RESP.TALKWHO = CG1, PM1, PH1, PA1, PC1, PG2, PT1)	BLANK
<i>D2</i>	IF THIS IS A CAREGIVER INTERVIEW (RESP.TALKWHO = CG1, CG2, OR CG3)	"CAREGIVER:"
	ELSE IF THIS IS A PARTICIPANT INTERVIEW (RESP.TALKWHO = PM1, PM2, PM3, PT1, PT2, PT3, PH1, PH2, PH3, PA1, PA2, PA3, PC1, PC2, PC3, PG1, PG2, PG3)	"PARTICIPANT:"
<i>D3</i>	ALL	"{RESP.TALKFNAM MNAM LNAM}"

PROGRAMMER NOTE: THERE ARE SEVERAL VARIABLES REFERENCED THROUGHOUT THESE SPECIFICATIONS THAT NEED TO BE PRE-LOADED FROM THE SAMPLE FILE. THESE INCLUDE:

NAME OF INTERVIEWEE. This will be one of 4 types of persons:

- Participant
- Caregiver
- Interpreter/translator
- Proxy

AGENCY NAME

TYPE OF SERVICE:

- Caregiver
- Home delivered meals
- Congregate meals
- Homecare

- Transportation
- Case Management--NEW

SERVICE PROVIDER

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0985-____. Public reporting burden for this information collection is estimated to average 20 minutes per response; response times may range from 15 minutes to thirty minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Administration on Aging, Washington, DC 20201 Attn: Valerie Cook, 202-357-3583.

HELLO. Hello. May I speak with {Name of Participant (PARTICIPANT)/Name of Caregiver (CAREGIVER)/NAME OF INTERPRETER/TRANSLATOR (INTERPRETER/TRANSLATOR)/NAME OF PROXY (PROXY)}?

- PARTICIPANT IS AVAILABLE..... 1 [GO TO S/P]
- CAREGIVER IS AVAILABLE..... 2 [GO TO S/P]
- INTERPRETER/ TRANSLATOR IS AVAILABLE..... 3 [GO TO S/P]
- PROXY IS AVAILABLE..... 4 [GO TO S/P]
- NOT AVAILABLE..... 5 [GO TO I1]

I1. Is this the correct telephone number to contact {Name of Participant/Name of Caregiver/NAME OF INTERPRETER/TRANSLATOR/NAME OF PROXY}?

- YES..... 1
- NO..... 2 [GO TO I3]

I2. Can you provide me a better time to contact {Name of Participant/Name of Caregiver/NAME OF INTERPRETER/TRANSLATOR/NAME OF PROXY}?

- YES..... 1 [GO TO APPOINTMENT SCREEN]
- NO..... 2 [Thank you. I will call back later.]
- RF..... -7 [Thank you.]
- DK..... -8 [Thank you. I will call back later.]

I3. Can you provide me with the correct telephone number for {NAME OF PARTICIPANT/NAME OF CAREGIVER/NAME OF INTERPRETER/TRANSLATOR/NAME OF PROXY}?

- YES..... 1
- NO..... 2 [Thank you for your time. CODE PROBLEM]

I4. What is the telephone number for {{NAME OF PARTICIPANT/NAME OF CAREGIVER/ INTERPRETER/TRANSLATOR/PROXY}}? RECORD RESPONSE

(|_|_|_|_|)| |_|_|_|_|_| - |_|_|_|_|_|_|_|_|_|_|
 (AREA CODE) (TELEPHONE NUMBER)

Thank you for the information.

- S/P.** PARTICIPANT OR CAREGIVER ON THE PHONE..... 1
- INTERPRETER/TRANSLATOR ON THE PHONE..... 2
- PROXY ON THE PHONE..... 3

VERIFICATION

PROGRAMMER NOTE:

IF S/P = 1 PARTICIPANT ON THE PHONE:

IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO NRINTRO.
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTRO.
IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CMINTRO.
IF TYPE OF SERVICE = HOMEMAKER, GO TO HCMINTRO.

IF TYPE OF SERVICE =CASE MANAGEMENT, GO TO CSINTRO1.

IF S/P = 2 CAREGIVER ON THE PHONE:

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTRO.

IF S/P = 3 INTERPRETER/TRANSLATOR ON THE PHONE:

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTRIOINT.
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO NRINTROINT.
IF TYPE OF SERVICE =TRANSPORTATION, GO TO TRINTROINT.
IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CMINTROINT.
IF TYPE OF SERVICE = HOMEMAKER, GO TO HCMINTROINT.

IF TYPE OF SERVICE =CASE MANAGEMENT, GO TO CSINTROINT.

IF S/P = 4 PROXY ON THE PHONE:

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTROPRX.
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO NRINTROPRX.
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTROPRX.
IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CMINTROPROX.
IF TYPE OF SERVICE = HOMEMAKER, GO TO HCMINTROPROX.

IF TYPE OF SERVICE =CASE MANAGEMENT, GO TO CSINTROPROX.

IF RESPONDENT SEX IS UNKNOWN, FOR CAREGIVER SURVEY WILL ALWAYS BE FEMALE,
I.E., "SHE" OR "HER(S)."

IF CARE RECIPIENT SEX IS UNKNOWN, FOR CAREGIVER SURVEY, WILL ALWAYS BE FEMALE,
I.E., "SHE" OR "HER(S)."

IF CARE RECIPIENT NAME IS UNKNOWN, FOR THE CAREGIVER SURVEY, USE "THE PERSON
YOU CARE FOR."

FOR ALL OTHER SURVEYS, SEX WILL BE MALE, I.E., "HE" OR "HIS."

NOTE: MAKE SURE THE PROVIDER NAME DOES DISPLAY ON THE FIRST CONTACT SCREEN.

SERVICE RECIPIENT SURVEY

HOME-DELIVERED MEALS (VERSION: APRIL, 2007)

NRINTRO. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you have received Meals on Wheels from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

[IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.]

GO TO NRSERVERF.

NRINTROINT. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Meals on Wheels from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

We would like the client to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting {NAME OF PARTICIPANT}'s actual opinions and responses.

This survey will take about 30 minutes to complete. {His/Her} participation is voluntary and very important to the success of this study. {NAME OF PARTICIPANT}'s answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by {his/her} decision to participate nor by any answers {s/he} gives.

IF NEEDED: We were given your name as the interpreter for {NAME OF PARTICIPANT}.

[IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.]

<p>PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO NRALTCON. OTHERWISE GO TO NRSERVERF.</p>
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NRINTROPRX. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Meals on Wheels from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

For the remainder of the survey I would like you to answer as though you were {NAME OF PARTICIPANT}. All of the following questions pertain to {him/her}. Please provide your best estimate as to {his/her} own response or opinion.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by your decision to participate nor by any answers you give.

IF NEEDED: We were given your name as the proxy for {NAME OF PARTICIPANT}.
 [IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.]

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH NRALTCN. OTHERWISE GO TO NRSERVERF.

NRALTCN. May I have the name and telephone number of someone else to contact?

FIRST NAME	LAST NAME
() (AREA CODE)	- (TELEPHONE NUMBER)

- REFERRED BACK TO PARTICIPANT..... 1 [GO TO NRINTRO]
- REFUSED..... -7 [Thank you for your time]
- DON'T KNOW..... -8 [Thank you for your time]

Thank you for the information. END INTERVIEW.

NRSERVERF. IF NEEDED: We show {you/s/he} may have received {TYPE OF SERVICE} services from {PROVIDER NAME/AGENCY NAME}. Is that correct?

- YES..... 1
- NO..... 2
- REFUSED..... -7 [Thank you for your time]
- DON'T KNOW..... -8

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "do you" OR "have you") IN QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., "does s/he" OR "has s/he") WHERE INDICATED.

HNRINTRO1. Now we are going to talk about the Meals on Wheels {you receive/NAME OF PARTICIPANT receives} from {NAME OF PROVIDER}.

HNR1. When was the last time {you/s/he} received a meal?
(HMDAYS)

- Today or yesterday, 1
- More than 1 day to 1 week ago,..... 2
- More than 1 week to 1 month ago, or..... 3
- More than 1 month ago?..... 4
- I ONLY GOT 1 MEAL [INTERVIEWER NOTE:
 INCLUDES R WHO SAYS THEY GOT MEALS FOR A
 SHORT TIME, E.G. AFTER A HOSPITAL STAY]..... 5
- OVER 1 YEAR AGO..... 6
-[GO TO THANK3]
- REFUSED..... -7

DON'T KNOW..... -8 □

THANK3. Thank you, but the focus of this survey is on people who have used the service within the past year.

HNR2. How long {have you/has NAME OF PARTICIPANT} been receiving Meals on Wheels? Would {you/NAME OF PARTICIPANT} say...

(HMRECEV)

- 6 months or less,..... 1
- More than 6 months, but less than 1 year,..... 2
- At least 1 year but less than 2 years,..... 3
- 2 to 5 years, or..... 4
- More than 5 years?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

HNRINTRO2. Now, I am going to ask about the days {you receive/NAME OF PARTICIPANT receives} Meals on Wheels.

PROGRAMMER NOTE: SOFT RANGE FOR HNR3=0 TO 4; HARD RANGE = 0 TO 6

HNR3. How many meals {do you/does s/he} get on the days that {you receive/s/he receives} Meals on Wheels?

(HMATTENA)

- NUMBER OF MEALS.....|_|_|
- OTHER..... 91
(Please Specify) _____
- REFUSED..... -7
- DON'T KNOW..... -8

PROGRAMMER NOTE: HARD RANGE FOR HNR4 = 0 to 7

HNR4. How many days each week {do you/does s/he} receive Meals on Wheels?

(HMDAYSWK)

- NUMBER OF DAYS.....|_|_|
- REFUSED..... -7
- DON'T KNOW..... -8

HNR5. Think about the amount of food {you eat/s/he eats} from Meals on Wheels. On the days {you eat/NAME OF PARTICIPANT eats} a meal from Meals on Wheels, what portion of all the foods {you eat/s/he eats} in a day does this meal represent? Would {you/s/he} say...

(HMPORTN)

- Less than one-third,..... 1
- Between one-third and one-half,..... 2
- About one-half, or..... 3
- More than one-half?..... 4
- OTHER..... 91
- (Please Specify) _____
- REFUSED..... -7
- DON'T KNOW..... -8

HNRINTRO3. Please answer the following questions by telling me which response best represents the amount and type of food {you usually eat/NAME OF PARTICIPANT usually eats}.

HNR6. Considering all the food {you eat/s/he eats} in a day, how many servings of **fruit** {do you/does NAME OF PARTICIPANT} usually eat? One serving of fruit is 1 piece of fruit; one-half cup chopped, cooked, or canned fruit; or three-fourths cup of juice.

(HMFRUIT)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

|_|_| . |_|

- REFUSED..... -7
- DON'T KNOW..... -8

HNR7. When {you eat/s/he eats} the meal from Meals on Wheels, {do you/does s/he} usually eat the fruit that is provided?

(HMEATFRT)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

HNR8. Considering all the food {you eat/s/he eats} in a day, how many servings of **potatoes** {do you/does NAME OF PARTICIPANT} usually eat? One serving is 1 small baked potato; one-half cup mashed or boiled potatoes; 10 French fries; or one-half cup hashed browns.

(HMPOTATO)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

|_|_| . |_|

REFUSED..... -7
DON'T KNOW..... -8

HNR9. When {you eat/s/he eats} the meal from Meals on Wheels, {do you/does s/he} usually eat the **potatoes** that are provided?

(HMEATPOT)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

HNR10. Considering all the food {you eat/s/he eats} in a day, how many servings of **vegetables**, other than potatoes, {do you/does NAME OF PARTICIPANT} usually eat? One serving is 1 cup raw leafy greens; one-half cup cooked or chopped raw vegetables; or three-fourths cup juice.

(HMVEGS)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

|_|_| . |_|

REFUSED..... -7
DON'T KNOW..... -8

HNR11. When {you eat/s/he eats} the meal from Meals on Wheels, {do you/does s/he} usually eat the vegetables, other than potatoes, that are provided?

(HMEATVEG)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

HNR12. Considering all the food you eat in a day, how many servings of bread, cereal, rice, pasta, noodles, tortillas, or sweet breads and desserts do you usually eat every day? One serving is 1 piece of bread or a tortilla or a small pancake; 1 cup of cold cereal or 1/2 cup hot cereal; 1/2 cup, rice, pasta, or noodles; 1/2 doughnut, 1/2 slice of pie or cake; or 2 medium cookies.

(HMBREAD)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

|_|_| . |_|

REFUSED..... -7
DON'T KNOW..... -8

HNR13. When {you eat/s/he eats} the meal from Meals on Wheels, {do you/does s/he} usually eat the bread, cereal, rice, pasta, noodles, tortillas, or sweet breads and desserts that are provided?

(HMEATBRD)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

HNR14. Considering all the food {you eat/s/he eats} in a day, how many servings of **milk, cheese, yogurt, or calcium rich soy products** {do you/does NAME OF PARTICIPANT} usually eat? One serving is 1 cup of milk or yogurt; one and one-half ounces of natural cheese, such as cheddar cheese, or two ounces or two slices of processed cheese, such as American cheese.

(HMDAIRY)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

|_|_| . |_|

REFUSED..... -7
DON'T KNOW..... -8

HNR15. When {you eat/s/he eats} meal from Meals on Wheels, {do you/does s/he} usually eat or drink the milk, cheese, yogurt, **or calcium rich soy products** that are provided?

(HMEATDAR)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

HNR16. Considering all the food {you eat/s/he eats} in a day, how many servings of **meat, chicken, turkey, fish, and eggs** {do you/does NAME OF PARTICIPANT} usually eat? One serving is a two or three ounce chicken breast, hamburger patty or fish filet, or 2 to 3 eggs.

(HMMEAT)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

|_|_| . |_|

REFUSED..... -7
DON'T KNOW..... -8

HNR17. When {you eat/s/he eats} the meal from Meals on Wheels, {do you/does s/he} usually eat the meat, chicken, turkey, fish, or eggs that are provided?

(HMEATMET)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

HNR18. Considering all the food {you eat/s/he eats} in a day, how many servings of **nuts, tofu, and beans** such as baked beans, pinto beans, kidney beans, lima beans, soybeans, or black-eyed peas {do you/does NAME OF PARTICIPANT} usually eat? One serving is 1 to 2 cups of beans or tofu; 4 to 6 tablespoons of peanut butter; or two-thirds to one cup of nuts.

(HMBEANS)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

|_|_| . |_|

REFUSED..... -7
DON'T KNOW..... -8

HNR19. When {you eat/ s/he eats} the meal from Meals on Wheels, {do you/does s/he} usually eat the nuts, tofu, or beans if they are provided?

(HMEATBNS)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR20. How would {you/NAME OF PARTICIPANT} rate the Meals on Wheels program overall? Would {you/s(he)} say...

(HMRATE)

Excellent..... 1
Very good..... 2
Good..... 3
Fair, or..... 4
Poor?..... 5
REFUSED..... -7
DON'T KNOW..... -8

I'm going to read some statements about the meals program.

HNR21. Think about all the foods that {you receive/s/he receives} from the Meals on Wheels program. Now tell me, how often {are you/is s/he} satisfied with the way the food tastes? Would {you/s/he say}.....

(HMTASTES)

Always.....	1
Usually.....	2
Sometimes.....	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

HNR22. Think about all the foods that {you receive/s/he receives} from the Meals on Wheels program. Now tell me, how often {are you/is s/he} satisfied with the variety of the foods? Would {you/s/he say}.....

(HMVR2FD)

Always.....	1
Usually.....	2
Sometimes.....	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

HNR23. Do the meals from Meals on Wheels arrive when expected?

Always.....	1
Usually.....	2
Sometimes.....	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

HNR24. {Do you/Does NAME OF PARTICIPANT} like the meals {you get/s/he gets} from the Meals on Wheels program?

(HNRLIKE)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HNR25. Would you recommend this service to a friend?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR26. Do you eat healthier foods as a result of the meals program?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR27. Does receiving Meals on Wheels improve (your/NAME OF PARTICIPANT'S) health?

(HMFLBTR)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR28. Do Meals on Wheels help (you/NAME OF PARTICIPANT) to stay in your own home?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR29. As a result of receiving Meals on Wheels, {do you/does NAME OF PARTICIPANT} feel better?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNRINTRO4. Now, I would like to ask a few questions about buying food.

HNR30. {Do you/Does NAME OF PARTICIPANT} always have enough money or food stamps to buy the food {you need/NAME OF PARTICIPANT needs}?

(HMENUF)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR31. During the past month, did {you/NAME OF PARTICIPANT} have to choose between buying food or buying medication?

(HMRXFD)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR32. During the past month did {you/NAME OF PARTICIPANT} have to choose between buying food or paying {your/his/her} rent or utility bills?

(HMBILFD)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HNR33. On one or more days during the past month, did {you/NAME OF PARTICIPANT} skip meals because {you/s/he} had no food and no money or food stamps to buy food?

(HMSKP)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

GO TO SERVICE MODULE.

PROCEED TO MODULE 1, PHYSICAL FUNCTIONING, THEN TO MODULE 4, DEMOGRAPHICS.

CONGREGATE MEALS (VERSION: APRIL, 2007)

CMINTRO. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you have attended the lunch program provided by {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

[IF NEEDED: Meals provided at senior centers or other places are called congregate meals or senior lunch programs.]

GO TO CMSERVERF.

CMINTROINT. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has attended the lunch program provided by {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

We would like the client to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting {NAME OF PARTICIPANT}'s actual opinions and responses.

This survey will take about 30 minutes to complete. {His/Her} participation is voluntary and very important to the success of this study. {NAME OF PARTICIPANT's} answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by {his/her} decision to participate nor by any answers {s/he} gives.

IF NEEDED: We were given your name as the interpreter for {NAME OF PARTICIPANT}.

[IF NEEDED: Meals provided at senior centers or other places are called congregate meals or senior lunch programs.]

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW, GO TO CMALTCON. OTHERWISE GO TO CMSERVERF.
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CMINTROPRX. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has the lunch program provided by {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

For the remainder of the survey I would like you to answer as though you were {NAME OF PARTICIPANT}. All of the following questions pertain to {him/her}. Please provide your best estimate as to {his/her} own response or opinion.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by your decision to participate nor by any answers you give.

IF NEEDED: We were given your name as the proxy for {NAME OF PARTICIPANT}.
 [IF NEEDED: A lunch program, or Congregate meals is a meal which is provided in a group setting, such as at a senior center.]

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH CMALTCN. OTHERWISE GO TO CMSERVERF.

CMALTCN. May I have the name and telephone number of someone else to contact?

FIRST NAME	LAST NAME
()	-
(AREA CODE)	(TELEPHONE NUMBER)

- REFERRED BACK TO PARTICIPANT..... 1 [GO TO CMINTRO]
- REFUSED..... -7 [Thank you for your time]
- DON'T KNOW..... -8 [Thank you for your time]

Thank you for the information. END INTERVIEW.

CMSERVERF. IF NEEDED: We show {you/s/he} may have received {TYPE OF SERVICE} services from {PROVIDER NAME/ AGENCY NAME}. Is that correct?

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [Thank you for your time]
- DON'T KNOW..... -8 ☐

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "DO YOU" OR "HAVE YOU") IN QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., "DOES S/HE" OR "HAS S/HE") WHERE INDICATED.

CNRINTRO1. Now we are going to talk about the lunch program {you attend/NAME OF PARTICIPANT attends} {at NAME OF PROVIDER/from {AGENCY NAME}}.

CNR1. When was the last time {you/s/he} ate lunch at the at the senior center or meal site?

(CMDAYS)

- Today or yesterday, 1
- More than 1 day to 1 week ago,..... 2
- More than 1 week to 1 month ago, or..... 3
- More than 1 month? 4
- I ONLY USED ATE THERE ONCE..... 5 ☐
- OVER 1 YEAR AGO..... 6 ☐
-[GO TO THANK3]
- REFUSED..... -7 ☐
- DON'T KNOW..... -8 ☐

THANK3. Thank you, but the focus of this survey is on people who have used the service within the past year.

CNR2. How long {have you/has NAME OF PARTICIPANT} been attending the lunch program? Would {you/ NAME OF PARTICIPANT} say....

(CMRECEV)

- 6 months or less,..... 1
- More than 6 months, but less than 1 year,..... 2
- At least 1 year but less than 2 years,..... 3
- 2 to 5 years, or..... 4
- More than 5 years?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

PROGRAMMER NOTE: HARD RANGE FOR CNR3=0 TO 7.

CNR3. How many days each week {do you/does s/he} eat at the senior center or meal site for lunch?

(CMDAYSWK)

- NUMBER OF DAYS..... | | |
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

CNRINTRO2. The following questions are about {your/NAME OF PARTICIPANT'S} eating habits.

CNR4. Think about the amount of food {you eat/s/he eats} from the lunch program. On the days {you eat/NAME OF PARTICIPANT eats} a meal from the Senior Center or meal site, what portion of all the foods {you eat/s/he eats} in a day does this meal represent? Would {you/s/he} say...

(variable name)

- Less than one-third,..... 1
- Between one-third and one-half,..... 2
- About one-half, or..... 3
- More than one-half?..... 4
- OTHER..... 91
- (Please Specify) _____
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

CNRINTRO3. Please answer the following questions by telling me which response best represents the amount and type of food {you usually eat/NAME OF PARTICIPANT usually eats}.

CNR5. Considering all the food {you eat/s/he eats} in a day, how many servings of **fruit** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving of fruit is 1 piece of fruit; one-half cup chopped, cooked, or canned fruit; or three-fourths cup of juice.

(CMFRUIT)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

_____. _____

REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

CNR6. When {you eat/s/he eats} lunch at the senior center or meal site, {do you/does s/he} usually eat the fruit that is provided?

(CMEATFRT)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CNR7. Considering all the food {you eat/s/he eats} in a day, how many servings of **potatoes** {do you/does NAME OF PARTICIPANT} usually eat each day? One serving is 1 small baked potato; one-half cup mashed or boiled potatoes; 10 French fries; or one-half cup hashed browns.

(CMPOTATO)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

_____. _____

REFUSED..... -7
DON'T KNOW..... -8

CNR8. When {you eat/s/he eats} lunch at the senior center or meal site, {do you/does s/he} usually eat the **potatoes** that are provided?

(CMEATPOT)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

CNR9. Considering all the food {you eat/s/he eats} in a day, how many servings of **vegetables**, other than potatoes, {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is 1 cup raw leafy greens; one-half cup cooked or chopped raw vegetables; or three-fourths cup juice.

(CMVEGS)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

||_|. |_|

REFUSED..... -7
DON'T KNOW..... -8

CNR10. When {you eat/s/he eats} lunch at the senior center or meal site, {do you/does s/he} usually eat the vegetables, other than potatoes, that are provided?

(CMEATVEG)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

CNR11. Considering all the food you eat in a day, how many servings of bread, cereal, rice, pasta, noodles, tortillas, or sweet breads and desserts do you usually eat every day? One serving is 1 piece of bread or a tortilla or a small pancake; 1 cup of cold cereal or 1/2 cup hot cereal; 1/2 cup, rice, pasta, or noodles; 1/2 doughnut, 1/2 slice of pie or cake; or 2 medium cookies

(CMBREAD)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

_____|_____|_____|

REFUSED..... -7
 DON'T KNOW..... -8

CNR12. When {you eat/s/he eats} lunch at the senior center or meal site, {do you/does s/he} usually eat the bread, cereal, rice, pasta, noodles, tortillas, or sweet breads and desserts that are provided?

(CMEATBRD)

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

FENCEPOST

CNR13. Considering all the food {you eat/s/he eats} in a day, how many servings of **milk, cheese, yogurt, or calcium rich soy products** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is 1 cup of milk or yogurt; one and one-half ounces of natural cheese, such as cheddar cheese, or two ounces or two slices of processed cheese, such as American cheese.

(CMDAIRY)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

_____|_____|_____|

REFUSED..... -7
 DON'T KNOW..... -8

CNR14. When {you eat/s/he eats} lunch at the senior center or meal site, {do you/does s/he} usually eat or drink the milk, cheese, yogurt, **or calcium rich soy products** that are provided?

(CMEATDAR)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

CNR15. Considering all the food {you eat/s/he eats} in a day, how many servings of **meat, chicken, turkey, fish, and eggs** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is a two or three ounce chicken breast, hamburger patty or fish filet, or 2 to 3 eggs.

(CMMEAT)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

____.____

- REFUSED..... -7
- DON'T KNOW..... -8

CNR16. When {you eat/s/he eats} lunch at the senior center or meal site, {do you/does s/he} usually eat the meat, turkey, chicken, fish, or eggs that are provided?

(CMEATMET)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

CNR17. Considering all the food {you eat/s/he eats} in a day, how many servings of **nuts, tofu, and beans** such as baked beans, pinto beans, kidney beans, lima beans, soybeans, or black-eyed peas {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is 1 to 2 cups of beans or tofu; 4 to 6 tablespoons of peanut butter; or two-thirds to one cup of nuts.

(CMBEANS)

[INTERVIEWER NOTE: IF RESPONDENT ANSWERS LESS THAN 1 DAILY SERVING, RECORD VERBATIM ANSWER]

____.____.____

REFUSED..... -7
 DON'T KNOW..... -8

CNR18. When {you eat/ s/he eats} lunch at the senior center or meal site, {do you/does s/he} usually eat the nuts, tofu, or beans if they are provided?

(CMEATBNS)

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

FENCEPOST

Now I am going to ask about the services {you receive/s/he receives}.

CNR19. How would {you/NAME OF PARTICIPANT} rate the lunch program overall? Would {you/s(he)} say...

(CMRATE)

Excellent..... 1
 Very good..... 2
 Good..... 3
 Fair, or..... 4
 Poor..... 5
 REFUSED..... -7
 DON'T KNOW..... -8

FENCEPOST

CNR20. Would you recommend this service to a friend?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CNR21. Do you eat healthier foods as a result of the meals program?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CNR22. Does eating at the lunch program improve (your/NAME OF PARTICIPANT'S) health?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CNR23. Do meal programs help (you/NAME OF PARTICIPANT) to stay in your own home?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CNR24. {Do you/Does NAME OF PARTICIPANT} like the meals that {you get/s/he gets} at the lunch program?

(variable name)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CNR25. As a result of receiving meals, {do you/does NAME OF PARTICIPANT} feel better?

(variable name)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

CNR26. As a result of receiving meals, {do you/does NAME OF PARTICIPANT} see {your/his/her} friends more often?

(variable name)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

I'm going to read some statements about the lunch program.

CNR27. Think about all the foods that {you receive/s/he receives} from the lunch program. Now tell me, how often {are you/is s/he} satisfied with the way the food tastes? Would {you/s/he say}

.....

(CMTASTES)

Always,.....	1
Usually,.....	2
Sometimes.....	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

CNR28. Think about all the foods that {you receive/s/he receives} from the lunch program. Now tell me, how often {are you/is s/he} satisfied with the variety of the foods? Would {you/s/he say}

.....

(CMVR2FD)

Always,.....	1
Usually,.....	2
Sometimes.....	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

CNR29. {Do you/Does NAME OF PARTICIPANT} always have enough money or food stamps to buy the food {you need/ NAME OF PARTICIPANT needs}?

(CMENUF)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

HOMEMAKER SERVICE (VERSION: APRIL, 2007)

HCMINTRO. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received homemaker services from (PROVIDER NAME/AGENCY NAME). I would like to speak with you about those services.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

[IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.]

GO TO HCMSERVERF.

HCMINTROINT. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received homemaker services from (PROVIDER NAME/AGENCY NAME). I would like to speak with you about those services.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

We would like the client to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting (NAME OF PARTICIPANT)'S actual opinions and responses.

IF NEEDED: We were given your name as the interpreter for (NAME OF PARTICIPANT).

[IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.]

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO HCMALTCON. OTHERWISE GO TO HCMSERVERF.

HCMINTROPRX. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show (NAME OF PARTICIPANT) received Homemaker Services from {PROVIDER NAME/AGENCY NAME}. I would like to speak with you about those services.

This survey will take about 30 minutes to complete. (NAME OF PARTICIPANT's) participation is voluntary and very important to the success of this study. (His/Her) answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/her} eligibility for services will not be affected by (his/her) decision to participate nor by any answers (s/(he)) gives.

For the remainder of the survey I would like you to answer as though you were [Name of Participant]. All of the following question[s] pertain to {him/her} Please provide your best estimate as to his/her own response or opinion.

IF NEEDED: We were given your name as the proxy for (NAME OF PARTICIPANT).

[IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.]

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH HCMALTCON. OTHERWISE GO TO HCMSERVERF.

HCMALTCON. May I have the name and telephone number of someone else to contact?

FIRST NAME	LAST NAME
(_ _ _ _)	_ _ _ _ - _ _ _ _ _
(AREA CODE)	(TELEPHONE NUMBER)

- REFERRED BACK TO PARTICIPANT..... 1 [GO TO HCMINTRO]
- REFUSED..... -7 [Thank you for your time]
- DON'T KNOW..... -8 [Thank you for your time]

Thank you for the information. END INTERVIEW.

HCMSERVERF. IF NEEDED: We show {you/s/he} may have received [TYPE OF SERVICE] services from [PROVIDER NAME/AGENCY NAME]. Is that correct?

- YES..... 1
- NO..... 2
- REFUSED..... -7 [Thank you for your time]
- DON'T KNOW..... -8

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "DO YOU" OR "HAVE YOU") IN QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., "DOES S/HE" OR "HAS S/HE") WHERE INDICATED.

HCINTRO1. Now we are going to talk about the homemaker or housekeeping service {you receive/NAME OF PARTICIPANT receives} from {NAME OF PROVIDER}

HC1. When was the last time {you/s/he} received the homemaker or housekeeping service?

(HCDAYS)

- Today or yesterday, 1
- More than 1 day to 1 week ago,..... 2
- More than 1 week to 1 month ago, or..... 3
- More than 1 month ago? 4
- I ONLY GOT IT ONE TIME [INTERVIEWER NOTE:
INCLUDES R WHO SAYS THEY GOT HELP FOR A
SHORT TIME, E.G. AFTER A HOSPITAL STAY]..... 5 ☐
- OVER 1 YEAR AGO..... 6 ☐
-[GO TO THANK3]
- REFUSED..... -7 ☐
- DON'T KNOW..... -8 ☐

THANK3. Thank you, but the focus of this survey is on people who have used the service within the past year.

HC2. How long {have you/has NAME OF PARTICIPANT} been receiving homemaker services? Would {you/ NAME OF PARTICIPANT} say...

(HCRECEV)

- 6 months or less,..... 1
- More than 6 months, but less than 1 year,..... 2
- At least 1 year but less than 2 years,..... 3
- 2 to 5 years, or..... 4
- More than 5 years?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

PROGRAMMER NOTE: HARD RANGE IN HCMOFT IS 0 to 7.

HC3. How often does the homemaker help with housework?

(variable name)

- Weekly..... 1 [GO TO HC3A]
- Monthly..... 2 [GO TO HC3B]
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

HC3a. If weekly, how many times a week does the homemaker help with housework?
(variable name)

NUMBER OF TIMES.....|_|_|
REFUSED..... -7
DON'T KNOW..... -8

HC3b. If monthly, how many times a month does the homemaker help with housework?
(variable name)

NUMBER OF TIMES.....|_|_|
REFUSED..... -7
DON'T KNOW..... -8

HC4. When the homemaker comes, how many hours of help (do you/does s/he) receive?
(variable name)

NUMBER OF HOURS.....|_|_|
REFUSED..... -7
DON'T KNOW..... -8

HC5. Does {your/his/her} homemaker do things the way {you want/s/he wants} them done? Would {you/s/he}

(HCHM07)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HC6. Does {your/his/her} homemaker do what {you ask/s/he asks} them to? Would {you/s/he} say...

(SHCHM09)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HC7. How would {you/NAME OF PARTICIPANT} rate the quality of your homemaker service?

(HCARATE)

Excellent,.....	1
Very good,.....	2
Good,.....	3
Fair, or.....	4
Poor?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

FENCEPOST

HCINTRO2. I'm going to read some statements about the homemaker program. Please tell me:

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
HC8. Would {You/NAME OF PARTICIPANT} recommend the Homemaker program to a friend?.....	1	2	-7	-8

(HCRREC)

HC9. Do the services {you receive/s/he receives} help {you/NAME OF PARTICIPANT} continue to live in {your/his/her} own home?.....	1	2	-7	-8
--	---	---	----	----

(HCSTAYHM)

FENCEPOST

PROGRAMMER NOTE: GO TO SERVICE LIST THEN GO TO MODULE 1 THEN MODULE 4, DEMOGRAPHICS.

UNLESS, HCDAYS=5 AND/OR HCMOFT=L THEN GO TO SERVICE LIST, THEN TO MODULE 4, DEMOGRAPHICS.

TRANSPORTATION ASSESSMENT SURVEY (VERSION: APRIL, 2007)

TRINTRO. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you have received Transportation Services from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

[IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping [IF NEEDED: Includes recreational trips].]

PROGRAMMER NOTE: GO TO TRSERVERF.

TRINTROINT. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Transportation Services from {PROVIDER NAME/AGENCY NAME}. We would like to know if these services have been helpful.

We would like the client to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting {NAME OF PARTICIPANT'S} actual opinions and responses.

This survey will take about 30 minutes to complete. {NAME OF PARTICIPANT's} participation is voluntary and very important to the success of this study. {His/Her} answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by {NAME OF PARTICIPANT's} decision to participate nor by any answers {s/he} gives.

IF NEEDED: We were given your name as the interpreter for {NAME OF PARTICIPANT}}

[IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping [IF NEEDED: Includes recreational trips].]

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO TRALTCON. OTHERWISE GO TO TRSERVERF.

TRINTROPRX. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Transportation Services from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

For the remainder of the survey I would like you to answer as though you were {NAME OF PARTICIPANT}. All of the following question{s} pertain to {him/her}. Please provide your best estimate as to {his/her} own response or opinion.

This survey will take about 30 minutes to complete. (NAME OF PARTICIPANT's) participation is voluntary and very important to the success of this study. (His/Her) answers to the questions will be kept

confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by (his/her) decision to participate nor by any answers you give.

IF NEEDED: We were given your name as the proxy for (NAME OF PARTICIPANT).

[IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping [IF NEEDED: Includes recreational trips].]

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW CONTINUE WITH TRALTCON. OTHERWISE GO TO TRSERVERF.

TRALTCON. May I have the name and telephone number of someone else to contact?

_____	_____
FIRST NAME	LAST NAME
(_ _ _ _)	_ _ _ _ - _ _ _ _ _
(AREA CODE)	(TELEPHONE NUMBER)

- REFERRED BACK TO PARTICIPANT..... 1 [GO TO TRINTRO]
- REFUSED..... -7 [Thank you for your time.]
- DON'T KNOW..... -8 [Thank you for your time.]

Thank you for the information. END INTERVIEW.

TRSERVERF. IF NEEDED: We show {you/s/he} may have received {TYPE OF SERVICE} services from {PROVIDER NAME/AGENCY NAME}. Is that correct?

- YES..... 1
- NO..... 2
- REFUSED..... -7 [Thank you for your time.]
- DON'T KNOW..... -8

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "DO YOU" OR "HAVE YOU") IN QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., "DOES S/HE" OR "HAS S/HE") WHERE INDICATED.

TRINTRO1. First, I am going to ask some questions about the service {you receive/NAME OF PARTICIPANT receives} from {PROVIDER NAME/AGENCY NAME}.

TR1. About how long ago did {you/s/he} start using this transportation service?

(HOWLONG)

- 6 months or less..... 1
- More than 6 months, but less than 1 year..... 2
- At least 1 year but less than 2 years..... 3
- 2 to 5 years, or..... 4
- More than 5 years?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

TR2. When was the last time {you/s/he} used this service?

(TRDAYS)

- Today or yesterday, 1
- More than 1 day to 1 week ago,..... 2
- More than 1 week to 1 month ago, or 3
- More than 1 month ago?..... 4
- I ONLY USED IT ONCE [INTERVIEWER NOTE:
INCLUDES R WHO SAYS THEY GOT SERVICES FOR
A SHORT TIME, E.G. AFTER A HOSPITAL STAY]..... 5 □
- OVER 1 YEAR AGO..... 6 □ [GO TO THANK3]
- REFUSED..... -7 □
- DON'T KNOW..... -8 □

THANK3. Thank-you, but the focus of this survey is on people who have used the service within the past year.

TR3. How often {do you/does s/he} use the transportation service?

(TROFTEN)

- 5 or more times per week,..... 1
- 2 to 4 times per week,..... 2
- Once per week,..... 3
- 1 to 3 times per month, or..... 4
- Less than once per month?..... 5
- I ONLY USED IT ONCE/FOR A SHORT TIME
[INTERVIEWER NOTE: IF RESPONDENT SAYS THEY
USED IT FOR A SHORT TIME]..... 6 [GO TO THANK3]
- REFUSED..... -7
- DON'T KNOW..... -8

TR4. About how many local one-way trips a month {do you/does NAME OF PARTICIPANT} make using this service? For example, if {you go/s/he goes} to the grocery store and then {come/comes} back using this service, that counts as 2 one-way trips.

(TRMONTH)

NUMBER OF TRIPS.....	_ _ _	
		SOFT RANGE = 0-30
		HARD RANGE = 0-100
LESS THAN ONCE A MONTH.....		L
OTHER.....		91
(SPECIFY _____)		
REFUSED.....		-7
DON'T KNOW.....		-8

PROGRAMMER NOTE: IF TROFTEN=6, AUTOCODE TRPROP THEN GO TO TRRATE.

TR5. In an average month, would {you/ NAME OF PARTICIPANT} say {you rely/s/he relies} on this transportation service for:

(TRPROP AND TRPROPOS)

Just a few of {your/ his/her} local trips,.....	1
About 1/4 of all {your/ his/her} local trips,.....	2
About 1/2 of all {your/ his/her} local trips,.....	3
About 3/4 of all {your/ his/her} local trips, or.....	4
Nearly all of {your/ his/her} local trips?.....	5
OTHER.....	91
(SPECIFY _____)	
REFUSED.....	-7
DON'T KNOW.....	-8

TR6. When using {PROVIDER OF SERVICE} where {do you/does NAME OF PARTICIPANT} get on the vehicle? Would {you/s/he} say . . .

(TRGTSON)

The driver comes to {your/ his/her} door,.....	1
The vehicle stops in front of {your / his/her} house or in the driveway,.....	2
The vehicle stops down the block, or.....	3
{You have/ NAME OF PARTICIPANT has} to walk several blocks to get on the vehicle?.....	4
{YOU GET/NAME OF PARTICIPANT GETS} ON THE BUS AT THE SENIOR CENTER?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

FENCEPOST

TRINTRO2. For the next few questions, please tell me how frequently these statements apply to {your/ NAME OF PARTICIPANT's} overall experience with {PROVIDER NAME/AGENCY NAME}. Please select one of these five responses: always, usually, sometimes, seldom, or never.

(TRFRE05 - TRFRE17)

	Always	Usually	Sometimes	Seldom	Never	RF	DK
TR7. The drivers pick {you/him/her} up when they are supposed to. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...]	1	2	3	4	5	-7	-8
TR8. The drivers are polite? [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...]	1	2	3	4	5	-7	-8
TR9. The vehicle are easy to get into and out of. Would {you/NAME OF PARTICIPANT} say...	1	2	3	4	5	-7	-8
TR10. The vehicles are comfortable. Would {you/NAME OF PARTICIPANT} say...	1	2	3	4	5	-7	-8
TR11. {You arrive/S/He arrives} at {your/his/her} destination on time. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...]	1	2	3	4	5	-7	-8
TR12. {You/NAME OF PARTICIPANT} can get to the places {you want/ s/he wants} or {need/needs} to go. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...]	1	2	3	4	5	-7	-8
TR13. {You get/S/He gets} rides at the times and on the days {you need/s/he needs} them. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...]	1	2	3	4	5	-7	-8

TR14.. {Do you/Does NAME OF PARTICIPANT} need help getting into and out of {your/his/her} home?

(PFDFFIN)

- YES..... 1
- NO..... 2 □
- REFUSED..... -7 □ [GO TO TR15]
- DON'T KNOW..... -8 □

TR14b. Does the driver or aide help {you/him/her} get into and out of {your/his/her} home?

(PFDFFINB)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

TR15. {Do you/Does NAME OF PARTICIPANT} need help getting into or out of the van or bus?
(PFDFIN)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO TR16]
- DON'T KNOW..... -8 ☐

TR15b. Does the driver or aide help {you/him/her} get into or out of the van or bus?
(PFDFINB)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

TR16. {Do you/Does NAME OF PARTICIPANT} use {your/his/her} transportation service to get to:
 (TRACT01 TO TRACT12 AND TRACTOS)

	YES	NO	RE	DK
A. Doctors and health care providers?.....	1	2	-7	-8
B. Shopping?..... [INTERVIEWER NOTE: INCLUDES HAIRDRESSER]	1	2	-7	-8
C. Volunteer activities?.....	1	2	-7	-8
D. Senior center?.....	1	2	-7	-8
E. Lunch program?.....	1	2	-7	-8
F. Friends, neighbors, and relatives?.....	1	2	-7	-8
G. Social events and recreation activities?.....	1	2	-7	-8
H. Clubs and meetings?.....	1	2	-7	-8
I. Religious services?.....	1	2	-7	-8
J. Work?.....	1	2	-7	-8
91. Some place else? (SPECIFY _____)	1	2	-7	-8
K. NONE OF THE ABOVE.....	1	2	-7	-8

**PROGRAMMER NOTE: IF ALL OF TR16 A-J AND 91 ARE 2, -7, AND/OR -8, AUTOCODE TR16K "1."
IF ANY OF TR16 A-J AND/OR 91 ARE 1, AUTOCODE TR16K "2."**

FENCEPOST

TR17. Next, how would {you/ NAME OF PARTICIPANT} rate the transportation service that {you/s/he} received? Would {you/ s/he} say...

(TRRATE)

Excellent.....	1
Very good,.....	2
Good,.....	3
Fair, or.....	4
Poor?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

FENCEPOST

TRINTRO3. I'd like to ask if the following statement applies to {your/his/her} experiences with (PROVIDER NAME/AGENCY NAME).

TR18. {You get/ NAME OF PARTICIPANT gets} around more than {you/s/he} did before {you/s/he} had this service. Would {you/s/he} say...

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

TRINTRO4. Please tell me:

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
TR19. Would {You/ NAME OF PARTICIPANT} recommend this transportation service to a friend?.....	1	2	-7	-8

(TRREC)

TR20. Do the services {you receive/s/he receives} help {you/NAME OF PARTICIPANT} continue to live in {your/his/her} own home?.....	1	2	-7	-8
---	---	---	----	----

(TRSTAY)

FENCEPOST

TRINTRO5. Now, I would like to ask if {you have/s/he has} a car.

TR21. Is there a car in working condition in {your/NAME OF PARTICIPANT's} household?

(TRISCAR)

YES.....	1	
NO.....	2	▯ [GO TO
REFUSED.....	-7	▯ PROGRAMMER NOTE
DON'T KNOW.....	-8	▯ AFTER TR22]

TR22. {Do you/Does NAME OF PARTICIPANT} ever drive that car?

(TRDRIVE)

YES.....	1	
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PROGRAMMER NOTE: GO TO SERVICE LIST. AFTER SERVICE LIST GO TO MODULE 1, PHYSICAL FUNCTIONING, THEN MODULE 4, DEMOGRAPHICS.

UNLESS TRDAYS=5 AND/OR TROFTEN=6, THEN GO TO SERVICE LIST, THEN MODULE 4, DEMOGRAPHICS.

CASE MANAGEMENT SERVICE (VERSION: APRIL, 2007)

CSINTRO. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received case management services from (PROVIDER NAME/AGENCY NAME). I would like to speak with you about those services.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

GO TO CSSERVERF.

IF NEEDED: {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services.

CSINTROINT. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received case management services from (PROVIDER NAME/AGENCY NAME). I would like to speak with you about those services.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

We would like the client to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting (NAME OF PARTICIPANT)'S actual opinions and responses.

IF NEEDED: We were given your name as the interpreter for (NAME OF PARTICIPANT).

[IF NEEDED: {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services.]

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW, GO TO CSALTCON. OTHERWISE, GO TO CSSERVERF.

CSINTROPRX. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show (NAME OF PARTICIPANT) received case management services from {PROVIDER NAME/AGENCY NAME}. I would like to speak with you about those services.

This survey will take about 30 minutes to complete. (NAME OF PARTICIPANT's) participation is voluntary and very important to the success of this study. (His/Her) answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/her} eligibility for services will not be affected by (his/her) decision to participate nor by any answers (s/(he)) gives.

For the remainder of the survey I would like you to answer as though you were [Name of Participant]. All of the following question[s] pertain to {him/her} Please provide your best estimate as to his/her own response or opinion.

IF NEEDED: We were given your name as the proxy for (NAME OF PARTICIPANT).

[IF NEEDED: {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services.]

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH CSALTCON. OTHERWISE GO TO CSSERVERF.

CSALTCON. May I have the name and telephone number of someone else to contact?

FIRST NAME	LAST NAME
(_ _ _ _)	_ _ _ _ - _ _ _ _ _
(AREA CODE)	(TELEPHONE NUMBER)

- REFERRED BACK TO PARTICIPANT..... 1 [GO TO CSINTRO]
- REFUSED..... -7 [Thank you for your time]
- DON'T KNOW..... -8 [Thank you for your time]

Thank you for the information. END INTERVIEW.

CSSERVERF. IF NEEDED: We show {you/s/he} may have received [TYPE OF SERVICE] services from [PROVIDER NAME/ AGENCY NAME]. Is that correct?

- YES..... 1 [GO TO CSINTRO1]
- NO..... 2
- REFUSED..... -7 [GO TO CSMGRVER]
- DON'T KNOW..... -8

PROGRAMMER NOTE: IF NO NAME OF CASE MANAGER NAME ON FILE, GO TO "IF NO."

CSMGRVER. We show {your/his/her} case manager's name is {NAME OF CASE MANAGER}. Is that correct?

- YES..... 1
- NO..... 2
- REFUSED..... -7 [Thank you for your time]
- DON'T KNOW..... -8

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "DO YOU" OR "HAVE YOU") IN QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., "DOES S/HE" OR "HAS S/HE") WHERE INDICATED.

CSINTRO1. Now I am going to read a few statements about {your/NAME OF PARTICIPANT's} case manager and the case management services {you are/s/he is} currently receiving. {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services. I will read one statement at a time, and then I will read the answer choices.

		<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
CS1.	{Do you know/S/He knows} how to contact {your/his/her} case manager when {you need/s/he needs} to? Would {you/s/he}... (CSCONT)	1	2	-7	-8
CS2.	{Does your/His/Her} case manager return {your/his/her} phone calls in a timely manner? Would {you/s/he}... (CSFONEC)	1	2	-7	-8
CS3.	{Does your/His/Her} case manager explain {your/his/her} services in a way that {you/s/he} can understand? [IF NEEDED: Would {you/s/he}...] (CSEXPLN)	1	2	-7	-8
FENCEPOST					
CS4.	{Do you/NAME OF PARTICIPANT} and {your/his/her} case manager work together to decide what services {you need/NAME OF PARTICIPANT needs}? [IF NEEDED: Would {you/s/he}...] (CSNEEDS)	1	2	-7	-8
FENCEPOST					
CS5.	{Does your/NAME OF PARTICIPANT's} case manager treat {you/him/her} with respect? [IF NEEDED: Would {you/s/he}...] (CSRESPT)	1	2	-7	-8
CS6.	{Does your/His/Her} case manager involve {you/him/her} in discussing and planning for [your/his/her] services? [IF NEEDED: Would {you/s/he}...] (CSINVOLV)	1	2	-7	-8
CS7.	{Does your/His/Her} case manager do a good job setting up care for {you/him/her}? [IF NEEDED: Would {you/s/he}...] (CSCARE)	1	2	-7	-8
FENCEPOST					
CS8.	{Does your/His/Her} case manager help {you/him/her} get services that {you/s/he} did not have before? [IF NEEDED: Would {you/s/he}...] (CSGTMOR)	1	2	-7	-8
CS9.	Has your situation improved because of the services your case manager arranges? [IF NEEDED: Would {you/s/he}...] (CSBETTR)	1	2	-7	-8
FENCEPOST					

CSINTRO2. Now I would like to ask you a few additional questions about the services {you/s/he} received through the case management program.

CS10. How long {have you/has NAME OF PARTICIPANT} been receiving the case management services?

(CSHOWLG)

- 6 months or less,..... 1
- More than 6 months, but less than 1 year,..... 2
- At least 1 year but less than 2 years,..... 3
- 2 to 5 years, or..... 4
- More than 5 years?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

CS11. Did {your/his/her} case manager develop a care plan for the service {you need/s/he needs}?
[IF NEEDED: A care plan is a document that contains information about who saw {you/him/her}, {your/his/her} needs, what kinds of services {you receive/s/he receives} and how {you are/s/he is} doing once {you receive/s/he receives} the services.]

(CSSVCPLN)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO CS12]
- DON'T KNOW..... -8 ☐

CS11a. Did {you/NAME OF PARTICIPANT} get a copy of the plan?

(CSCOPY)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

CS12. {Are you/Is s/he} able to select the services {you receive/s/he receives}?

(CSELSVC)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

CS13. {Are you/Is NAME OF PARTICIPANT} able to select {your/his/her} service provider?
(CSSELPRV)

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

CS14. How would {you/s/he} rate the overall quality of the case management services {you have/s/he has} received? Would {you/s/he} say ...
(CSRATE)

Excellent..... 1
 Very good..... 2
 Good..... 3
 Fair, or..... 4
 Poor?..... 5
 Refused..... -7
 Don't Know..... -8

CSINTRO3. Now I am going to read some statements about the services {you receive/s/he receives}.

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
CS15. Do the services {you receive/s/he receives} help {you/NAME OF PARTICIPANT} continue to live in {your/his/her} own home?.....	1	2	-7	-8
(CSSTAYHM)				

CS16. As a result of receiving the case management services, {do you/does s/he} have a better idea of where to get information about other services?.....	1	2	-7	-8
(CSKNOW)				

FENCEPOST

PROGRAMMER NOTE: GO TO SERVICE LIST THEN GO TO MODULE 1, PHYSICAL FUNCTIONING, THEN TO MODULE 4, DEMOGRAPHICS.

SERVICE LIST (VERSION: APRIL, 2007)

HOME DELIVERED MEALS QUESTION JUST PRIOR TO THIS MODULE IS HMSKP.
 CAREGIVER QUESTION JUST PRIOR TO THIS MODULE IS CGINF09
 TRANSPORTATION QUESTION JUST PRIOR TO THIS MODULE IS TRDRIVE
 CONGREGATE MEALS IS CMSKP
 HOMEMAKER IS HCKNOW
 CASE MANAGEMENT IS CSKNOW

**PROGRAMMER NOTE: FOR QUESTION SVC1,
 SKIP QUESTION A FOR CONGREGATE MEALS.
 SKIP QUESTION B FOR HOME DELIVERED MEALS RESPONDENTS.
 SKIP QUESTION C FOR HOMEMAKER.
 SKIP QUESTION D FOR CASE MANAGEMENT RESPONDENTS.
 SKIP QUESTION E FOR TRANSPORTATION RESPONDENTS.**

**FOR HOME DELIVERED MEALS, CONGREGATE MEALS, HOMEMAKER, CASE MANAGEMENT
 AND TRANSPORTATION CLIENTS, USE FIRST DISPLAY.**

**FOR CAREGIVER RESPONDENTS, USE CARE RECIPIENT NAME (OR RELATION) DISPLAY IN
 SVC1, SVC2, SVC3 AND SVC4. WE ARE NOT INTERESTED IN INFORMATION ON SERVICES THE
 CAREGIVER RECEIVES. FOR CAREGIVERS, WE WANT TO KNOW ONLY ABOUT THE SERVICES
 THEIR CARE RECIPIENT RECEIVES.**

SVC1. I'd like to ask about additional help {you/NAME OF PARTICIPANT} {CARE RECIPIENT} may have received from {PROVIDER NAME} or {AGENCY NAME}.

	YES	NO	RF	DK
a. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} attended a lunch program at a senior center or other meal site? [IF NEEDED: A lunch program, or Congregate meals is a meal which is provided in a group setting, such as at a senior center.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCCM)	1	2	-7	-8
b. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Meals on Wheels? [IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHDM)	1	2	-7	-8
c. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Homemaker or Housekeeping services? [IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHOUSE)	1	2	-7	-8
FENCEPOST				

	YES	NO	RF	DK
<p>d. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received case management services? [IF NEEDED: When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCCSEMG)</p> <p>IF CAREGIVER, AND SVC1-d=1, YES, ASK: How would {you/ NAME OF CAREGIVER} rate the case management services that {CARE RECIPIENT} has received? Would {you/s/he} say... (CSRATE)</p> <p>Excellent..... 1 Very good..... 2 Good..... 3 Fair, or..... 4 Poor?..... 5 REFUSED.....-7 DON'T KNOW.....-8</p> <p>THEN CONTINUE WITH SVC1-E.</p>	1	2	-7	-8
<p>e. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received transportation services? [IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping.] [IF NEEDED: Includes recreational trips.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCTRAN)</p>	1	2	-7	-8
<p>f. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received adult daycare services? [IF NEEDED: Adult Day Care or adult day health is when people go to a place and spend the day.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCDYCR)</p> <p>FENCEPOST</p>	1	2	-7	-8
<p>g. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received personal care services? [IF NEEDED: Personal care services are help with care like dressing or bathing.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCPCR)</p>	1	2	-7	-8

	YES	NO	RF	DK
<p>h. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received chore services? [IF NEEDED: Chore Services help with heavier housecleaning and yard work.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHORE)</p>	1	2	-7	-8
<p>i. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received legal assistance? [IF NEEDED: Legal Assistance may help with making a will or understanding a bill and other legal matters.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCLGL)</p>	1	2	-7	-8
FENCEPOST				
<p>j. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received information and assistance services? [IF NEEDED: Information and Assistance helps people find out about services that are available to them.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCIAA)</p>	1	2	-7	-8
<p>k. {Do you/Does NAME OF PARTICIPANT} {Does s/he} have a nutrition counselor who gives {you/him/her} {him/her} individual advice on what {you/s/he} {s/he} should eat based on {your/his/her} {his/her} general health, chronic conditions, medications, and {your/his/her} {his/her} usual food choices? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (HNREDUYN)</p>	1	2	-7	-8
<p>l. {Have you/Has s/he} {Has CARE RECIPIENT} received health screenings such as blood pressure checks or mammograms other than those from {your/his/her} {his/her} own doctor? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (HLTHSCRN)</p>	1	2	-7	-8
<p>m. {Have you/Has s/he} {Has s/he} received flu shots, pneumonia shots or other immunizations other than those from {your/his/her} {his/her} own doctor? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SHOTS)</p>	1	2	-7	-8
FENCEPOST				
<p>n. {Have you/Has NAME OF PARTICIPANT} {Has CARE RECIPIENT} taken exercise or fitness classes or {do you/does s/he} {does s/he} use the exercise equipment at a senior center or other program for older adults? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (EXERCISE)</p>	1	2	-7	-8

	YES	NO	RF	DK
o. {Have you/Has NAME OF PARTICIPANT} {Has CARE RECIPIENT} received assistance in administering or monitoring the side effects of medicine? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (MEDS)	1	2	-7	-8
p. {Have you/Has NAME OF PARTICIPANT} {Has CARE RECIPIENT} received help getting benefits like Food Stamps and other public assistance? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (BENEFITS)	1	2	-7	-8

PROGRAMMER NOTE: DO NOT ASK SVC2 IF ALL OF SVC1A THROUGH SVC1Q ARE ALL 2, -7 AND/OR -8. SKIP TO SVC3.

SVC2. Overall, how would {you/s/he} {you/s/he} rate the group of services {you receive/s/he receives} {CARE RECIPIENT RECEIVES}? Would {you/NAME OF PARTICIPANT} {you/NAME OF CAREGIVER} say...
(SVCRATE)

Excellent..... 1
 Very good..... 2
 Good..... 3
 Fair, or..... 4
 Poor?..... 5
 REFUSED..... -7
 DON'T KNOW..... -8

PROGRAMMER NOTE: FOR CAREGIVER, SKIP TO SVC4

INTRO: Now, I would like to ask about how these services help {you/him/her}.

SVC3a. As a result of the services {you receive/s/he receives}{are you/is s/he} able to live independently?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

SVC3b. As a result of the services {you receive/s/he receives}{do you/does s/he} feel more secure?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

SVC3c. As a result of the services {you receive/s/he receives}, {are you/is s/he} better able to care for {yourself/himself/herself}?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

SVC3d. Since you started receiving services, {do you/does s/he} have a better idea of how to get any additional help that you need?

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

SVC4. Thinking about {your/NAME OF PARTICIPANT's} {CARE RECIPIENT's} services in general, {do you/does s/he} {do you/does s/he} agree or disagree with these statements?

(SVC4A TO SVC4B)	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
a. The people who give these services are generally courteous. Would {you/s/he} {s/he} say.....	1	2	-7	-8
b. The people who give these services do the things they are supposed to do. Would {you/s/he} {s/he} say.....	1	2	-7	-8

FENCEPOST

SVC5. {Are you/Is NAME OF PARTICIPANT/Is CARE RECIPIENT} receiving any other types of assistance, such as...

(SVC3A-SVC3D)	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
a. Food stamps?.....	1	2	-7	-8
b. Energy Assistance?.....	1	2	-7	-8
c. Medicaid?.....	1	2	-7	-8
d. Housing Assistance?.....	1	2	-7	-8

SVC6. {Does your/His/Her} family or friends help arrange for the services {you receive/s/he receives}?

(CSARRNG)

YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

SVC7. {Does your/His/Her} family or friends also provide assistance that helps {you/NAME OF PARTICIPANT} stay at home?

(CSHOME)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

FENCEPOST

**PROGRAMMER NOTE: IF HOME-DELIVERED MEALS, GO TO MODULE 1
IF HOMEMAKER, GO MODULE 1.
IF TRANSPORTATION, GO TO MODULE 1.
IF CASE MANAGEMENT, GO TO MODULE 1.
IF CONGREGATE MEALS, GO TO MODULE 1.**

THEN GO TO DEMOGRAPHICS, MODULE 4.

NEED TO ASK UNLESS:

**IF HMDAYS=5, GO TO MODULE 4, DEMOGRAPHICS.
IF HCDAYS=5 AND/OR HCMOFT=L, GO TO MODULE 4, DEMOGRAPHICS.
IF TROFTEN=6 AND/OR TRDAYS=5, GO TO MODULE 4, DEMOGRAPHICS.
IF CMDAYS=5, GO TO MODULE 4, DEMOGRAPHICS.**

IF CAREGIVER, GO TO CGDFPLC.

MODULE 1: PHYSICAL EMOTIONAL AND SOCIAL WELL-BEING (VERSION: APRIL, 2007)

PROGRAMMER NOTE: THIS MODULE IS FOR HOME-DELIVERED MEALS, CONGREGATE MEALS, HOMEMAKER, CASE MANAGEMENT AND TRANSPORTATION RESPONDENTS.

UNLESS:

**IF HMDAYS=5, GO TO MODULE 4, DEMOGRAPHICS.
 IF CMDAYS=5, GO TO MODUULE 4, DEMOGRAPHICS.
 IF HCDAYS=5 AND/OR HCMOFT=L, GO TO MODULE 4, DEMOGRAPHICS.
 IF TROFTEN=6 AND/OR TRDAYS=5, GO TO MODULE 4, DEMOGRAPHICS.**

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "DO YOU" OR "HAVE YOU") INTO QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., "DOES S/HE" OR "HAS S/HE") WHERE INDICATED IN MODULE 1.

PFINTRO1. This first question is about your health now. Please try to answer as accurately as you can.

SF1. In general, would you say your health is . . . [READ RESPONSE OPTIONS]

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair, or..... 4
- Poor?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

SF2a. . . . moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE OPTIONS]

- Yes, limited a lot..... 1
- Yes, limited a little or..... 2
- No, not limited at all?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

SF2b. . . . climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE OPTIONS]

- Yes, limited a lot..... 1
- Yes, limited a little or..... 2
- No, not limited at all?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

The following two questions ask you about your physical health and your daily activities.

SF3a. During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health? [READ RESPONSE OPTIONS]

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF3b. During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

The following three questions ask about your emotions and your daily activities.

SF4a. During the past four weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE OPTIONS]

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF4b. During the past four weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE OPTIONS]

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF5a. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? [READ RESPONSE OPTIONS]

- Not at all..... 1
- A little bit..... 2
- Moderately..... 3
- Quite a bit, or..... 4
- Extremely?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

The next few questions are about how you feel and how things have been with you during the past four weeks.

As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, some of the time, a little of the time, or none of the time?

SF6a. How much of the time during the past four weeks . . . have you felt calm and peaceful? [READ RESPONSE OPTIONS]

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF6b. How much of the time during the past four weeks . . . did you have a lot of energy? [READ RESPONSE OPTIONS]

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF6c. How much of the time during the past four weeks . . . have you felt downhearted and depressed? [READ RESPONSE OPTIONS]

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF7. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? [READ RESPONSE OPTIONS]

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- A little of the time, or..... 4
- None of the time?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF8. Compared with {your/his/her} health one year ago, would you say {your/his/her} health is ...
(PFHLTHYR)

- Much better than one year ago,..... 1
- A little better than one year ago,..... 2
- About the same as one year ago,..... 3
- A little worse than one, or..... 4
- Worse than one year ago?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SF9. Regarding {your/ NAME OF PARTICIPANT's} present social activities, {do you/does s/he} feel that {you are/s/he is} doing...

(SFENUF)

- About enough,..... 1
- Too much, or..... 2
- {You/ NAME OF PARTICIPANT} would like to be doing more? 3
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

SF10. Have {your/NAME OF PARTICIPANT's} social opportunities increased since {you/s/he} became involved with {PROVIDER NAME's/AGENCY NAME's} services?

(SFMORE)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

PF1a6. Now I would like to ask about medical conditions {you/NAME OF PARTICIPANT} may have. Has a doctor ever told {you/NAME OF PARTICIPANT} that {you have/s/he has} had:

(PFDISA - PFDIST AND PFDISOS)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
a. Arthritis or rheumatism?.....	1	2	-7	-8	-9
b. High blood pressure or hypertension?.....	1	2	-7	-8	-9
c. A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?.....	1	2	-7	-8	-9
d. High Cholesterol?.....	1	2	-7	-8	-9
e. Diabetes or high blood sugar?.....	1	2	-7	-8	-9
f. Asthma or other breathing difficulties?.....	1	2	-7	-8	-9
g. Cancer or a malignant tumor, excluding minor skin cancer?.....	1	2	-7	-8	-9
h. Stroke?.....	1	2	-7	-8	-9
i. Anemia?.....	1	2	-7	-8	-9
j. Osteoporosis?.....	1	2	-7	-8	-9
k. Kidney disease?.....	1	2	-7	-8	-9
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions?..... [INTERVIEWER NOTE: THIS DOES NOT INCLUDE ONLY WEARS GLASSES OR CONTACTS]	1	2	-7	-8	-9
m. Hearing problems?.....	1	2	-7	-8	-9
n. Emotional, nervous or psychiatric problems?.....	1	2	-7	-8	-9
o. Memory related disease? [IF NEEDED: Alzheimer's or dementia].....	1	2	-7	-8	-9
p. Seizures or epilepsy?.....	1	2	-7	-8	-9
q. Parkinson's?.....	1	2	-7	-8	-9
r. Persistent pain, aching, stiffness or swelling around a joint? [INTERVIEWER NOTE: INCLUDES BROKEN AND SPRAINED BONES OR MUSCLES, AND BAD BACKS, KNEES, SHOULDERS, ETC]	1	2	-7	-8	-9
s. Multiple sclerosis?.....	1	2	-7	-8	-9
t. A serious problem with urinary incontinence?.....	1	2	-7	-8	-9
u. Something else?..... (SPECIFY _____)	1	2	-7	-8	-9

FENCEPOST

PF1a7. Because of a physical, mental or emotional condition lasting 6 months or more, {do you/does NAME OF PARTICIPANT} have any difficulty learning, remembering, or concentrating?

(PFLEARN)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMER NOTE: SOFT RANGE FOR HLM4 = 0 TO 10. IF MORE THAN 10, HAVE INTERVIEWER PROBE: You told me {you take/s/he takes} {INSERT NUMBER OVER 10} prescription medications per day. Is that correct?

HLM1. About how many different prescription medications {do you/does s/he} take every day?

(HLMDRUGS)

[INTERVIEWER NOTE: IF NONE, ENTER 0]

NUMBER OF PRESCRIPTION MEDICINES
PER DAY.....|_|_|
REFUSED.....-7
DON'T KNOW.....-8

HLM2. In the past 12 months, did {you/NAME OF PARTICIPANT} have to stay overnight in a hospital?

(HLMHOSP)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

HLM3. In the past 12 months, did {you/NAME OF PARTICIPANT} have to stay overnight in a nursing home or rehabilitation center?

(HLMNH)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PFINTRO2. We would like to ask about difficulties with some common activities of everyday life and whether {you need /NAME OF PARTICIPANT needs} assistance performing these activities. Please exclude the effects of temporary conditions.

PF1. {Do you/Does NAME OF PARTICIPANT} have difficulty getting around inside the home?

(PFDFIN)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF2]
DON'T KNOW..... -8 ☐

PROGRAMMER NOTE; INSERT MONTH AND DAY 30 DAYS PRIOR TO INTERVIEW DATE IN IF NEEDED IN PF1c, PF2c, PF3c, PF4c, pF5c, PF7c, PF8c, PF10c, PF11c.
--

PF1b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFDFINB)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF2]
DON'T KNOW..... -8 ☐

FENCEPOST

PF2. {Do you/Does s/he} have difficulty going outside the home, for example to shop or visit a doctor's office?

(PFDFOU)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF3]
DON'T KNOW..... -8 ☐

PF2b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFDFOUB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF3. {Do you/Does NAME OF PARTICIPANT} have difficulty getting in or out of bed or a chair?

(PFBED)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF4]
DON'T KNOW..... -8 ☐

PF3b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFBEDB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF4. {Do you/Does s/he} have difficulty when taking a bath or shower?

(PFBATH)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF5]
DON'T KNOW..... -8 ☐

PF4b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFBATHB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF5. {Do you/Does NAME OF PARTICIPANT} have difficulty when dressing?

(PFDRES)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF6]
DON'T KNOW..... -8 ☐

PF5b. {Do you/Does s/he} need the help of another person to perform this activity?
(PFDRESB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF6. {Do you/Does s/he} have difficulty when walking?
(PFWALK)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF7]
DON'T KNOW..... -8 ☐

PF6b. {Do you/Does s/he} need the help of another person to perform this activity?
(PFWALKB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF7. {Do you/Does NAME OF PARTICIPANT} have difficulty eating?
(PFEAT)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF8]
DON'T KNOW..... -8 ☐

PF7b. {Do you/does s/he} need the help of another person to perform this activity?
(PFEATB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF8. {Do you/Does s/he} have difficulty using the toilet or getting to the toilet?
(PFWC)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO PF9]
- DON'T KNOW..... -8 ☐

PF8b. {Do you/Does s/he} need the help of another person to perform this activity?
(PFWCB)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

PF9. {Do you/Does NAME OF PARTICIPANT} have difficulty keeping track of money or bills?
(PFDLR)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO PF10]
- DON'T KNOW..... -8 ☐

PF9b. {Do you/Does s/he} need the help of another person to perform this activity?
(PFDLRB)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

PF10. {Do you/Does s/he} have difficulty preparing meals?
(PFMEAL)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO PF11]
- DON'T KNOW..... -8 ☐

PF10b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFMEALB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF11. {Do you/Does NAME OF PARTICIPANT} have difficulty doing light housework, such as washing dishes or sweeping a floor?

(PFCLLEN)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF12]
DON'T KNOW..... -8 ☐

PF11b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFCLLENB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF12. {Do you/Does NAME OF PARTICIPANT} have difficulty doing heavy housework, such as scrubbing floors or washing windows?

(PFHCLEN)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF13]
DON'T KNOW..... -8 ☐

PF12b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFHCLENB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF13. {Do you/Does s/he} have difficulty taking the right amount of prescribed medicine at the right time?

(PFTKDG)

YES..... 1
NO..... 2 □ [GO TO
REFUSED..... -7 □ PROGRAMMER NOTE
DON'T KNOW..... -8 □ BEFORE PF14]

PF13b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFTKDGB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: ASK PF14 ONLY IF PROXY OR INTERPRETER INTERVIEW. IF RESPONDENT ON PHONE, DO NOT ASK. IF RESPONDENT ON PHONE, AUTOCODE AS 2 (NO).

PF14. {Do you/Does NAME OF PARTICIPANT} have difficulty using the telephone?

(PFFONE)

YES..... 1
NO..... 2 □
REFUSED..... -7 □ [GO TO PF15]
DON'T KNOW..... -8 □

PF14b. {Do you/Does s/he} need the help of another person to perform this activity?

(PFFONEB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

PF15. {Do you/Does s/he} have difficulty driving an automobile?

(PFDRIVE)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF16. Is local bus, transit bus, or city bus service available within three-quarters of a mile from {your/his/her} home?

(PFBUS)

YES..... 1
NO..... 2 ☐ [GO TO
REFUSED..... -7 ☐ PROGRAMMER NOTE
DON'T KNOW..... -8 ☐ BEFORE PF17]

PF16b. {Do you/Does s/he} have difficulty using this transportation?

(PFUSEBUS)

YES..... 1
NO..... 2 ☐ [GO TO
REFUSED..... -7 ☐ PROGRAMMER NOTE
DON'T KNOW..... -8 ☐ BEFORE PF17]

PF16c. {Do you/Does s/he} need the help of another person to perform this activity?

(PFBUSEB)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: IF RESPONDENT HAS ANSWERED YES TO QUESTIONS THAT ASK IF ANOTHER PERSON HELPS THEM (PF1B, PF2B, PF3B, PF4B, PF5B, PF6B, PF7B, PF8B, PF9B, PF10B, PF11B, PF12B, PF13B, PF14B AND/OR PF16C, GO TO PF17A.

DISPLAY YES RESPONSES ON CATI SCREEN FOR PF16A. WE WANT TO DISPLAY THE ACTUAL CATEGORIES FOR WHICH THE RESPONDENT SAID THEY RECEIVE HELP, SO DISPLAY THE PREVIOUS QUESTIONS WHERE THE RESPONDENT SAID "YES, THEY HAVE DIFFICULTY..." (NUMBERED QUESTIONS 1,2,3,4,5,6,7,8,9,10,11,11A, 12,13,15B) AND "YES, THEY RECEIVE HELP." (PF1B, PF2B, PF3B, PF4B, PF5B, PF6B, PF7B, PF8B, PF9B, PF10B, PF11B, PF13B, PF13B, PF14B AND/OR PF16C). DISPLAY APPROPRIATE CATEGORIES LIKE THIS:

- PF1 DIFFICULTY GETTING AROUND INSIDE THE HOME**
- PF2 DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE**
- PF3 DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR**
- PF4 DIFFICULTY WHEN TAKING A BATH OR SHOWER**
- PF5 DIFFICULTY WHEN DRESSING**
- PF6 DIFFICULTY WHEN WALKING**
- PF7 DIFFICULTY EATING**
- PF8 DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET**
- PF9 DIFFICULTY KEEPING TRACK OF MONEY OR BILLS**
- PF10 DIFFICULTY PREPARING MEALS**
- PF11 DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR**
- PF12B DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS**
- PF13 DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME**
- PF14 DIFFICULTY USING THE TELEPHONE**
- PF16B DIFFICULTY USING PUBLIC TRANSPORTATION**

IF NOT, GO TO MODULE 4.

PF17. You have said that {you need/NAME OF PARTICIPANT needs} the help of another person with [READ LIST OF ACTIVITIES]. We would like to know if family or friends provide help with these activities. If so, which family member or friend helps {you/him/her} the most with these activities [IF NEEDED: READ LIST OF ACTIVITIES]?

(WHOHELPS)

[INTERVIEWER NOTE: MARK ONLY ONE]

- HUSBAND,..... 1
- WIFE,..... 2
- SON,..... 3
- SON-IN-LAW 4
- DAUGHTER,..... 5
- DAUGHTER-IN-LAW..... 6
- FATHER,..... 7
- MOTHER,..... 8
- BROTHER,..... 9
- SISTER,..... 10
- GRANDSON,..... 11
- GRANDDAUGHTER, 12
- NEPHEW,..... 13
- NIECE, 14
- OTHER RELATIVE, OR..... 91
- (SPECIFY _____)
- A FRIEND OR NEIGHBOR OR ANOTHER PERSON?..... 15
- REFUSED..... -7
- DON'T KNOW..... -8

GO TO MODULE 4, DEMOGRAPHICS

MODULE 4: DEMOGRAPHIC INTAKE FORM (VERSION: APRIL, 2006)

NOTE: THIS MODULE IS FOR CAREGIVERS, HOME DELIVERED MEALS, CONGREGATE MEALS, HOMEMAKER, CASE MANAGEMENT AND TRANSPORTATION.

PROGRAMMER NOTE: SKIP DEINTRO IF CAREGIVER. REPEATS CGINTRO1.

DEINTRO. We are interested in knowing more about the demographic characteristics of our clients. We would appreciate it if you would answer the following questions. All this information will be kept confidential to the extent allowed by law.

DE1. ASK IF NOT OBVIOUS: What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} gender?

(DEGENDR)

MALE..... 1
FEMALE..... 2
REFUSED..... -7
DON'T KNOW..... -8

DE2. What is {your/NAME OF PARTICIPANT/NAME OF CAREGIVER} date of birth?

(RESPAGE)

____/____/____
MM DD YYYY

REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: CONSTRUCTED VARIABLE-AGEC -- PLEASE CONVERT DATE OF BIRTH TO AGE AS OF INTERVIEW DATE. KEEP ORIGINAL RESPAGE AS WELL.

DE3. What is {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER's} highest level of education? Would {you/s/he} say...

(DEEDUC)

Less than high school diploma,.....	1
High school diploma or GED,.....	2
Some college, including Associate's degree {INCLUDES BUSINESS SCHOOL AND VOCATIONAL OR TECHNICAL SCHOOL},	3
Bachelor's degree, or.....	4
Some post-graduate work or advanced degree?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

DE4. {Are you/Is NAME OF PARTICIPANT/NAME OF CAREGIVER} Spanish, Hispanic or Latino?

(DEHISP)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

FENCEPOST

DE5. What is {your/his/her} race? (CODE ALL THAT APPLY. CTRL/P TO EXIT)

(DE5ARRAY1-6, DERAC01-06 AND DERACOS)

WHITE OR CAUCASIAN,.....	1
BLACK OR AFRICAN-AMERICAN,.....	2
ASIAN,.....	3
AMERICAN INDIAN OR ALASKAN NATIVE, OR.....	4
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.....	5
OTHER.....	91
(SPECIFY _____)	
REFUSED.....	-7
DON'T KNOW.....	-8

FENCEPOST

DE6. Is {your/ his/her} home located in...

(DELOC)

The city,.....	1
The suburbs, or.....	2
A rural area?.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

DE7. What is {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER's} home ZIP code?
(DEZIP)

HOME ZIP CODE.....|_|_|_|_|_|_|_|
 REFUSED..... -7
 DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: IF CAREGIVER ANSWERS CG21—CGMINUT—1-LIVES IN SAME HOUSE, AUTOCODE DE8 "2," AND GO TO DE8A.

DE8. We'd like to ask about the persons who live in this household. {Do you/Does NAME OF PARTICIPANT/NAME OF CAREGIVER} live alone?
(DELIVWI)

YES..... 1 [GO TO PROGRAMMER NOTE BEFORE DE8B]
 NO..... 2
 REFUSED..... -7 [GO TO PROGRAMMER NOTE BEFORE DE8B]
 DON'T KNOW..... -8 [GO TO PROGRAMMER NOTE BEFORE DE8B]

DE8a. Do you/Does {NAME OF PARTICIPANT/NAME OF CAREGIVER}
 (DELVHOW1-4, DELVH01-04)

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
1. Live with {your/his/her} spouse?..... (DELVSP1)	1	2	-7	-8
2. Live with {your/his/her} children?..... (DELVKID2)	1	2	-7	-8
3. Live with {your/his/her} other relatives?..... (DELVREL3)	1	2	-7	-8
4. Live with {your/his/her} non-relatives?..... (DELVNRL4)	1	2	-7	-8

PROGRAMMER NOTE: SOFT RANGE FOR DE8B IS 1 TO 10; HARD RANGE 1-20. IF DE8 = 2 (NO), AUTOCODE DE8B 1 AND GO TO DE9.

PROGRAMMER NOTE: IF ALL OF DE8A IS NO, PROMPT "YOU TOLD ME YOU LIVE WITH SOMEONE ELSE. WHO DO YOU LIVE WITH?" THEN ALLOW THE INTERVIEWER TO GO BACK AND CODE THE RESPONSE "YES" THAT APPLIES.

IF THE RESPONDENT HAS INDICATED IN DE8 THAT HE OR SHE LIVES WITH SOMEONE ELSE (ANY OF DE8 1-4 IS YES OR CAREGIVER ANSWERS CG21—CGMINUT—1-LIVES IN SAME HOUSE), IF INTERVIEWER ENTERS 0 IN DE8B, GIVE A PROMPT THAT SAYS, "THE SYSTEM WILL NOT ACCEPT ZERO, BECAUSE THIS QUESTION ASKS YOU TO INCLUDE YOURSELF." IF INTERVIEWER ENTERS ONE, AND DE8 IS YES (1) THEN GIVE A PROMPT THAT SAYS, "YOU TOLD ME YOU LIVE WITH OTHER PEOPLE. PLEASE INCLUDE YOURSELF WHEN TELLING ME HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD." IF DE8 IS REFUSED OR DON'T KNOW, THEN ACCEPT 1.

IF CAREGIVER AND CGMINUT=1, AND INTERVIEWER ENTERS 0 OR 1 IN DE8B, PROMPT, "You told me {you lives/he lives} with {CARE RECIPIENT}. Please include {him/her} when you tell me how many live in the household."

VARIABLES:

	Variable Name	Available Responses (Hard Range)	Likely Responses (Soft Range)	Go To
A	EXTD.DELVSP1	1. YES		(B)
		2. NO		(B)
		-7 REFUSED		(B)
		-8 DON'T KNOW		(B)
B	EXTD.DELVKID2	1. YES		(C)
		2. NO		(C)
		-7 REFUSED		(C)
		-8 DON'T KNOW		(C)
C	EXTD.DELVREL3	1. YES		(D)
		2. NO		(D)
		-7 REFUSED		(D)
		-8 DON'T KNOW		(D)
D	EXTD.DELVNRL4	1. YES		DE8B
		2. NO		DE8B
		-7 REFUSED		DE8B
		-8 DON'T KNOW		DE8B

FENCEPOST

DE8b. Including {yourself/himself/herself}, how many people live in {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} household,?
(DEHHM)

NUMBER OF HOUSEHOLD MEMBERS..... |__|__|
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

DE9. What is {your/his/her} marital status? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say {you are/s/he is}...

(DEMARST)

- Married,..... 1
- Widowed,..... 2
- Divorced,..... 3
- Separated, or..... 4
- Never Married?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: IF DE8B (DEHHM) = 1, IN DE10, DE10A AND DE10B, DE10C AND DE10D, USE FIRST DISPLAY (YOUR/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S). IF DEHHM IS GREATER THAN 1, USE 2ND DISPLAY, "YOUR/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S TOTAL COMBINED FAMILY" DISPLAY.

ASK ALL RESPONDENTS THE INCOME QUESTIONS.

DE10. You may not be able to give us an exact figure for {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER'S} {Your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's total Combined family} income, but can you tell me if {your/his/her} income in 2007 was ...

(DEINAB)

- At or below \$20,000 {\$1,666 PER MONTH OR LESS}, or..... 1 [GO TO DE10A OR DE10C (SEE PROGRAMMER NOTE, ABOVE)]
- Above \$20,000 {\$1,667 PER MONTH OR MORE}?..... 2 [GO TO DE10B OR DE10C (SEE PROGRAMMER NOTE ABOVE)]
- REFUSED..... -7 [GO TO CLOSE1]
- DON'T KNOW..... -8 [GO TO CLOSE1]

DE10b. Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2007? Would {you/s(he)} say...

(DEINBELB)

- \$10,000 or less [\$832 OR LESS PER MONTH],..... 1
- \$10,001-\$15,000, [{\$833 TO \$1250 PER MONTH],
or..... 2
- \$15,001 - \$20,000, [\$1251 TO \$1666 PER
MONTH]?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

GO TO CLOSE1

DE10c. Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2007? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say...

(DEINABOVB)

- \$20,001 -\$30,000, [\$1667 TO \$2500 PER MONTH]..... 1
- \$30,001-\$50,000, or [\$2501 TO \$4167 PER
MONTH], or..... 2
- Over \$50,000? [\$4168 PER MONTH OR MORE]?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

GO TO CLOSE1

CLOSE1

Those are all the questions I have about {you/NAME OF PARTICIPANT/NAME OF CAREGIVER}.

Thank-you very much for your help with this important national survey. We appreciate your time.

**CAREGIVER SUPPORT ASSESSMENT SURVEY
(VERSION: APRIL 2007)**

CGINTRO. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by {PROVIDER NAME/AGENCY NAME}. We show you have received caregiver support services from {PROVIDER NAME/AGENCY NAME} to help you take care of {CARE RECIPIENT}. We would like to know if these caregiver support services have been helpful.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your and {CARE RECIPIENT}'s eligibility for services will not be affected by your decision to participate nor by any answers you give.

CGINTROINT. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services'. Administration on Aging, We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF CAREGIVER} has received caregiver support services from {PROVIDER NAME/AGENCY NAME} to help {him/her} take care of {CARE RECIPIENT}. We would like to know if these caregiver support services have been helpful.

We would like {NAME OF CAREGIVER} to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting {NAME OF CAREGIVER}'s actual opinions and responses.

This survey will take about 30 minutes to complete. {NAME OF CAREGIVER}'s participation is voluntary and very important to the success of this study. {His/Her} answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} and {CARE RECIPIENT}'s eligibility for services will not be affected by {NAME OF CAREGIVER}'s decision to participate nor by any answers {s/he} gives

IF NEEDED: We were given your name as the interpreter for {NAME OF CAREGIVER}.

CGINTROPRX. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services'. Administration on Aging, We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by {PROVIDER NAME/AGENCY NAME}. We got {NAME OF CAREGIVER} information from {PROVIDER NAME/AGENCY NAME}.

We want to be sure that, wherever possible, we are getting {NAME OF CAREGIVER}'s actual opinions and responses. For the remainder of the survey, I would like you to answer as though you were {NAME OF CAREGIVER}. All of the following questions pertain to {him/her} Please provide your best estimate as to {his/her} own response or opinion.

This survey will take about 30 minutes to complete. {NAME OF CAREGIVER}'s participation is voluntary and very important to the success of this study. {His/Her} answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {NAME OF CAREGIVER}'s and {CARE RECIPIENT}'s eligibility for services will not be affected by {NAME OF CAREGIVER}'s decision to participate nor by any answers {s/he} gives.

IF NEEDED: We were given your name as the proxy for {NAME OF CAREGIVER}.

SKIP TO CGB IF NO CARE RECIPIENT NAME

CGA. {You are/NAME OF CAREGIVER is} listed as someone who currently provides care for {CARE RECIPIENT}. {Are you/Is s/he} still the caregiver for {CARE RECIPIENT}?

(CGSTLCR)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

IF NO, RECORD ANY COMMENTS RESPONDENT MADE ABOUT FORMER CARE RECIPIENT (E.G., RESPONDENT IN NURSING HOME, DECEASED, ETC):

PROGRAMMER NOTE: IF CGA IS NO, RF, OR DK, GO TO CLOSE1 AND END INTERVIEW AFTER INTERVIEWER ENTERS ANY COMMENTS.

CGB. Is {CARE RECIPIENT} 60 years of age or older?

(CGAGE60)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

PROGRAMMER NOTE: IF CGB IS NO, RF, OR DK, GO TO CLOSE1 AND END INTERVIEW.

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW, GO TO CGALTCON. OTHERWISE, GO TO CGINTRO1.

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH CGALTCON. OTHERWISE CONTINUE WITH CGINTRO1.

CGALTCON. May I have the name and telephone number of someone else to contact?

_____ FIRST NAME	_____ LAST NAME
() (AREA CODE)	- (TELEPHONE NUMBER)

REFERRED BACK TO CAREGIVER..... 1 [GO TO CGINTRO]
REFUSED..... -7 [GO TO THANK-YOU]
DON'T KNOW..... -8 [GO TO THANK-YOU]

THANK-YOU. Thank you for the information. END INTERVIEW.

CGINTRO1. This survey typically takes 30 minutes. {You/NAME OF CAREGIVER} may be more comfortable answering these questions if {you are/s/he is} not in the presence of the person {you are/s/he is} caring for. Is this a good time for {you/him/her}?

YES.....
.....1
NO.....
.....2
.....[GO TO APPOINTMENT]
REFUSED.....
.....-7
DON'T KNOW.....
.....-8

FENCEPOST

CGINTRO2. Now, let's begin the caregiver survey. {Your/NAME OF CAREGIVER's} participation is voluntary and very important to the success of this study.

PROGRAMMER NOTE: IF CAREGIVER IS FEMALE OR GENDER IS UNKNOWN, USE FIRST DISPLAY IN SECOND SENTENCE OF CG1 (E.G.: WIFE OR DAUGHTER). IF CAREGIVER IS MALE, USE SECOND DISPLAY (E.G. HUSBAND OR SON). IF CARE RECIPIENT'S NAME IS NOT ON FILE, REFER TO THE CARE RECIPIENT AS "THE PERSON YOU CARE FOR" IN THE FIRST DISPLAY AND "THEIR" IN THE SECOND DISPLAY.

CG1. What is {your/his/her} relationship to {CARE RECIPIENT/the person you care for}? For example, {are you/is NAME OF CAREGIVER} {CARE RECIPIENT's/their} {wife or daughter} {husband or son}?

[INTERVIEWER NOTE: READ CATEGORIES IF NEEDED]

(CGREL)

HUSBAND,..... 1
 1
 WIFE,..... 2
 2
 SON,..... 3
 3
 SON-IN-LAW 4
 4
 DAUGHTER,..... 5
 5
 DAUGHTER-IN-LAW..... 6
 6
 FATHER,..... 7
 7
 MOTHER,..... 8
 8
 BROTHER,..... 9
 9
 SISTER,..... 10
 10
 GRANDSON,..... 11
 11
 GRANDDAUGHTER, 12
 12
 NEPHEW,..... 13
 13
 NIECE, 14
 14
 OTHER RELATIVE, OR..... 91
 (SPECIFY _____)
 A FRIEND OR NEIGHBOR OR ANOTHER PERSON?.....
 15
 REFUSED..... -7
 -7
 DON'T KNOW..... -8
 -8

FENCEPOST

PROGRAMMER NOTE: IF CARE RECIPIENT'S NAME IS NOT ON FILE FROM AREA AGENCY, ASK CGC. ELSE, GO TO CG2.

CGC. [DON'T ASK IF OBVIOUS] What is {CARE RECIPIENT's} gender?

(CGPMF)

MALE..... 1

FEMALE.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

IF RELATIONSHIP IN CG1 ≠ NIECE, NEPHEW, OTHER RELATIVE, FRIEND, DK, OR RF, ASK CGE.
ELSE IF RELATIONSHIP IN CG1 = NIECE OR NEPHEW, INSERT “{YOUR/HIS/HER} RELATIVE” IN
PLACE OF CARE RECIPIENT NAME IN THE REST OF THE INTERVIEW AND SKIP TO CG2
ELSE IF RELATIONSHIP IN CG1 = OTHER RELATIVE, INSERT “{YOUR/HIS/HER} {CGRELOS}” IN
PLACE OF CARE RECIPIENT NAME IN THE REST OF THE INTERVIEW AND SKIP TO CG2
ELSE IF RELATIONSHIP IN CG1 = FRIEND, DK, OR RF, CONTINUE TO SHOW “THE PERSON YOU
CARE FOR” IN PLACE OF CARE RECIPIENT NAME IN THE REST OF THE INTERVIEW AND SKIP
TO CG2

IF RELATIONSHIP CONFIRMED OR COLLECTED IN CGD AND IS NOT FRIEND, NEIGHBOR OR
OTHER INSERT IN PLACE OF CARE RECIPIENT NAME IN REST OF INTERVIEW AS
{YOUR/HIS/HER RELATIONSHIP FROM CGD}. ELSE IF CGD = FRIEND, NEIGHBOR OR OTHER,
OR IF RELATIONSHIP IS NOT COLLECTED IN CGD, CONTINUE TO REFER TO THE CARE
RECIPIENT AS “THE PERSON YOU CARE FOR”.

USE CG1 RELATIONSHIP AND CGC GENDER TO FILL {SWITCHED RELATIONSHIP}. IF GENDER
IS MISSING SHOW “PARENT”, “CHILD”, “SIBLING”, “GRANDPARENT”

THE SWITCHED RELATIONSHIP WOULD BE DERIVED AS:

IF CG1 = WIFE, THEN SWITCHED = HUSBAND

IF CG1=HUSBAND, THEN SWITCHED = WIFE.

IF CG1 = SON, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = MOTHER

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = FATHER

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = PARENT

IF CG1 = SON-IN-LAW, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = MOTHER-IN-LAW

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = FATHER-IN-LAW

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = PARENT

IF CG1 = DAUGHTER, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = MOTHER

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = FATHER

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = PARENT

IF CG1 = DAUGHTER-IN-LAW, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = MOTHER-IN-LAW

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = FATHER-IN-LAW

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = PARENT

IF CG1 = FATHER, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = DAUGHTER

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = SON

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = CHILD

IF CG1 = MOTHER, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = DAUGHTER

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = SON

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = CHILD

IF CG1 = BROTHER, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = SISTER

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = BROTHER

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = SIBLING

IF CG1 = SISTER, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = SISTER

ELSE IF RECIPIENT'S GENDER = M, SWITCHED = BROTHER

ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = SIBLING

IF CG1 = GRANDSON, THEN

IF RECIPIENT'S GENDER = F, SWITCHED = GRANDMOTHER

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ELSE IF RECIPIENT'S GENDER = M, SWITCHED = GRANDFATHER
ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = GRANDPARENT
IF CG1 = GRANDDAUGHTER, THEN
IF RECIPIENT'S GENDER = F, SWITCHED = GRANDMOTHER
ELSE IF RECIPIENT'S GENDER = M, SWITCHED = GRANDFATHER
ELSE IF RECIPIENT'S GENDER = -7 OR -8, SWITCHED = GRANDPARENT

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CGD. You told me that {you are/NAME OF CAREGIVER is} the {INSERT RELATIONSHIP FROM CG1} of the person you care for. That would make {her/him} {your/his/her} {SWITCHED RELATIONSHIP}. Is that correct?

- YES..... 1 [GO TO CG2 AND INSERT SWITCHED RELATIONSHIP IN INTERVIEW]
- NO..... 2
- REFUSED..... -7 [GO TO CG2 INSERT "the person you care for" IN INTERVIEW.]
- DON'T KNOW..... -8 [GO TO CG2 INSERT "the person you care for" IN INTERVIEW.]

CGE. Would that make {her/him} {your/his/her} ...
(CGREL2)

- Husband,..... 1
- Wife,..... 2
- Father,..... 8
- Mother,..... 9
- Father-in-law 4
- Mother-in-law..... 6
- Son,..... 3
- Daughter,..... 5
- Brother,..... 10
- Sister,..... 11
- Grandfather..... 7
- Grandmother 14
- Uncle..... 12
- Aunt 15
- Other relative, or..... 91
(SPECIFY_____)
- A friend or neighbor or another person?..... 13
- REFUSED..... -7
- DON'T KNOW..... -8

PROGRAMMER NOTE: INSERT RELATIONSHIP FROM CGE INTO INTERVIEW. IF CGE=-7 OR -8, OR FRIEND, NEIGHBOR INSERT, "THE PERSON YOU CARE FOR."

CG2. Now, I'm going to read several activities that some people need help with. {Do you/Does NAME OF CAREGIVER} help {CARE RECIPIENT} with ...
(CGACTI01 TO CGACTI06)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. Activities like dressing, eating, bathing, or getting to the bathroom?.	1	2	-7	-8
2. Medical needs such as taking medicine or changing bandages?.....	1	2	-7	-8
3. Keeping track of bills, checks, or other financial matters?.....	1	2	-	-8
4. Preparing meals, doing laundry, or cleaning the house?.....	1	2	7	-8
5. Local trips, such as trips for shopping or to the doctor's office?.....	1	2	-7	-8
6. Arranging for care or services provided by others?.....	1	2	-7	-8

IF CG2 1 THROUGH 6 ARE ALL NO (2), RF (-7) OR DK (-8), GO TO CG2B. ELSE, GO TO CGINTRO3.
AS LONG AS SOMETHING IS ENTERED IN OPEN-ENDED RESPONSE (CG2B), CONTINUE INTERVIEW.
IF CG2B IS NONE (1), RF OR DK, GO TO CLOSE1.

FENCEPOST

ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CG2B.
AS LONG AS SOMETHING IS ENTERED IN OPEN-ENDED RESPONSE (CG2B), CONTINUE INTERVIEW.
IF CG2B IS NONE (1), RF OR DK, GO TO CLOSE1.

CG2B. What kind of care {do you/ does NAME OF CAREGIVER} provide for {CARE RECIPIENT}?
(CAREHLP)

- NONE.....1
-
-
- REFUSED.....-7
-
-
-[GO TO CLOSE1]
- DON'T KNOW.....-8
-
-

COMM

FENCEPOST

CGINTRO3. Now, I'd like to ask {you/NAME OF CAREGIVER} some questions about the Family Caregiver services that are provided by {PROVIDER NAME/AGENCY'S NAME}. We are interested in {your/his/her} experiences with services during the last year.

CG3. {Have you/Has NAME OF CAREGIVER} received Respite Care, which allows {you, the caregiver/NAME OF CAREGIVER}, a brief period of rest or relief while temporary care is provided to {CARE RECIPIENT} either in {your/his/her} home or someplace else?

(CGRSPT)

YES..... 1
 NO..... 2 □
 REFUSED..... -7 □ [GO TO CG4]
 DON'T KNOW..... -8 □

CG3A. What type of respite care {have you/has NAME OF CAREGIVER} received? {Have you/Has NAME OF CAREGIVER} received...

(CGRSP01 to CGRSP05 AND CGRSPOS)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. In-home respite, where someone comes into {your/his/her} home to care for {CARE RECIPIENT}?.....	1	2	-7	-8
2. Adult daycare, where {CARE RECIPIENT} goes to a facility for care during the day?	1	2	-7	-8
3. Overnight respite care in a facility?.....	1	2	-7	-8
4. Respite camps?.....	1	2	-7	-8
5. Some other kind? (SPECIFY _____)	1	2	-7	-8

PROGRAMMER NOTE: SOFT RANGE FOR CG3B= 0 TO 24; HARD RANGE = 0 TO 168.

CG3B. How many hours per week of respite care {do you/does NAME OF CAREGIVER} usually receive?

(CGHRWK)

NUMBER OF HOURS PER WEEK.....

 REFUSED.....-7
 DON'T KNOW.....-8

FENCEPOST

CG4. Has someone, such as {your/NAME OF CAREGIVER's} caseworker, case manager or other AAA staff person, helped {you/him/her} or given {you/him/her} information to connect {you/him/her} to available services and resources?

(CGINFO)

YES..... 1
 NO..... 2 ☐
 REFUSED..... -7 ☐ [GO TO CG5]
 DON'T KNOW..... -8 ☐

CG4A. Has the **help or information** {you have/NAME OF CAREGIVER has} received helped {you/him/her} connect to other services and resources?

(CGINFOHP)

YES,.....
1
 NO.....
2
 REFUSED.....
-7
 DON'T KNOW.....
-8

FENCEPOST

CG5. {Have you/Has NAME OF CAREGIVER} received caregiver training or education, including counseling or support groups, to help {you/him/her} make decisions and solve problems in {your/his/her} role as a caregiver?

(CGEDU)

YES..... 1
 NO..... 2 ☐
 REFUSED..... -7 ☐ [GO TO CG6]
 DON'T KNOW..... -8 ☐

CG5A. {Have you/Has NAME OF CAREGIVER} attended...

(CGEDKDA TO CGEDKDD AND CGEDKDOS)

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Caregiver education or training such as classroom or on-line courses?.....	1	2	-7	-8
b. Counseling to assist with {your/his/her} specific caregiving situation?.....	1	2	-7	-8
c. Caregiver support groups?.....	1	2	-7	-8
d. Something else (SPECIFY _____)	1	2	-7	-8

CG6. Has the National Family Caregiver Support Program provided any other **Supplemental Services** to complement the care {you provide/s/he provides}, such as:
(CGSUPA TO CGSUPG AND CGSUPOS)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Home modifications?.....	1	2	-7	-8
b. Nutritional supplements such as Ensure, Boost or Glucerna?.....	1	2	-7	-8
c. Assistive devices, such as walkers, canes or crutches?.....	1	2	-7	-8
d. Emergency response systems?.....	1	2	-7	-8
e. Specialized equipment, such as CPAP, Apnea machines, hospital bed, wander guard or other equipment?.....	1	2	-7	-8
f. Money or a stipend?.....	1	2	-7	-8
g. Anything else? (SPECIFY _____)	1	2	-7	-8

PROGRAMMER NOTE: IF RESPONDENT RECEIVES ANY OF THE ABOVE SERVICES (I.E. "YES" TO Q. CG3, CG4, CG5, OR CG6), CONTINUE INTERVIEW. OTHERWISE, GO TO CLOSE1.

IF ONLY ONE OF QCG3, CG4, CG5 OR CG6 A-G IS YES, DO NOT ASK CG7. GO TO CG8 INSTEAD.

ONLY ASK CG7 ABOUT THE SERVICES RESPONDENT SAID THEY RECEIVED: IF YES TO QCG3, ASK 1 (Respite Care Services), IF YES TO CG4, ASK 2-Help or Information connecting {you/him/her} to available services or resources. IF ANY OF CG6 A-E AND/OR G ARE YES, ASK 5 (Other Support Services or Assistance). IF CG6-F IS YES, ASK 4, "Money or a Stipend."

FENCEPOST

CG7. Of the services {you have/NAME OF CAREGIVER has} received, which service was the most helpful to {you/him/her} as a caregiver? Would {you/s/he} say...

(CGMSTHLP)

Respite Care Services,.....	1
.....	1
Help or Information connecting {you/him/her} to available services or resources,.....	2
.....	2
Caregiver Training or Education, including Counseling or a Support Group,.....	3
.....	3
Money or a stipend, or	4
.....	4
Other Support Services or Assistance?.....	5
.....	5
REFUSED.....	-7
.....	-7

DON'T KNOW.....
-8

CG8. Where did {you/NAME OF CAREGIVER} first hear about these services for caregivers?
 Would {you/s/he} say {you/s/he} heard about the services from...

(CGHEAR)

- Family,..... 1
- Friends,..... 2
- A physician,..... 3
- A community organization,..... 4
- The media,..... 5
- A social worker or case manager,..... 6
- The hospital,..... 7
- The state or local office for the aging, or..... 8
- Someplace else?..... 91
- (SPECIFY: _____)
- REFUSED..... -7
- DON'T KNOW..... -8

CG9. As a result of the caregiver services {you have/NAME OF CAREGIVER has} received, {do you/does s/he}...

(CGAFECA-CGAFECE)

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Have more time for personal activities?.....	1	2	-7	-8
b. Feel less stress?.....	1	2	-7	-8
c. Find it easier to care for {CARE RECIPIENT}?.....	1	2	-7	-8
d. Have a clearer understanding of how to get the services {you/ NAME OF CAREGIVER} and {CARE RECIPIENT} need?.....	1	2	-7	-8
e. Know more about {CARE RECIPIENT's} condition or illness?.....	1	2	-7	-8

FENCEPOST

CG9A. {Do you/Does NAME OF CAREGIVER} think that {CARE RECIPIENT} benefits from the caregiver services {you receive/NAME OF CAREGIVER receives}?

(CGAFECF)

- YES.....1
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

CG10. Have these caregiver services {helped {you/her/him} to be a better caregiver?

(CGHELP)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CG11. Have these caregiver services enabled {you/NAME OF CAREGIVER} to provide care for {CARE RECIPIENT} for a longer time than would have been possible without these services?

(CGCARLG)

YES,..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CG12. Overall, how would {you/ NAME OF CAREGIVER} rate the caregiver support services {you have/s/he has} received? Would {you/ NAME OF CAREGIVER} say...

(CGRATE)

Excellent,..... 1
Very good,..... 2
Good,..... 3
Fair, or..... 4
Poor?..... 5
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

CG13. Has it been difficult for {you/ NAME OF CAREGIVER} to get services from agencies for {CARE RECIPIENT}?

(CGDIFF)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

CGINTRO4. Now, I would like to ask some questions about {your/NAME OF CAREGIVER's} employment.

CG14. What is {your/NAME OF CAREGIVER'S} current employment status? {Are you/Is s/he}...

(CGWORK)

- Working full time..... 1 [GO TO CG14B]
- Working part time..... 2 [GO TO CG14B]
- Retired [**INTERVIEWER NOTE: Includes not working due to permanent disability**], or.....
- 3
-
- Not working?..... 4
- REFUSED..... -7 [GO TO CGINTRO5]
- DON'T KNOW..... -8 [GO TO CGINTRO5]

CG14A. Did {your/his/her} caregiving responsibilities cause {you/him/her} to quit work or retire early?

(CGQUIT)

- YES.....
- 1
-
- NO.....
- 2
-
- [GO TO CGINTRO5]
- REFUSED.....
- -7
-
-
- DON'T KNOW.....
- -8
-

CG14B. Has providing care for {CARE RECIPIENT} interfered with {your/NAME OF CAREGIVER's} job?

(CGINTRFR)

- YES.....
- 1
-
- NO.....
- 2
-
- REFUSED.....
- -7
-
-
- [GO TO CGINTRO5]
- DON'T KNOW.....
- -8
-

CG15. How frequently has providing care for {CARE RECIPIENT} interfered with {your/NAME OF CAREGIVER's} job? Would {you/s/he} say...

(CGINTJB)

- Always or usually..... 1
- Sometimes, or..... 2
- Rarely or never?..... 3 ☐
- REFUSED..... -7 ☐
-[GO TO CGINTRO5]
- DON'T KNOW..... -8 ☐

FENCEPOST

CG16. Have the caregiver support services helped {you/NAME OF CAREGIVER} deal with these work difficulties?

(CGSRVHLP)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

CGINTRO5. Next, I would like to ask {you/NAME OF CAREGIVER} about different aspects of caregiving.

PROGRAMMER NOTE: ALLOW 6 LINES OF TEXT, 60 CHARACTERS EACH, IN CG17.

CG17. In {your/NAME OF CAREGIVER'S} experience as a caregiver, what would {you/s/he} say is the most positive aspect of caregiving?

(CGBEST)

COMM

FENCEPOST

CG18. Think of a scale from 1 to 5, where 1 is “not a strain at all” and 5 is “very much of a strain.” How much of a physical strain would {you/NAME OF CAREGIVER} say that caring for {CARE RECIPIENT} is for {you/him/her}?

(CGPSTRN)

- NOT A STRAIN AT ALL 1
- TWO..... 2
- THREE..... 3
- FOUR..... 4
- VERY MUCH OF A STRAIN..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

CG19. Again using a scale from 1 to 5, where 1 is “not at all stressful” and 5 is “very stressful”, how emotionally stressful would {you/NAME OF CAREGIVER} say that caring for {CARE RECIPIENT} is for {you/him/her}?

(CGEMSTRS)

NOT AT ALL STRESSFUL.....	1
TWO.....	2
THREE.....	3
FOUR.....	4
VERY STRESSFUL.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

CG20. Overall, again using a scale from 1 to 5, where 1 is no hardship at all and 5 is a great hardship, how much of a financial hardship has caring for {CARE RECIPIENT'S NAME} been?

(CGHDSHP)

NO HARDSHIP AT ALL.....	1
TWO.....	2
THREE.....	3
FOUR.....	4
A GREAT HARDSHIP.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

CG21. Which of the following has been the biggest difficulty {you have/s/he has} faced in caring for {CARE RECIPIENT}? Would {you/s/he} say...

(CGDIF AND CGDIFOS)

The financial burden,.....	1
.....	
Not enough time for {yourself/NAME OF CAREGIVER},.....	2
.....	
Not enough time for {your/NAME OF CAREGIVER'S} family,.....	3
.....	
Interferes with {your/NAME OF CAREGIVER'S} work,.....	4
.....	
Affects {your/NAME OF CAREGIVER'S} family relationships,.....	5
.....	
Interferes with {your/NAME OF CAREGIVER'S} privacy,.....	6
.....	
Conflicts with {your/NAME OF CAREGIVER'S} social life,.....	7
.....	
Creates stress, or.....	8
.....	
Something else?.....	91
.....	
(SPECIFY)_____	
NONE.....	9
.....	
ALL OF THE ABOVE.....	10
.....	
REFUSED.....	-7
.....	
DON'T KNOW.....	-8
.....	

IF ALL OF CG18, CG19, AND CG20 ARE 1, AND CG21 IS NONE, RF OR DK, SKIP TO CG23.

CG22. Have the Caregiver Support Services helped {you/NAME OF CAREGIVER} deal with the difficulties that result from caregiving?

(CGALLEV)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

CGINTRO6. Now, we would like to ask a few questions about {you/NAME OF CAREGIVER} and {your/his/her} experiences as a caregiver.

CG23. In general, would {you/ NAME OF CAREGIVER} say {your/his/her} health is:

(CGHEALTH)

- Excellent,..... 1
- Very good,..... 2
- Good,..... 3
- Fair, or..... 4
- Poor?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

CG24. {Do you/Does NAME OF CAREGIVER} have any kind of health problems, or a physical condition or disability that affects the kind or amount of care that {you/s/he} can provide for {CARE RECIPIENT}?

(CGDISAB)

- YES..... 1
- NO..... 2 □
- REFUSED..... -7 □ [GO TO CGINTRO7]
- DON'T KNOW..... -8 □

CG24A. What is that problem, condition, or disability? **[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: Anything else? CTRL/P TO EXIT]**

(CGDISBB AND CGDISBOS)

PHYSICAL

- BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS.....1
- INJURIES (BROKEN BONES/HIP REPLACEMENT)2
- WEAKNESS/LACK OF STRENGTH,3

ILLNESS

- HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE.....4
- DIABETES.....5
- ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS.....6
- CANCER AND TUMORS.....7
- OTHER ILLNESS.....8

- MENTAL HEALTH (ALL)**.....9

EYE PROBLEMS [INTERVIEWER NOTE: THIS DOES NOT INCLUDE ONLY WEARS GLASSES OR CONTACTS].	
.....	10
OTHER.	91
(SPECIFY _____)	
REFUSED.....	
.....	-7
DON'T KNOW.....	
.....	-8

FENCEPOST

CG25. {Have your/Has NAME OF CAREGIVER'S} caregiving activities created or worsened any of these conditions or problems or disabilities?

(CGHLTH)

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

CGINTRO7. Next, I would like to ask some questions about the amount of care {you provide/NAME OF CAREGIVER provides}.

CG26. For how long {have you/has s/he} been providing help to {CARE RECIPIENT NAME}? {Your/His/Her} best guess is fine.

(CGHLONG)

- 6 months or less,..... 1
- More than 6 months, but less than 1 year,..... 2
- At least 1 year but less than 2 years,..... 3
- 2 to 5 years, 4
- 5 to 10 years,..... 5
- 11 to 20 years, or..... 6
- More than 20 years?..... 7
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

CG27. How far away {do you/does NAME OF CAREGIVER} live from {CARE RECIPIENT}? Would {you/s/he} say....

(CGMINUT)

- In the same house,..... 1 [GO TO CG29]
- Less than 20 minutes away,..... 2
- Between 20 and 60 minutes away,..... 3
- Between 1 and 2 hours away, or..... 4
- More than 2 hours away?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

CG27A. On average, how often {do you/does s/he} visit {CARE RECIPIENT}? Would {you/s/he} say...

- More than once a week,.....
-1
- Once a week,.....
-2
- A few times a month,.....
-3
- Once a month,.....
-4
- A few times a year, or.....
-5
- Less often?.....
-6
- REFUSED.....
--7
- DON'T KNOW.....
--8

CG28. Does {CARE RECIPIENT} live alone?
(CGALONE)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW -8

CG29. How long can {CARE RECIPIENT} be left alone? Would {you/NAME OF CAREGIVER} say...

(CGLFTLN)

- S/He can be left alone for over a day at a time, 1
- {S/He} can be left alone for an entire day, but then needs to be checked on,..... 2
- {S/He} needs someone there at least part of the day, or 3
- {S/He} needs someone there all or nearly all the time?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: FOR ANALYSIS PURPOSES, WE WANT HOURS PER WEEK, SO THE HOURS IN QCG30 WILL BE MULTIPLIED BY 7 (CGHRS7). WE ALSO WANT TO PRESERVE THE ORIGINAL RESPONSES (CGHRS)

CG30. In {your/NAME OF CAREGIVER's} judgment, how many hours per day of help, care, or supervision does {CARE RECIPIENT} need?

(CGHRS AND CGHRS7)

- NUMBER OF HOURS PER DAY..... |__|__| **HARD RANGE = 0-24 HRS**
- REFUSED..... -7
- DON'T KNOW..... -8

PROGRAMMER NOTE: FOR ANALYSIS PURPOSES, WE WANT HOURS PER WEEK, SO THE HOURS IN QCG31 WILL BE MULTIPLIED BY 5 (CGHRSWK5) AND THE HOURS IN Q. CG32 WILL BE MULTIPLIED BY 2 (CGHRSWD2), THEN WE WILL ADD THOSE TWO PRODUCTS TOGETHER TO GET THE TOTAL HOURS PER WEEK. (CGHRSWK7). WE ALSO WANT TO PRESERVE THE ORIGINAL RESPONSES (CGHRSWK AND CGHRSWD)

CG31. In a typical 24-hour week day, how many hours {do you/does NAME OF CAREGIVER} provide help, care or supervision for {CARE RECIPIENT} in person?

(CGHRSWK AND CGHRSWK5)

- NUMBER OF HOURS/DAY..... |__|__| **HARD RANGE = 0-24 HRS**
- REFUSED..... -7
- DON'T KNOW..... -8

CG32. In a typical 24-hour weekend day, how many hours {do you/does NAME OF CAREGIVER} provide help, care or supervision for {CARE RECIPIENT} in person?

(CGHRSWD AND CGHRSWD2)

- NUMBER OF HOURS/DAY..... |__|__| **HARD RANGE = 0-24 HRS**

REFUSED.....	-7
DON'T KNOW.....	-8

CG33. Some care recipients also receive help from other places. Does {CARE RECIPIENT} receive help...

(CGOTHLP)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. From other family members or friends?.....	1	2	-7	-8
2. Provided by the {PROVIDER NAME/AGENCY NAME}?.....	1	2	-7	-8
3. Provided by other community agencies such as a local non-profit agency, your place of worship or a government agency?.....	1	2	-7	-8
4. Paid for by {CARE RECIPIENT} or {his/her} family?....	1	2	-7	-8
5. Some place else?..... (SPECIFY _____)	1	2	-7	-8

IN CG34 AND CG34B, ASK 1 FOR EVERYONE (IN CG34B, ONLY IF NOT PICKED IN CG34—SEE NOTE BEFORE CG34B. THIS APPLIES TO ALL OF CG34B ACTUALLY). THEN ONLY ASK CG34-2 AND CG34B-2 IF CG33-1 IS YES; ONLY ASK CG34-3 AND CG34B-3 IF CG33-2 IS YES; ONLY ASK CG34-4 AND CG34B-4 IF CG33-3 IS YES; ONLY ASK CG34-5 AND CG34B-5 IF CG33-4 IS YES AND ONLY ASK CG34-6 AND CG34B-6 IF CG33-5 IS YES.

CG34. Who provides most of the care for {CARE RECIPIENT}?
(CGCARE)

- {You/NAME OF CAREGIVER},..... 1
- Other family members or friends, 2
- {PROVIDER NAME/AGENCY NAME}, 3
- Other community agencies such as a local non-profit agency,..... 4
- A place of worship or a government agency,..... 5
- Help paid for by {CARE RECIPIENT} or {his/her} family, or 6
- Some place else?..... 6
- (Please Specify) _____
- REFUSED..... -7
- DON'T KNOW..... -8

IN CG34B, DO NOT ASK THE RESPONSE SELECTED IN CG34.

CG34B. After {INSERT RESPONSE FROM CG59}, who provides most of the care?
(CGOTHLP2)

{You/NAME OF CAREGIVER}.....	1
Other family members or friends?	2
{PROVIDER NAME/AGENCY NAME}?	3
Other community agencies such as a local non-profit agency,	
A place of worship or a government agency,.....	4
Help paid for by {CARE RECIPIENT} or {his/her} family?	5
Some place else.....	6
(Please Specify) _____	
REFUSED.....	-7
DON'T KNOW.....	-8

CG35. {Are you/Is NAME OF CAREGIVER} paid by {CARE RECIPIENT} or a community agency to provide care for {him/her}?
(CGPAID)

YES.....	1
NO.....	2 ☐
REFUSED.....	-7 ☐
.....[GO TO CG36]	
DON'T KNOW.....	-8 ☐

CG35B. Who pays {you/him/her}?
(CGWHOPAY)

{CARE RECIPIENT}.....	1
COMMUNITY AGENCY.....	2
OTHER.....	91
(PLEASE SPECIFY) _____	
REFUSED.....	-7
DON'T KNOW.....	-8

CGINTRO8. Now, we would like to ask about information {you/s/he} may need.

CG36. In addition to the kinds of information that {you already have/NAME OF CAREGIVER already has}, what additional new kinds of information would be valuable to {you/her/him} as a caregiver? How about...

(CGINF01 TOCGINF09 AND CGINF91 AND CGINFOS)

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
1. A help line which is central place to call to find out what kind of help is available and where to get it?.....	1	2	-7	-8
2. Someone to talk to such as counseling services or a support group?.....	1	2	-7	-8
3. Information about {CARE RECIPIENT'S} condition or disability?.....	1	2	-7	-8
4. Information about changes in laws which might affect {your/his/her} situation?.....	1	2	-7	-8
5. Help in understanding how to select a nursing home, a group home or other care facility?.....	1	2	-7	-8
6. Help in understanding how to pay for nursing homes, adult daycare, or other services?.....	1	2	-7	-8
7. Help in dealing with agencies or bureaucracies to get services?.....	1	2	-7	-8
8. Information about medications and drug interactions?.....	1	2	-7	-8
91. Any other information?..... (SPECIFY: _____)	1	2	-7	-8
9. NO OTHER INFORMATION.....	1	2	-7	-8

PROGRAMMER NOTE: IF ALL OF CG36-1 THROUGH CG36-8 AND 91 ARE ALL 2, -7 AND/OR -8, AUTOCODE CG36-9 "1." ELSE, AUTOCODE CG36-9 "2."

FENCEPOST

PROGRAMMER NOTE: GO TO SERVICE LIST

CG37. In {your/NAME OF CAREGIVER's} judgment, if the services that {you/NAME OF CAREGIVER} and {CARE RECIPIENT} have received had not been available, would {CARE RECIPIENT} be able to continue to live in the same residence?

(CGDFPLC)

YES.....	1	[GO TO CGPF1]
NO.....	2	□
REFUSED.....	-7	□ [GO TO CG37A]
DON'T KNOW.....	-8	□

CG37A. Where would {CARE RECIPIENT} be living?

(CGWHER AND CGWHEROS)

[INTERVIEWER NOTE: CHOOSE ONLY ONE ANSWER, DO NOT READ LIST]

- IN CAREGIVER'S HOME.....1
- IN THE HOME OF ANOTHER FAMILY MEMBER
OR FRIEND.....2
- IN AN ASSISTED LIVING FACILITY.....3
- IN A NURSING HOME.....4
- CARE RECIPIENT WOULD HAVE DIED.....5
- OTHER.....91
(SPECIFY: _____)
- REFUSED.....-7
- DON'T KNOW.....-8

CGINTRO9. The next few questions are about {CARE RECIPIENT's} health.

CGPF1. In general, would {you/NAME OF CAREGIVER} say {CARE RECIPIENT}'s health is...

(CGCRHL)

- Excellent,..... 1
- Very Good,..... 2
- Good,..... 3
- Fair, or..... 4
- Poor?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

CGPF1B. Has a doctor ever told {you/NAME OF CAREGIVER} that {CARE RECIPIENT} has:

(CGPFDSA - CGPFDST AND CGPFDSOS)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
a. Arthritis or rheumatism?.....	1	2	-7	-8	-9
b. High blood pressure or hypertension?.....	1	2	-7	-8	-9
c. A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?.....	1	2	-7	-8	-9
d. High Cholesterol?.....	1	2	-7	-8	-9
e. Diabetes or high blood sugar?.....	1	2	-7	-8	-9
f. Asthma?.....	1	2	-7	-8	-9
g. Cancer or a malignant tumor, excluding minor skin cancer?.....	1	2	-7	-8	-9
h. Stroke?.....	1	2	-7	-8	-9
i. Anemia?.....	1	2	-7	-8	-9
j. Osteoporosis?.....	1	2	-7	-8	-9
k. Kidney disease?.....	1	2	-7	-8	-9
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions?	1	2	-7	-8	-9
[INTERVIEWER NOTE: THIS DOES NOT INCLUDE ONLY WEARS GLASSES OR CONTACTS]					
m. Hearing problems?.....	1	2	-7	-8	-9
n. Emotional, nervous or psychiatric problems?.....	1	2	-7	-8	-9
o. Memory related disease such as Alzheimer's or dementia?.....	1	2	-7	-8	-9
p. Seizures or epilepsy?.....	1	2	-7	-8	-9
q. Parkinson's?.....	1	2	-7	-8	-9
r. Persistent pain, aching, stiffness or swelling around a joint?	1	2	-7	-8	-9
[INTERVIEWER NOTE: INCLUDES BROKEN AND SPRAINED BONES OR MUSCLES, AND BAD BACKS, KNEES, SHOULDERS, ETC.]					
s. Multiple sclerosis?.....	1	2	-7	-8	-9
t. A serious problem with urinary incontinence?.....	1	2	-7	-8	-9
u. Something else?	1	2	-7	-8	-9
(SPECIFY _____)					

FENCEPOST

CGINTRO10. We would like to ask about {CARE RECIPIENT's} abilities to perform some common activities of everyday life and whether {CARE RECIPIENT} needs assistance performing these activities. We are only interested in long-term conditions, not temporary conditions.

PF1CG. Does {CARE RECIPIENT} have difficulty getting around inside the home?

(PFDIFIC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF2CG]
DON'T KNOW..... -8 ☐

PF1BCG. {Does s/he} need the help of another person to perform this activity?

(PFDIFIBC)

YES.....
.....1
NO.....
.....2
REFUSED.....
.....-7
DON'T KNOW.....
.....-8

FENCEPOST

PF2CG. Does {s/he} have difficulty going outside the home, for example to shop or visit a doctor's office?

(PFDIFUOC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF3CG]
DON'T KNOW..... -8 ☐

PF2BCG. Does {s/he} need the help of another person to perform this activity?

(PFDIFUIBC)

YES.....
.....1
NO.....
.....2
REFUSED.....
.....-7
DON'T KNOW.....
.....-8

FENCEPOST

PF3CG. Does {CARE RECIPIENT} have difficulty getting in or out of bed or a chair?

(PFBEDC)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO PF4CG]
- DON'T KNOW..... -8 ☐

PF3BCG. Does {s/he} need the help of another person to perform this activity?
(PFBEDBC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
DON'T KNOW.....-8
.....-8

FENCEPOST

PF4CG. Does {s/he} have difficulty when taking a bath or shower?
(PFBATHC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF5CG]
DON'T KNOW..... -8 ☐

PF4BCG. Does {s/he} need the help of another person to perform this activity?
(PFBATHBC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
DON'T KNOW.....-8
.....-8

FENCEPOST

PF5CG. Does {CARE RECIPIENT} have difficulty when dressing?
(PFDRESC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF6CG]
DON'T KNOW..... -8 ☐

PF5BCG. Does {s/he} need the help of another person to perform this activity?
(PFDRESBC)

YES.....1
.....1

NO.....2
REFUSED.....-7
DON'T KNOW.....-8

FENCEPOST

PF6CG. Does {s/he} have difficulty when walking?

(PFWALKC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF7CG]
DON'T KNOW..... -8 ☐

PF6BCG. Does {s/he} need the help of another person to perform this activity?

(PFWALKBC)

YES.....
..... 1
NO.....
..... 2
REFUSED.....
..... -7
DON'T KNOW.....
..... -8

FENCEPOST

PF7CG. Does {CARE RECIPIENT} have difficulty eating?

(PFEATC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF8CG]
DON'T KNOW..... -8 ☐

PF7BCG. Does {s/he} need the help of another person to perform this activity?

(PFEATBC)

YES.....
..... 1
NO.....
..... 2
REFUSED.....
..... -7
DON'T KNOW.....
..... -8

FENCEPOST

PF8CG. Does {s/he} have difficulty using the toilet or getting to the toilet?

(PFWCC)

YES..... 1
NO..... 2 ☐

REFUSED..... -7 [GO TO PF9CG]
DON'T KNOW..... -8

PF8BCG. Does {s/he} need the help of another person to perform this activity?
(PFWCBC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
DON'T KNOW.....-8
.....-8

FENCEPOST

PF9CG. Does {CARE RECIPIENT} have difficulty keeping track of money or bills?
(PFDLRC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF10CG]
DON'T KNOW..... -8 ☐

PF9BCG. Does {s/he} need the help of another person to perform this activity?
(PFDLRBC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
DON'T KNOW.....-8
.....-8

FENCEPOST

PF10CG. Does {s/he} have difficulty preparing meals?
(PFMEALC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF11CG]
DON'T KNOW..... -8 ☐

PF10BCG. Does {s/he} need the help of another person to perform this activity?
(PFMEALBC)

YES.....1
.....1

NO.....2
REFUSED.....-7
DON'T KNOW.....-8

FENCEPOST

PF11CG. Does {CARE RECIPIENT} have difficulty doing light housework, such as washing dishes or sweeping a floor?

(PFCLENC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF11ACG]
DON'T KNOW..... -8 ☐

PF11BCG. Does {s/he} need the help of another person to perform this activity?

(PFCLNBC)

YES.....
.....1
NO.....
.....2
REFUSED.....
.....-7
DON'T KNOW.....
.....-8

FENCEPOST

PF11ACG. Does {s/he} have difficulty doing heavy housework, such as scrubbing floors or washing windows?

(PFHCLNC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF12CG]
DON'T KNOW..... -8 ☐

PF11ABCG. Does {s/he} need the help of another person to perform this activity?

(PFHCLNBC)

YES.....
.....1
NO.....
.....2
REFUSED.....
.....-7
DON'T KNOW.....
.....-8

FENCEPOST

PF12CG. Does {s/he} have difficulty taking the right amount of prescribed medicine at the right time?
(PFTKDGC)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO PF13CG]
- DON'T KNOW..... -8 ☐

PF12BCG. Does {s/he} need the help of another person to perform this activity?

(PFTKDGBC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
DON'T KNOW.....-8
.....-8

FENCEPOST

PF13CG. Does {CARE RECIPIENT} have difficulty using the telephone?

(PFFONEC)

YES..... 1
NO..... 2 ☐
REFUSED..... -7 ☐ [GO TO PF14CG]
DON'T KNOW..... -8 ☐

PF13BCG. Does {s/he} need the help of another person to perform this activity?

(PFFONEBC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
DON'T KNOW.....-8
.....-8

PF14CG. Does {s/he} have difficulty driving an automobile?

(PFDRIVEC)

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PF15CG. Is local bus, transit bus, or city bus service available within three-quarters of a mile from {his/her} home?

(PFBUSC)

- YES..... 1
- NO..... 2 ☐
- REFUSED..... -7 ☐ [GO TO CGINTRO10]
- DON'T KNOW..... -8 ☐

PF15BCG. Does {s/he} have difficulty using this transportation?
(PFUSBSC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
.....
DON'T KNOW.....[GO TO CGINTRO10]
.....-8
.....-8

PF15CCG. Does {s/he} need the help of another person to perform this activity?
(PFUSBSBC)

YES.....1
.....1
NO.....2
.....2
REFUSED.....-7
.....-7
DON'T KNOW.....-8
.....-8

CGINTRO10. We are interested in knowing more about the demographic characteristics of people receiving services. All this information will be kept confidential to the extent allowed by law.

CGDE1. What is {CARE RECIPIENT's} date of birth?
(CGPMM, CGPDD, CGPYYYY)

____/____/____
MM DD YYYY

REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMER NOTE: PLEASE COMPUTE AGE BASED ON DATE OF INTERVIEW AND STORE AS CONSTRUCTED VARIABLE NAME: CGPAGE

IF CGC ASKED AND RESPONSE IS 1, MALE OR 2, FEMALE, AUTOCODE CGDE2 AS 1, MALE OR 2, FEMALE—MATCH TO CGC-- AND SKIP TO CGDE3.

CGDE2. [DON'T ASK IF OBVIOUS] What is {CARE RECIPIENT's} gender?

(CGPMF)

MALE.....	1
FEMALE.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

PROGRAMMER NOTE: FOR CGDE3, SOFT RANGE = 0-5. HARD RANGE = 0-50. IF RESPONSE IS ZERO (0), -7 OR -8, SKIP TO MODULE 4. IF CGDE3 IS 1 OR MORE, ASK CGDE4.

FENCEPOST

CGDE3. How many persons total {are you/is NAME OF CAREGIVER} caring for not counting {CARE RECIPIENT}?

(CGMANY)

NUMBER |__|__|
REFUSED..... -7
DON'T KNOW..... -8

CGDE4. Who are those people? [INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: Anyone else? CTRL/P TO EXIT]

(CGWHO1-8, CGWHO01-08 AND CGWHOOS)

HUSBAND OR WIFE..... 1
SON(S) OR DAUGHTER(S)..... 2
FATHER..... 3
MOTHER..... 4
BROTHER(S) OR SISTER(S)..... 5
GRANDSON(S) OR GRANDDAUGHTER(S)..... 6
OTHER RELATIVE(S) NOT MENTIONED ABOVE..... 7
FRIEND(S) OR NEIGHBOR(S)..... 8
OTHER PERSONS NOT MENTIONED ABOVE
(SPECIFY _____).....
..... 91
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

GO TO MODULE 4

SERVICE LIST (VERSION: APRIL, 2007)

**HOME DELIVERED MEALS QUESTION JUST PRIOR TO THIS MODULE IS HMSKP.
 CAREGIVER QUESTION JUST PRIOR TO THIS MODULE IS CGINF09
 TRANSPORTATION QUESTION JUST PRIOR TO THIS MODULE IS TRDRIVE
 CONGREGATE MEALS IS CMSKP
 HOMEMAKER IS HCKNOW
 CASE MANAGEMENT IS CSKNOW**

**PROGRAMMER NOTE: FOR QUESTION SVC1,
 SKIP QUESTION A FOR CONGREGATE MEALS.
 SKIP QUESTION B FOR HOME DELIVERED MEALS RESPONDENTS.
 SKIP QUESTION C FOR HOMEMAKER.
 SKIP QUESTION D FOR CASE MANAGEMENT RESPONDENTS.
 SKIP QUESTION E FOR TRANSPORTATION RESPONDENTS.**

**FOR HOME DELIVERED MEALS, CONGREGATE MEALS, HOMEMAKER, CASE MANAGEMENT
 AND TRANSPORTATION CLIENTS, USE FIRST DISPLAY.**

**FOR CAREGIVER RESPONDENTS, USE CARE RECIPIENT NAME (OR RELATION) DISPLAY IN
 SVC1, SVC2, SVC3 AND SVC4. WE ARE NOT INTERESTED IN INFORMATION ON SERVICES THE
 CAREGIVER RECEIVES. FOR CAREGIVERS, WE WANT TO KNOW ONLY ABOUT THE SERVICES
 THEIR CARE RECIPIENT RECEIVES.**

SVC1. I'd like to ask about additional help {CARE RECIPIENT} may have received from {PROVIDER NAME} or {AGENCY NAME}.

	YES	NO	RF	DK
a. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} attended a lunch program at a senior center or other meal site? [IF NEEDED: A lunch program, or Congregate meals is a meal which is provided in a group setting, such as at a senior center.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCCM)	1	2	-7	-8
b. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Meals on Wheels? [IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHDM)	1	2	-7	-8
c. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Homemaker or Housekeeping services? [IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHOUSE)	1	2	-7	-8
FENCEPOST				

	YES	NO	RF	DK
<p>d. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received case management services? [IF NEEDED: When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCCSEMG)</p> <p>IF CAREGIVER, AND SVC1-d=1, YES, ASK: How would {you/ NAME OF CAREGIVER} rate the case management services that {CARE RECIPIENT} has received? Would {you/s/he} say... (CSRATE)</p> <p>Excellent..... 1 Very good..... 2 Good..... 3 Fair, or..... 4 Poor?..... 5 REFUSED.....-7 DON'T KNOW.....-8</p> <p>THEN CONTINUE WITH SVC1-E.</p>	1	2	-7	-8
<p>e. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received transportation services? [IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping.] [IF NEEDED: Includes recreational trips.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCTRAN)</p>	1	2	-7	-8
<p>f. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received adult daycare services? [IF NEEDED: Adult Day Care or adult day health is when people go to a place and spend the day.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCDYCR)</p> <p>FENCEPOST</p>	1	2	-7	-8
<p>g. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received personal care services? [IF NEEDED: Personal care services are help with care like dressing or bathing.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCPCR)</p>	1	2	-7	-8

	YES	NO	RF	DK
<p>h. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received chore services? [IF NEEDED: Chore Services help with heavier housecleaning and yard work.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHORE)</p>	1	2	-7	-8
<p>i. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received legal assistance? [IF NEEDED: Legal Assistance may help with making a will or understanding a bill and other legal matters.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCLGL)</p>	1	2	-7	-8
FENCEPOST				
<p>j. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received information and assistance services? [IF NEEDED: Information and Assistance helps people find out about services that are available to them.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCIAA)</p>	1	2	-7	-8
<p>k. {Do you/Does NAME OF PARTICIPANT} {Does s/he} have a nutrition counselor who gives {you/him/her} {him/her} individual advice on what {you/s/he} {s/he} should eat based on {your/his/her} {his/her} general health, chronic conditions, medications, and {your/his/her} {his/her} usual food choices? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (HNREDUYN)</p>	1	2	-7	-8
<p>l. {Have you/Has s/he} {Has CARE RECIPIENT} received health screenings such as blood pressure checks or mammograms other than those from {your/his/her} {his/her} own doctor? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (HLTHSCRN)</p>	1	2	-7	-8
<p>m. {Have you/Has s/he} {Has s/he} received flu shots, pneumonia shots or other immunizations other than those from {your/his/her} {his/her} own doctor? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SHOTS)</p>	1	2	-7	-8
FENCEPOST				
<p>n. {Have you/Has NAME OF PARTICIPANT} {Has CARE RECIPIENT} taken exercise or fitness classes or {do you/does s/he} {does s/he} use the exercise equipment at a senior center or other program for older adults? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (EXERCISE)</p>	1	2	-7	-8

	YES	NO	RF	DK
o. {Do you/Does s/he} {Does s/he} receive help managing {your/his/her} {his/her} medications, understanding how much to take, how often and whether it works with {your/his/her} {his/her} other medicines? [IF NEEDED: Does not include help from family or friends. This is help from the local agency on aging.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (MNGMEDS)	1	2	-7	-8
p. In the past year, {have you/has s/he} {has s/he} received help getting benefits, such as food stamps, Medicaid, SSI or Social Security? (FSMDSSI)	1	2	-7	-8

FENCEPOST

PROGRAMMER NOTE: DO NOT ASK SVC2 IF ALL OF SVC1A THROUGH SVC1Q ARE ALL 2, -7 AND/OR -8. SKIP TO SVC3.

SVC2. Overall, how would {you/s/he} {you/s/he} rate the group of services {you receive/s/he receives} {CARE RECIPIENT RECEIVES}? Would {you/NAME OF PARTICIPANT} {you/NAME OF CAREGIVER} say...

(SVCRATE)

- Excellent,..... 1
- Very good,..... 2
- Good,..... 3
- Fair, or..... 4
- Poor?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

SVC3. {Are you/Is NAME OF PARTICIPANT/Is CARE RECIPIENT} receiving any other types of assistance, such as...

(SVC3A-SVC3D)

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
a. Food stamps?.....	1	2	-7	-8
b. Energy Assistance?.....	1	2	-7	-8
c. Medicaid?.....	1	2	-7	-8
d. Housing Assistance?.....	1	2	-7	-8

FENCEPOST

PROGRAMMER NOTE: FOR CAREGIVER, SKIP TO SVC5

INTRO: Now, I would like to ask about how these services help {you/him/her}.

SVC4a. As a result of the services {you receive/s/he receives}{are you/is s/he} able to live independently?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

SVC4b. As a result of the services {you receive/s/he receives}{do you/does s/he} feel more secure?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

SVC4c. As a result of the services {you receive/s/he receives}, {are you/is s/he} better able to care for {yourself/himself/herself}?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

SVC5. Thinking about {your/NAME OF PARTICIPANT's} {CARE RECIPIENT's} services in general, {do you/does s/he} {do you/does s/he} agree or disagree with these statements?

(SVC4A TO SVC4B)

	Agree strongly	<u>Uncertain</u>	<u>Disagree</u>	<u>RF</u>	<u>DK</u>
a. The people who give these services are generally courteous. Would {you/s/he} {s/he} say.....	1	2	3	-7	-8
b. The people who give these services do the things they are supposed to do. Would {you/s/he} {s/he} say.....	1	2	3	-7	-8

FENCEPOST

**PROGRAMMER NOTE: IF HOME-DELIVERED MEALS, GO TO MODULE 1
 IF HOMEMAKER, GO MODULE 1.
 IF TRANSPORTATION, GO TO MODULE 1.
 IF CASE MANAGEMENT, GO TO MODULE 1.
 IF CONGREGATE MEALS, GO TO MODULE 1.**

THENGO TO DEMOGRAPHICS, MODULE 4.

NEED TO ASK UNLESS:

**IF HMDAYS=5, GO TO MODULE 4, DEMOGRAPHICS.
 IF CMDAYS=5, GO TO MODULE 4, DEMOGRAPHICS.**

IF CAREGIVER, GO TO CGDFPLC.

MODULE 4: DEMOGRAPHIC INTAKE FORM (VERSION: APRIL, 2006)

NOTE: THIS MODULE IS FOR CAREGIVERS, HOME DELIVERED MEALS, CONGREGATE MEALS, HOMEMAKER, CASE MANAGEMENT AND TRANSPORTATION.

PROGRAMMER NOTE: SKIP DEINTRO IF CAREGIVER. REPEATS CGINTRO1.

DEINTRO. We are interested in knowing more about the demographic characteristics of our clients. We would appreciate it if you would answer the following questions. All this information will be kept confidential to the extent allowed by law.

DE1. ASK IF NOT OBVIOUS: What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} gender?

(DEGENDR)

MALE..... 1
FEMALE..... 2
REFUSED..... -7
DON'T KNOW..... -8

DE2. What is {your/ NAME OF PARTICIPANT/NAME OF CAREGIVER} date of birth?

(RESPAGE)

____/____/____
MM DD YYYY

REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: CONSTRUCTED VARIABLE-AGEC -- PLEASE CONVERT DATE OF BIRTH TO AGE AS OF INTERVIEW DATE. KEEP ORIGINAL RESPAGE AS WELL.

DE3. What is {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER's} highest level of education? Would {you/s/he} say...

(DEEDUC)

- Less than high school diploma,..... 1
- High school diploma or GED,..... 2
- Some college, including Associate's degree
{INCLUDES BUSINESS SCHOOL AND VOCATIONAL
OR TECHNICAL SCHOOL}, 3
- Bachelor's degree, or..... 4
- Some post-graduate work or advanced degree?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

DE4. {Are you/is NAME OF PARTICIPANT/NAME OF CAREGIVER} Spanish, Hispanic or Latino?

(DEHISP)

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

DE5. What is {your/his/her} race? (CODE ALL THAT APPLY. CTRL/P TO EXIT)

(DE5ARRAY1-6, DERAC01-06 AND DERACOS)

- WHITE OR CAUCASIAN,..... 1
- BLACK OR AFRICAN-AMERICAN,..... 2
- ASIAN,..... 3
- AMERICAN INDIAN OR ALASKAN NATIVE, OR..... 4
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER..... 5
- OTHER..... 91
- (SPECIFY _____)
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

DE6. Is {your/ his/her} home located in...

(DELOC)

- The city,..... 1
- The suburbs, or..... 2
- A rural area?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

DE7. What is {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER's} home ZIP code?
(DEZIP)

HOME ZIP CODE.....|_|_|_|_|_|_|_|
 REFUSED..... -7
 DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: IF CAREGIVER ANSWERS CG21—CGMINUT—1-LIVES IN SAME HOUSE, AUTOCODE DE8 "2," AND GO TO DE8A.

DE8. We'd like to ask about the persons who live in this household. {Do you/Does NAME OF PARTICIPANT/NAME OF CAREGIVER} live alone?
(DELIVWI)

YES..... 1 [GO TO PROGRAMMER NOTE BEFORE DE8B]
 NO..... 2
 REFUSED..... -7 [GO TO PROGRAMMER NOTE BEFORE DE8B]
 DON'T KNOW..... -8 [GO TO PROGRAMMER NOTE BEFORE DE8B]

DE8a. Do you/Does {NAME OF PARTICIPANT/NAME OF CAREGIVER}
 (DELVHOW1-4, DELVH01-04)

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
1. Live with {your/his/her} spouse?..... (DELVSP1)	1	2	-7	-8
2. Live with {your/his/her} children?..... (DELVKID2)	1	2	-7	-8
3. Live with {your/his/her} other relatives?..... (DELVREL3)	1	2	-7	-8
4. Live with {your/his/her} non-relatives?..... (DELVNRL4)	1	2	-7	-8

PROGRAMMER NOTE: SOFT RANGE FOR DE8B IS 1 TO 10; HARD RANGE 1-20. IF DE8 = 2 (NO), AUTOCODE DE8B 1 AND GO TO DE9.

PROGRAMMER NOTE: IF ALL OF DE8A IS NO, PROMPT "YOU TOLD ME YOU LIVE WITH SOMEONE ELSE. WHO DO YOU LIVE WITH?" THEN ALLOW THE INTERVIEWER TO GO BACK AND CODE THE RESPONSE "YES" THAT APPLIES.

IF THE RESPONDENT HAS INDICATED IN DE8 THAT HE OR SHE LIVES WITH SOMEONE ELSE (ANY OF DE8 1-4 IS YES OR CAREGIVER ANSWERS CG21—CGMINUT—1-LIVES IN SAME HOUSE), IF INTERVIEWER ENTERS 0 IN DE8B, GIVE A PROMPT THAT SAYS, "THE SYSTEM WILL NOT ACCEPT ZERO, BECAUSE THIS QUESTION ASKS YOU TO INCLUDE YOURSELF." IF INTERVIEWER ENTERS ONE, AND DE8 IS YES (1) THEN GIVE A PROMPT THAT SAYS, "YOU TOLD ME YOU LIVE WITH OTHER PEOPLE. PLEASE INCLUDE YOURSELF WHEN TELLING ME HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD." IF DE8 IS REFUSED OR DON'T KNOW, THEN ACCEPT 1.

IF CAREGIVER AND CGMINUT=1, AND INTERVIEWER ENTERS 0 OR 1 IN DE8B, PROMPT, "You told me {you lives/he lives} with {CARE RECIPIENT}. Please include {him/her} when you tell me how many live in the household."

VARIABLES:

	Variable Name	Available Responses (Hard Range)	Likely Responses (Soft Range)	Go To
A	EXTD.DELVSP1	1. YES		(B)
		2. NO		(B)
		-7 REFUSED		(B)
		-8 DON'T KNOW		(B)
B	EXTD.DELVKID2	1. YES		(C)
		2. NO		(C)
		-7 REFUSED		(C)
		-8 DON'T KNOW		(C)
C	EXTD.DELVREL3	1. YES		(D)
		2. NO		(D)
		-7 REFUSED		(D)
		-8 DON'T KNOW		(D)
D	EXTD.DELVNRL4	1. YES		DE8B
		2. NO		DE8B
		-7 REFUSED		DE8B
		-8 DON'T KNOW		DE8B

FENCEPOST

DE8b. Including {yourself/himself/herself}, how many people live in {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} household?
(DEHHM)

NUMBER OF HOUSEHOLD MEMBERS..... |__|__|
REFUSED..... -7
DON'T KNOW..... -8

FENCEPOST

DE9. What is {your/his/her} marital status? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say {you are/s/he is}...

(DEMARST)

- Married,..... 1
- Widowed,..... 2
- Divorced,..... 3
- Separated, or..... 4
- Never Married?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

PROGRAMMER NOTE: IF DE8B (DEHHM) =1, IN DE10, DE10A AND DE10B, DE10C AND DE10D, USE FIRST DISPLAY (YOUR/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S). IF DEHHM IS GREATER THAN 1, USE 2ND DISPLAY, "YOUR/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S TOTAL COMBINED FAMILY" DISPLAY.

ASK DE10 OF ALL RESPONDENTS.

IF HOME DELIVERED MEALS OR CONGREGATE MEALS, GO TO DE10A OR DE10B; IF CAREGIVER, TRANSPORTATION, CASE MANAGEMENT OR HOMEMAKER, GO TO DE10C OR DE10D

DE10. You may not be able to give us an exact figure for {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER'S} {Your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's total Combined family} income, but can you tell me if {your/his/her} income in 2007 was ...

(DEINAB)

- At or below \$20,000 {\$1666 PER MONTH OR LESS}, or..... 1 [GO TO DE10A OR DE10C (SEE PROGRAMMER NOTE, ABOVE)]
- Above \$20,000 {\$1667 PER MONTH OR MORE}?..... 2 [GO TO DE10B OR DE10C (SEE PROGRAMMER NOTE ABOVE)]
- REFUSED..... -7 [GO TO CLOSE1]
- DON'T KNOW..... -8 [GO TO CLOSE1]

DE10A AND DE10B FOR CONGREGATE MEALS AND HOME DELIVERED MEALS ONLY.

DE10a. Of these income groups, can you tell me which one best represents {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} {Your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total combined family income, during 2007? Would {you/s/he} say...

(DEINBEL)

Less than \$5,000 [\$417 OR LESS PER MONTH],.....	1
\$5,000 to \$10,000, [{\$418 TO \$833 PER MONTH},.....	2
\$10,001 to \$13,000, [\$834 TO \$1083 PER MONTH],.....	3
\$13,001 to \$15,000 [\$1084 TO \$1250 PER MONTH],.....	4
\$15,001 to \$19,000, [\$1251 TO \$1583 PER MONTH], or..	5
\$19,001 to \$20,000, [\$1584 TO \$1666 PER MONTH]?.....	6
REFUSED.....	-7
DON'T KNOW.....	-8

GO TO CLOSE1

DE10b. Of these income groups, can you tell me which one best represents {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} {Your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total combined family income, during 2007? Would {you/s/he} say...

(DEINABOV)

\$20,001 to \$25,000, [\$1667 TO \$2083 PER MONTH].....	1
\$25,001 to \$30,000, [\$2084 TO \$2500 PER MONTH],	2
\$30,001 to \$35,000 [\$2501 TO \$2917 PER MONTH],.....	3
\$35,001 to \$40,000, [\$2918 TO \$3333 PER MONTH].....	4
\$40,001 to \$50,000, or [\$3334 TO \$4167 PER MONTH], or	5
Over \$50,000? [\$4168 PER MONTH OR MORE]?.....	6
REFUSED.....	-7
DON'T KNOW.....	-8

FENCEPOST

GO TO CLOSE1

DE10c. Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2007? Would {you/s(he)} say...

(DEINBELB)

- \$10,000 or less [\$832 OR LESS PER MONTH],..... 1
- \$10,001-\$15,000, [{\$833 TO \$1250 PER MONTH],
or..... 2
- \$15,001 - \$20,000, [\$1251 TO \$1666 PER
MONTH]?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

GO TO CLOSE1

DE10d. Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2007? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say...

(DEINABOVB)

- \$20,001 - \$30,000, [\$1667 TO \$2500 PER MONTH]..... 1
- \$30,001-\$50,000, or [\$2501 TO \$4167 PER
MONTH], or..... 2
- Over \$50,000? [\$4168 PER MONTH OR MORE]?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

GO TO CLOSE1

CLOSE1

Those are all the questions I have about {you/NAME OF PARTICIPANT/NAME OF CAREGIVER}.

Thank-you very much for your help with this important national survey. We appreciate your time.