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, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT If INTTYPE in (C001, C002, C004, C005, C006, C007, C010) administer after IUQ.		
HHPRPROF	HH1	yes/no	SHOW CARD HH1 (At the time of the last interview, [you/(SP)] indicated that [you/(SP)] had been helped at home by a health or medical professional.) [(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? (This may include health or medical professionals reported in prior interviews.) [Health professionals include nurse (visiting nurse, private duty nurse, etc.), doctor, social worker, therapist, hospice worker, home health aides, and those who provide homemaker services.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP. DO NOT DISPLAY. DATA EDITING ONLY. (-8) DON'T KNOW (-9) REFUSED	(01) HH4-PROFWORK (02) HH18 - HHPRFRND (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) HH18 - HHPRFRND (-9) HH18 - HHPRFRND
PROFWORK	HH4	code one	Does this health or medical professional work for a place or organization? [PROBE: Or does this health or medical professional work for himself/herself?]	(01) WORKS FOR ORGANIZATION (02) WORKS FOR SELF (-8) DON'T KNOW (-9) REFUSED	(01) HH5-PROVIDER_HHPORG (02) HH2-PROVIDER_HHP (-8) HH2-PROVIDER_HHP (-9) HH2-PROVIDER_HHP
PROVIDER_HHPORG	HH5	roster	What is the name of the home health place or organization who helped [you/(SP)] at home [since (REFERENCE DATE/UTILDATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? [PROBE: Who would (you/SP) call if the home health provider did not show up?] ADD OR SELECT ONLY ONE PROVIDER. ENTER THE NAME OF THE PLACE OR ORGANIZATION RATHER THAN AN INDIVIDUAL PROVIDER. ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. [DO NOT ADD A NEW ROSTER ENTRY IF A DIFFERENT PERSON CAME FROM AN ORGANIZATION ALREADY LISTED ON THE ROSTER.]	(01) CONTINUOUS ANSWER [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] N+1. ADD ANOTHER N+2. NEED TO EDIT SPELLING OF EXISTING PROVIDER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	(01-N) BOX HH1AAA (N+1) PROVNAME-HH5 (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX HH1AAA. ELSE IF "ADD ANOTHER" SELECTED, GO TO PROVNAME-HH5 ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL.
PROVNAME	HH5	verbatim	[PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER THE NAME OF THE PLACE OR ORGANIZATION RATHER THAN AN INDIVIDUAL PROVIDER. [DO NOT ADD A NEW ROSTER ENTRY IF A DIFFERENT PERSON CAME FROM AN ORGANIZATION ALREADY LISTED ON THE ROSTER.] YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY. NAME:		BOX HH1AAA

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CHNGSPL	CHNGSPL	roster	WHICH PROVIDER IS MISSPELLED? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISSPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	CRCTSPL-CRCTSPL
CRCTSPL	CRCTSPL	verbatim	WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." [DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL] NAME:	(01) [Continuous Answer]	BOX HH1AAA
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. ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER.	(01) CONTINUOUS ANSWER [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	(01-N) BOX HH1AAA (N+1) PROVNAME-HH2 (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX HH1AAA ELSE IF "ADD ANOTHER" SELECTED, GO TO PROVNAME-HH2 ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL.
PROVNAME	HH2	verbatim	[PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF PLACE OR ORGANIZATION. YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY. NAME:		BOX HH1AAA
CHNGSPL	CHNGSPL	roster	WHICH PROVIDER IS MISSPELLED? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISSPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	CRCTSPL-CRCTSPL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CRCTSPL	CRCTSPL	verbatim	WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." [DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL] NAME:	(01) [Continuous Answer]	BOX HH1AAA
	BOX HH1AAA	routing	IF (HOME HEALTH PROVIDER WAS ADDED AT HH2 OR HH5) OR (AN EXISTING PROVIDER WAS SELECTED AT HH2 OR HH5 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH3 - PROVSPEC. ELSE GO TO BOX HH1BBB.		
PROVSPEC	HH3	code one	What kind of health professional [is (PROVIDER NAME)/did [you/(SP)] see from (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 MPQ JOB AID 1, 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) BOX HH1AA (91) HH3 - PROVSPOS
PROVSPOS	HH3	text	OTHER MEDICAL PROVIDER (SPECIFY)		BOX HH1AA
	BOX HH1AA	routing	IF HH4 -PROFWORK = 1/Works for Organization, 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, HH5, 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-EVENT. 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-EVENT.		
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- EVENT (02) HH10B - HMOREFER (-8) HH10B - HMOREFER (-9) HH10B - HMOREFER

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 -EVENT
EVENT	HH11	roster	When did [you/(SP)] see [(PROVIDER NAME)/(someone from (PROVIDER NAME))]? Please tell me all the dates [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] IF R HAD 5 OR MORE VISITS FROM THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY.	(01) [Continuous answer.]	HH12-HPADD
HPADD	HH12	choose one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) HH11 -EVENT (02) HH13-NEEDNURS
NEEDNURS	HH13	yes/no	SHOW CARD HH2 (Generally speaking, did/Generally speaking, does)[(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) [(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) [(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 HH2
	BOX HH2	routing	IF EXISTING PROVIDER SELECTED at HH2-PROVIDER_HHP, HH5-PROVIDER_HHPORG, HH19-PROVIDER_HHF, or ST13-PROVIDER_STDATE, GO TO BOX HH3. ELSE IF "ADD ANOTHER" SELECTED at HH2-PROVIDER_HHP, HH5-PROVIDER_HHPORG, HH19-PROVIDER_HHF, or or ST13-PROVIDER_STDATE, GO TO HH15A-ATNDPHYS.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ATNDPHYS	HH15A	text	To be eligible for Medicare home health services, a beneficiary must be under the care of a physician who decides home health services are necessary. What is the complete name of the physician who determined that [you/SP] should receive home health services? [IF NEEDED: This physician can also be referred to as the attending physician.] [IF THE RESPONDENT DOES NOT RECEIVE HOME HEALTH SERVICES THROUGH MEDICARE, SELECT NOT APPLICABLE. IF THE RESPONDENT DOES NOT KNOW THE NAME OF THE PHYSICIAN, SELECT DON'T KNOW.] [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] (01) continuous answer (996) NOT APPLICABLE/RESPONDENT DOES NOT RECEIVE HOME HEALTH SERVICES THROUGH MEDICARE (-8) Don't Know (-9) Refused DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	BOX HH3
	BOX HH3	routing	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS33. ELSE IF CURRENTLY ASKING ABOUT HOME HEALTH FRIENDS OR FAMILY, GO TO HH28-HHFMORE. 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)HH4 -PROFWORK (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) HH4-PROFWORK (02) HH18 - HHPRFRND (-8) HH18 - HHPRFRND (-9) HH18 - HHPRFRND
HHPRFRND	HH18	yes/no	SHOW CARD HH5 (At the time of the last interview, [you/(SP)] indicated that, because of health problems, [you/(SP)] had received personal care or help at home with daily needs from a person who did not live with [you/(SP)].) (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 friends, neighbors, or relatives? (This may include friends, neighbors, or relatives reported in prior interviews.)	(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/(SP)]? ENTER NAME OF PERSON WHO HELPED. [SELECT OR ADD ONLY ONE PERSON. DO NOT ENTER A PERSON WHO LIVES WITH THE SP.] ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER.	(01) CONTINUOUS ANSWER [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02	(01-N) BOX HH3AA (N+1) PROVNAME-HH19 (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX HH3AA ELSE IF "ADD ANOTHER" SELECTED, GO TO PROVNAME-HH19 ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL.

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PROVNAME	HH19	verbatim	[PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF THE PLACE OR ORGANIZATION. NAME:		BOX HH3AA
CHNGSPL	CHNGSPL	roster	WHICH PROVIDER IS MISSPELLED? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISSPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	CRCTSPL-CRCTSPL
CRCTSPL	CRCTSPL	verbatim	WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." [DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL] NAME:	(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, neighbor, or a relative?	(01) FRIEND OR NEIGHBOR (02) RELATIVE (-8) DON'T KNOW (-9) REFUSED	(01) BOX HH1AA (02) HH21 - HHFRELAT (-8) BOX HH1AA (-9) BOX HH1AA
HHFRELAT	HH21	code one	How is (PROVIDER NAME) related to [you/(SP)]?	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(02) BOX HH1AA (56) BOX HH1AA (58) BOX HH1AA (59) BOX HH1AA (60) BOX HH1AA (61) BOX HH1AA (91) HH21 - HHFRELOS (-8) BOX HH1AA (-9) BOX HH1AA
HHFRELOS	HH21	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HH1AA
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/SP)?	(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.		