Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			HOME HEALTH UTILIZATION QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT If INTTYPE in(C001, C004), administer after HHS. If INTTYPE in(C002, C005, C006, C007, C009, C010) administer after IUQ.		
HHPRPROF	HH1	yes/no	SHOW CARD HH1 (Besides what you have already mentioned,) [(Since/since) (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you been/has (SP) been/was (SP)] helped at home by any (other) health or medical professionals, such as those listed on this card? [Health professionals include nurse (visiting nurse, private duty nurse, etc.), doctor, social worker, therapist, and hospice worker.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP. DO NOT DISPLAY. DATA EDITING ONLY. (-8) DON'T KNOW (-9) REFUSED	(01) HH2 - PROVIDER_HHP (02) HH18 - HHPRFRND (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) HH18 - HHPRFRND (-9) HH18 - HHPRFRND
PROVIDER_HHP	HH2	roster	What is the name of the health professional who helped [you/(SP)] at home [since (REFERENCE DATE/UTILDATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF PLACE OR ORGANIZATION. [ADD OR SELECT ONLY ONE PROVIDER IF DIFFERENT PEOPLE COME FROM THE SAME ORGANIZATION, PROBE FOR THE PERSON WHO USUALLY COMES OR WHO COMES MOST OFTEN.]	(01) CONTINUOUS ANSWER	BOX HH1AAA
	BOX HH1AAA	routing	IF (HOME HEALTH PROVIDER WAS ADDED AT HH2) OR (AN EXISTING PROVIDER WAS SELECTED AT HH2 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH3 - PROVSPEC. ELSE GO TO BOX HH1BBB.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PROVSPEC	HH3	code one	What kind of health professional is (PROVIDER NAME)? [SELECT THE RESPONSE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY. IF THE RESPONDENT NAMES A MEDICAL SPECIALTY NOT LISTED BELOW, BUT LISTED ON SHOWCARD AC1, SUCH AS 'CARDIOLOGY,' SELECT 'MEDICAL DOCTOR.']	(01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST (30) HOMEOPATH (31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) DON'T KNOW (-9) REFUSED	(01)-(34), (-8), (-9) HH4 - WORKSFOR (91) HH3 - PROVSPOS
PROVSPOS	HH3	text	OTHER MEDICAL PROVIDER (SPECIFY)		HH4 - WORKSFOR
WORKSFOR	HH4	code one	Who does (PROVIDER NAME) work for, that is, for what place or organization? [PROBE: Or does (PROVIDER NAME) work for himself/herself?]	(01) NAME OF ORGANIZATION GIVEN (02) WORKS FOR SELF (-8) DON'T KNOW (-9) REFUSED	(01) HH5 - PROVIDER_HHPORG (02) BOX HH1AA (-8) BOX HH1AA (-9) BOX HH1AA
PROVIDER_HHPORG	HH5	roster	[Who does (PROVIDER NAME) work for, that is, what place or organization?] [PROBE: Who would (you/SP) call if (PROVIDER NAME) did not show up?] ADD OR SELECT ONLY ONE PROVIDER. [DO NOT ADD A NEW ROSTER ENTRY IF A DIFFERENT PERSON CAME FROM AN ORGANIZATION ALREADY LISTED ON THE ROSTER.]	(01) CONTINUOUS ANSWER	BOX HH1AA
	BOX HH1AA	routing	IF HH4 - WORKSFOR = 1/OrganizationGiven, SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE HOME HEALTH ORGANIZATION SELECTED AT HH5, AND GO TO HH6 - HHPLACE. ELSE SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE PROVIDER SELECTED AT HH2, HH19, ST27 OR NS27, AND GO TO BOX HH1BB.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HHPLACE	HH6	code one	PROVIDER NAME: (PROVIDER NAME) What kind of place or organization is (PROVIDER NAME)?	(01) MANAGED CARE PLAN (SUCH AS HMO) (02) MEAL PROGRAM (SUCH AS MEALS ON WHEELS) (03) VISITING NURSE ASSOCIATION (04) HOME HEALTH AGENCY (05) HOSPITAL (06) PRIVATE PHYSICIAN/GROUP PRACTICE (07) HOSPICE (08) REHABILITATION OR SPORTS MEDICINE THERAPY (09) LOCAL GOVERNMENT ORGANIZATION (10) CHURCH OR COMMUNITY ORGANIZATION (11) ASSISTED LIVING/RETIREMENT HOME (91) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED	(01) BOX HH1BB (02) BOX HH1BBB (03) BOX HH1BB (04) BOX HH1BB (05) BOX HH1BB (06) BOX HH1BB (07) BOX HH1BB (08) BOX HH1BB (09) BOX HH1BB (10) BOX HH1BB (11) BOX HH1BB (91) HH6 - HHPLACOS (-8) BOX HH1BB (-9) BOX HH1BB
HHPLACOS	HH6	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	
	BOX HH1BBB	routing	SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE PROVIDER SELECTED AT HH2 OR HH19. IF TYPE OF HOME HEALTH PROVIDER ORGANIZATION IS A MEAL PROGRAM, GO TO HH7 - OTHMEALS. ELSE GO TO BOX HH1BB.		
OTHMEALS	HH7	yes/no	[Between (REFERENCE DATE/UTILDATE) and (today/DATE OF DEATH/ DATE OF INSTITUTIONALIZATION/ENDUTILD)], did (PROVIDER NAME) provide any services to [you/(SP)] other than delivering meals?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HH1BB
	BOX HH1BB	routing	IF TYPE OF HOME HEALTH PROVIDER IS A MEAL PROGRAM THAT DID NOT PROVIDE ANY OTHER SERVICES BESIDES MEALS, GO TO BOX HH3. ELSE IF (HOME HEALTH PROVIDER IS A FRIEND OR RELATIVE) OR (TYPE OF HOME HEALTH PROVIDER IS A LOCAL GOVERNMENT, CHURCH OR COMMUNITY ORGANIZATION), GO TO HH11 - HELPUNIT. ELSE GO TO BOX HH1.		
	BOX HH1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO HH8 - VAPLACE. ELSE GO TO BOX HH1A.		
VAPLACE	HH8	yes/no	Is [(PROVIDER NAME) associated with/(PROVIDER NAME)] a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HH1A
	BOX HH1A	routing	IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO HH10A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO HH10B - HMOREFER. ELSE GO TO HH11 - HELPUNIT.		
HMOASSOC	HH10A	yes/no	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HH11 - HELPUNIT (02) HH10B - HMOREFER (-8) HH10B - HMOREFER (-9) HH10B - HMOREFER
HMOREFER	HH10B	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	HH11 - HELPUNIT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HELPUNIT	HH11	quantity unit	[Between (REFERENCE DATE/UTILDATE) and (today/DATE OF DEATH/ DATE OF INSTITUTIONALIZATION/ENDUTILD)], how many times (has/did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] come to the home to help [you/(SP)]? [Remember to include all home health providers from (PROVIDER NAME).] [ENTER "TOTAL NUMBER OF TIMES" WHENEVER POSSIBLE.] [DO NOT ENTER VISITS SEPARATELY FOR PEOPLE WHO WORK FOR THE SAME ORGANIZATION.]	(01) TOTAL NUMBER OF TIMES (02) NUMBER OF TIMES PER DAY (03) NUMBER OF TIMES PER WEEK (04) NUMBER OF TIMES PER MONTH (-8) DON'T KNOW (-9) REFUSED	(01) HH11 - HELPNUM (02) HH11 - HELPNUM (03) HH11 - HELPNUM (04) HH11 - HELPNUM (-8) HH12 - STAYUNIT (-9) HH12 - STAYUNIT
HELPNUM	HH11	numeric		(01) CONTINUOUS ANSWER	HH12 - STAYUNIT
STAYUNIT	HH12	quantity unit	(Generally speaking, how long did/Generally speaking, how long does/How long did)[PROVIDER NAME)/someone from (PROVIDER NAME)] stay with [you/(SP)]? [INCLUDE TIME SPENT SHOPPING OR RUNNING ERRANDS.] [PROBE: We just need to know in general.]	(01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) DON'T KNOW (-9) REFUSED	(01) HH12 - STAYHOUR (02) HH12 - STAYMIN (03) HH12 - STAYHOUR (-8) HH13 - NEEDNURS (-9) HH13 - NEEDNURS
STAYHOUR	HH12	numeric		(01) CONTINUOUS ANSWER	If HH12 - STAYUNIT = 1/HoursOnly, go to HH13 - NEEDNURS. Else go to HH12 - STAYMIN.
STAYMIN	HH12	numeric		(01) CONTINUOUS ANSWER	HH13 - NEEDNURS
NEEDNURS	HH13	yes/no	SHOW CARD HH2 (Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help [you/(SP)] by giving any medical or nursing treatment, such as the things shown on this card? ["MEDICAL OR NURSING TREATMENT" MEANS SUCH THINGS AS APPLYING STERILE BANDAGES OR DRESSINGS, GIVING MEDICATIONS, TAKING BLOOD PRESSURE, GIVING SHOTS OR INJECTIONS.] [PROBE: We just need to know in general.]	(01) YES, AT LEAST ONE (02) NO (-8) DON'T KNOW (-9) REFUSED	HH14 - NEEDMEAL
NEEDMEAL	HH14	yes/no	SHOW CARD HH3 (Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help with [your/(SP's)] daily needs by doing things, such as the ones shown on this card? [HELP WITH DAILY NEEDS MEANS HELP IN USING THE TELEPHONE, DOING HOUSEWORK, PREPARING MEALS.] [PROBE: We just need to know in general.]	(01) YES, AT LEAST ONE (02) NO (-8) DON'T KNOW (-9) REFUSED	HH15 - NEEDCARE
NEEDCARE	HH15	yes/no	SHOW CARD HH4 (Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help with [your/(SP's)] personal care by doing things such as those shown on this card? [HELP WITH PERSONAL CARE MEANS HELP WITH BATHING, SHOWERING, DRESSING, EATING, WALKING, USING THE TOILET.] [PROBE: We just need to know in general.]	(01) YES, AT LEAST ONE (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HH3
	BOX HH3	routing	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST31B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS31B. ELSE IF CURRENTLY ADMINISTERING HHS, GO TO BOX HHS5. ELSE IF CURRENTLY ASKING ABOUT HOME HEALTH FRIENDS OR FAMILY, GO TO BOX HH6. ELSE IF HOME HEALTH PROVIDER WORKED FOR SELF, GO TO HH16 - HHPMORE. ELSE GO TO HH17 - HHPOMORE.		
HHPMORE	HH16	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you been/has (SP) been/was (SP)] helped at home by any other health professionals?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HH2 - PROVIDER_HHP (02) HH18 - HHPRFRND (-8) HH18 - HHPRFRND (-9) HH18 - HHPRFRND
HHPOMORE	HH17	yes/no	Other than the persons who (have) visited [you/(SP)] from (PROVIDER NAME) [or from the other(s) we've talked about], [have you been/has (SP) been/was (SP)] helped at home by any other health professionals [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/ AGENCY LISTED BELOW]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HH2 - PROVIDER_HHP (02) HH18 - HHPRFRND (-8) HH18 - HHPRFRND (-9) HH18 - HHPRFRND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HHPRFRND	HH18	yes/no	SHOW CARD HH5 (Besides what you have already talked about, [(Since/since) (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], because of health problems [have you/has (SP)/did (SP)] (received/receive) any personal care or help at home with daily needs from (any other) persons who (do/did) not live with (you/him/her), including home health aides, homemakers, friends, neighbors, or relatives?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP DO NOT DISPLAY. DATA EDITING ONLY. (-8) DON'T KNOW (-9) REFUSED	(01) HH19 - PROVIDER_HHF (02) BOX HH7 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX HH7 (-9) BOX HH7
PROVIDER_HHF	HH19	roster	Who helped [you/(SP)]? What is the name of the person who helped (you/him/her)? ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF THE PLACE OR ORGANIZATION. [SELECT OR ADD ONLY ONE PERSON. DO NOT ENTER A PERSON WHO LIVES WITH THE SP. IF DIFFERENT PEOPLE COME FROM THE SAME ORGANIZATION, PROBE FOR THE PERSON WHO USUALLY COMES OR WHO COMES MOST OFTEN.]	(01) CONTINUOUS ANSWER	BOX HH3AA
	BOX HH3AA	routing	IF (HOME HEALTH PROVIDER WAS ADDED AT HH19) OR (AN EXISTING PROVIDER WAS SELECTED AT HH19 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH20 - HHFTYPE. ELSE GO TO BOX HH1BBB.		
HHFTYPE	HH20	code one	Is (PROVIDER NAME) a friend or neighbor, a relative, or some other type of home health provider?	(01) FRIEND OR NEIGHBOR (02) RELATIVE (03) OTHER TYPE OF HOME HEALTH PROVIDER (-8) DON'T KNOW (-9) REFUSED	(01) BOX HH3A (02) HH21 - HHFRELAT (03) BOX HH3A (-8) BOX HH3A (-9) BOX HH3A
HHFRELAT	HH21	code one	How is (PROVIDER NAME) related to [you/(SP)]? [CLASSIFY ANY “STEP” RELATIONSHIP WITH THE RELATED “NON-STEP” RELATIONSHIP (E.G., STEP-DAUGHTER = DAUGHTER).]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER RELATIVE (92) OTHER NON-RELATIVE (-8) DON'T KNOW (-9) REFUSED	(02) BOX HH3A (03) BOX HH3A (04) BOX HH3A (05) BOX HH3A (06) BOX HH3A (07) BOX HH3A (08) BOX HH3A (09) BOX HH3A (10) BOX HH3A (11) BOX HH3A (12) BOX HH3A (13) BOX HH3A (14) BOX HH3A (51) BOX HH3A (52) BOX HH3A (53) BOX HH3A (54) BOX HH3A (55) BOX HH3A (56) BOX HH3A (57) BOX HH3A (91) HH21 - HHFRELOS (92) HH21 - HHFRELOS (-8) BOX HH3A (-9) BOX HH3A
HHFRELOS	HH21	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HH3A
	BOX HH3A	routing	IF HH20 - HHFTYPE = 3/Other, DK, OR RF, GO TO HH3 - PROVSPEC. ELSE GO TO BOX HH1AA.		
	BOX HH6	routing	IF (HOME HEALTH PROVIDER IS A FRIEND OR RELATIVE) OR (HOME HEALTH PROVIDER WORKS FOR SELF), GO TO HH28 - HHFMORE. ELSE GO TO HH29 - HHFOMORE.		
HHFMORE	HH28	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HH19 - PROVIDER_HHF (02) BOX HH7 (-8) BOX HH7 (-9) BOX HH7

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HHFOMORE	HH29	yes/no	Other than the persons who have visited [you/(SP)] from (PROVIDER NAME) [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/AGENCY LISTED BELOW.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HH19 - PROVIDER_HHF (02) BOX HH7 (-8) BOX HH7 (-9) BOX HH7
	BOX HH7	routing	GO TO MPQ.		