BOX_01
======

```
        --------------------------------------------------------
        |   IF COMING FROM WITHIN PERSON LOOP IN PROVIDER       |
        |   PROBES, CODE EV01 AUTOMATICALLY BY CAPI WITH THE    |
        |   CORRECT PERSON NAME AND GO TO EV02                  |
        --------------------------------------------------------


        --------------------------------------------------------
        |   OTHERWISE, CONTINUE WITH EV01                       |
        --------------------------------------------------------
```

EV01
====

```
        INTERVIEWER:  SELECT CORRECT PERSON FOR THIS EVENT.

        TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
        TO LEAVE, PRESS ESC.

        [1.  First Name,[Middle Name],Last Name-65] ...
        [2.  First Name,[Middle Name],Last Name-65] ...
        [3.  First Name,[Middle Name],Last Name-65] ...

                        [Code One]


        --------------------------------------------------------
        |   ROSTER DEFINITION:  THIS ITEM DISPLAYS THE         |
        |   RU-MEMBERS-ROSTER.                                 |
        --------------------------------------------------------
```

EV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: WHAT TYPE OF EVENT IS IT?

```
HOSPITAL STAY ......................... HS
HOSPITAL EMERGENCY ROOM ............... ER
HOSPITAL OUTPATIENT DEPARTMENT ........ OP
MEDICAL PROVIDER VISIT ................ MV
DENTAL CARE ........................... DN
HOME HEALTH ........................... HH {EV06}
OTHER MEDICAL EXPENSES ................ OM
INSTITUTIONAL/LONG TERM CARE STAY ..... IC
```

PRESS F1 FOR DEFINITION OF EVENT TYPES.

[Code One]

```
------------------------------------------------------
|IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO EV02A|
------------------------------------------------------
```

```
------------------------------------------------------
| IF ROUNDS 1, 2, OR 4 AND EV02 IS CODED 'OM',       |
| GO TO EV03                                          |
------------------------------------------------------
```

BOX_02
======

```
------------------------------------------------------
|  ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT   |
------------------------------------------------------
```

```
------------------------------------------------------
|  AT COMPLETION OF THE PV SECTION, GO TO BOX_03     |
------------------------------------------------------
```

EV02A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

INTERVIEWER: SELECT GROUP TYPE OF OTHER MEDICAL EXPENSE (OM)
EVENT YOU NEED TO ADD:

NOTE: ONLY ONE OM GROUP TYPE MAY BE ADDED AT THIS SCREEN.

        REGULAR (GLASSES OR CONTACTS, INSULIN,
           OTHER DIABETIC SUPPLIES) .... 1 {EV03}
        ADDITIONAL (E.G., AMBULANCE SERVICIES,
           ORTHOPEDIC ITEMS, HEARING DEVICES,
           MEDICAL EQUIPMENT, ETC.) .... 2 {EV03A}

                    [Code One]

EV03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

IF KNOWN, SELECT CORRECT OME ITEM GROUP.

OTHERWISE, ASK: Did (PERSON) obtain glasses or contact
lenses, insulin, or other diabetic equipment or supplies
since (START DATE)?

        GLASSES OR CONTACT LENSES 1
        INSULIN 2
        OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

                [Code All That Apply]

        | IF CODED '2' (INSULIN), ADD 'INSULIN' TO |
        | PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |

        | IF CODED '3' (OTHER DIABETIC EQUIPMENT OR |
        | SUPPLIES), ADD 'OTHER DIABETIC EQUIP/SUPPLIES' |
        | TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |

        | GO TO BOX_06 |

EV03A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}   JAN 01
DEC 31

SHOW CARD PP-4A OR PP-12

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

OTHERWISE, ASK: Looking at this card, what type of other
medical expenses did (PERSON) obtain, purchase or rent during
the calendar year 1996?

```
AMBULANCE SERVICES ........................ 1
ORTHOPEDIC ITEMS .......................... 2
HEARING DEVICES ........................... 3
PROSTHESES ................................ 4
BATHROOM AIDS ............................. 5
MEDICAL EQUIPMENT ......................... 6
DISPOSABLE SUPPLIES ....................... 7
ALTERATIONS/MODIFICATIONS ................ 8
OTHER .................................... 91
```

[Code All That Apply]

```
-----------------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH |
| ANY OTHER CODES, CONTINUE WITH EV03AOV             |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO BOX_06                            |
-----------------------------------------------------
```

EV03AOV
=======

         ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

             [Enter Other Specify] ....   {BOX_06}
             REF .... -7 {BOX_06}
             DK .... -8 {BOX_06}

BOX_03
======

             | IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04 |

             | OTHERWISE, GO TO EV05 |

EV04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EV} {STR-DT}
{END-DT}

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER
PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When (were/was) (PERSON) admitted to
and discharged from (PROVIDER)? Please tell me the dates of
all stays between (START DATE) and (END DATE).

IF NECESSARY, PROBE: On what date did (PERSON) enter
(PROVIDER)? On what date did (PERSON) leave (PROVIDER)?

IF STILL IN (PROVIDER), ENTER 95 IN MONTH FOR DISCHARGE DATE.

PROBE: Any other stays?

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

  [Enter Month,Day,Year-2] - [Enter Month,Day,Year-2] .....
  [Enter Month,Day,Year-2] - [Enter Month,Day,Year-2] .....
  [Enter Month,Day,Year-2] - [Enter Month,Day,Year-2] .....

```
 -------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM USES PERSON'S-         |
| MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS          |
| (DATE RANGES) THAT ARE EVENT TYPE HS OR EVENT        |
| TYPE IC, DEPENDING ON THE TYPE OF EVENT BEING        |
| ASKED ABOUT.                                         |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
| **PERSON'S EVENT ROSTER BEHAVIOR SPECIFICATIONS:**   |
|                                                      |
| 1.  THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED.    |
|     INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT      |
|     THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE      |
|     NUMBER OF EVENTS).                               |
| 2.  INTERVIEWER CAN DELETE AN EVENT THAT WAS         |
|     ENTERED ON THE SCREEN WHERE DELETE IS USED.      |
|     THAT IS, AS LONG AS THE INTERVIEWER HAS NOT      |
|     LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE    |
|     AN EVENT ENTERED IN ERROR.                       |
 -------------------------------------------------------
```

```
        --------------------------------------------------------
        |   REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS  |
        |   BUT ARE DISALLOWED IN THE MONTH FIELD.             |
        --------------------------------------------------------


        --------------------------------------------------------
        |   GO TO BOX_06                                       |
        --------------------------------------------------------
```


EV05
====

        {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
        PROVIDER......} {EV} {STR-DT}
        {END-DT}

        IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER
        PAIR WITH THE EVENT TYPE (EV).

        IF DATES NOT KNOWN, ASK: When did (PERSON) visit (PROVIDER)?
        Please tell me **all** the dates between (START DATE) and
        (END DATE).

        PROBE: Any other dates?

        TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
        TO LEAVE, PRESS ESC.

            [Enter Month,Day,Year-2] ....
            [Enter Month,Day,Year-2] ....
            [Enter Month,Day,Year-2] ....

        | ROSTER DEFINITION: THIS ITEM USES PERSON'S- |
        | MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS |
        | (DATES) THAT ARE THE SAME EVENT TYPE AND SAME |
        | PROVIDER AS THE EVENT BEING ASKED ABOUT. |

```
--------------------------------------------------------
| PERSON'S EVENT ROSTER BEHAVIOR SPECIFICATIONS:       |
|                                                      |
| 1.  THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED.    |
|     INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT      |
|     THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE      |
|     NUMBER OF EVENTS).                               |
| 2.  INTERVIEWER CAN DELETE AN EVENT THAT WAS         |
|     ENTERED ON THE SCREEN WHERE DELETE IS USED.      |
|     THAT IS, AS LONG AS THE INTERVIEWER HAS NOT      |
|     LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE    |
|     AN EVENT ENTERED IN ERROR.                       |
--------------------------------------------------------


--------------------------------------------------------
| REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS    |
| BUT ARE DISALLOWED IN THE MONTH FIELD.               |
--------------------------------------------------------


--------------------------------------------------------
| GO TO BOX_06                                         |
--------------------------------------------------------
```

EV06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

Thinking about the health care (PERSON) received at home, was
the person who provided the care a friend or neighbor,
a relative, a volunteer, or some type of provider who was paid?
**Please do not include health care received from friends
or relatives living here.**

PROBE: Do you have a brochure, folder, binder of papers,
telephone listing, or anything which might help?

NOTE: SELECT ONLY ONE TYPE OF PROVIDER AT THIS TIME.

        FRIEND/NEIGHBOR .... 1 {EV08}
        RELATIVE .... 2 {EV07}
        VOLUNTEER .... 3 {EV08}
        OTHER-PAID 4
        VOLUNTEERED: MEAL DELIVERY SERVICE .... 5 {BOX_06}

            PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

                        [Code One]

        | DISPLAY 'first' IF NO HH EVENTS ALREADY RECORDED |
        | FOR THIS PERSON DURING THE CURRENT ROUND. DISPLAY|
        | 'next' IF AT LEAST ONE OTHER HH EVENT RECORDED FOR|
        | THIS PERSON DURING THE CURRENT ROUND. |

        | IF CODED '5' (VOLUNTEERED: MEAL DELIVERY SERVICE),|
        | DO NOT CREATE AN EVENT RECORD. |

        | NOTE: IN ROUNDS 1 AND 2, QUESTION WAS WORDED, |
        | "Thinking about the health care (PERSON) received |
        | at home, was the {first/next} type of person who |
        | provided home care services to (PERSON) a friend |
        | or neighbor, a relative, a volunteer, or some type|
        | of provider who was paid? Please...here." ALSO, |
        | IN ROUNDS 1 AND 2, THE SENTENCE "Please...here." |
        | WAS NOT IN REVERSE VIDEO. |

EV06A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

Did this person **work** for a home health agency, hospital, or
nursing home or did they work for themselves?

PROBE: Do you have a brochure, folder, binder of papers,
telephone listing, or anything which might help?

        WORKED FOR AGENCY, HOSPITAL, OR
        NURSING HOME .... 1 {B0X_04}
        WORKED FOR SELF .... 2 {B0X_04}
        REF .... -7 {B0X_04}
        DK .... -8 {B0X_04}

                    [Code One]

EV07
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

What is the relationship of the relative who provided home
care services to (PERSON)?

IF MORE THAN ONE DAUGHTER/DAUGHTER-IN-LAW/SON/SON-IN-LAW, CODE
ONLY ONE AT THIS TIME AND TREAT EACH AS A SEPARATE HOME HEALTH
EVENT.

INCLUDE ALL OTHER TYPES OF RELATIVES AS ONE GROUP AND CODE
'OTHER-RELATIVE' ONLY ONE TIME.

        DAUGHTER .... 1 {BOX_04}
        DAUGHTER-IN-LAW .... 2 {BOX_04}
        SON .... 3 (BOX_04}
        SON-IN-LAW .... 4 {BOX_04}
        OTHER RELATIVE 5

                    [Code One]

EV07OV1
=======

CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO
PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

```
MOTHER ................................. 1
FATHER ................................. 2
SISTER ................................. 3
BROTHER ................................ 4
GRANDPARENT ............................ 5
GRANDCHILD ............................. 6
AUNT/UNCLE ............................. 7
NIECE/NEPHEW ........................... 8
COUSIN ................................. 9
OTHER ................................. 91
REF ................................... -7
DK .................................... -8
```

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

```
    -----------------------------------------------------
   |   IF EV07OV1 IS CODED '91' (OTHER), ALONE OR IN     |
   |   COMBINATION WITH ANY OTHER CODES, CONTINUE WITH   |
   |   EV07OV2                                           |
    -----------------------------------------------------


    -----------------------------------------------------
   |   OTHERWISE, GO TO EV08                             |
    -----------------------------------------------------
```

EV07OV2
=======

ENTER OTHER:

```
[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8
```

EV08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

How many different {friends or neighbors/volunteers/relatives,
other than daughters, daughters-in-law, sons, and sons-in-law}
provided home care services for (PERSON) since (START DATE)?

        [Enter Number-2] ....
        REF .... -7
        DK .... -8

                    [Code One]

```
---------------------------------------------------
|  DISPLAY 'friends or neighbors' IF EV06 IS CODED  |
|  '1' (FRIEND/NEIGHBOR).  DISPLAY 'volunteers' IF  |
|  EV06 IS CODED '3' (VOLUNTEER). DISPLAY 'relatives,|
|  other than daughters, daughters-in-law, sons, and |
|  sons-in-law' IF EV07 IS CODED '5'                |
|  (OTHER-RELATIVE).                                 |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF EV06 IS CODED '1' (FRIEND/NEIGHBOR):          |
|                                                   |
|  - ADD 'FRIEND/NEIGHBOR' TO THE                   |
|    RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-       |
|    PROVIDER NAME COLUMN.  NO ADDRESS INFORMATION  |
|    IS NECESSARY.                                   |
|                                                   |
|  - FLAG PROVIDER AS 'INFORMAL'.                   |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF EV06 IS CODED '3' (VOLUNTEER):                |
|                                                   |
|  - ADD 'VOLUNTEER' TO THE                         |
|    RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-       |
|    PROVIDER NAME COLUMN.  NO ADDRESS INFORMATION  |
|    IS NECESSARY.                                   |
|                                                   |
|  - FLAG PROVIDER AS 'INFORMAL'.                   |
---------------------------------------------------
```

```
------------------------------------------------------
|  IF EV07 IS CODED '5' (OTHER RELATIVE):            |
|                                                    |
|  - ADD 'OTHER RELATIVE' TO THE                     |
|    RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-       |
|    PROVIDER NAME COLUMN.  NO ADDRESS INFORMATION   |
|    IS NECESSARY.                                   |
|                                                    |
|  - FLAG PROVIDER AS 'INFORMAL'.                    |
------------------------------------------------------


------------------------------------------------------
|  GO TO BOX_05                                      |
------------------------------------------------------
```

BOX_04
======

```
------------------------------------------------------
|  ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT   |
------------------------------------------------------


------------------------------------------------------
|  AT COMPLETION OF THE PV SECTION, CONTINUE WITH    |
|  BOX_05                                            |
------------------------------------------------------
```

BOX_05
======

```
---------------------------------------------------
|  IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3'    |
|  (VOLUNTEER) AND ROUND 1, GO TO EV12              |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3'    |
|  (VOLUNTEER) AND NOT ROUND 1, GO TO EV13          |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF EV06 IS CODED '2' (RELATIVE), FLAG PROVIDER   |
|  JUST COLLECTED IN PV SECTION AS 'INFORMAL' AND   |
|  THEN GO TO EV13                                  |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF EV06A IS CODED '2' (WORKED FOR SELF), '-7'    |
|  (REFUSED), OR '-8' (DON'T KNOW), FLAG PROVIDER   |
|  JUST COLLECTED IN PV SECTION AS 'PAID INDEPENDENT'|
|  AND THEN GO TO EV10                              |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF EV06A IS CODED '1' (WORKED FOR AGENCY,        |
|  HOSPITAL, OR NURSING HOME), FLAG PROVIDER JUST    |
|  COLLECTED IN PV SECTION AS 'AGENCY' AND THEN      |
|  CONTINUE WITH EV09                               |
---------------------------------------------------
```

EV09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EV} {STR-DT}
{END-DT}

How many people from (PROVIDER) provided home care services for
(PERSON)?

```
     [Enter Number-2] ......................
     REF ................................. -7
     DK .................................. -8
```

                        [Code One]

       | IF ROUND 1, GO TO EV12 |

       | OTHERWISE, GO TO EV13 |

EV10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EV} {STR-DT}
{END-DT}

Is (PROVIDER) a companion, a professional homemaker, a home
health or nurse's aide, a health professional, or something
else?

PROBE: Health professionals include people like nurses, social
workers, therapists of any type.

```
COMPANION ............................... 1
DOMESTIC WORKER/HOUSE CLEANER .......... 2
HEALTH PROFESSIONAL .................... 3
HOMEMAKER .............................. 4
HOME HEALTH AIDE ....................... 5
NURSE'S AIDE ........................... 6
PERSONAL CARE ATTENDANT ................ 7
OTHER ................................. 91
REF ................................... -7
DK .................................... -8
```

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

```
-----------------------------------------------------
|  IF EV10 CODED '3' (HEALTH PROFESSIONAL), GO TO EV11|
|  IF EV10 IS CODED '91' (OTHER), CONTINUE WITH EV10OV|
|  IF EV10 NOT CODED '3' (HEALTH PROFESSIONAL),    OR |
|  '91' (OTHER), AND ROUND 1, GO TO  EV12            |
|  OTHERWISE,  GO TO EV13                            |
-----------------------------------------------------
```

EV10OV
======

ENTER OTHER:

     [Enter Other Specify] ....
     REF .... -7
     DK .... -8

    | IF ROUND 1, GO TO EV12 |

    | OTHERWISE, GO TO EV13 |

EV11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EV} {STR-DT}
{END-DT}

What type of health professional is (PROVIDER)?

```
DIETITIAN/NUTRITIONIST ................. 1
HOME HEATH AIDE ........................ 2
HOSPICE WORKER ......................... 3
I.V./INFUSION THERAPIST ................ 4
MEDICAL DOCTOR ......................... 5
NURSE/NURSE PRACTITIONER ............... 6
NURSE'S AIDE ........................... 7
OCCUPATIONAL THERAPIST ................. 8
PERSONAL CARE ATTENDANT ................ 9
PHYSICAL THERAPIST .................... 10
RESPIRATORY THERAPIST ................. 11
SOCIAL WORKER ........................ 12
SPEECH THERAPIST ..................... 13
OTHER ................................ 91
REF .................................. -7
DK ................................... -8
```

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

```
--------------------------------------------------------
| IF EV11 CODED '91' (OTHER), CONTINUE WITH EV11OV   |
--------------------------------------------------------


--------------------------------------------------------
| IF EV11 NOT CODED '91' (OTHER), AND ROUND 1,       |
| GO TO EV12                                         |
--------------------------------------------------------


--------------------------------------------------------
|  OTHERWISE,  GO TO EV13                            |
--------------------------------------------------------
```

EV11OV
======

ENTER OTHER:

[Enter Other Specify] ....
REF .... -7
DK .... -8

```
-------------------------------------------------------
| IF ROUND 1, CONTINUE WITH EV12                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
| OTHERWISE, GO TO EV13                               |
-------------------------------------------------------
```

EV12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EV} {STR-DT}
{END-DT}

Did {someone from} (PROVIDER) **ever** provide home care services
for (PERSON) before January 1, 1996?

YES 1
NO 2
REF .... -7
DK .... -8

[Code One]

```
-------------------------------------------------------
|  DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |
|  OTHERWISE, USE A NULL DISPLAY.                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  NOTE:  EV12 SHOULD ONLY BE ASKED IF ROUND 1.  IT  |
|  WAS, HOWEVER, ASKED IN ROUND 2, BUT NOT IN ROUND 3|
|  AND BEYOND.                                        |
-------------------------------------------------------
```

EV13
====

    {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
    PROVIDER......} {EV} {STR-DT}
    {END-DT}

    {Last time we recorded that (PERSON) received home care
    services from (PROVIDER) during some part of {PRV RD INTV MTH}.
    Did (PERSON) continue to receive home care services from
    (PROVIDER) during the rest of {PRV RD INTV MTH}?}

    Did {someone from} (PROVIDER) provide home care services for
    (PERSON) during the month of (MONTH)?

    How about in (MONTH)?

	Yes	No	REF	DK

EV13_01
=======

| {MONTH} | 1 | 2 | -7 | -8 |

EV13_02
=======

| {MONTH} | 1 | 2 | -7 | -8 |

EV13_03
=======

| {MONTH} | 1 | 2 | -7 | -8 |

EV13_04
=======

| {MONTH} | 1 | 2 | -7 | -8 |

```
-------------------------------------------------------
|  EV13 SCREEN DISPLAY SPECIFICATIONS:                |
|                                                     |
| 1. THE NUMBER AND NAMES OF THE MONTHS LISTED ARE    |
|    DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE   |
|    MONTH OF THE START DATE AND THE MONTH OF THE     |
|    END DATE FOR THIS PERSON.  FOR EXAMPLE, IF THE   |
|    START DATE IS JANUARY 1 AND THE END DATE IS      |
|    APRIL 10 FOR THIS PERSON'S REFERENCE PERIOD,     |
|    'JANUARY', 'FEBRUARY', 'MARCH', AND 'APRIL'      |
|    ARE DISPLAYED.  THAT IS, THE MONTHS ARE ALL THE  |
|    MONTHS OF THE PERSON'S REFERENCE PERIOD.         |
| 2. '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE         |
|    ALLOWED FOR EV13_01, EV13_02, EV13_03, AND       |
|    EV13_04.  HOWEVER, THEY WILL BE TREATED AS A     |
|    'NO' WHEN CREATING EVENTS.                       |
-------------------------------------------------------


-------------------------------------------------------
| DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR  |
| THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE    |
| FOR THIS PERSON-PROVIDER PAIR WAS CREATED DURING    |
| THE PREVIOUS ROUND (HOWEVER, IT WOULD NOT HAVE      |
| BEEN ASKED ABOUT).  OTHERWISE, USE A NULL DISPLAY.  |
|                                                     |
| DISPLAY THE MONTH OF THE PREVIOUS ROUND'S           |
| INTERVIEW DATE FOR '{PRV RD INTV MTH}'.             |
|                                                     |
| DISPLAY 'someone from' IF PROVIDER IS A FACILITY.   |
| OTHERWISE, USE A NULL DISPLAY.                      |
-------------------------------------------------------


-------------------------------------------------------
| EDIT:  ALL MONTHS DURING THE REFERENCE PERIOD       |
| CANNOT BE CODED '2' (NO), '-7' (REFUSED), OR '-8'   |
| (DON'T KNOW).  IF ALL ARE, DISPLAY THE FOLLOWING    |
| MESSAGE:  'MUST RECEIVE HOME CARE DURING AT LEAST   |
| ONE MONTH.'                                         |
-------------------------------------------------------


-------------------------------------------------------
| MESSAGE:  IF CURRENT INTERVIEW MONTH IS CODED '1'   |
| (YES), DISPLAY THE FOLLOWING MESSAGE:  'HOME        |
| HEALTH UTILIZATION SEC FOR {INT MONTH} WILL NOT     |
| BE ASKED UNTIL NEXT ROUND.'                         |
-------------------------------------------------------
```

```
--------------------------------------------------------
| EACH MONTH CODED '1' (YES) BECOMES A SEPARATE HOME|
| HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR.       |
| HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED  |
| '1' (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE   |
| NEXT ROUND.  IF THE MONTH OF THE PREVIOUS ROUND'S |
| INTERVIEW DATE IS CODED '1' (YES), IT IS ONLY     |
| ASKED ABOUT ONE TIME.  THAT IS, IT IS NOT A       |
| SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND    |
| THIS ROUND, IT IS ONLY ONE EVENT.                 |
|                                                   |
| NOTE:  A SEAM MONTH WILL BE ASKED **ONLY ONE** HOME   |
| HEALTH UTILIZATION SECTION WHENEVER IT RECEIVES   |
| (OR RECEIVED) A CODE OF '1' (YES) IN EITHER THE   |
| CURRENT ROUND OR THE PREVIOUS ROUND.              |
--------------------------------------------------------
```

BOX_06
======

```
--------------------------------------------------------
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP    |
| OR ED.                                            |
--------------------------------------------------------
```