

Health Status (HE) Section

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY {HOME.RUSTRTMM, HOME.RUSTRTDD, |
| HOME.RUSTRYYY, HOME.RUENDMM, HOME.RUENDDD, |
| HOME.RUENDYY/PERS.FULLNAME, PRND.BEGREFMM, |
| PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, |
PRND.ENDREFDD, PRND.ENDREFYY}

BOX_01

=====

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

| NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY |
ROUND.

| NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, |
| AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS |
| NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES |
| ARE AS FOLLOWS: |
| 1 = LESS THAN 1 YEAR OLD |
| 2 = 1-4 |
| 3 = 5-15 |
| 4 = 16-23 |
| 5 = 24-34 |
| 6 = 35-44 |
| 7 = 45-54 |
| 8 = 55-64 |
9 = 65 YEARS OLD OR OLDER

HE01
=====

{STR-DT}
{END-DT}

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

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

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

YES	1
NO	2 {HE04}
REF	-7 {HE04}
DK	-8 {HE04}

HELP AVAILABLE FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

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

| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |
HE02 BY CAPI AND GO TO LOOP_01

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

HE02
=====

{STR-DT}
{END-DT}

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

Who is that?

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

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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

CONTINUE WITH LOOP_01

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
| MEMBERS. |

LOOP_01
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK BOX_01A - END_LP01 |

| LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS |
| RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL |
| ACTIVITIES OF DAILY LIVING BECAUSE OF AN |
| IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. |
| THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |
| FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON RECEIVES HELP WITH INSTRUMENTAL |
| ACTIVITIES OF DAILY LIVING (I.E., PERSON |
| SELECTED AT HE02) |

BOX_01A
=====

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

| OTHERWISE, GO TO HE03A |

HE03
=====

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

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

YES 1 {HE03A}
NO 2 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

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

HE03A
=====

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

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

YES 1 {END_LP01}
NO 2 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

END_LP01

=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_01 AND CONTINUE WITH HE04

HE04

=====

{STR-DT}
{END-DT}

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

YES 1
NO 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |
HE05 BY CAPI.

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

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

HE05
=====

{STR-DT}
{END-DT}

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

Who is that?

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

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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

CONTINUE WITH LOOP_02

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
MEMBERS.

LOOP_02

=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
BOX_01B - END_LP02

| LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS |
| RECEIVE HELP OR SUPERVISION WITH PERSONAL CARE |
| (I.E., ACTIVITIES OF DAILY LIVING) BECAUSE OF AN |
| IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. |
| THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |
| FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON RECEIVES HELP OR SUPERVISION WITH |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING, |
THAT IS, THE PERSON IS SELECTED AT HE05)

BOX_01B

=====

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

OTHERWISE, GO TO HE06A

HE06
=====

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

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

- YES 1 {HE06A}
- NO 2 {END_LP02}
- REF -7 {END_LP02}
- DK -8 {END_LP02}

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

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

HE06A
=====

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

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

- YES 1 {END_LP02}
- NO 2 {END_LP02}
- REF -7 {END_LP02}
- DK -8 {END_LP02}

END_LP02

=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_02 AND CONTINUE WITH BOX_02

BOX_02

=====

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

IF ROUND 2 OR ROUND 4, GO TO HE26

HE07

=====

{STR-DT}
{END-DT}

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

YES 1
NO 2 {HE09}
REF -7 {HE09}
DK -8 {HE09}

HELP AVAILABLE FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

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

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

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

HE08
=====

{STR-DT}
{END-DT}

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

Who is that?

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

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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

CONTINUE WITH HE09

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
| SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
| MEMBERS. |

HE09
=====

{STR-DT}
{END-DT}

Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

- YES 1
- NO 2 {HE19}
- REF -7 {HE19}
- DK -8 {HE19}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' |
| AT HE10 BY CAPI. |

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
LOOP_03

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
WITH HE10

HE10
=====

{STR-DT}
{END-DT}

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

Who is that?

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

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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

CONTINUE WITH LOOP_03

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION:
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR
SELECTION.

| ROSTER BEHAVIOR:
| 1. MULTIPLE SELECT ALLOWED.
|
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER:
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU
MEMBERS.

LOOP_03
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
HE11 - END_LP03

| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON
| THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS
| PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF
| AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE
| FOLLOWING CONDITIONS:
| - PERSON IS NOT DECEASED
| - PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON
| SELECTED AT HE10)
| - PERSON = OR > 13 YEARS OF AGE OR IN AGE
CATEGORIES 4-9

BOX_03
=====

OMITTED.

HE11
=====

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

SHOW CARD HE-1.

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

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

NO DIFFICULTY	1	{HE12}
SOME DIFFICULTY	2	{HE12}
A LOT OF DIFFICULTY	3	{HE12}
COMPLETELY UNABLE TO DO IT	4	{HE12}
REF	-7	{HE12}
DK	-8	{HE12}

[Code One]

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| DISPLAY 'For these next questions, I would like |  
| you to think about the time when (PERSON) entered |  
| the institution and what (PERSON) was able to do |  
| at that time.}' IF PERSON BEING ASKED ABOUT CODED |  
| AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON |  
| BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN |  
| THE RU, USE A NULL DISPLAY. |  
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HE12
=====

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

SHOW CARD HE-1.

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

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

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

NO DIFFICULTY	1	{HE13}
SOME DIFFICULTY	2	{HE13}
A LOT OF DIFFICULTY	3	{HE13}
COMPLETELY UNABLE TO DO IT	4	{HE13}
COMPLETELY UNABLE TO WALK	5	{HE17}
REF	-7	{HE13}
DK	-8	{HE13}

[Code One]

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

HE13
=====

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

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking about 3
city blocks or about a quarter of a mile?

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

NO DIFFICULTY	1	{HE14}
SOME DIFFICULTY	2	{HE14}
A LOT OF DIFFICULTY	3	{HE14}
COMPLETELY UNABLE TO DO IT	4	{HE15}
REF	-7	{HE14}
DK	-8	{HE14}

[Code One]

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

HE14
=====

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

SHOW CARD HE-1.

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

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

- NO DIFFICULTY 1 {HE15}
- SOME DIFFICULTY 2 {HE15}
- A LOT OF DIFFICULTY 3 {HE15}
- COMPLETELY UNABLE TO DO IT 4 {HE15}
- REF -7 {HE15}
- DK -8 {HE15}

[Code One]

HE15
=====

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

SHOW CARD HE-1.

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

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

- NO DIFFICULTY 1 {HE16}
- SOME DIFFICULTY 2 {HE16}
- A LOT OF DIFFICULTY 3 {HE16}
- COMPLETELY UNABLE TO DO IT 4 {HE16}
- REF -7 {HE16}
- DK -8 {HE16}

[Code One]

HE16
=====

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

SHOW CARD HE-1.

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

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

NO DIFFICULTY	1	{HE17}
SOME DIFFICULTY	2	{HE17}
A LOT OF DIFFICULTY	3	{HE17}
COMPLETELY UNABLE TO DO IT	4	{HE17}
REF	-7	{HE17}
DK	-8	{HE17}

[Code One]

HE17
=====

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

SHOW CARD HE-1.

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

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

NO DIFFICULTY	1	{HE18}
SOME DIFFICULTY	2	{HE18}
A LOT OF DIFFICULTY	3	{HE18}
COMPLETELY UNABLE TO DO IT	4	{HE18}
REF	-7	{HE18}
DK	-8	{HE18}

[Code One]

HE18
=====

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

SHOW CARD HE-1.

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

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

- NO DIFFICULTY 1 {HE18A}
- SOME DIFFICULTY 2 {HE18A}
- A LOT OF DIFFICULTY 3 {HE18A}
- COMPLETELY UNABLE TO DO IT 4 {HE18A}
- REF -7 {HE18A}
- DK -8 {HE18A}

[Code One]

HE18A
=====

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

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

- YES 1 {END_LP03}
- NO 2 {END_LP03}
- REF -7 {END_LP03}
- DK -8 {END_LP03}

END_LP03

=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_03 AND CONTINUE WITH HE19

HE19

=====

{STR-DT}
{END-DT}

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

YES 1
NO 2 {HE22}
REF -7 {HE22}
DK -8 {HE22}

HELP AVAILABLE FOR DEFINITION OF LIMITED ABILITY
AND IMPAIRMENT.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT |
HE20 BY CAPI.

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

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

HE20

=====

{STR-DT}
{END-DT}

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

Who is that?

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

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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

CONTINUE WITH LOOP_04

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
| MEMBERS. |

LOOP_04
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE20A - END_LP04 |

| LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ON |
| WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN |
| IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM |
| FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP |
| CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING |
| CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, |
| DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON |
| SELECTED AT HE20) |
| - PERSON = OR > 5 YEARS OF AGE OR IN AGE |
| CATEGORIES 3-9 |

BOX_04
=====

OMITTED.

HE20A
=====

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

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

CHECK ALL THAT APPLY.

WORKING AT A JOB	1	{HE21}
DOING HOUSEWORK	2	{HE21}
GOING TO SCHOOL	3	{HE21}
REF	-7	{HE21}
DK	-8	{HE21}

[Code All That Apply]

HE21
=====

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

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

YES	1	{END_LP04}
NO	2	{END_LP04}
REF	-7	{END_LP04}
DK	-8	{END_LP04}

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

| DISPLAY 'work at a job' IF HE20A IS CODED '1' |
| (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
| CODED '1', '-7', OR '-8', USE A NULL DISPLAY. |

| DISPLAY ', ' IF HE20A IS CODED '1', '2', AND '3' OR |
| IF HE20A IS CODED EITHER '-7' OR '-8'. |
| DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER |
| '2' OR '3'. OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY ' do housework' IF HE20A IS CODED '2' |
| (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
| CODED '2', '-7', OR '-8', USE A NULL DISPLAY. |

| DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE |
| SELECTED AT HE20A OR IF CODES '1', '2', AND '3' |
| ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7' |
| OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY ' go to school' IF HE20A IS CODED '3' |
| (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
CODED '3', '-7', OR '-8', USE A NULL DISPLAY.

END_LP04
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_04 AND CONTINUE WITH HE22

HE22
=====

{STR-DT}
{END-DT}

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

YES	1
NO	2 {HE24}
REF	-7 {HE24}
DK	-8 {HE24}

HELP AVAILABLE FOR DEFINITION OF LIMITED IN PARTICIPATING.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU,
| AUTOMATICALLY CODE PERSON AS 'LIMITED IN
| PARTICIPATION' AT HE23 BY CAPI.
|

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO
| HE24
|

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE
| WITH HE23
|

HE23
=====

{STR-DT}
{END-DT}

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

Who is that?

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

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

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

CONTINUE WITH HE24

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR:
| 1. MULTIPLE SELECT ALLOWED.
|
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER:
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU
MEMBERS.

HE24
=====

{STR-DT}
{END-DT}

Do any of the adults in the family...

YES NO

HE24_01
=====

Experience confusion
or memory loss such
that it interferes
with daily
activities? 1 2

REFUSED (-7) AND DON'T KNOW (-8) ALLOWED.

HE24_02
=====

Have problems making
decisions to the
point that it
interferes with
daily activities? 1 2

REFUSED (-7) AND DON'T KNOW (-8) ALLOWED.

HE24_03

=====

Require supervision
for their own safety? 1 2

REFUSED (-7) AND DON'T KNOW (-8) ALLOWED.

| IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES)|
| AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS |
'EXPERIENCES CONFUSION' AT HE25 BY CAPI.

| IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES)|
AND A SINGLE-PERSON RU, GO TO BOX_10

| IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED '2'|
| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO |
BOX_10

OTHERWISE, CONTINUE WITH HE25

HE25
=====

{STR-DT}
{END-DT}

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

Who is that?

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

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

```
-----  
| DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH |  
| THAT IT INTERFERES WITH DAILY ACTIVITIES' IF |  
| HE24_01 CODED '1' (YES). |  
| |  
| DISPLAY '{/}HAVE PROBLEMS MAKING DECISIONS TO THE |  
| POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF |  
| HE24_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF |  
| HE24_01 IS ALSO CODED '1' (YES). |  
| |  
| DISPLAY '{/}REQUIRE SUPERVISION FOR THEIR OWN |  
| SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY |  
| THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO |  
| CODED '1' (YES). |  
| |  
| DISPLAY 'experience confusion or memory loss such |  
| that it interferes with daily activities' IF |  
| HE24_01 CODED '1' (YES). |  
| |  
| DISPLAY '{or }have problems making decisions to |  
| the point that it interferes with daily |  
| activities' IF HE24_02 CODED '1' (YES). DISPLAY |  
| THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES). |  
| |  
| DISPLAY '{or }require supervision for their own |  
| safety' IF HE24_03 IS CODED '1' (YES). DISPLAY |  
| 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO |  
| CODED '1' (YES). |  
| |  
|-----
```

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

GO TO BOX_10

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
MEMBERS.

BOX_05

=====

OMITTED.

BOX_05A

=====

OMITTED.

HE25A

=====

OMITTED.

HE25B
=====

OMITTED.

HE25C
=====

OMITTED.

HE26
=====

{STR-DT}
{END-DT}

Does anyone in the family wear eyeglasses or contact lenses?

YES	1 {HE27}
NO	2 {HE28}
REF	-7 {HE28}
DK	-8 {HE28}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
AUTOMATICALLY CODE PERSON AT HE27 BY CAPI.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
HE28

| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
CONTINUE WITH HE27

HE27
=====

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

CONTINUE WITH HE28

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
MEMBERS.

HE28
=====

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty seeing{[with glasses or contacts, if they use them]}?

YES 1
NO 2 {HE33}
REF -7 {HE33}
DK -8 {HE33}

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

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT |
HE29 BY CAPI.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
LOOP_05

| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
CONTINUE WITH HE29

HE29
=====

{STR-DT}
{END-DT}

DIFFICULTY SEEING {[WITH GLASSES OR CONTACTS, IF THEY USE THEM]}.

Who is that?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]

[3. First Name,[Middle Name],Last Name-65]

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

CONTINUE WITH LOOP_05

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

```
-----  
| ROSTER FILTER:  
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU  
| MEMBERS.  
|  
-----
```

LOOP_05
=====

```
-----  
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,  
| ASK HE30 - END_LP05  
|  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_05 COLLECTS VISION  
| IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY  
| SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET  
| THE FOLLOWING CONDITIONS:  
| - PERSON IS NOT DECEASED  
| - PERSON HAS DIFFICULTY SEEING (I.E., PERSON  
| SELECTED AT HE29)  
|  
-----
```

HE30
=====

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

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

YES 1 {END_LP05}
NO 2 {HE31}
REF -7 {HE31}
DK -8 {HE31}

HELP AVAILABLE FOR DEFINITION OF BLIND.

```
-----  
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC  
| SUPPLEMENT: VISION SECTION.  
|  
-----
```

HE31
====

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

{With glasses or contacts, can/Can} (PERSON) see well enough to
read ordinary newspaper print, even if (PERSON) cannot read?

YES 1 {END_LP05}
NO 2 {HE32}
REF -7 {HE32}
DK -8 {HE32}

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

HE32
====

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

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

YES 1 {END_LP05}
NO 2 {END_LP05}
REF -7 {END_LP05}
DK -8 {END_LP05}

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

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

END_LP05
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_05 AND CONTINUE WITH HE33

HE33
=====

{STR-DT}
{END-DT}

Does anyone in the family wear a hearing aid?

YES 1
NO 2 {HE35}
REF -7 {HE35}
DK -8 {HE35}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
AUTOMATICALLY CODE PERSON AT HE34 BY CAPI.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
HE35

| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
CONTINUE WITH HE34

HE34
====

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else wear a hearing aid?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
HEARING SECTION.

CONTINUE WITH HE35

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
MEMBERS.

HE35
====

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty hearing{[with a hearing aid, if they use one]}?

YES	1
NO	2 {BOX_10}
REF	-7 {BOX_10}
DK	-8 {BOX_10}

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

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HEARING IMPAIRED' AT |
HE36 BY CAPI.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
LOOP_06

| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
CONTINUE WITH HE36

HE36
====

{STR-DT}
{END-DT}

DIFFICULTY HEARING{[WITH A HEARING AID, IF THEY USE ONE]}.

Who is that?

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

- [1. First Name,[Middle Name],Last Name-65]
- [2. First Name,[Middle Name],Last Name-65]
- [3. First Name,[Middle Name],Last Name-65]

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

CONTINUE WITH LOOP_06

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
MEMBERS.

LOOP_06
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE37 - END_LP06

| LOOP DEFINITION: LOOP_06 COLLECTS HEARING |
| IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY |
| HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET |
| THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON HAS DIFFICULTY HEARING (I.E., PERSON |
SELECTED AT HE36)

HE37
=====

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

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

YES 1 {END_LP06}
NO 2 {HE38}
REF -7 {HE38}
DK -8 {HE38}

HELP AVAILABLE FOR DEFINITION OF DEAF.

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

HE38
=====

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

{With a hearing aid, can/Can} (PERSON) hear **most** of the things
people say?

YES 1 {END_LP06}
NO 2 {HE39}
REF -7 {HE39}
DK -8 {HE39}

| DISPLAY 'With a hearing aid, can' IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE |
(PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.

HE39
=====

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

{With a hearing aid, can/Can} (PERSON) hear **some** of the things
people say?

YES 1 {END_LP06}
NO 2 {END_LP06}
REF -7 {END_LP06}
DK -8 {END_LP06}

| DISPLAY 'With a hearing aid, can' IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE |
(PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.

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

END_LP06
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_06 AND GO TO BOX_10

BOX_06A
=====

OMITTED.

BOX_06
=====

OMITTED.

HE40
=====

OMITTED.

HE41
=====

OMITTED.

LOOP_07
=====

OMITTED.

HE42
=====

OMITTED.

HE43
=====

OMITTED.

HE44
=====

OMITTED.

HE440V
=====

OMITTED.

END_LP07
=====

OMITTED.

MEPS FAMES P12R5/P13R3/P14R1 Health Status (HE) Section
December 8, 2008

BOX_07
=====

OMITTED.

LOOP_08
=====

OMITTED.

HE45
=====

OMITTED.

HE46
=====

OMITTED.

HE47
=====

OMITTED.

HE48
=====

OMITTED.

HE49
=====

OMITTED.

HE49A
=====

OMITTED.

END_LP08
=====

OMITTED.

BOX_08
=====

OMITTED.

LOOP_09
=====

OMITTED.

HE50
=====

OMITTED.

HE51
=====

OMITTED.

HE52
=====

OMITTED.

MEPS FAMES P12R5/P13R3/P14R1 Health Status (HE) Section
December 8, 2008

HE520V
=====

OMITTED.

HE52A
=====

OMITTED.

HE52B
=====

OMITTED.

HE52B0V
=====

OMITTED.

HE53
=====

OMITTED.

HE54
=====

OMITTED.

HE540V
=====

OMITTED.

END_LP09
=====

OMITTED.

BOX_09
=====

OMITTED.

LOOP_10
=====

OMITTED.

HE55
=====

OMITTED.

HE55_01
=====

OMITTED.

HE55_02
=====

OMITTED.

HE55_03
=====

OMITTED.

HE56
=====

OMITTED.

HE56_01
=====

OMITTED.

HE56_02
=====

OMITTED.

HE57
=====

OMITTED.

HE57_01
=====

OMITTED.

HE57_02
=====

OMITTED.

END_LP10
=====

OMITTED.

BOX_10
=====

GO TO NEXT QUESTIONNAIRE SECTION

