Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			HOME HEALTH SUMMARY SPECIFICATIONS CRITERIA INTTYPE=C001, C004 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: R reported HH events in the previous round PLACEMENT Administer after IUQ.		
	BOX HHS1	routing	IF SP RECEIVED CARE FROM AT LEAST ONE HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A. ELSE GO TO BOX HHS2		
	BOX HHS1A	routing	CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT 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)]? [IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.]	(01) YES (02) NO (03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND (-8) Don't Know (-9) Refused	(01) BOX HHS3 (02) BOX HHS5 (03) BOX HHS5 (-8) BOX HHS5 (-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. ELSE GO TO BOX HHS6.		
	BOX HHS2A	routing	CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT 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]? [IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.]	(01) YES (02) NO (03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND (-8) Don't Know (-9) Refused	BOX HHS3
	BOX HHS3	routing	IF TYPE OF HOME HEALTH PROVIDER ORGANIZATION IS A MEAL PROGRAM, GO TO HHS3 - OTHMEALS. 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 (02) NO (-8) Don't Know (-9) Refused	(01) BOX HH1BB (02) BOX HHS5 (-8) BOX HHS5 (-9) BOX HHS5
	BOX HHS5	routing	IF ASKING ABOUT HOME HEALTH PROFESSIONALS FROM THE PREVIOUS ROUND, THEN IF SP RECEIVED CARE FROM ANOTHER HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A. ELSE GO TO BOX HHS2. ELSE IF ASKING ABOUT HOME HEALTH CARE FROM A FRIEND OR RELATIVE FROM THE PREVIOUS ROUND, THEN IF SP RECEIVED HOME HEALTH CARE FROM ANOTHER FRIEND OR RELATIVE DURING THE PREVIOUS ROUND, GO TO BOX HHS2A. ELSE GO TO BOX HHS6.		
	BOX HHS6	routing	GO TO HHQ.		