

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List   | Routing   |
|---------------|----------------|---------------|---|---|---|
|               |                |               | <p><b>HOME HEALTH SUMMARY SPECIFICATIONS</b></p> <p><u>CRITERIA</u><br/>                     INTTYPE=C001, C004<br/>                     SPALIVE=ALL<br/>                     SEASON=ALL<br/>                     SPPROXY=SP or PROXY<br/>                     Other: R reported HH events in the previous round</p> <p><u>PLACEMENT</u><br/>                     Administer after IUQ.</p>   |   |   |
|               | BOX HHS1       | routing       | IF SP RECEIVED CARE FROM AT LEAST ONE HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A.<br>ELSE GO TO BOX HHS2   |   |   |
|               | BOX HHS1A      | routing       | CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT<br>GO TO HHS1 - PROFPROB.  |   |   |
| PROFPROB      | HHS1           | yes/no        | We recorded that [you/(SP)] had been helped at home by (someone from) [READ PROVIDER BELOW] between (SUMMUTIL) and (REFERENCE DATE). Has (anyone from) [READ PROVIDER BELOW] helped [you/(SP)] at home [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH)/ (DATE OF INSTITUTIONALIZATION/ENDUTILD)]?<br><br>[IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.]  | (01) YES<br>(02) NO<br>(03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND<br>(-8) Don't Know<br>(-9) Refused | (01) BOX HHS3<br>(02) BOX HHS5<br>(03) BOX HHS5<br>(-8) BOX HHS5<br>(-9) BOX HHS5 |
|               | BOX HHS2       | routing       | IF SP RECEIVED HOME HEALTH CARE FROM AT LEAST ONE FRIEND OR RELATIVE DURING THE PREVIOUS ROUND, GO TO BOX HHS2A.<br>ELSE GO TO BOX HHS6.  |   |   |
|               | BOX HHS2A      | routing       | CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT<br>GO TO HHS2 - FRNDPROB.  |   |   |
| FRNDPROB      | HHS2           | yes/no        | We recorded that [you/(SP)] had received personal care or help with daily needs at home from (someone from) [READ PROVIDER BELOW] between (SUMMUTIL) and (REFERENCE DATE). [Have you/Has (SP)] received personal care or help with daily needs at home from (anyone from) [READ PROVIDER BELOW] [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH)/ (DATE OF INSTITUTIONALIZATION/ENDUTILD)]?<br><br>[IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.] | (01) YES<br>(02) NO<br>(03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND<br>(-8) Don't Know<br>(-9) Refused | BOX HHS3  |
|               | BOX HHS3       | routing       | IF TYPE OF HOME HEALTH PROVIDER ORGANIZATION IS A MEAL PROGRAM, GO TO HHS3 - OTHMEALS.<br>ELSE GO TO BOX HH1BB  |   |   |
| OTHMEALS      | HHS3           | yes/no        | Since (REFERENCE DATE/UTILDATE), has (PROVIDER NAME) provided any services to [you/(SP)] other than delivering meals?   | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused  | (01) BOX HH1BB<br>(02) BOX HHS5<br>(-8) BOX HHS5<br>(-9) BOX HHS5                 |
|               | BOX HHS5       | routing       | IF ASKING ABOUT HOME HEALTH PROFESSIONALS FROM THE PREVIOUS ROUND, THEN<br>IF SP RECEIVED CARE FROM ANOTHER HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A.<br>ELSE GO TO BOX HHS2.<br>ELSE IF ASKING ABOUT HOME HEALTH CARE FROM A FRIEND OR RELATIVE FROM THE PREVIOUS ROUND, THEN<br>IF SP RECEIVED HOME HEALTH CARE FROM ANOTHER FRIEND OR RELATIVE DURING THE PREVIOUS ROUND, GO TO BOX HHS2A.<br>ELSE GO TO BOX HHS6.  |   |   |
|               | BOX HHS6       | routing       | GO TO HHQ.  |   |   |