

NATIONAL SURVEY OF OLDER AMERICANS ACT PARTICIPANTS

LONGITUDINAL SURVEY INSTRUMENT: BASELINE

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Administration for Community Living
Administration on Aging
U.S. Department of Health and Human Services
Washington, D.C.

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PROGRAMMING CONVENTIONS

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

PG1 - **Case Management** being answered by participant

PG2 - Proxy answering for participant

PG3 - Translator/interpreter answering for participant

PC1 - **Congregate Meals** being answered by participant

PC2 - Proxy answering for participant

PC3 - Translator/interpreter answering for participant

PM1 – **Home-Delivered Meals** being answered by participant

PM2 - Proxy answering for participant

PM3 - Translator/interpreter answering for participant

PH1 - **Homemaker** being answered by participant

PH2 - Proxy answering for participant

PH3 - Translator/interpreter answering for participant

PT1 - **Transportation** being answered by participant

PT2 - Proxy answering for participant

PT3 - Translator/interpreter answering for participant

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

"{DISPLAY D1} {DISPLAY D2} {DISPLAY D3}"

Display #	Criteria	Display Text
D1	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 FOR"
	ELSE IF THIS IS A SUBJECT INTERVIEW (RESP.TALKWHO = CG1, PM1, PH1, PA1, PC1, PG2, PT1)	BLANK
D2	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:"
D3	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 — one of 4 types of persons:

- Participant
- Caregiver
- Interpreter/translator
- Proxy

TYPE OF SERVICE:

- Case Management
- Congregate meals
- Home-delivered meals
- Homemaker
- Transportation
- Family Caregiver

AGENCY NAME

SERVICE PROVIDER

INTRODUCTION AND PARTICIPANT VERIFICATION

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

- PARTICIPANT IS AVAILABLE..... 1
 - CAREGIVER IS AVAILABLE..... 2
 - INTERPRETER IS AVAILABLE..... 3
 - PROXY IS AVAILABLE..... 4
 - NOT AVAILABLE..... 5 → **GO TO I1**
- } **GO TO S/P**

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 1

CAREGIVER ON THE PHONE..... 2
INTERPRETER/TRANSLATOR ON THE PHONE..... 3
PROXY ON THE PHONE..... 4

PARTICIPANT VERIFICATION

PROGRAMMER NOTE:

IF S/P = 1 PARTICIPANT ON THE PHONE:

IF TYPE OF SERVICE = CASE MANAGEMENT, GO TO CSINTRO1.
IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CMINTRO.
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO NRINTRO.
IF TYPE OF SERVICE = HOMEMAKER, GO TO HCMINTRO.
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTRO.

IF S/P = 2 CAREGIVER ON THE PHONE:

IF TYPE OF SERVICE = FAMILY CAREGIVER, GO TO CGINTRO.

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

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

IF S/P = 4 PROXY ON THE PHONE:

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

IF RESPONDENT SEX

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

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

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

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

CSINTRO [PARTICIPANT]. 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. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any of 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 [INTERPRETER]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or 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 [PROXY]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/her} eligibility for services will not be affected by (his/her) decision to participate or 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 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 we are going to talk about the case management service {you receive/NAME OF PARTICIPANT receives} from {NAME OF PROVIDER}.

When was the last time {you/s/he} received the case management service? Was it...

(CSDAYS)

- 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
- 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.

CSINTRO2. 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/Does s/he know} 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}.....	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?.....	1	2	-7	-8
CS4. {Do you/NAME OF PARTICIPANT} and {your/his/her} case manager work together to decide what services {you need/NAME OF PARTICIPANT needs}?.....	1	2	-7	-8
CS5. {Does your/NAME OF PARTICIPANT'S} case manager treat {you/him/her} with respect?.....	1	2	-7	-8
CS6. {Does your/his/her} case manager involve {you/him/her} in discussing and planning for {your/his/her} services?.....	1	2	-7	-8
CS7. {Does your/his/her} case manager do a good job setting up care for {you/him/her}?.....	1	2	-7	-8
CS8. {Does your/his/her} case manager help {you/him/her} get services that {you/s/he} did not have before?.....	1	2	-7	-8
CS9. Has {your/his/her} situation improved because of the services {your/his/her} case manager arranges?.....	1	2	-7	-8

CSINTRO3. 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? Would {you/he/she} say...

(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
 - DON'T KNOW.....-8
- } **GO TO CS12**

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

(CCOPY)

- 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

CS13. {Are you/Is s/he} 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

CSINTRO4. 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 at 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)				

GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE: ADDITIONAL SERVICE LIST MODULE; USDA FOOD SECURITY, FALLS, LIFE CHANGES, SOCIAL INTEGRATION, PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC INTAKE MODULE.

CONGREGATE MEALS (VERSION: JUNE 2017)

CMINTRO [PARTICIPANT]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or 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 [INTERPRETER]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} eligibility for services will not be affected by {his/her} decision to participate or by any answers {s/he} gives.

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

[IF NEEDED: A lunch program, or congregate meal is a meal which is provided in a group setting, such as at a senior center.]

PROGRAMMER NOTE:

IF INTERPRETER WILL NOT DO INTERVIEW, GO TO CMALTCON. OTHERWISE GO TO CMSERVERF.

CMINTROPRX [PROXY]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} eligibility for services will not be affected by your decision to participate or 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 meal 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 CMALTCO. OTHERWISE GO TO CMSERVERF.

CMALTCO. 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 CMINTRO1
REFUSED.....	-7	} Thank you for your time
DON'T KNOW.....	-8	

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	} Thank you for your time
NO.....	2	
REFUSED.....	-7	
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/through {AGENCY NAME}}.

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

(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 ago?4
 - I ONLY USED/ATE THERE ONCE..... 5
 - OVER 1 YEAR AGO..... 6
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **GO TO THANK3**

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

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

CNR4. Think of a typical day {you eat/NAME OF PARTICIPANT eats} a meal from the Senior Center or meal site. Of all you ate that day, what portion of all the foods {you ate/s/he ate} does the meal from the meal site represent? Would {you/s/he} say...

(CMPORTN)

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

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..... 4
- Poor..... 5
- 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. Within the last 12 months, {have you/has NAME OF PARTICPANT} noticed any changes in the amount or quality of the food in the lunch program?

(HNRFAQYN)

- YES..... 1 → GO TO CNR29a
- NO..... 2 } GO TO CNR20
- REFUSED.....-7
- DON'T KNOW.....-8

CNR29a. How has the lunch program service changed?

[IF NEEDED: Please tell me more about the changes you have noticed.]

[PROBE: Anything else?]

INTERVIEWER NOTE:

CODE ALL THAT APPLY.

(CNRFQ1-10; CNRFQ91)

- AMOUNT/QUANTITY OF FOOD HAS DECREASED 1
- QUALITY OF FOOD HAS DECLINED.....2
- MEAL SERVICE IS PROVIDED LESS OFTEN.....3
- FEWER MEALS ARE PROVIDED..... 4
- FEWER FOOD CHOICES ARE OFFERED..... 5
- PACKAGING OF MEALS HAS CHANGED.....6
- MORE COLD OR FROZEN MEALS ARE PROVIDED 7
- FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS ARE PROVIDED..... 8
- FEWER CONDIMENTS ARE PROVIDED..... 9
- LESS COFFEE OR TEA IS PROVIDED.....10
- THE QUALITY OF THE FOOD IMPROVED.....11
- OTHER.....91
- (SPECIFY:_____)

TRAINING/CODING NOTE:

“PACKAGING OF MEALS” MAY INCLUDE COMMENTS ABOUT HOW THE FOOD IS SERVED AND PRESENTED, E.G., PLASTIC MICROWAVEABLE TRAYS VS. ALUMINUM FOIL TRAYS WITH CRIMPED EDGES; REUSABLE OR ENVIRONMENTALLY-FRIENDLY PACKAGING.

CNR20. Would {you/NAME OF PARTICIPANT} recommend this service to a friend?

(CMRECOM)

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

CNR21. {Do you/Does NAME OF PARTICIPANT} eat healthier foods as a result of the meals program?

(CMVARFD)

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

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

(CNFLBTR)

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

CNR23. Do the meal programs help {you/NAME OF PARTICIPANT} to continue to live at home?

(CMSTAYHM)

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?

(CMLIKE)

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?

(CMFLBR2)

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?

(CMFRNDS)

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

**GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE:
ADDITIONAL SERVICE LIST MODULE; USDA FOOD SECURITY, SOCIAL INTEGRATION, FALLS,
PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC INTAKE MODULE.**

HOME-DELIVERED MEALS (VERSION: JUNE 2017)

NRINTRO [PARTICIPANT]. 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 Home delivered meals 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give.

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

GO TO NRSERVERF.

NRINTROINT [INTERPRETER]. 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 Home delivered meals 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} eligibility for services will not be affected by {his/her} decision to participate or by any answers {s/he} gives.

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

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

PROGRAMMER NOTE:

IF INTERPRETER WILL NOT DO INTERVIEW GO TO NRALTCON. OTHERWISE GO TO NRSERVERF.

NRINTROPRX [PROXY]. 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 Home Delivered Meals also called 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} eligibility for services will not be affected by your decision to participate or by any answers you give.

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

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

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

NRALTCON. 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 HNRINTRO1
REFUSED.....	-7	}
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	}
DON'T KNOW.....	-8	

Thank you for your time

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 home delivered meals {you receive/NAME OF PARTICIPANT receives} from {NAME OF PROVIDER}.

HNR1. When was the last time {you/s/he} received a meal? Was it...

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

} **GO TO THANK3**

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 home delivered meals? 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

2h. Has knowing that you will receive regular visits by the home delivered meals or Meals-on-Wheels" volunteer/driver made you feel safer at home?

(NEW.SAFER)

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

49b. Other than the person who delivers the meals how many times a week do you have personal contact (face-to-face) with a friend, family member, or other visitor?

(NEW.PERSONALCONTACT)

- NONE..... 1
- ONE TIME..... 2
- TWO TIMES..... 3
- THREE TIMES..... 4
- FOUR TIMES..... 5
- FIVE TIMES..... 6
- SIX TIMES..... 7
- EVERYDAY..... 8
- REFUSED.....-7
- DON'T KNOW.....-8

HNRINTRO2. Now, I am going to ask about the days {you receive/NAME OF PARTICIPANT receives} home delivered meals.

PROGRAMMER NOTE:
SOFT RANGE FOR HNR3=0 TO 4; HARD RANGE = 0 TO 7.

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

(HMATTENA)

NUMBER OF MEALS.....|__|__|

INTERVIEWER NOTE:
IF NUMBER VARIES, ENTER 91.

- OTHER.....91
(SPECIFY:_____)
- REFUSED.....-7
- DON'T KNOW.....-8

A15.1 How long ago did [you/he/she] first receive a home-delivered meal? **PROBE:** You may answer in days, weeks, months, or years. Your best estimate is fine.

|__| (0-999)

- DAYS AGO (RANGE 0-45)..... 1
- WEEKS AGO (RANGE 1-30)..... 2
- MONTHS AGO (RANGE 1-13)..... 3
- YEARS AGO (RANGE 1-40)..... 4
- 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 home delivered meals?

(HMDAYSWK)

NUMBER OF DAYS.....|_|_|

REFUSED.....-7

DON'T KNOW.....-8

HARD CHECK: IF DAYS PER WEEK GT 7; I want to be sure I recorded your answer correctly.

HNR5. Think of a typical day {you eat/NAME OF PARTICIPANT eats} a meal from Home delivered meals. Of all you ate that day, what portion of all the foods {you ate/s/he ate} does the 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

(SPECIFY:_____)

REFUSED.....-7

DON'T KNOW.....-8

HNR20. How would {you/NAME OF PARTICIPANT} rate the home delivered meals 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 home delivered meals 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 home delivered meals 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

HNR22a1. Within the last 12 months, have you noticed any changes in the amount or quality of the food in your home delivered meals?

(HNRFAQYN)

- YES..... 1 → GO TO HNR22a2
- NO..... 2 } GO TO HNR23
- REFUSED.....-7 }
- DON'T KNOW.....-8 }

HNR22a2. How has your home delivered meals service changed?

[IF NEEDED: Please tell me more about the changes you have noticed.]

[PROBE: Anything else?]

INTERVIEWER NOTE:

CODE ALL THAT APPLY.

(HNRFAQ1-10; HNRFAQ91)

- AMOUNT/QUANTITY OF FOOD HAS DECREASED. 1
- QUALITY OF FOOD HAS DECLINED 2
- MEAL SERVICE IS PROVIDED LESS OFTEN.....3
- FEWER MEALS ARE PROVIDED..... 4
- FEWER FOOD CHOICES ARE OFFERED..... 5
- PACKAGING OF MEALS HAS CHANGED..... 6
- MORE COLD OR FROZEN MEALS ARE PROVIDED 7
- FEWER CELEBRATION (HOLIDAY OR BIRTHDAY)
MEALS ARE PROVIDED..... 8
- FEWER CONDIMENTS ARE PROVIDED..... 9
- LESS COFFEE OR TEA IS PROVIDED.....10
- THE QUALITY OF THE FOOD IMPROVED.....11
- OTHER.....91
- (SPECIFY:_____)

TRAINING/CODING NOTE:

FOR HOME-DELIVERED MEALS, "PACKAGING OF MEALS" MAY INCLUDE COMMENTS ABOUT HOW THE FOOD IS SERVED AND PRESENTED, E.G., PLASTIC MICROWAVEABLE TRAYS VS. ALUMINUM FOIL TRAYS WITH CRIMPED EDGES; REUSABLE OR ENVIRONMENTALLY-FRIENDLY PACKAGING.

HNR23. Do the meals from home delivered meals arrive when expected?

(HMONTIME)

- 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 home delivered meals program?

(HNRLIKE)

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

HNR25. Would you recommend this service to a friend?

(HNRRECOM)

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

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

(HMVARFD)

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

HNR27. Does receiving home delivered meals improve (your/NAME OF PARTICIPANT'S) health?

(HMFLBTR)

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

HNR28. Do the home delivered meals help (you/NAME OF PARTICIPANT) continue to live at home?

(HMSTAYHM)

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

HNR29. As a result of receiving home delivered meals, {do you/does NAME OF PARTICIPANT} feel better?

(HMFLBR2)

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

**GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE:
ADDITIONAL SERVICE LIST MODULE; USDA FOOD SECURITY, FALLS, LIFE CHANGES, SOCIAL
INTSEGRATION, PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC
INTAKE MODULE.**

HCMINTRO [PARTICIPANT]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or 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 [INTERPRETER]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or 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 [PROXY]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/her} eligibility for services will not be affected by (his/her) decision to participate or 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	} Thank you for your time
REFUSED.....	-7	
DON'T KNOW.....	-8	

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	} Thank you for your time
NO.....	2	
REFUSED.....	-7	
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? Was it...

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

} GO TO THANK3

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?

(HCMOFT and HCWEEK and HCMONTH)

____|____|

- NUMBER OF TIMES PER WEEK..... 1
- NUMBER OF TIMES PER MONTH..... 2
- REFUSED.....-7

DON'T KNOW.....-8

HC4. When the homemaker comes, how many hours of help {do you/does s/he} receive?

(SHCHRS)

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?

(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?

(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? Would (you/Name of Participant) say...

(HCARATE)

Excellent,.....1

Very good,..... 2

Good,..... 3

Fair, or..... 4

Poor?..... 5

REFUSED.....-7

DON'T KNOW.....-8

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 at home?..... 1 2 -7 -8
(HCSTAYHM)

**GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE:
ADDITIONAL SERVICE LIST MODULE; USDA FOOD SECURITY, SOCIAL INTEGRATION, FALLS,
LIFE CHANGES, PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC
INTAKE MODULE.**

TRINTRO [PARTICIPANT]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or 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 [INTERPRETER]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} eligibility for services will not be affected by {NAME OF PARTICIPANT'S} decision to participate or 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 [PROXY]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} eligibility for services will not be affected by (his/her) decision to participate or 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	} Thank you for your time
REFUSED.....	-7	
DON'T KNOW.....	-8	

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
 - time**
 - DON'T KNOW.....-8
- } Thank you for your

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 transportation service {you receive/NAME OF PARTICIPANT receives} from {PROVIDER NAME/AGENCY NAME}.

[NEWTR1/OLD TR2] When was the last time {you/s/he} used this service? Was it...

(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
 - 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
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } GO TO THANK3

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

[NEWTR2/OLDTR1] About how long ago did {you/s/he} start using this transportation service? Was it...

(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

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
- ONLY USED IT ONCE/FOR A SHORT TIME
- [INTERVIEWER NOTE: IF RESPONDENT SAYS**
- THEY USED IT FOR A SHORT TIME]..... 5**
- OVER 1 YEAR AGO..... 6
- REFUSED.....-7
- DON'T KNOW.....-8

} GO TO THANK3

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..... 1
- 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} home 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

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.

		<u>Always</u>	<u>Usually</u>	<u>Sometime</u> <u>s</u>	<u>Seldom</u>	<u>Never</u>	<u>RF</u>	<u>DK</u>
(TRFRE05 - TRFRE17)								
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 vehicles 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

(TRFRE05 - TRFRE17) Always Usually Sometime
s Seldom Never RF DK

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?

(NEEDHLP)

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

} **GO TO TR15**

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

(GETHELP)

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?

(NEEDBHELP)

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

} **GO TO TR16**

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

(GETBHELP)

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

TR16. {Do you/Does NAME OF PARTICIPANT} use {your/his/her} transportation service to get to:
(TRACTA TO TRACTK)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
A. Doctors and health care providers?.....	1	2	-7	-8
B. Shopping?.....	1	2	-7	-8
[INTERVIEWER NOTE: INCLUDES HAIRDRESSER]				
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
K. Some other place?	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."

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

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

(AROUND)

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

TRINTRO3. 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
(TRRECOM)				

TR20. Do the services {you receive/s/he receives} help {you/NAME OF PARTICIPANT} continue to live at home?.	1	2	-7	-8
(TRSTAY)				

TRINTRO4. Now, I would like to ask if {you have/s/he has} a car or personal motor vehicle.

TR21. Is there a car or personal motor vehicle in working condition in {your/NAME OF PARTICIPANT'S} household?

(TRISCAR)

YES.....	1	} SKIP TR22
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

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

(TRDRIVE)

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

**GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE:
 ADDITIONAL SERVICE LIST MODULE; USDA FOOD SECURITY, FALLS, LIFE CHANGES, SOCIAL INTEGRATION, FALLS, PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE;
 DEMOGRAPHIC INTAKE MODULE.**

FAMILY CAREGIVER SURVEY (VERSION: JUNE, 2017)
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CGINTRO [CAREGIVER/PARTICIPANT]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. You and {CARE RECIPIENT'S} eligibility for services will not be affected by your decision to participate or by any answers you give.

CGINTROINT [INTERPRETER]. 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} and {CARE RECIPIENT'S} eligibility for services will not be affected by {NAME OF CAREGIVER'S} decision to participate or by any answers {s/he} gives

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

CGINTROPRX [PROXY]. 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. {His/Her} participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not

associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} and {CARE RECIPIENT'S} eligibility for services will not be affected by {NAME OF CAREGIVER'S} decision to participate or 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 CLOSING 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 CLOSING AND END INTERVIEW.
IF INTERPRETER WILL NOT DO INTERVIEW, GO TO CGALTCON. OTHERWISE, GO TO CGINTRO1.
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 }

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

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 SEX 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}?
Are you {Is he/she} his/her...

INTERVIEWER NOTE:

READ CATEGORIES IF NEEDED

(CGREL)

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

PROGRAMMER NOTE:

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

CGC. What is {CARE RECIPIENT'S} sex?

(CGPMF)

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

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.

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.

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.

CG2. 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	-7	-8
4. Preparing meals, doing laundry, or cleaning the house?.....	1	2	-7	-8
5. Local trips, such as going 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 CLOSE2.

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 CLOSING.

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

(COMM.COMMTEXT)

NONE.....	1	}	GO TO CLOSING
REFUSED.....	-7		
DON'T KNOW.....	-8		

OPEN-ENDED RESPONSES:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

The first few questions are about {your/his/her} caregiving experiences.

CG3. What prompted {you/NAME OF CAREGIVER} to contact [AGENCY NAME]?

(CGAGNAME)

- MEDICAL OR HEALTH ISSUE OR HOSPITALIZATION 1
- SPOUSE, SON/DAUGHTER, SIBLING, FRIEND
- NO LONGER ABLE TO HELP..... 2
- PAID CAREGIVER QUIT..... 3
- RECENTLY MOVED TO THE AREA..... 4
- NEED TRANSPORTATION..... 5
- JUST WANTED INFORMATION..... 6
- WAITING LIST..... 7
- INFORMATION AND ASSISTANCE (I&A)..... 8
- DON'T REMEMBER..... 9
- REFUSED.....-7
- DON'T KNOW.....-8

CG4. Please think about all of the health care professionals or service providers who give care or treatment to [CARE RECIPIENT'S NAME]. How easy or difficult is it for {you/him/her} to coordinate care between those providers?)

(CGCOORD)

- Very easy..... 1
- Somewhat easy..... 2
- Somewhat difficult..... 3
- Very difficult..... 4
- REFUSED.....-7
- DON'T KNOW.....-8
- NOT APPLICABLE.....-9

CG5. If [CARE RECIPIENT'S NAME] needed a greater amount of care would {you/NAME OF CAREGIVER} be able to increase {your/his/her} caregiving responsibilities?

(CGMORE)

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

CG6. How long {have you/has NAME OF CAREGIVER} been receiving caregiver support services?

(CGHOWLNG)

- 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

CG7. {Do you/Does/NAME OF CAREGIVER} know where to go to ask for respite care, which allows you a brief period of rest or relief while temporary care is provided to (CARE RECIPIENT'S NAME) either in {your/NAME OF CAREGIVER'S} home or {his/her} home or someplace else?

(KNOWRSPT)

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

CG8. {Have you/Has NAME OF CAREGIVER} attended caregiver education or training such as classroom or on-line courses?

(ATTNDTRN)

- YES..... 1 → **GO TO CG9**
- NO..... 2 → **GO TO CG8a**
- REFUSED.....-7 } **GO TO CG9**
- DON'T KNOW.....-8 }

CG8a. IF NO, {do you/does NAME OF CAREGIVER} have a need for caregiver education or training, such as classroom or on-line courses?

(NEEDEDU)

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

CG9. {Have you/has NAME OF CAREGIVER} attended counseling to assist with {your/his/her} specific caregiving situation?

(ATTNDCON)

YES..... 1 → **GO TO CG10**
NO..... 2 → **GO TO CG9a**
REFUSED.....-7 } **GO TO CG10**
DON'T KNOW.....-8 }

CG9a. IF NO, {Do you/does NAME OF CAREGIVER} have a need for counseling to assist with {you/his/her} specific caregiving situation?

(NEEDCON)

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

CG10. {Have you/has NAME OF CAREGIVER} attended caregiver support groups?

(ATTNDSUP)

YES..... 1 → **GO TO CG11**
NO..... 2 → **GO TO CG10a**
REFUSED.....-7 } **GO TO CG11**
DON'T KNOW.....-8 }

CG10a. IF NO, {Do you/Does NAME OF CAREGIVER} have a need for attending caregiver support groups?

(NEEDSUP)

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

CG11. In the last year, {have you/has NAME OF CAEGIVER} found financial help for care recipient including helping him/her apply for Medicaid?

(HELPPFIN)

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

CG12. Has the National Family Caregiver Support Program provided supplemental services such as...

(SUPPSRVA-SUPPSRVF)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Home modifications such as a ramp or grab bar?.....	1	2	-7	-8
b. Liquid nutritional supplements, such as Ensure, Boost, or Glucerna?.....	1	2	-7	-8
c. Walkers, canes, crutches, Hoyer Lift, microwaves?.....	1	2	-7	-8
d. Emergency response system, CPAP, apnea machines, hospital bed, a device to monitor wandering, or consumable supplies?.....	1	2	-7	-8
e. Money or a stipend?.....	1	2	-7	-8
f. Anything else? (SPECIFY: _____)	1	2	-7	-8

CG13. 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>RF</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

CG14. Have these caregiver services helped {you/her/him} to be a better caregiver?

(CGHELP)

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

CG15. 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

CG16. 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

CG17. 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

Now, I would like to ask you a few questions about {your/NAME OF CAREGIVER'S} employment.

CG18. Are you currently employed?

(CAREMP)

- YES..... 1 → **GO TO CG18a**
- NO..... 2
- REFUSED..... -7 } **GO TO CG19**
- DON'T KNOW..... -8 }

CG18a. Has providing care for [CARE RECIPIENT'S NAME] interfered with {your/the NAME OF CAREGIVER'S} job?

(CAREINTER)

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

CG19. Because of providing care for [NAME OF CARE RECIPIENT] care for, did {you/NAME OF CAREGIVER}...

(CRPROBA-CGPROBC)

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Take a less demanding job?.....	1.....	2.....	-7	-8
b. Change from full-time to part-time work/reduced {your/his/her} official working hours?.....	1.....	2.....	-7	-8
c. Lose some of {your/his/her} employment fringe benefits?.....	1	2	-7	-8
d. Have time conflicts between working and caregiving?.....	1.....	2.....	-7	-8
e. Use {your/his/her} vacation time to provide care?.....	1.....	2.....	-7	-8
f. Take a leave of absence to provide care?.....	1.....	2.....	-7	-8
g. Lose a promotion?.....	1.....	2.....	-7	-8
h. Work less than {your/his/her} normal number of hours last month?.....	1.....	2.....	-7	-8
g. Other?..... (SPECIFY:_____)	1.....	2.....	-7	-8

CG19a. (IF YES, TO ANY OF THE ABOVE) Did the caregiver support services helped {you/NAME OF CAREGIVER} deal with these work difficulties?

(CAREHLP)

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

IF NO TO ALL CG19 a to g GO TO CG21.

CG20. As a result of caregiving-related changes in [your/NAME OF CAEGIVER'S] employment or expenses, {have you/has he/she} had to...

(CGFINCLA-CGFINLJ)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Dip into {your/his/her} savings?.....	1.....	2	-7	-8
b. Take out a loan or increase {you/his/her}r level of credit card debt?.....	1.....	2	-7	-8
c. Cut back on {your/his/her} own spending for vacations or travel?.....	1.....	2	-7	-8
d. Cut back on {your/his/her} own spending for hobbies, going out to eat, movies, or other leisure activities?.....	1.....	2	-7	-8
e. Cut down on {your/his/her} own spending for groceries?.....	1	2	-7	-8
f. Cut back on {your/his/her} own spending on health care or dental care?.....	1.....	2	-7	-8
g. Cut back on {your/his/her} own spending for basic home maintenance?.....	1.....	2	-7	-8
h. Cut back on {your/his/her} own spending for necessities {you/he/she} have not already mentioned, such as clothing, transportation, or home utilities (home utilities include things such as electricity, water, and phone).....	1.....	2	-7	-8
i. Quit {your/his/her} job.....	1.....	2	-7	-8
j. Other?..... (SPECIFY: _____)	1.....	2	-7	-8

The following questions are about {your/NAME OF CAREGIVER'S} situation as a caregiver.

CG21. {I gain/NAME OF CAREGIVER gains} “no,” “some,” or “a lot” of satisfaction from performing {my/his/her} care tasks. Please select the response that that best fits {your/his/her} situation. Would you say...

(CGSATISA-CGSATISC)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. No satisfaction.....	1.....	2	-7	-8
b. Some satisfaction, or.....	1.....	2	-7	-8
c. A lot of satisfaction.....	1.....	2	-7	-8

CG22. In the last year {have you/has NAME OF CAREGIVER} paid for [CARE RECIPIENT'S NAME]...

(CGPAIDA-CGPAIDF)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Medications or medical care?.....	1.....	2	-7	-8
b. Insurance premiums or copayments?.....	1.....	2	-7	-8
c. Mobility devices, such as walkers, canes, or wheelchairs?.....	1	2	-7	-8
d. Features that have made [CARE RECIPIENT'S NAME] home safer, such as a railing or ramp, grab bars in the bathroom, a seat for the shower or tub or an emergency response system?.....	1.....	2	-7	-8
e. Any other assistive devices that make it easier or safer to do activities or do them on his/her own?.....	1.....	2	-7	-8
f. Other?..... (SPECIFY: _____)	1.....	2	-7	-8

Now, I am going to ask you about how {you feel/NAME OF CAREGIVER feels} these days.

CG23. How much of the time during the past four weeks {have you/has NAME OF CAREGIVER}...

(CGFEELA-CGFEELC)

	<u>All of the Time</u>	<u>Most of the Time</u>	<u>Some of the Time</u>	<u>A little of the Time</u>	<u>None of the Time</u>	<u>RF</u>	<u>DK</u>
a. Felt calm and peaceful?.....	1	2	3	4	5	-7	-8
b. Have a lot of energy?.....	1	2	3	4	5	-7	-8
c. Felt downhearted and depressed?.....	1	2	3	4	5	-7	-8

Now, I am going to ask you about how caregiving fits in with {your/NAME OF CAREGIVER'S} other activities. Please select the situation that best fits your answer.

CG24. Regarding {your/NAME OF CAREGIVER'S} present social activities, {do you/does NAME OF CAREGIVER} feel that {you are/he/she is} doing...

(CGACT)

About enough.....	1
Too much.....	2
Would like to be doing more.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

CG25. {Have your/has NAME OF CAREGIVER’S} social opportunities increased since {you/he/she} became involved with [PROVIDER AGENCY NAME] services?

(CGOPPINC)

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

Now, I am going to ask you a series of questions about caregiving. For each of these answers, select “always,” “usually,” “sometimes,” “rarely,” or “never.”

CG26. How often does caregiving prevent {you/NAME OF CAREGIVER} from having enough time for {yourself/himself/herself}?

(CGTIME)

- Always..... 1
- Usually..... 2
- Sometimes..... 3
- Rarely..... 4
- Never..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

CG27. How often does caregiving prevent {you/NAME OF CAREGIVER} from having enough time for {your/his/her} family?

(CGFAMILY)

- Always..... 1
- Usually..... 2
- Sometimes..... 3
- Rarely..... 4
- Never..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

CG28. How often does caregiving conflict with {your/NAME OF CAREGIVER’} social life?

(CGSOCIAL)

- Always..... 1
- Usually..... 2
- Sometimes..... 3

Rarely..... 4
 Never..... 5
 REFUSED.....-7
 DON'T KNOW.....-8

CG29. How often does being a caregiver for the person {you care/NAME OF CAREGIVER cares} for give {you/NAME OF CAREGIVER} the joy of spending time with someone {you care/he/she/cares} about?

(CGJOY)

Always..... 1
 Usually..... 2
 Sometimes..... 3
 Rarely..... 4
 Never..... 5
 REFUSED.....-7
 DON'T KNOW.....-8

CG30. How often does being a caregiver provide {you/NAME OF CAREGIVER} with a sense of accomplishment?

(CGACOMP)

Always..... 1
 Usually..... 2
 Sometimes..... 3
 Rarely..... 4
 Never..... 5
 REFUSED.....-7
 DON'T KNOW.....-8

CG31. How often does providing care for the person {you care/NAME OF CAREGIVER cares} for give {you/him/her} the satisfaction of knowing that they are receiving the care and attention they need?

(CGCARE)

Always..... 1
 Usually..... 2
 Sometimes..... 3
 Rarely..... 4
 Never..... 5
 REFUSED.....-7
 DON'T KNOW.....-8

CG32. How often {do you feel/does NAME OF CAREGIVER feel} that the person {you care/he/she} for appreciates the care that {you/he/she} are providing to {CARE RECIPIENT'S NAME}?

(CRAPREC)

- Always..... 1
- Usually..... 2
- Sometimes..... 3
- Rarely..... 4
- Never..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

CG33. As a caregiver, how often {do you/does NAME OF CAREGIVER} feel {you are/he/she is} fulfilling {your/his/her} duty by caring for the [CARE RECIPIENTS NAME]?

(CGDUTY)

- Always..... 1
- Usually..... 2
- Sometimes..... 3
- Rarely..... 4
- Never..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

For the next set of questions, I will ask you how true the statement is for {you/NAME OF CAREGIVER}..

CG34. {You/NAME OF CAREGIVER} can always manage to solve difficult problems if {you try he/she tries} hard enough. Would {you/he/she} say...

(CGSOLV)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG35. It is easy for {you/NAME OF CAREGIVER} to stick to {your/his/her} aims and accomplish {your/his/her} goals. Would {you/he/she say}...

(CGAIMS)

- Not at all true..... 1

- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG36. {You are/NAME OF CAREGIVER is} confident that {you/he/she} could deal efficiently with unexpected events. Would {you/he/she say}...

(CGEFF)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG37. Thanks to {your/NAME OF CAREGIVER'S} resourcefulness, {you/he/she} know how to handle unforeseen situations. Would {you/he/she} say...

(CGRESORC)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG38. {You/NAME OF CAREGIVER} can solve most problems if {you invest/he/she invests} the necessary effort. Would {you/he/she} say...

(CGSOLVE)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG39. {You/NAME OF CAREGIVER} can remain calm when facing difficulties because {you/he/she} can rely on {your/his/her} coping abilities. Would you {you/he/she} say...

(CGRELY)

- Not at all true..... 1

Hardly true.....	2
Moderately true.....	3
Exactly true.....	4
REFUSED.....	-7
DON'T KNOW.....	-8

CG40. When {you are/NAME OF CAREGIVER is} confronted with a problem {you/he/she} can usually find several solutions. Would {you/he/she} say...

(CGCONFRNT)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG41. If someone opposes {you/NAME OF CAREGIVER}, {you/he/she} can find the means and ways to get what {you/he/she} want. Would {you/he/she} say...

(CGWANT)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG42. If {you are/NAME OF CAREGIVER is} in trouble, {you/he/she} can usually think of a solution. Would {you/he/she} say...

(CGTRBL)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG43. {You/NAME OF CAREGIVER} can usually handle whatever comes {your/his/her} way. Would {you/he/she} say...

(CGHANDL)

- Not at all true..... 1
- Hardly true..... 2
- Moderately true..... 3
- Exactly true..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

The next set of questions are about {your/NAME OF CAREGIVER'S} health.

CG44. Compared to one year ago, how would {you/NAME OF CAREGIVER} rate {your/his/her} health in general now? Would {you/he/she} say...

(CGHEALTH)

- Much better..... 1
- Somewhat better..... 2
- About the same..... 3
- Somewhat worse..... 4
- Much worse..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

CG45. In the past month, have {you/NAME OF CAREGIVER} been bothered by pain?

(CGPAIN)

- YES..... 1 → **GO TO CG45a**
 - NO..... 2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **GO TO CG46**

CG45a. IF YES, in the last month how often has pain limited {your/NAME OF CAREGIVER'S} activities?

- Every day..... 1
- Most days..... 2
- Some days..... 3
- Rarely..... 4
- Never..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

CG46. In the past 12 months, {have you/has NAME OF CAREGIVER} been to see a doctor? Do not include going to the hospital emergency department.

(CGDOCTOR)

INTERVIEWER NOTE:
DOCTOR INCLUDES PHYSICIANS ASSISTANT OR NURSE PRACTITIONER

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

CG47. In the past 12 months, {have you/has NAME OF CAREGIVER} been to an urgent care center? Do not include going to the hospital or to the hospital emergency department.

(CGURGNT)

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

CG48. In the past 12, months, {have you/has NAME OF CAREGIVER} been to a hospital emergency department?

(CGER)

YES..... 1 → **GO TO CG48a**
NO..... 2 }
REFUSED.....-7 } **GO TO CG49**
DON'T KNOW.....-8 }

CG48a. In the past 12 months, how many times did {you/NAME OF CAREGIVER} go to a hospital emergency department?

(CGERNUMB)

|_|_| TIMES

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

CG49. In the past 12 months did {you/NAME OF CAREGIVER} have to stay overnight in a hospital?

(CGHOSP)

YES..... 1 → **GO TO CG49a**
NO..... 2 }
REFUSED.....-7 } **GO TO CG50**
DON'T KNOW.....-8 }

CG49a. If YES, how many times were {you/NAME OF CAREGIVER} hospitalized for one night or longer?

(CGHOSPN)

|_|_| TIMES

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

CG49b. If YES, how many total nights did {you/NAME OF CAREGIVER} spend in the hospital?

(CGHOSPNN)

|_|_|_| NIGHTS

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

CG50. In the past 12 months, did {you/NAME OF CAREGIVER} have to stay overnight in a nursing home or rehabilitation center?

(CGREHAB)

YES..... 1 → **GO TO CG50a**
NO..... 2 }
REFUSED.....-7 } **GO TO CG51**
DON'T KNOW.....-8 }

CG50a. If YES, how many times {have you/has NAME OF CAREGIVER} stayed in a nursing home or live in a rehabilitation center.

(CGREHABN)

|_|_|_| TIMES

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

CG51. Thinking about all the family members or friends who provide help, care, or supervision for [NAME OF CARE RECIPIENT], what proportion of the care {do you/does NAME OF CAREGIVER} provide during a typical week. Would {you/he/she} say...

(CGPORT)

Less than one-quarter..... 1
About one-quarter..... 2
About one-half..... 3
About three-quarters..... 4
All or almost all of the care..... 5
REFUSED.....-7
DON'T KNOW.....-8

The next questions ask about any thoughts {you/NAME OF CAREGIVER} have had about alternative types of care.

CG52. In the past six months, have {you/NAME OF CAREGIVER} ever considered a nursing home, boarding home, or assisted living for [NAME OF CARE RECIPIENT]?

(CGNH)

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

CG53. In the past six months, have {you/NAME OF CAREGIVER} felt that [NAME OF CARE RECIPIENT] would be better off in a nursing home, boarding home, or assisted living facility?

(CGNHBTR)

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

CG54. In the past six months, have {you/NAME OF CAREGIVER} discussed the possibility of a nursing home, boarding home, or assisted living with family members or others excluding [NAME OF CARE RECIPIENT]?

(NHCRDIS)

- YES..... 1 → **GO TO CG54a**
- NO..... 2 } **GO TO CG55**
- REFUSED.....-7 }
- DON'T KNOW.....-8 }

CG54a. If YES, in the past six months {have you/has the NAME OF CAREGIVER} discussed that possibility with the {NAME OF CARE RECIPIENT} care recipient?

(NHDISCR)

- YES..... 1 → **GO TO CG54b**
- NO..... 2 } **GO TO CG55**
- REFUSED.....-7 }
- DON'T KNOW.....-8 }

DON'T KNOW.....-8

CG57a. IF YES, what recommendations do {you/NAME OF CAREGIVER} have for improving the service?

(IMPRVSVC)

CG58. Overall, {do you/NAME OF CAREGIVER} feel like {you have/he/she has} enough support? (CGSUPP)

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

PROGRAMMER NOTE:
GO TO ADDITIONAL SERVICE LIST MODULE.

CG59. 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 } **GO TO CG59a**
REFUSED.....-7 }
DON'T KNOW..... -8 }

CG59a. 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.

CG60. 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

CG60a. Has a doctor ever told {you/NAME OF CAREGIVER} that {CARE RECIPIENT} has...

	(CGPFDSA - CGPFDSU AND CGPFDSOS)	<u>YES</u>	<u>NO</u>	<u>RE</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.	Allergies/asthma/emphysema/chronic bronchitis/other breathing and lung problems?.....	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

(CGPFDSA - CGPFDSU AND CGPFDSOS)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
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 BONES; SPRAINED 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: _____)					

CGOHINTRO. Now we would like to ask about the care recipient's oral or dental health (that is, the health of the care recipient's teeth and gums)...

CG61. About how long has it been since the care recipient last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 6 MONTHS OR LESS..... 1
- MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO..... 2
- MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO..... 3
- MORE THAN 2 YEARS, BUT NOT MORE THAN 3 YEARS AGO..... 4
- MORE THAN 3 YEARS, BUT NOT MORE THAN 5 YEARS AGO..... 5
- MORE THAN 5 YEARS AGO..... 6
- NEVER HAVE BEEN.....7
- REFUSED.....-7
- DON'T KNOW.....-8

HELP SCREEN: Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

CG62. During the past 12 months, was there a time when the care recipient needed dental care but could not get it at that time?

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

CG63. What were the reasons that the care recipient could not get the dental care he/she needed?
CODE ALL THAT APPLY

- COULD NOT AFFORD THE COST..... 1
- DID NOT WANT TO SPEND THE MONEY..... 2
- INSURANCE DID NOT COVER RECOMMENDED PROCEDURES..... 3
- DENTAL OFFICE IS TOO FAR AWAY..... 4
- DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES..... 5
- ANOTHER DENTIST RECOMMENDED NOT DOING IT 6
- AFRAID OR DO NOT LIKE DENTISTS..... 7
- UNABLE TO TAKE TIME OFF FROM WORK..... 8
- TOO BUSY..... 9
- DID NOT THINK ANYTHING SERIOUS WAS WRONG/ EXPECTED DENTAL PROBLEMS TO GO AWAY..10
- DID NOT HAVE TRANSPORTATION.....11
- OTHER.....91
- (SPECIFY: _____)
- REFUSED.....-7
- DON'T KNOW.....-8

CG64. Overall, how would you rate the health of {CARE RECIPIENT'S} teeth and gums?

- EXCELLENT..... 1
- VERY GOOD..... 2
- GOOD..... 3
- FAIR..... 4
- POOR..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

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.

CG65. Does {CARE RECIPIENT} have difficulty getting around inside the home?

(PFDINC)

- YES.....1
 - NO..... 2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **GO TO CG67**

CG66. {Does s/he} need the help of another person to perform this activity?

(PFDINBC)

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

CG67. Does {s/he} have difficulty going outside the home, for example to shop or visit a doctor's office?

(PFDFOUC)

YES..... 1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO CG68**

CG67a. Does {s/he} need the help of another person to perform this activity?

(PFDFOUBC)

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

CG68. Does {CARE RECIPIENT} have difficulty getting in or out of bed or a chair?

(PFBEDC)

YES.....1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO CG69**

CG68a. Does {s/he} need the help of another person to perform this activity?

(PFBEDBC)

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

CG69. Does {s/he} have difficulty when taking a bath or shower?

(PFBATHC)

YES.....	1	} GO TO CG70
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG69a. Does {s/he} need the help of another person to perform this activity?

(PFBATHBC)

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

CG70. Does {CARE RECIPIENT} have difficulty when dressing?

(PFDRESC)

YES.....	1	} GO TO CG71
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG70a. Does {s/he} need the help of another person to perform this activity?

(PFDRESBC)

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

CG71. Does {s/he} have difficulty when walking?

(PFWALKC)

YES.....	1	} GO TO CG72
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG71a. Does {s/he} need the help of another person to perform this activity?

(PFWALKBC)

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

CG72. Does {CARE RECIPIENT} have difficulty eating?

(PFEATC)

YES.....1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO CG73**

CG72a. Does {s/he} need the help of another person to perform this activity?

(PFEATBC)

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

CG73. Does {s/he} have difficulty using the toilet or getting to the toilet?

(PFWCC)

YES.....1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO CG74**

CG73a. Does {s/he} need the help of another person to perform this activity?

(PFWCBC)

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

CG74. Does {CARE RECIPIENT} have difficulty keeping track of money or bills?

(PFDLRC)

YES.....	1	} GO TO CG75
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG74a. Does {s/he} need the help of another person to perform this activity?

(PFDLRBC)

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

CG75. Does {s/he} have difficulty preparing meals?

(PFMEALC)

YES.....	1	} GO TO CG76
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG75a. Does {s/he} need the help of another person to perform this activity?

(PFMEALBC)

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

CG76. Does {CARE RECIPIENT} have difficulty doing light housework, such as washing dishes or sweeping a floor?

(PFCLENC)

YES.....	1	} GO TO CG77
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG76a. Does {s/he} need the help of another person to perform this activity?

(PFCLNBC)

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

CG77. Does {s/he} have difficulty doing heavy housework, such as scrubbing floors or washing windows?

(PFHCLNC)

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

} **GO TO CG78**

CG77a. Does {s/he} need the help of another person to perform this activity?

(PFHCLNBC)

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

CG78. Does {s/he} have difficulty taking the right amount of prescribed medicine at the right time?

(PFTKDGC)

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

} **GO TO CG79**

CG78a. Does {s/he} need the help of another person to perform this activity?

(PFTKDGBC)

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

CG79. Does {CARE RECIPIENT} have difficulty using the telephone?

(PFFONEC)

YES.....	1	} GO TO CG80
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG79a. Does {s/he} need the help of another person to perform this activity?

(PFFONEBC)

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

CG80. Is there a car or personal motor vehicle in working condition in {CARE RECIPIENT'S} household?

(CGISCAR)

YES.....	1	} GO TO CG81
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG80a. Does {s/he} have difficulty driving a car or other personal motor vehicle?

(PFDRIVEC)

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

CG81. Is there a public bus or transit stop within three-quarters of a mile from {his/her} home?

(PFBUSC)

YES.....	1	} → GO TO CGINTRO10
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

CG81a. Does {s/he} have difficulty using this transportation?

(PFUSBSC)

YES.....	1
NO.....	2
REFUSED.....	-7 → GO TO CGINTRO10
DON'T KNOW.....	-8

CG81b. Does {s/he} need the help of another person to perform this activity?

(PFUSBSBC)

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

CGINTRO10. We are interested in knowing more about the demographic characteristics of people receiving services. All this information will be kept private to the extent allowed by law.

CG82. 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 CG83 ASKED AND RESPONSE IS 1, MALE OR 2, FEMALE, AUTOCODE CGDE2 AS 1, MALE OR 2, FEMALE—MATCH TO CG83-- AND SKIP TO CG84.

CG83. What is {CARE RECIPIENT'S} sex?

(CGPMF)

Male.....	1
Female.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

PROGRAMMER NOTE:

FOR CG84, SOFT RANGE = 0-5. HARD RANGE = 0-50. IF RESPONSE IS ZERO (0), -7 OR -8, SKIP TO MODULE 4. IF CG84 IS 1 OR MORE, ASK CG85.

CG84. How many persons total {are you/is NAME OF CAREGIVER} caring for not counting {CARE RECIPIENT}?

(CGMANY)

NUMBER|_|_|

REFUSED.....-7

DON'T KNOW.....-8

CG85. 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.....91

(SPECIFY:_____)

REFUSED.....-7

DON'T KNOW.....-8

**GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE:
ADDITIONAL SERVICE LIST MODULE; FALLS, SOCIAL INTEGRATION; DEMOGRAPHICS;
CLOSING**

ADDITIONAL SERVICE LIST MODULE (VERSION: JANUARY 2008)

**CASE MANAGEMENT IS CS16 (CSKNOW).
 CONGREGATE MEALS IS CNR26 (CMFRNDS).
 HOME DELIVERED MEALS QUESTION JUST PRIOR TO THIS MODULE IS HNR29 (HMFLBR2).
 HOMEMAKER IS HC9 (HCSTAYHM).
 TRANSPORTATION QUESTION JUST PRIOR TO THIS MODULE IS TR22 (TRDRIVE).
 FAMILY CAREGIVER QUESTION JUST PRIOR TO THIS MODULE IS CG51 (CGINF09).**

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 FAMILY 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}.

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
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?.....	1	2	-7	-8
[IF NEEDED: A lunch program or Congregate Meal 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)				
b. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Home delivered meals?.....	1	2	-7	-8
[IF NEEDED: Home Delivered Meals are meals that are usually delivered to eat at home and sometimes called Meals on Wheels]				
[IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.]				
(SVCHDM)				

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
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
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)	1	2	-7	-8
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: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCTRAN)	1	2	-7	-8
f. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received adult day care 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)	1	2	-7	-8
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)	1	2	-7	-8
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)	1	2	-7	-8

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
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)	1	2	-7	-8
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)	1	2	-7	-8
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)	1	2	-7	-8
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)	1	2	-7	-8
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)	1	2	-7	-8
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)	1	2	-7	-8
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

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

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}.

SVC3. 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?

(SVC3A TO SVC3D)

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
a. As a result of the services {you receive/s/he receives} {are you/is s/he} able to live independently?.....	1	2	-7	-8
(SVCIND)				
b. As a result of the services {you receive/s/he receives} {do you/does s/he} feel more secure?.....	1	2	-7	-8
(SVCSECUR)				
c. As a result of the services {you receive/s/he receives} {are you/is s/he} better able to care for {yourself/himself/herself}?.....	1	2	-7	-8
(SVCSELFC)				

d. Since you started receiving services, {do you/does s/he} have a better idea of how to get any additional help that {you need/s/he needs}?..... 1 2 -7 -8
(SVCIDEA)

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>Agree</u>	<u>Disagre</u> <u>e</u>	<u>RF</u>	<u>DK</u>
a. The people who give these services are generally courteous. Would {you/s/he} {s/he} say..... (SVCCURT)	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..... (SVC5UPOS)	1	2	-7	-8

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

(SVC5A TO SVC5D)	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
a. Food stamps?..... (SVC5A)	1	2	-7	-8
b. Energy Assistance?..... (SVC5B)	1	2	-7	-8
c. Medicaid?..... (SVC5C)	1	2	-7	-8
d. Housing Assistance?..... (SVC5D)	1	2	-7	-8

SVC6. {Do 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. {Do your/his/her} family or friends provide assistance that helps {you/NAME OF PARTICIPANT} stay at home?

(CSHOME)

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

PROGRAMMER NOTE:

**IF CASE MANAGEMENT, GO TO USDA MODULE.
IF CONGREGATE MEALS, GO TO USDAMODULE
IF HOME-DELIVERED MEALS, GO TO USDA MODULE
IF HOMEMAKER, GO TO USDA MODULE
IF TRANSPORTATION, GO TO USDA MODULE**

THEN GO TO FALLS MODULE.

NEED TO ASK UNLESS:

IF FAMILY CAREGIVER, GO TO FALLS MODULE

USDA MODULE

HH3. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for {you/NAME OF PARTICIPANT} in the last 12 months—that is, since last (name of current month).

The first statement is, "The food that {I/NAME OF PARTICIPANT} bought just didn't last, and {I/NAME OF PARTICIPANT} didn't have money to get more." Was that often, sometimes, or never true for (you/NAME OF PARTICIPANT) in the last 12 months?

(USDAH3)

Often true..... 1
Sometimes true..... 2
Never true..... 3
REFUSED.....-7
DON'T KNOW.....-8

HH4. "{I/NAME OF PARTICIPANT} couldn't afford to eat balanced meals." Was that often, sometimes, or never true for {you/NAME OF PARTICIPANT} in the last 12 months?

(USDAH4)

Often true..... 1
Sometimes true..... 2
Never true..... 3
REFUSED.....-7
DON'T KNOW.....-8

AD1. In the last 12 months, since last (name of current month), did {you/you or other adults/NAME OF PARTICIPANT/or other adults in your/his/her household} ever cut the size of {your/his/her} meals or skip meals because there wasn't enough money for food?

(USDAAD1)

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

FALLS

HC14. In the last month, {have you/has NAME OF PARTICIPANT/has NAME OF CAREGIVER} fallen down?

(NHATSHC14)

YES..... 1 → **GO TO HC18**
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8

HC15. In the last month, did {you/NAME OF PARTICIPANT/did NAME OF CAREGIVER} worry about falling down?

(NHATSHC15)

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

HC16. In the last month, did this worry ever limit {your/his/her} activities?

(NHATSHC16)

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

HC17. {In the last 12 months, since MONTH, YEAR} {have you/has NAME OF PARTICIPANT/has NAME OF CAREGIVER} fallen down?

IF NEEDED: By falling down we mean any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.

(NHATSHC17)

YES..... 1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO LIFECHNG1**

HC18. In the last 12 months/Since {LAST INT MONTH AND YEAR} {have you/has NAME OF PARTICIPANT/has NAME OF CAREGIVER} fallen down more than one time?

(NHATSHC18)

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

LIFE CHANGES

The next few questions are about any events that may have happened to you in the last year.

LIFECHNG1. In the last year, {have you/has NAME OF PARTICIPANT/has NAME OF CAREGIVER} experienced any significant life events, such as an illness or death?

(NEW.LifeChanges)

- YES..... 1 → **GO TO LIFECHNG1a**
- NO.....2 } **GO TO UCLA1**
- REFUSED.....-7 }
- DON'T KNOW.....-8 }

LIFECHNG1a. What type of life events did {you/NAME OF PARTICIPANT} experience?

LIFECHNG2. Did any of these contribute to {you/NAME OF PARTICIPANT} seeking services?

(NWSESERV)

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

SOCIAL INTEGRATION

The next few questions are about {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} contact with other people.

UCLA1. First, how often do you feel that you lack companionship? Hardly ever, some of the time, or often?

(SIUCLA1)

- Hardly ever..... 1
- Some of the time..... 2
- Often..... 3
- REFUSED.....-7
- DON'T KNOW.....-8

UCLA2. How often {do you/does/NAME OF PARTICIPANT/NAME OF CAREGIVER} feel left out: Hardly ever, some of the time, or often?

(SIUCLA2)

- Hardly ever..... 1
- Some of the time..... 2
- Often..... 3
- REFUSED.....-7
- DON'T KNOW.....-8

UCLA3. How often {do you/does NAME OF PARTICIPANT/NAME OF CAREGIVER} feel isolated from others? Hardly ever, some of the time, or often?

(SIUCLA3)

- Hardly ever..... 1
- Some of the time..... 2
- Often..... 3
- REFUSED.....-7
- DON'T KNOW.....-8

HRS1. How often {do you/does NAME OF PARTICIPANT/NAME OF CAREGIVER} feel alone? (Is it hardly ever, some of the time, or often?)

(SIHRS1)

- Hardly ever..... 1
- Some of the time..... 2
- Often..... 3
- REFUSED.....-7

DON'T KNOW.....-8

IF FAMILY CAREGIVER, GO TO DEMOGRAPHIC INTAKE MODULE

PROGRAMMER NOTE:

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

UNLESS:

IF HMDAYS=5, GO TO MODULE 4, DEMOGRAPHIC INTAKE.

IF CMDAYS=5, GO TO MODUULE 4, DEMOGRAPHIC INTAKE.

IF HCDAYS=5 AND/OR HCMOFT=L, GO TO MODULE 4, DEMOGRAPHIC INTAKE.

IF TROFTEN=6 AND/OR TRDAYS=5, GO TO MODULE 4, DEMOGRAPHIC INTAKE.

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 THIS MODULE.

PFINTRO1. The next question is about {your/PARTICIPANT’S NAME} health. Please try to answer as accurately as you can.

SF1. In general, would you say {your/his/her} health is ... [READ RESPONSE OPTIONS]

(PFHLTH)

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/s/he} might do during a typical day. As I read each item, please tell me if {your/his/her} health now limits {you/him/her} you a lot, limits {you/him/her} a little, or does not limit {you/him/her} at all in these activities.

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

(SFMODACT)

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

SF2b. How about climbing several flights of stairs. Does {your/his/her} health now limit {you/him/her} a lot, limit {you/him/her} a little, or not limit {you/him/her} at all? [READ RESPONSE OPTIONS]

(SFCLIMB)

- 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/his/her} physical health and {your/his/her} daily activities.

SF3a. During the past four weeks, how much of the time {have you/has s/he} accomplished less than {you/s/he} would like as a result of {your/his/her} physical health? [READ RESPONSE OPTIONS]

(SFACCOMP)

- 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/was s/he} limited in the kind of work or other regular daily activities {you/she/he} did as a result of your physical health?

(SFLIMITD)

- 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

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

(SFEMOT)

- 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/he/she} 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]

(SFCAREFL)

- 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/his/her) normal work (including both work outside the home and housework)? [READ RESPONSE OPTIONS]

(SFPAIN)

- 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/he feels/she feels} and how things have been with {you/him/her} during the past four weeks.

As I read each statement, please give me the one answer that comes closest to the way {you have/he has/she has} 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/has s/he} felt calm and peaceful? [READ RESPONSE OPTIONS]

(SFCALM)

- 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/s/he} have a lot of energy? [READ RESPONSE OPTIONS]

(SFENERGY)

- 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/has he/has she} felt downhearted and depressed? [READ RESPONSE OPTIONS]

(SFDOWN)

- 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/his/her} physical health or emotional problems interfered with {your/his/her} social activities (like visiting friends, relatives, etc.)? [READ RESPONSE OPTIONS]

(SFINTERF)

- 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...

(SFHEALTH)

- 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...

(SFACTIVE)

- About enough,..... 1
- Too much, or..... 2
- {You/NAME OF PARTICIPANT} would like to be doing more?..... 3
- REFUSED.....-7

DON'T KNOW.....-8

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

(SFSOCIAL)

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

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 - PFDISU)

	<u>YES</u>	<u>NO</u>	<u>RE</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. Allergies/asthma/emphysema/chronic bronchitis/other breathing and lung problems?.....	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 BONES; SPRAINED MUSCLES; 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: _____)					

PF1a6-1. During the last 12 months, have you learned how to take care of {any or all of} your chronic {illness/illnesses} or medical {condition/conditions}?

(PFTKCARE)

- YES..... 1 → **GO TO PF1a6-2**
 - NO..... 2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **GO TO PF1a6-3**

PF1a6-2. During the last 12 months, how did you learn about taking care of {your/any or all of your} chronic {illness/illnesses} or medical {condition/conditions}? Did you...[CHECK ALL THAT APPLY]

	<u>YE</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
	<u>S</u>			
(PFPCARE - PFLEARN)				
a. Talk in person to a doctor/health professional within your primary care practice?.....	1....	2	-7	-8
(PFPCARE)				
b. Talk in person to a doctor/health professional not in your primary care practice?.....	1....	2	-7	-8
(PFNCARE)				
c. Speak on the telephone with a health professional?.....	1....	2	-7	-8
(PFPHON)				
d. Read about it on the Internet?.....	1....	2	-7	-8
(PFWEB)				
e. Take a group class?.....	1....	2	-7	-8
(PFCLASS)				
f. Learn in some other way?.....				
(SPECIFY: _____)	1	2	-7	-8
(PFLRN)				

PF1a6-3. Having {an illness/one or more illnesses} often means doing different tasks and activities to manage your {condition/conditions}. How confident are you that you can do all the things necessary to manage your chronic {illness/illnesses} or medical {condition/conditions} on a regular basis? Would you say you are... [READ RESPONSE OPTIONS]

(PFCONF)

- Not at all confident,..... 1
- A little confident,..... 2
- Moderately confident, or..... 3
- Very confident?..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

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

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

HLM1-OV. You told me {you take/NAME OF PARTICIPANT takes} {INSERT NUMBER OVER 10} prescription medications per day. Is that correct?

(HMDRCHK)

YES..... 1
NO..... 2
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

OHINTRO. Now we would like to ask about your oral or dental health (that is, the health of your teeth and gums)...

OHQ.030 About how long has it been since you last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 6 MONTHS OR LESS..... 1
- MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO..... 2
- MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO..... 3
- MORE THAN 2 YEARS, BUT NOT MORE THAN 3 YEARS AGO..... 4
- MORE THAN 3 YEARS, BUT NOT MORE THAN 5 YEARS AGO..... 5
- MORE THAN 5 YEARS AGO..... 6
- NEVER HAVE BEEN.....7
- REFUSED.....-7
- DON'T KNOW.....-8

HELP SCREEN: Dentist: Medical persons whose primary occupation is caring for teeth, gums, and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

OHQ.770 During the past 12 months, was there a time when you needed dental care but could not get it at that time?

- YES..... 1
 - NO..... 2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **GO TO OHQ.845**

OHQ.780 What were the reasons that you could not get the dental care you needed? **CODE ALL THAT APPLY**

- COULD NOT AFFORD THE COST.....10
- DID NOT WANT TO SPEND THE MONEY.....11
- INSURANCE DID NOT COVER RECOMMENDED PROCEDURES.....12
- DENTAL OFFICE IS TOO FAR AWAY.....13
- DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES.....14
- ANOTHER DENTIST RECOMMENDED NOT DOING IT 15
- AFRAID OR DO NOT LIKE DENTISTS.....16
- UNABLE TO TAKE TIME OFF FROM WORK.....17
- TOO BUSY.....18
- DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED DENTAL PROBLEMS TO GO AWAY.....19
- DID NOT HAVE TRANSPORTATION.....20
- OTHER.....91
- (SPECIFY: _____)
- REFUSED.....-7
- DON'T KNOW.....-8

OHQ.845 Overall, how would you rate the health of your teeth and gums?

- EXCELLENT..... 1
- VERY GOOD..... 2
- GOOD..... 3
- FAIR..... 4
- POOR..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

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
 - DON'T KNOW.....-8
- } **GO TO PF2**

PROGRAMMER NOTE:

INSERT MONTH AND DAY 30 DAYS PRIOR TO INTERVIEW DATE 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
DON'T KNOW.....-8

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
DON'T KNOW.....-8 } **GO TO PF3**

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

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
DON'T KNOW.....-8 } **GO TO PF4**

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

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

(PFBATH)

YES.....	1	} GO TO PF5
NO.....	2	
REFUSED.....	-7	
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

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

(PFDRES)

YES.....	1	} GO TO PF6
NO.....	2	
REFUSED.....	-7	
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

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

(PFWALK)

YES.....	1	} GO TO PF7
NO.....	2	
REFUSED.....	-7	
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

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

(PFEAT)

YES.....1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO PF8**

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

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

(PFWC)

YES.....1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO PF9**

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

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

(PFDLR)

YES.....	1	} GO TO PF10
NO.....	2	
REFUSED.....	-7	
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

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

(PFMEAL)

YES.....	1	} GO TO PF11
NO.....	2	
REFUSED.....	-7	
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

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

(PFCLLEN)

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

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

(PFLENB)

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

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
DON'T KNOW.....-8 } **GO TO PF13**

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

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

(PFTKDG)

YES.....1
NO..... 2
REFUSED.....-7
DON'T KNOW.....-8 } **GO TO PF13b**

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

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. {Does NAME OF PARTICIPANT} have difficulty using the telephone?

(PFFONE)

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

PF14b. {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-A. Is there a car or personal motor vehicle in working condition in your {his/her} household?

(PFISCAR)

YES.....	1	} GO TO PF16
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PF15-B. {Do you/Does s/he} have difficulty driving a car or personal motor vehicle?

(PFDRIVE)

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

PF16. Is there a public bus or transit stop within three-quarters of a mile from {your/his/her} home?

(PFBUS)

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

PF16B. {Do you/Does s/he} have difficulty using this transportation?

(PFUSEBUS)

- YES..... 1
 - NO..... 2
 - NEVER USES BUS..... 3
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **GO TO PF17aPF17a**

PF16BOV. {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

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 DEMOGRAPHIC INTAKE MODULE.

PF17A. You have said that {you need/NAME OF PARTICIPANT needs} the help of another person with ... [READ LIST OF ACTIVITIES PARTICULAR TO THIS CLIENT].

PF17B. We would like to know if family or friends provide help with these activities. If so, who provides the most help with these activities? Was it...

(FAMFRND)

- FAMILY, OR..... 1
- SOMEONE ELSE, LIKE A FRIEND, NEIGHBOR OR OTHER PERSON?..... 2
- DID NOT RECEIVE HELP FROM FAMILY/FRIENDS 3

PF17C. Which family member helps the most with these activities?

INTERVIEWER NOTE:

MARK ONLY ONE.

(WHOHELPS)

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.....	91
REFUSED.....	-7
DON'T KNOW.....	-8

GO TO DEMOGRAPHIC INTAKE MODULE

DEMOGRAPHIC INTAKE MODULE (VERSION: NOVEMBER 2013)

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

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. Your answers will be used only for the purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies any individuals to anyone outside the study team, except as required by law. Remember your answers are confidential and you don't have to answer any question you don't want to.

DE1. What is {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} sex?

(DEGENDR)

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

DE1a. Which of the following best represents how you think of yourself?

(ACISIM) or (ACISIF)

- Lesbian or Gay* 1
- Straight, that is, not lesbian or gay** 2
- Bisexual..... 3
- Something else..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

*For men, the category reads "gay" (ACISIM)

**For men, the category reads "straight, that is, not gay" (ACISIF)

DE2. We have {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} date of birth as {DISPLAY DATE}, is that correct?

(DEBDAY1)

- YES..... 1 → GO TO D3
- NO..... 2 → GO TO DE2UPDT
- REFUSED.....-7 } GO TO DE3
- DON'T KNOW.....-8 }

DE2UPDT. What is {your/NAME OF PARTICIPANT/NAME OF CAREGIVER} date of birth?

(DEBMM-DEBDD-DEBYYYY)

____/____/____
MM DD YYYY

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

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} Hispanic or Latino?

(DEHISP)

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

DE5. Which one or more of the following best describes {your/NAME OF PARTICPANT'S} race?
Would (you/s/he) say... (CODE ALL THAT APPLY. CTRL/P TO EXIT)

(DERACE1-6 DERAOS)

- White,..... 1
- Black or African American,..... 2
- Asian,..... 3
- American Indian or Alaska Native, or..... 4
- Native Hawaiian or other Pacific Islander..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

DE5a. {Have you/Did NAME OF PARTICIPANT/NAME OF CAREGIVER} ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard?

(DEVET)

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

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

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. Does anyone else live with {you/NAME OF PARTICIPANT/NAME OF CAREGIVER}?

(DELIVWI)

YES..... 1 → **GO TO DE8a**
NO..... 2 → **GO TO DE8b**
REFUSED.....-7 } **GO TO DE8a**
DON'T KNOW.....-8 }

DE8a. Do you/Does {NAME OF PARTICIPANT/NAME OF CAREGIVER}

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

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.

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 live/s/he lives} with {CARE RECIPIENT}. Please include {him/her} when you tell me how many live in the household."

	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

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

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
- Living with a partner..... 2
- Widowed..... 3
- Divorced..... 4
- Separated, or..... 5
- Never Married?..... 6
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE:

**IF DE8B (DEHHM) = 1, IN DE10, DE10A AND DE10B, 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. Thinking about the total combined income from all sources for all persons in this household, including income from jobs, Social Security, retirement income, public assistance, and all other sources was {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} total household annual income during the year [INSERT PAST CALENDAR YEAR] above or below \$20,000?

(DEINAB)

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

DE10a. Which category best describes {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} total household annual income during the year [INSERT PAST CALENDAR YEAR] Would {you/s(he)} say...

(DEINBEL)

- \$5,000 or less [\$417 OR LESS PER MONTH]..... 1
- \$5,001 - \$10,000 [\$418 - \$833 PER MONTH]..... 2
- \$10,001 - \$15,000, [\$834 TO \$1,250 PER MONTH]..... 3
- \$15,001 - \$20,000, [\$1,251 TO \$1,666 PER MONTH]..... 4

MONTH]?..... 4
 REFUSED.....-7
 DON'T KNOW.....-8

GO TO CLOSING

DE10b. Which category best describes {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} total household annual income during the year [INSERT PAST CALENDAR YEAR]? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say...

(DEINABOVB)

\$20,001 -\$25,000 [\$1,667 TO \$2,083
 PER MONTH]..... 1
 \$25,001 - \$30,000 [\$2,084 TO \$2,500
 PER MONTH]..... 2
 \$30,001 - \$35,000 [\$2,501 TO \$2,917]..... 3
 \$35,001 - 40,000 [\$2,918 TO \$3,333]..... 4
 \$40,001 - \$50,000, or \$3,334 TO \$4,167
 PER MONTH], or..... 5
 Over \$50,000? [\$4,168 PER MONTH OR
 MORE]?..... 6
 REFUSED.....-7
 DON'T KNOW.....-8

GO TO CLOSING

CLOSING (VERSION: JULY, 2017)

Those are all the questions I have for you today. We would like to call you back in 12 months to ask if there are any changes in your answers to these questions at that time, and we may ask you some new questions about timely topics such as nutrition, health care access, or your experiences with discrimination based on your age, sexual orientation, race, or other characteristics. In case we are unable to reach you in twelve months, can you give me the name of two friends or relatives that we could call to find out how to reach you or who can tell us how you are doing?

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

CONTACT #1:

IF YES: For your first contact, please tell me the name, address, and telephone number of your first contact.

[VERIFY SPELLING]

FIRST NAME: _____ LAST NAME: _____

[DO NOT ENTER P.O. BOX]

& STREET: _____

APT. # _____

CITY: _____ STATE: _____ ZIP CODE: _____

What is [FIRST NAME/LASTNAME'S] home telephone number?

HOME TELEPHONE NUMBER: (XXX) XXX-XXXX

CONTACT #2:

IF YES: Please tell me the name, address, and telephone number of your second contact to allow us to find your contact information.

[VERIFY SPELLING]

FIRST NAME: _____ LAST NAME: _____

[DO NOT ENTER P.O. BOX]

& STREET: _____

APT. # _____

CITY: _____ STATE: _____ ZIP CODE: _____

What is [FIRST NAME/LASTNAME'S] home telephone number?

HOME TELEPHONE NUMBER: (XXX) XXX-XXXX

READ: CLOSING

Thank you very much for your help with this important national survey. We appreciate your time. We will send you a reminder about the interview a year from now.