BOX_00
======

```
---------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:                  |
|  DISPLAY PERS.FULLNAME, PROV.DRFNAM, PROV.LORPNAME     |
|  (IF EVNT.PROVNUM ^= -1), EVNT.EVNTTYPE (IF SET),      |
|  EVNT.EVNTBEGM,D (EVNTBEGM ONLY FOR HH),               |
|  (PRND.BEGREFMM, DD FOR OM), EVNT.EVNTENDM, D (IF      |
|  EVNT = HS), (PRND.ENDREFMM, DD FOR OM).               |
---------------------------------------------------------
```

BOX_01
======

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

---------------------------------------------------------
|  OTHERWISE, CONTINUE WITH EV01                         |
---------------------------------------------------------
```

EV01
====

INTERVIEWER:  SELECT CORRECT PERSON FOR THIS EVENT.

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

[Code One]

```
      --------------------------------------------------------
      |  ROSTER DETAILS:                                     |
      |  TITLE: RU_MEMBERS_SELECTONE                         |
      |                                                      |
      |  COL # 1 HEADER: PERSON-TYPE-PROVIDER                |
      |  INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE,    |
      |  AND LAST NAMES (PERS.FULLNAME)                      |
      --------------------------------------------------------


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


      --------------------------------------------------------
      |  ROSTER BEHAVIOR:                                    |
      |  1. SELECT ALLOWED.  INTERVIEWER MAY SELECT ONE      |
      |  FROM THE LISTED MEMBERS.                            |
      |                                                      |
      |  2. MULTIPLE SELECT DISALLOWED.                      |
      |                                                      |
      |  3. ADD, DELETE, AND EDIT DISALLOWED.                |
      --------------------------------------------------------


      --------------------------------------------------------
      |  ROSTER FILTER:                                      |
      |  NONE.  DISPLAY ALL.                                 |
      --------------------------------------------------------
```

EV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:  WHAT TYPE OF EVENT IS IT?

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

HELP AVAILABLE FOR DEFINITION OF EVENT TYPES.

[Code One]

```
-------------------------------------------------------
|  IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO     |
|  EV02A                                              |
-------------------------------------------------------
```

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

BOX_02
======

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

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

EV02A
=====

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

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

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

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

              [Code One]

EV03
====

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

                IF KNOWN, SELECT CORRECT OME ITEM GROUP.

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

                     GLASSES OR CONTACT LENSES .............. 1 {BOX_06}
                     INSULIN ................................ 2 {BOX_06}
                     OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3 {BOX_06}

                               [Code All That Apply]


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


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

EV03A
=====

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

                SHOW CARD PP-4A OR PP-12

                IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

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

                    AMBULANCE SERVICES ....................... 1
                    ORTHOPEDIC ITEMS ......................... 2
                    HEARING DEVICES .......................... 3
                    PROSTHESES ............................... 4
                    BATHROOM AIDS ............................ 5
                    MEDICAL EQUIPMENT ........................ 6
                    DISPOSABLE SUPPLIES ...................... 7
                    ALTERATIONS/MODIFICATIONS ............... 8
                    OTHER ................................... 91

                            [Code All That Apply]


                -------------------------------------------------------
                | (FOR SPECIFICATIONS ONLY, 'YEAR' IN PROGRAM IS    |
                | HARD-CODED.) IF ROUND 3, DISPLAY FIRST YEAR OF    |
                | PANEL FOR {YEAR}.  IF ROUND 5, DISPLAY SECOND     |
                | YEAR OF PANEL FOR {YEAR}.                         |
                -------------------------------------------------------


                -------------------------------------------------------
                | IF CODED '91' (OTHER) ALONE OR IN COMBINATION     |
                | WITH ANY OTHER CODES, CONTINUE WITH EV03AOV       |
                -------------------------------------------------------


                -------------------------------------------------------
                | OTHERWISE, GO TO BOX_06                           |
                -------------------------------------------------------


EV03AOV
=======

                OTHER GROUPING OF OTHER MEDICAL EXPENSES:

                    [Enter Other Specify] ................    {BOX_06}
                    REF ................................. -7  {BOX_06}
                    DK .................................. -8  {BOX_06}

BOX_03
======

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


              -------------------------------------------------------
              |  OTHERWISE, GO TO EV05                              |
              -------------------------------------------------------
```

EV04
====

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

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

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

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

PROBE:  Any other stays?

```
   -----------------------------------------------------------
  |  [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4]  |
  |---------------------------|---------------------------|
  |  [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4]  |
  |---------------------------|---------------------------|
  |  [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4]  |
   -----------------------------------------------------------
```

```
              -------------------------------------------------------
              |  DISPLAY 'OR RELEASED IN {YEAR}' IF ROUND 5, WHERE  |
              |  'YEAR' IS THE CALENDAR YEAR SUBSEQUENT TO THE      |
              |  SECOND YEAR OF THE PANEL.  OTHERWISE, USE A NULL   |
              |  DISPLAY.                                           |
              -------------------------------------------------------
```

```
 ------------------------------------------------------
| DISPLAY A RADIO BUTTON ON THE DATE ENTRY SCREEN      |
| LABELED 'CHECK IF STILL IN PROVIDER {OR RELEASED     |
| IN {YEAR}}.                                          |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
| ALLOW RF AND DK FOR THE DAY AND YEAR BUT NOT FOR     |
| THE MONTH.                                           |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
| HARD CHECK:                                          |
| EDIT CHECK:                                          |
|                                                      |
| IN ROUND 1 ONLY, ALLOW AN ADMIT DATE ONE YEAR        |
| PRIOR TO THE RU MEMBER'S REFERENCE PERIOD START      |
| DATE.                                                |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
| GO TO BOX_06                                         |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
| ROSTER DETAILS:                                      |
| TITLE: PERS_EVNT_ADD_1                               |
|                                                      |
| COL # 1 HEADER: ADMIT DATE                           |
| INSTRUCTIONS: DISPLAY EVENT BEGIN DATE               |
| (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)        |
|                                                      |
| COL # 2 HEADER: DISCHARGE DATE                       |
| INSTRUCTIONS: DISPLAY EVENT END DATE                 |
| (EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY)        |
|                                                      |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
| ROSTER DEFINITION:                                   |
| THIS ITEM DISPLAYS THE PERSON'S-MEDICAL-EVENTS-      |
| ROSTER FOR ADDING BEGIN AND END DATES.               |
 ------------------------------------------------------
```

```
---------------------------------------------------------
|  ROSTER BEHAVIOR:                                       |
|  1. EDIT AND SELECT DISALLOWED.                         |
|                                                         |
|  2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD            |
|  RECORD THE EVENT BEGIN AND END DATES.                  |
|                                                         |
|  3. LIMITED DELETE ALLOWED. INTERVIEWER CAN DELETE      |
|  AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE          |
|  DELETE IS USED. THAT IS, AS LONG AS THE                |
|  INTERVIEWER HAS NOT LEFT THE SCREEN, THEY SHOULD       |
|  BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.           |
---------------------------------------------------------


---------------------------------------------------------
|  ROSTER FILTER:                                         |
|  DISPLAY NO EVENTS ON ROSTER INITIALLY. THIS SCREEN|
|  RELATES TO HS AND IC EVENT TYPES (EVNT.EVNTTYPE)      |
|  ONLY.                                                  |
---------------------------------------------------------
```

EV05
====

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

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

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

PROBE:  Any other dates?

```
            ----------------------------
           |  [Enter Month,Day,Year-4]  |
           |----------------------------|
           |  [Enter Month,Day,Year-4]  |
           |----------------------------|
           |  [Enter Month,Day,Year-4]  |
            ----------------------------
```

```
---------------------------------------------------------
|  DISPLAY 'ADD EVENT DATE', 'EDIT EVENT DATE', AND      |
|  'DELETE EVENT DATE' BUTTONS ON THIS SCREEN.           |
---------------------------------------------------------
```

```
---------------------------------------------------------
| ALLOW RF AND DK FOR THE DAY AND YEAR BUT NOT FOR       |
| THE MONTH.                                             |
---------------------------------------------------------
```

```
---------------------------------------------------------
| GO TO BOX_06                                           |
---------------------------------------------------------
```

```
---------------------------------------------------------
| ROSTER DETAILS:                                        |
| TITLE: PERS_EVNT_ADD_2                                 |
|                                                        |
| COL # 1 HEADER: EVENT DATE                             |
| INSTRUCTIONS: DISPLAY EVENT BEGIN DATE                 |
| (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)          |
---------------------------------------------------------
```

```
---------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS PERSON'S-       |
| MEDICAL-EVENTS-ROSTER FOR ADDING EVENT BEGIN           |
| DATES.                                                 |
---------------------------------------------------------
```

```
---------------------------------------------------------
| ROSTER BEHAVIOR:                                       |
| THIS ITEM CAN COLLECT ONLY THOSE EVENTS THAT ARE       |
| THE SAME PROVIDER, PERSON, AND EVENT TYPE AS THE       |
| EVENT BEING ASKED ABOUT.                               |
|                                                        |
| 1. SELECT DISALLOWED.                                  |
|                                                        |
| 2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD            |
| RECORD THE EVENT BEGIN DATES.                          |
|                                                        |
| 3. LIMITED DELETE ALLOWED. INTERVIEWER CAN DELETE      |
| AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE          |
| DELETE IS USED. THAT IS, AS LONG AS THE                |
| INTERVIEWER HAS NOT LEFT THE SCREEN, THEY SHOULD       |
| BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.           |
|                                                        |
| 4. LIMITED EDIT ALLOWED. INTERVIEWER CAN EDIT AN       |
| EVENT THAT WAS ENTERED ON THE SCREEN WHERE EDIT        |
| IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS       |
| NOT LEFT THE SCREEN, THEY SHOULD BE ABLE TO EDIT       |
| AN EVENT.                                              |
---------------------------------------------------------
```

```
---------------------------------------------------------
| ROSTER FILTER:                                         |
| DISPLAY NO EVENTS ON ROSTER INITIALLY.                 |
---------------------------------------------------------
```

10-9

EV06
====

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

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

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

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

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

                       HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

                                        [Code One]


                    -------------------------------------------------------
                    |  IF CODED '5' (VOLUNTEERED: MEAL DELIVERY SERVICE),|
                    |  DO NOT CREATE AN EVENT RECORD.                     |
                    -------------------------------------------------------

EV06A
=====

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

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

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

        WORKED FOR AGENCY, HOSPITAL, OR
        NURSING HOME ........................... 1 {BOX_04}
        WORKED FOR SELF ........................ 2 {BOX_04}
        REF ................................... -7 {BOX_04}
        DK .................................... -8 {BOX_04}

                        [Code One]


EV07
====

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

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

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

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

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

                        [Code One]

EV07OV1
=======

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

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

                   HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

                               [Code All That Apply]


                   -------------------------------------------------------
                   |  FOR SPECIFICATION PURPOSES ONLY: CAPI DOES NOT     |
                   |  ALLOW 'RF' OR 'DK' IN COMBINATION WITH ANY OTHER   |
                   |  CODE.                                              |
                   -------------------------------------------------------


                   -------------------------------------------------------
                   |  IF EV07OV1 IS CODED '91' (OTHER) ALONE OR IN       |
                   |  COMBINATION WITH ANY OTHER CODES, CONTINUE WITH    |
                   |  EV07OV2                                            |
                   -------------------------------------------------------


                   -------------------------------------------------------
                   |  OTHERWISE, GO TO EV08                              |
                   -------------------------------------------------------


EV07OV2
=======

                   OTHER:

                        [Enter Other Specify] ..................  {EV08}
                        REF ................................... -7 {EV08}
                        DK .................................... -8 {EV08}

EV08
====

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

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

                         [Enter Number-2] ......................  {BOX_05}
                         REF .................................. -7 {BOX_05}
                         DK ................................... -8 {BOX_05}


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


                    ----------------------------------------------------
                    |  IF EV06 IS CODED '1' (FRIEND/NEIGHBOR):          |
                    |                                                  |
                    |  - ADD 'FRIEND/NEIGHBOR' TO THE                  |
                    |    RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-      |
                    |    PROVIDER NAME COLUMN.  NO ADDRESS INFORMATION  |
                    |    IS NECESSARY.                                 |
                    |                                                  |
                    |  - FLAG PROVIDER AS 'INFORMAL'.                  |
                    ----------------------------------------------------


                    ----------------------------------------------------
                    |  IF EV06 IS CODED '3' (VOLUNTEER):               |
                    |                                                  |
                    |  - ADD 'VOLUNTEER' TO THE                        |
                    |    RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-      |
                    |    PROVIDER NAME COLUMN.  NO ADDRESS INFORMATION  |
                    |    IS NECESSARY.                                 |
                    |                                                  |
                    |  - FLAG PROVIDER AS 'INFORMAL'.                  |
                    ----------------------------------------------------

```
   ------------------------------------------------------
   |  IF EV07 IS CODED '5' (OTHER RELATIVE):            |
   |                                                    |
   |  - ADD 'OTHER RELATIVE' TO THE                     |
   |    RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-       |
   |    PROVIDER NAME COLUMN.  NO ADDRESS INFORMATION   |
   |    IS NECESSARY.                                   |
   |                                                    |
   |  - FLAG PROVIDER AS 'INFORMAL'.                    |
   ------------------------------------------------------
```

BOX_04
======

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

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

BOX_05
======

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

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

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

```
       -------------------------------------------------------
       |  IF EV06A IS CODED '2' (WORKED FOR SELF), '-7'      |
       |  (REFUSED), OR '-8' (DON'T KNOW), FLAG PROVIDER     |
       |  JUST COLLECTED IN PV SECTION AS 'PAID INDEPENDENT' |
       |  AND GO TO EV10                                     |
       -------------------------------------------------------


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

EV09
====

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

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

```
     [Enter Number-2] ......................
     REF ................................... -7
     DK .................................... -8
```

```
     -------------------------------------------------------
     |  IF ROUND 1, GO TO EV12                             |
     -------------------------------------------------------

     -------------------------------------------------------
     |  OTHERWISE,  GO TO EV13                             |
     -------------------------------------------------------
```

EV10
====

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

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

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

```
    COMPANION ............................... 1
    DOMESTIC WORKER/HOUSE CLEANER .......... 2
    HEALTH PROFESSIONAL ................... 3 {EV11}
    HOMEMAKER ............................. 4
    HOME HEALTH AIDE ...................... 5
    NURSE'S AIDE .......................... 6
    PERSONAL CARE ATTENDANT ............... 7
    OTHER ............................... 91 {EV10OV}
    REF .................................. -7
    DK ................................... -8
```

   HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
--------------------------------------------------------
|  IF EV10 NOT CODED '3' (HEALTH PROFESSIONAL), OR   |
|  '91' (OTHER), AND ROUND 1, GO TO  EV12            |
|  OTHERWISE,  GO TO EV13                            |
--------------------------------------------------------
```

EV10OV
======

 OTHER:

```
    [Enter Other Specify] .................
    REF .................................. -7
    DK ................................... -8
```

```
--------------------------------------------------------
|  IF ROUND 1, GO TO EV12                              |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  OTHERWISE,  GO TO EV13                              |
--------------------------------------------------------
```

EV11
====

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

What type of health professional is (PROVIDER)?

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

     HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.


     ------------------------------------------------------
     | IF EV11 NOT CODED '91' (OTHER), AND ROUND 1,        |
     | GO TO EV12                                          |
     ------------------------------------------------------

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


EV11OV
======

     OTHER:

        [Enter Other Specify] ..................
        REF ................................... -7
        DK .................................... -8

```
--------------------------------------------------------
| IF ROUND 1, CONTINUE WITH EV12                       |
--------------------------------------------------------


--------------------------------------------------------
| OTHERWISE, GO TO EV13                                |
--------------------------------------------------------
```

EV12
====

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

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

```
    YES .................................... 1 {EV13}
    NO ..................................... 2 {EV13}
    REF ................................... -7 {EV13}
    DK .................................... -8 {EV13}
```

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


--------------------------------------------------------
|  (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES   |
|  AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS FIRST  |
|  CALENDAR YEAR OF PANEL.                            |
--------------------------------------------------------
```

EV13
====

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

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

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

        How about in (MONTH)?

                       YES   NO   REF   DK

EV13_01
=======

        {MONTH}           1    2   -7   -8

EV13_02
=======

        {MONTH}           1    2   -7   -8

EV13_03
=======

        {MONTH}           1    2   -7   -8

EV13_04
=======

        {MONTH}           1    2   -7   -8

```
     --------------------------------------------------------
    |  DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR|
    |  THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW       |
    |  FOR THIS PERSON-PROVIDER PAIR WAS CREATED DURING  |
    |  THE PREVIOUS ROUND. (HOWEVER, IT WOULD NOT HAVE   |
    |  BEEN ASKED ABOUT.)  OTHERWISE, USE A NULL DISPLAY.|
    |                                                    |
    |  DISPLAY THE MONTH OF THE PREVIOUS ROUND'S         |
    |  INTERVIEW DATE FOR '{PRV RD INTV MTH}'.           |
    |                                                    |
    |  DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |
    |  OTHERWISE, USE A NULL DISPLAY.                    |
     --------------------------------------------------------
```

```
---------------------------------------------------------
| EV13 SCREEN DISPLAY SPECIFICATIONS:                   |
|                                                       |
| 1. THE NUMBER AND NAMES OF THE MONTHS LISTED ARE      |
|    DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE     |
|    MONTH OF THE START DATE AND THE MONTH OF THE       |
|    END DATE FOR THIS PERSON.  FOR EXAMPLE, IF THE     |
|    START DATE IS JANUARY 1 AND THE END DATE IS        |
|    APRIL 10 FOR THIS PERSON'S REFERENCE PERIOD,       |
|    'JANUARY', 'FEBRUARY', 'MARCH', AND 'APRIL'        |
|    ARE DISPLAYED.  THAT IS, THE MONTHS ARE ALL THE|
|    MONTHS OF THE PERSON'S REFERENCE PERIOD.           |
|                                                       |
| 2. '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE           |
|    ALLOWED FOR EV13_01, EV13_02, EV13_03, AND         |
|    EV13_04.  HOWEVER, THEY WILL BE TREATED AS A       |
|    'NO' WHEN CREATING EVENTS.                         |
|                                                       |
| 3. THE MONTHS ARE DISPLAYED IN GRID FORMAT WITH       |
|    YES/NO/DK/RF RADIO BUTTONS.                        |
|                                                       |
| 4. EV13 HAS TO ACCOMMODATE AT LEAST 10 MONTHS.        |
|                                                       |
| 5. A SEAM MONTH WILL BE ASKED ONLY ONE HOME           |
|    HEALTH UTILIZATION SECTION WHENEVER IT             |
|    RECEIVES (OR RECEIVED) A CODE OF '1' (YES) IN      |
|    EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.|
|                                                       |
| MESSAGE:  IF CURRENT INTERVIEW MONTH IS CODED '1'     |
| (YES), DISPLAY THE FOLLOWING MESSAGE:  "HOME          |
| HEALTH UTILIZATION SEC FOR {INT MONTH} WILL NOT       |
| BE ASKED UNTIL NEXT ROUND."                           |
|                                                       |
| EACH MONTH CODED '1' (YES) BECOMES A SEPARATE HOME|
| HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR.           |
| HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED      |
| '1' (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE       |
| NEXT ROUND.  IF THE MONTH OF THE PREVIOUS ROUND'S |
| INTERVIEW DATE IS CODED '1' (YES), IT IS ASKED        |
| ONE TIME.  THAT IS, IT IS NOT A SEPARATE EVENT FOR|
| BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS         |
| ONLY ONE EVENT.                                       |
---------------------------------------------------------


---------------------------------------------------------
| HARD CHECK:                                           |
| EDIT:  CAPI REQUIRES A RESPONSE FOR EACH MONTH        |
| DISPLAYED.  ALL MONTHS DURING THE REFERENCE PERIOD|
| CANNOT BE CODED '2' (NO), '-7' (REFUSED), OR '-8'     |
| (DON'T KNOW).  IF ALL ARE, WVS ERROR HANDLER WILL     |
| FORCE THE INTERVIEWER TO RECTIFY THE DATA.            |
---------------------------------------------------------
```

BOX_06
======

```
            -------------------------------------------------------
            |   RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP     |
            |   OR ED.                                             |
            -------------------------------------------------------
```