BOX_01
======

```
-------------------------------------------------------
| IF AT LEAST ONE CURRENT OR INSTITUTIONALIZED (NOT  |
| DECEASED) RU MEMBER IS FLAGGED FOR:                |
|   - LTC SUPPLEMENT:  ADL SECTION                   |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  IADL SECTION                  |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  AIDS/SPECIAL EQUIPMENT        |
|       SECTION                                      |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  FUNCTIONAL LIMITATIONS        |
|       SECTION                                      |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  WORK-HOUSEWORK-SCHOOL         |
|       LIMITATIONS SECTION                          |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  SOCIAL LIMITATIONS SECTION    |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  COGNITIVE LIMITATIONS SECTION |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  VISION SECTION                |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  HEARING SECTION               |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  CHILD <=4 LIMITED ACTIVITIES  |
|       SECTION                                      |
|     AND/OR                                         |
|   - LTC SUPPLEMENT:  SCHOOL ATTENDANCE LIMITED     |
|       SECTION                                      |
| DURING ROUNDS 1, 2, 3, OR 4, CONTINUE WITH LOOP_01|
-------------------------------------------------------


-------------------------------------------------------
| OTHERWISE, GO TO BOX_18                            |
-------------------------------------------------------


-------------------------------------------------------
| NOTE:  CAPI WILL ONLY LOOK AT LTC SUPPLEMENT FLAGS|
| THAT HAVE NOT YET BEEN CONSIDERED.  FOR EXAMPLE,  |
| FOR PANEL 1, ROUND 4, CAPI WILL LOOK AT ALL LTC   |
| SUPPLEMENT FLAGS SET IN ROUNDS 1-4.  FOR PANEL 2, |
| ROUND 2, CAPI WILL LOOK AT ALL LTC SUPPLEMENT     |
| FLAGS SET IN ROUNDS 1 AND 2.  FOR PANEL 2, ROUND  |
| 4, CAPI WILL LOOK AT ALL LTC SUPPLEMENT FLAGS SET |
| IN ROUNDS 3 AND 4.                                |
-------------------------------------------------------
```

LOOP_01
=======

```
     -------------------------------------------------
    | FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,      |
    | ASK BOX_02 - END_LP01                           |
     -------------------------------------------------


     -------------------------------------------------
    | LOOP DEFINITION:  LOOP_01 CYCLES PERSONS THROUGH |
    | THE DIFFERENT SERIES OF LONG TERM CARE QUESTIONS. |
    | THIS LOOP CYCLES ON EACH CURRENT OR              |
    | INSTITUTIONALIZED (NOT DECEASED) PERSON IN THE   |
    | RU-MEMBERS-ROSTER WHO MEETS ONE OF THE FOLLOWING |
    | CONDITIONS:                                      |
    |                                                  |
    | PERSON IS FLAGGED FOR:                           |
    |   - LTC SUPPLEMENT:  ADL SECTION                 |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  IADL SECTION                |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  AIDS/SPECIAL EQUIPMENT      |
    |     SECTION                                      |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  FUNCTIONAL LIMITATIONS      |
    |     SECTION                                      |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  WORK-HOUSEWORK-SCHOOL       |
    |     LIMITATIONS SECTION                          |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  SOCIAL LIMITATIONS SECTION  |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  COGNITIVE LIMITATIONS SECTION|
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  VISION SECTION              |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  HEARING SECTION             |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  CHILD <=4 LIMITED ACTIVITIES |
    |     SECTION                                      |
    |   AND/OR                                         |
    |   - LTC SUPPLEMENT:  SCHOOL ATTENDANCE LIMITED   |
    |     SECTION                                      |
    | DURING ROUNDS 1, 2, 3, OR 4.                     |
     -------------------------------------------------
```

```
---------------------------------------------------------
|  NOTE:  CAPI WILL ONLY LOOK AT LTC SUPPLEMENT FLAGS|
|  THAT HAVE NOT YET BEEN CONSIDERED.  FOR EXAMPLE,  |
|  FOR PANEL 1, ROUND 4, CAPI WILL LOOK AT ALL LTC   |
|  SUPPLEMENT FLAGS SET IN ROUNDS 1-4.  FOR PANEL 2, |
|  ROUND 2, CAPI WILL LOOK AT ALL LTC SUPPLEMENT     |
|  FLAGS SET IN ROUNDS 1 AND 2.  FOR PANEL 2, ROUND  |
|  4, CAPI WILL LOOK AT ALL LTC SUPPLEMENT FLAGS SET |
|  IN ROUNDS 3 AND 4.                                |
---------------------------------------------------------
```

BOX_02
======

```
---------------------------------------------------------
|   IF PERSON IS FLAGGED FOR LTC SUPPLEMENT:   ADL    |
|  SECTION, CONTINUE WITH BOX_03                      |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  OTHERWISE, GO TO BOX_05                            |
---------------------------------------------------------
```

BOX_03
======

```
---------------------------------------------------------
|   IF PERSON IS = OR > 6 YEARS OLD OR IN AGE         |
|  CATEGORIES 3-9, CONTINUE WITH LC01                 |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  OTHERWISE, GO TO BOX_05                            |
---------------------------------------------------------
```

LC01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

We have some questions about everyday activities such as
bathing and eating. We are interested in the kinds of help
people receive, not just hands on help but instructing or
prompting or being there just in case help is needed.

Because of an impairment or a physical or mental health problem,
did (PERSON) receive help bathing or showering (including
getting to the bath or shower and turning on the water) in the
past month?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DID NOT DO THIS
ACTIVITY IN THE PAST MONTH.

```
    YES ................................... 1
    NO .................................... 2 {LC03}
    DID NOT DO ACTIVITY ................... 3 {LC03}
    REF .................................. -7 {LC03}
    DK ................................... -8 {LC03}
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP BATHING OR SHOWERING.

LC02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD LC-1.

HELP BATHING OR SHOWERING, INCLUDING GETTING TO THE BATH OR
SHOWER AND TURNING ON THE WATER, IN THE PAST MONTH.

**Please look at this card and tell me which types of help
(PERSON) received. Include help getting to and from the bath
or shower as well as help with bathing.**

PROBE: Any other type of help?

CODE ALL THAT APPLY.

      HANDS ON 1
      INSTRUCTION OR PROMPTING 2
      STAYING IN ROOM IN CASE HELP IS NEEDED . 3
      REF .... -7
      DK .... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF HELP BATHING OR SHOWERING AND
ANSWER CATEGORIES.

LC03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Because of an impairment or a physical or mental health problem,
did (PERSON) receive help dressing (that is, getting clothes and
putting them on) in the past month?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DID NOT DO THIS
ACTIVITY IN THE PAST MONTH, INCLUDING STAYING IN BEDCLOTHES OR
ONLY PARTIALLY DRESSING.

```
YES ................................... 1
NO .................................... 2 {LC05}
DID NOT DO ACTIVITY ................... 3 {LC05}
REF .................................. -7 {LC05}
DK ................................... -8 {LC05}
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP DRESSING.

LC04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD LC-1.

HELP DRESSING, INCLUDING GETTING THE CLOTHES AND PUTTING THEM
ON, IN THE PAST MONTH.

**Please look at this card and tell me which types of help
(PERSON) received.**

PROBE: Any other type of help?

CODE ALL THAT APPLY.

```
HANDS ON .............................. 1
INSTRUCTION OR PROMPTING .............. 2
STAYING IN ROOM IN CASE HELP IS NEEDED . 3
REF .................................. -7
DK ................................... -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITION OF HELP DRESSING AND ANSWER CATEGORIES.

18-6

LC05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Because of an impairment or a physical or mental health problem,
did (PERSON) receive help getting to the toilet or using the
toilet in the past month?

IF NEEDED SAY, Independence in toileting includes getting to
the toilet, arranging clothes and cleaning organs.

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DID NOT DO THIS
ACTIVITY IN THE PAST MONTH.

```
    YES ..................................... 1
    NO ...................................... 2 {LC07}
    DID NOT DO ACTIVITY ..................... 3 {LC07}
    REF ................................... -7 {LC07}
    DK .................................... -8 {LC07}
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP GETTING TO/USING TOILET.

LC06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD LC-1.

HELP GETTING TO THE TOILET AND USING TOILET, IN THE PAST MONTH.

**Please look at this card and tell me which types of help
(PERSON) received. Include help getting to the toilet or using
the toilet.**

PROBE: Any other type of help?

CODE ALL THAT APPLY.

```
HANDS ON ............................... 1
INSTRUCTION OR PROMPTING ............... 2
STAYING IN ROOM IN CASE HELP IS NEEDED . 3
REF ................................... -7
DK .................................... -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITION OF HELP GETTING TO/USING
TOILET AND ANSWER CATEGORIES.

LC07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Because of an impairment or a physical or mental health problem,
did (PERSON) receive help getting out of bed or a chair in the
past month?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DID NOT DO THIS
ACTIVITY IN THE PAST MONTH OR PERSON IS BED BOUND.

```
YES ................................... 1
NO .................................... 2 {LC09}
DID NOT DO ACTIVITY ................... 3 {LC09}
REF .................................. -7 {LC09}
DK ................................... -8 {LC09}
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP GETTING OUT OF BED OR A CHAIR.

LC08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD LC-1.

HELP GETTING OUT OF BED OR A CHAIR IN THE PAST MONTH.

**Please look at this card and tell me which types of help
(PERSON) received.**

PROBE: Any other type of help?

CODE ALL THAT APPLY.

        HANDS ON 1
        INSTRUCTION OR PROMPTING 2
        STAYING IN ROOM IN CASE HELP IS NEEDED . 3
        REF .... -7
        DK .... -8

                  [Code All That Apply]

        PRESS F1 FOR DEFINITION OF HELP GETTING OUT OF BED
               OR A CHAIR AND ANSWER CATEGORIES.

LC09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Because of an impairment or a physical or mental health problem,
did (PERSON) receive help eating (not including meal preparation)
in the past month?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DID NOT DO THIS
ACTIVITY IN THE PAST MONTH.

        YES 1
        NO .... 2 {BOX_04}
        DID NOT DO ACTIVITY .... 3 {BOX_04}
        REF .... -7 {BOX_04}
        DK .... -8 {BOX_04}

                      [Code One]

          PRESS F1 FOR DEFINITION OF HELP EATING.

18-9

LC10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD LC-1.

HELP EATING, NOT INCLUDING MEAL PREPARATION, IN THE PAST MONTH.

**Please look at this card and tell me which types of help
(PERSON) received.**

PROBE: Any other type of help?

CODE ALL THAT APPLY.

```
HANDS ON ................................. 1
INSTRUCTION OR PROMPTING ............... 2
STAYING IN ROOM IN CASE HELP IS NEEDED . 3
REF .................................... -7
DK ..................................... -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITION OF HELP EATING AND ANSWER CATEGORIES.

BOX_04
======

```
-------------------------------------------------------
|  IF CODED '1' (YES) AT LC01, LC03, LC05, LC07, OR   |
|  LC09 (I.E., PERSON RECEIVED HELP WITH AN ADL IN    |
|  PAST MONTH), CONTINUE WITH LC11                    |
-------------------------------------------------------


-------------------------------------------------------
|  OTHERWISE, GO TO BOX_05                            |
-------------------------------------------------------
```

LC11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

You told me (PERSON) received help with some everyday activities
in the past month. (Have/Has) (PERSON) received help with any
of those activities for more than three months?

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

BOX_05
======

        | IF PERSON IS FLAGGED FOR LTC SUPPLEMENT: IADL |
        | SECTION, CONTINUE WITH BOX_06 |

        | OTHERWISE, GO TO BOX_08 |

BOX_06
======

        | IF PERSON IS = OR > 16 YEARS OLD OR IN AGE |
        | CATEGORIES 4-9, CONTINUE WITH LC12 |

        | OTHERWISE, GO TO BOX_08 |

LC12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Now I would like to ask about a few {more} daily activities
which some people have difficulty with.

(Do/Does) (PERSON) receive help or supervision shopping for
groceries because of an impairment or a physical or mental
health problem? Please do **not** include help in getting to or
from the store.

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DOES NOT DO THIS
ACTIVITY.

```
     YES ..................................... 1
     NO ...................................... 2
     DOES NOT DO ACTIVITY ................... 3
     REF ................................... -7
     DK .................................... -8
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION SHOPPING FOR GROCERIES.

```
      -------------------------------------------------------
      |   DISPLAY 'more' IF PERSON FLAGGED FOR LTC           |
      |   SUPPLEMENT: ADL SECTION.  OTHERWISE, USE A NULL    |
      |   DISPLAY.                                           |
      -------------------------------------------------------
```

LC13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive help or supervision getting
around the community outside of walking distance because of an
impairment or a physical or mental health problem? Please
include help or supervision with taking cabs, using public
transportation, or driving.

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DOES NOT DO THIS
ACTIVITY.

```
     YES ................................... 1
     NO .................................... 2
     DOES NOT DO ACTIVITY .................. 3
     REF .................................. -7
     DK ................................... -8
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION GETTING AROUND
IN COMMUNITY OUTSIDE OF WALKING DISTANCE.

LC14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive help or supervision preparing meals
because of an impairment or a physical or mental health
problem?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DOES NOT DO THIS
ACTIVITY.

```
     YES ................................... 1
     NO .................................... 2
     DOES NOT DO ACTIVITY .................. 3
     REF .................................. -7
     DK ................................... -8
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION PREPARING MEALS.

LC15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive help or supervision taking
medications because of an impairment or a physical or mental
health problem? Please include pouring, counting pills, and
remembering when and how often to take medications.

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DOES NOT DO THIS
ACTIVITY.

```
        YES ................................... 1
        NO .................................... 2
        DOES NOT DO ACTIVITY .................. 3
        REF .................................. -7
        DK ................................... -8
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION TAKING MEDICATIONS.

LC16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive help or supervision managing money,
such as keeping track of expenses or paying bills because of an
impairment or a physical or mental health problem?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DOES NOT DO THIS
ACTIVITY.

```
        YES ................................... 1
        NO .................................... 2
        DOES NOT DO ACTIVITY .................. 3
        REF .................................. -7
        DK ................................... -8
```

[Code One]

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION MANAGING MONEY.

LC17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive help or supervision doing
laundry because of an impairment or a physical or mental health
problem?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DOES NOT DO THIS
ACTIVITY.

          YES 1
          NO 2
          DOES NOT DO ACTIVITY 3
          REF .... -7
          DK .... -8

                    [Code One]

  PRESS F1 FOR DEFINITION OF HELP/SUPERVISION DOING LAUNDRY.

LC18
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive help or supervision doing light
housework, such as straightening up, putting things away or
washing dishes because of an impairment or a physical or mental
health problem?

CODE '3' IF RESPONDENT VOLUNTEERS THAT PERSON DOES NOT DO THIS
ACTIVITY.

          YES 1
          NO 2
          DOES NOT DO ACTIVITY 3
          REF .... -7
          DK .... -8

                    [Code One]

  PRESS F1 FOR DEFINITION OF HELP/SUPERVISION DOING LIGHT HOUSEWORK.

BOX_07
======

```
          -------------------------------------------------------
          |   IF CODED '1' (YES) AT LC12, LC13, LC14, LC15,     |
          |   LC16, LC17, OR LC18 (I.E., PERSON RECEIVES HELP   |
          |   OR SUPERVISION WITH AN IADL), CONTINUE WITH LC19  |
          -------------------------------------------------------


          -------------------------------------------------------
          |   OTHERWISE, GO TO BOX_08                           |
          -------------------------------------------------------
```

LC19
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

You told me (PERSON) (receive/receives) help or supervision
with some daily activities. (Have/Has) (PERSON) received help
or supervision with any of these activities for more than three
months?

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

BOX_08
======

```
          -------------------------------------------------------
          |   IF PERSON IS FLAGGED FOR LTC SUPPLEMENT: COGNITIVE|
          |   LIMITATIONS SECTION, CONTINUE WITH LC20           |
          -------------------------------------------------------


          -------------------------------------------------------
          |   OTHERWISE, GO TO BOX_09                           |
          -------------------------------------------------------
```

LC20
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

We are interested in learning about people's memory and how
they think about things. First, how would you rate (PERSON)'s
memory at the present time?

Would you say it is...

        excellent, ... 1
        very good, ... 2
        good, ... 3
        fair, or 4
        poor? 5
        REF .... -7
        DK .... -8

                        [Code One]

            PRESS F1 FOR DEFINITION OF MEMORY.

LC21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Compared with two years ago, would you say (PERSON)'s memory is
better now, about the same, or worse than it was then?

        BETTER 1
        SAME 2
        WORSE 3
        REF .... -7
        DK .... -8

                        [Code One]

            PRESS F1 FOR DEFINITION OF MEMORY.

BOX_09
======

```
     -------------------------------------------------
    |   IF PERSON IS < OR = 17 YEARS OF AGE OR IN AGE   |
    |   CATEGORIES 1-3, CONTINUE WITH LC22              |
     -------------------------------------------------


     -------------------------------------------------
    |   OTHERWISE, GO TO BOX_10                          |
     -------------------------------------------------
```

LC22
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

[The next few questions ask about {other} types of difficulties
(PERSON) may have because of an impairment or a physical or mental
health problem.]

Has a doctor or medical person ever said that (PERSON) has
problems or delays in understanding things, that is, delays in
cognitive or mental development?

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

PRESS F1 FOR DEFINITION OF DELAYS IN COGNITIVE OR MENTAL DEVELOPMENT.

```
     -------------------------------------------------
    |   DISPLAY "other" IF LC01 AND/OR LC12 WERE ASKED.   |
    |   OTHERWISE, USE A NULL DISPLAY.                    |
     -------------------------------------------------
```

LC23
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or medical person ever said that (PERSON) has
problems or delays in speech or language development?

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

PRESS F1 FOR DEFINITION OF DELAYS IN SPEECH OR LANGUAGE DEVELOPMENT.

LC24
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has a doctor or medical person ever said that (PERSON) has
problems or delays in emotional or behavioral development?

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

PRESS F1 FOR DELAYS IN EMOTIONAL OR BEHAVIORAL DEVELOPMENT.

LC25
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) follow a special diet ordered by a doctor
because of an impairment or a physical or mental health
problem?

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

PRESS F1 FOR DEFINITION OF SPECIAL DIET.

```
-------------------------------------------------------
|  IF PERSON IS < 6 YEARS OLD OR IN AGE CATEGORIES   |
|  1 OR 2, CONTINUE WITH LC26                        |
-------------------------------------------------------


-------------------------------------------------------
|  OTHERWISE, GO TO LC27                             |
-------------------------------------------------------
```

LC26
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Because of an impairment or a physical or mental health
problem, does (PERSON) need more help than usual for a child of
(PERSON)'s age with eating, dressing, bathing, or using the
toilet?

```
        YES ..................................... 1 {BOX_10}
        NO ...................................... 2 {BOX_10}
        REF ................................... -7 {BOX_10}
        DK .................................... -8 {BOX_10}
```

PRESS F1 FOR DEFINITION OF HELP WITH EATING, DRESSING,
BATHING, OR USING THE TOILET.

LC27
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Because of an impairment or a physical or mental health
problem, does (PERSON) have any difficulty participating in
strenuous activity, such as running or jumping, compared to
other children of (PERSON)'s age?

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

PRESS F1 FOR DEFINITION OF DIFFICULTY PARTICIPATING
IN STRENUOUS ACTIVITY.

LC28
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) have significant problems at school with...

1 = YES
2 = NO
3 = CANNOT DO OR DOES NOT APPLY BECAUSE OF LIMITATION

LC28_01.	a. Understanding instructional materials?	( )
LC28_02.	b. Paying attention in class?	( )
LC28_03.	c. Communicating with teachers and other students?	( )

```
  -------------------------------------------------------
  |   REFUSED (-7) AND DON'T KNOW (-8) ALLOWED ON ALL    |
  |   FORM ITEMS.                                        |
  -------------------------------------------------------


  -------------------------------------------------------
  |   IF PERSON IS 6 - 13 YEARS OLD, INCLUSIVE, OR IN    |
  |   AGE CATEGORY 3, CONTINUE WITH LC29                 |
  -------------------------------------------------------


  -------------------------------------------------------
  |   OTHERWISE, GO TO BOX_10                            |
  -------------------------------------------------------
```

LC29
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) have trouble either walking several blocks or
climbing stairs because of an impairment or a physical or
mental health problem?

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

BOX_10
======

```
-------------------------------------------------------
|   IF PERSON IS FLAGGED FOR LTC SUPPLEMENT: IADL       |
|   SECTION, ADL SECTION, WORK-HOUSEWORK-SCHOOL          |
|   LIMITATION SECTION, SOCIAL LIMITATIONS SECTION,      |
|   COGNITIVE LIMITATIONS SECTION, HEARING SECTION,      |
|   CHILD <=4 LIMITED ACTIVITIES SECTION, OR SCHOOL      |
|   ATTENDANCE LIMITED SECTION, CONTINUE WITH BOX_11     |
-------------------------------------------------------

-------------------------------------------------------
|   OTHERWISE, GO TO BOX_12                             |
-------------------------------------------------------
```

BOX_11
======

```
-------------------------------------------------------
|   IF PERSON BEING ASKED ABOUT IS NOT THE RESPONDENT,|
|   CONTINUE WITH LC30                                  |
-------------------------------------------------------

-------------------------------------------------------
|   OTHERWISE, GO TO BOX_12                             |
-------------------------------------------------------
```

LC30
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

[The next few questions ask about difficulties (PERSON)
may have communicating because of an impairment or a physical
or mental health problem.]

Does (PERSON) have difficulty understanding ordinary
conversation (in (PERSON)'s native language)?

IF NEEDED SAY, If (PERSON) wears a hearing aid, please think
about when (PERSON) is wearing the hearing aid.

```
     YES .................................... 1
     NO ..................................... 2 {LC32}
     REF ................................... -7 {LC32}
     DK .................................... -8 {LC32}
```

   PRESS F1 FOR DEFINITION OF DIFFICULTY UNDERSTANDING.

LC31
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How do people usually communicate with (PERSON)?

PROBE: Any other ways?

CODE '95' IF PERSON CANNOT UNDERSTAND ANY KIND OF COMMUNICATION.

CODE ALL THAT APPLY.

```
    TALKING ..............................  1
    SIGN LANGUAGE ........................  2
    PRINTING OR WRITING ..................  3
    SYMBOL SYSTEM OR PICTURES/
      COMMUNICATION BOARD/COMPUTER .......  4
    POINTING OR USING GESTURES/FACIAL
      EXPRESSIONS .......................  5
    OTHER ............................... 91
    PERSON CANNOT UNDERSTAND
       ANY KIND OF COMMUNICATION ......... 95
    REF ................................. -7
    DK .................................. -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

```
-------------------------------------------------
| ALLOW CODE '95' (PERSON CANNOT UNDERSTAND ANY KIND|
| OF COMMUNICATION), '-7' (REFUSED), AND '-8'      |
| (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. |
| ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY   |
| ENTRY FIELD, IN ANY ORDER.  CODE '95' WILL NOT   |
| APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.     |
-------------------------------------------------
```

LC32
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) have difficulty talking?

```
YES .................................... 1
NO ..................................... 2 {BOX_12}
REF .................................... -7 {BOX_12}
DK ..................................... -8 {BOX_12}
```

PRESS F1 FOR DEFINITION OF DIFFICULTY TALKING.

LC33
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How does (PERSON) communicate with other people?

PROBE: Any other ways?

CODE '95' IF PERSON UNABLE TO COMMUNICATE AT ALL.

CODE ALL THAT APPLY.

```
     TALKING .............................  1
     SIGN LANGUAGE .......................  2
     PRINTING OR WRITING .................  3
     SYMBOL SYSTEM OR PICTURES/
       COMMUNICATION BOARD/COMPUTER .......  4
     POINTING OR USING GESTURES/FACIAL
       EXPRESSIONS .......................  5
     OTHER ............................... 91
     PERSON UNABLE TO
        COMMUNICATE AT ALL ............... 95
     REF ................................. -7
     DK .................................. -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

```
-------------------------------------------------------
| ALLOW CODE '95' (PERSON UNABLE TO COMMUNICATE AT   |
| ALL), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS     |
| ENTRIES IN THE FIRST FIELD ONLY.  ALL OTHER        |
| RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD,  |
| IN ANY ORDER.  CODE '95' WILL NOT APPEAR AS A      |
| RESPONSE CATEGORY ON THE SCREEN.                   |
-------------------------------------------------------
```

BOX_12
======

```
        -----------------------------------------------------
        |  IF PERSON IS FLAGGED FOR LTC SUPPLEMENT:         |
        |  AIDS/SPECIAL EQUIPMENT SECTION, FUNCTIONAL       |
        |  LIMITATION SECTION, WORK-HOUSEWORK-SCHOOL        |
        |  LIMITATION SECTION, VISION SECTION, OR HEARING   |
        |  SECTION, CONTINUE WITH BOX_13                    |
        -----------------------------------------------------


        -----------------------------------------------------
        |  OTHERWISE, GO TO BOX_14                          |
        -----------------------------------------------------
```

BOX_13
======

```
        -----------------------------------------------------
        |  IF PERSON IS = OR > 16 YEARS OF AGE OR IN AGE    |
        |  CATEGORIES 4-9, CONTINUE WITH LC34              |
        -----------------------------------------------------

        -----------------------------------------------------
        |  OTHERWISE, GO TO BOX_14                          |
        -----------------------------------------------------
```

LC34
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

[Now I would like to ask a few questions about accommodations
(PERSON)'s employer may have made because of (PERSON)'s impairment
or physical or mental health problem.]

(Are/Is) (PERSON) currently working?

```
        YES ..................................... 1
        NO ...................................... 2 {BOX_14}
        REF ..................................... -7 {BOX_14}
        DK ...................................... -8 {BOX_14}
```

            PRESS F1 FOR DEFINITION OF WORKING.

LC35
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD LC-2.

What kind of accommodations, if any, has (PERSON)'s employer
made so that (PERSON) can work?

PROBE: Any other accommodations?

CODE '95' IF NO ACCOMMODATIONS HAVE BEEN MADE.

CODE ALL THAT APPLY.

```
        HANDRAILS OR RAMPS ..................... 1
        AN ELEVATOR ........................... 2
        WORK STATION ADAPTATION SUCH AS
           RAISED DESK ........................ 3
        ACCESSIBLE RESTROOMS .................. 4
        AUTOMATIC DOOR(S) ..................... 5
        VOICE SYNTHESIZER, TELECOMMUNICATIONS
           DEVICE FOR THE DEAF (TDD) .......... 6
        BRAILLE, ENLARGED PRINT, AUDIO TAPE,
           OR SPECIAL LIGHTING ............... 7
        JOB COACH ............................ 8
        PERSONAL ASSISTANT/INTERPRETER ........ 9
        SPECIAL PENS, PENCILS, OR OTHER
           OFFICE SUPPLIES ................... 10
        JOB REDESIGN, ALTERNATIVE
           RESPONSIBILITIES, OPTIONS ......... 11
        MODIFIED WORK HOURS OR DAYS .......... 12
        OTHER EQUIPMENT ...................... 13
        NO ACCOMMODATIONS HAVE BEEN MADE ...... 95
        REF .................................. -7
        DK ................................... -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

```
-------------------------------------------------------
| ALLOW CODE '95' (NO ACCOMMODATIONS HAVE BEEN MADE)|
| '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES  |
| IN THE FIRST FIELD ONLY.  ALL OTHER RESPONSE CODES|
| MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.  |
| CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY   |
| ON THE SCREEN.                                    |
-------------------------------------------------------
```

LC36
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON) change the kind of work (PERSON) (do/does) due to
an impairment or a physical or mental health problem?

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

BOX_14
======

        | IF PERSON IS FLAGGED FOR LTC SUPPLEMENT: |
        | AIDS/SPECIAL EQUIPMENT SECTION, FUNCTIONAL |
        | LIMITATION SECTION, WORK-HOUSEWORK-SCHOOL |
        | LIMITATION SECTION, SOCIAL LIMITATION SECTION, |
        | VISION SECTION, HEARING SECTION, CONTINUE WITH |
        | BOX_15 |

        | OTHERWISE, GO TO LC41 |

BOX_15
======

        | IF PERSON IS = OR > 16 YEARS OF AGE OR IN AGE |
        | CATEGORIES 4-9, CONTINUE WITH BOX_16 |

        | OTHERWISE, GO TO LC39 |

BOX_16
======

```
              -------------------------------------------------------
             |   IF PERSON IS NOT FLAGGED FOR LTC SUPPLEMENT:        |
             |   VISION SECTION, CONTINUE WITH LC37                  |
              -------------------------------------------------------


              -------------------------------------------------------
             |   OTHERWISE, GO TO LC39                               |
              -------------------------------------------------------
```

LC37
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does an impairment or a physical or mental health problem
prevent (PERSON) from driving?

```
        YES ..................................... 1 {LC39}
        NO ...................................... 2
        REF ................................... -7 {LC39}
        DK ................................... -8 {LC39}
```

LC38
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) use special equipment or have a modified
vehicle that enables (PERSON) to drive?

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

PRESS F1 FOR DEFINITION OF SPECIAL EQUIPMENT OR MODIFIED VEHICLE.

LC39
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Do family or friends provide (PERSON) with transportation on a
regular basis because of an impairment or a physical or
mental health problem?

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

LC40
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive other special transportation
services from any other source?

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

 PRESS F1 FOR DEFINITION OF SPECIAL TRANSPORTATION SERVICES.

LC41
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) use any special equipment or technology
because of an impairment or a physical or mental health problem?

```
        YES ..................................... 1
        NO ...................................... 2 {BOX_16A}
        REF .................................... -7 {BOX_16A}
        DK ..................................... -8 {BOX_16A}
```

 PRESS F1 FOR DEFINITION OF SPECIAL EQUIPMENT OR TECHNOLOGY.

LC42
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD LC-3.

What types of special equipment or technology (do/does) (PERSON)
use?

PROBE: Anything else?

CODE ALL THAT APPLY.

```
        RAILINGS, RAMPS ........................ 1
        WALKERS, CANES, CRUTCHES ............... 2
        ORTHOPEDIC SHOES, ORTHOTICS ............ 3
        BRACES FOR ARM, LEG, OR BACK ........... 4
        PROSTHESES, E.G., ARTIFICIAL ARM, HAND,
           LEG, FOOT ........................... 5
        REACHER ................................ 6
        BATHING AIDS, E.G., TUB OR SHOWER
           BENCH, HAND HELD SHOWER ............. 7
        TOILETING AIDS, E.G., RAISED TOILET
           SEAT, HAND RAILS, BED PANS .......... 8
        WHEELCHAIR OR SCOOTER .................. 9
        DRESSING AIDS, E.G., ZIPPER PULL ...... 10
        OXYGEN OR RESPIRATOR .................. 11
        LIFT ................................. 12
        GUIDE DOGS OR OTHER ANIMAL ASSISTANTS . 13
        COMMUNICATION EQUIPMENT, E.G., TTY/TDD,
           COMMUNICATION BOARD, SPEECH
           SYNTHESIZER ....................... 14
        OTHER SPECIAL EQUIPMENT OR TECHNOLOGY . 15
        REF .................................. -7
        DK ................................... -8
```

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

BOX_16A
=======

```
 ------------------------------------------------------
|  IF PERSON:                                          |
|  - HAS RECEIVED HELP WITH ADLs,                      |
|  OR                                                  |
|  - HAS RECEIVED HELP WITH IADLs,                     |
|  OR                                                  |
|  - IS A CHILD WITH LIMITATIONS,                      |
|  OR                                                  |
|  - HAS DIFFICULTY COMMUNICATING,                     |
|  OR                                                  |
|  - HAS CHANGED JOBS DUE TO LIMITATIONS,              |
|  THAT IS,                                            |
|  IF LC01, LC03, LC05, LC07, LC09, LC12, LC13,        |
|  LC14, LC15, LC16, LC17, LC18, LC22, LC23, LC24,     |
|  LC25, LC26, LC27, LC28_01, LC28_02, LC28_03,        |
|  LC29, LC30, OR LC36 IS CODED '1' (YES),             |
|                                                      |
|  CONTINUE WITH LC43                                  |
 ------------------------------------------------------


 ------------------------------------------------------
|  OTHERWISE, GO TO END_LP01                           |
 ------------------------------------------------------
```

LC43
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Thinking of all the limitations we have talked about, when did
(PERSON)'s limitation(s) start?

ENTER A 4 DIGIT YEAR.

        [Enter Year-4] ....
        REF .... -7
        DK .... -8

                    [Code One]

        | EDIT: START DATE OF LIMITATION MUST BE > = |
        | BIRTH DATE AND < = INTERVIEW DATE. |

        | IF YEAR ENTERED IS REFERENCE YEAR, CONTINUE WITH |
        | LC43OV1 |

        | IF '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO |
        | BOX_17 |

        | OTHERWISE, GO TO LC45 |

        | NOTE: 1996/1997 IS THE REFERENCE YEAR FOR PANEL 1,|
        | ROUND 4.   1997 IS THE REFERENCE YEAR FOR PANEL 2, |
        | ROUND 2.   1997/1998 IS THE REFERENCE YEAR FOR |
        | PANEL 2, ROUND 4. |

LC43OV1
=======

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

[Code One]

```
-------------------------------------------------
|  IF '-7' (REFUSED) OR '-8' (DON'T KNOW),       |
|  CONTINUE WITH BOX_17                          |
 -------------------------------------------------


-------------------------------------------------
|  OTHERWISE, GO TO LC45                         |
-------------------------------------------------
```

BOX_17
======

```
-------------------------------------------------
|  IF PERSON IS > 22 YEARS OLD OR IN AGE CATEGORIES |
|  CATEGORIES 5-9, CONTINUE WITH LC44            |
 -------------------------------------------------


-------------------------------------------------
|  OTHERWISE, GO TO LC45                         |
-------------------------------------------------
```

LC44
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did the limitations start before (PERSON) (were/was) 22 years
old?

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

LC45
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

We have talked about different kinds of help (PERSON) might
receive and different types of problems or limitations (PERSON)
might have. **What health conditions led (PERSON) to need this
help or to have these problems and limitations?**

PROBE: Any other conditions associated with (PERSON)'s
limitations?

IF OLD AGE MENTIONED, RECORD 'OLD AGE' AS A CONDITION.

IF CONDITION IS ALREADY LISTED, ASK: Is this the same
(NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

    [1. Medical Condition].................
    [2. Medical Condition].................
    [3. Medical Condition].................

```
 -------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS PERSON'S-   |
|  MEDICAL-CONDITIONS-ROSTER.                         |
 -------------------------------------------------------


 -------------------------------------------------------
|  NOTE:  THERE IS NO "DIRECT" LINK BETWEEN           |
|  CONDITIONS AND LIMITATIONS.                        |
 -------------------------------------------------------
```

LC46
====

                    {PERSON'S FIRST MIDDLE AND LAST NAME}

                    SHOW CARD LC-4.

                    Please look at this card and tell me which types of community
                    services, if any, (PERSON) (use/uses) because of (PERSON)'s
                    impairment or a physical or mental health problem.

                    PROBE: Any other services?

                    CODE '95' IF NO SERVICES ARE USED.

                    CODE ALL THAT APPLY.

                         ADULT DAY CARE 1
                         MEALS DELIVERED TO THE HOME
                           (INCLUDING MEALS ON WHEELS) 2
                         SENIOR CENTER 3
                         VOCATIONAL REHABILITATION 4
                         FAMILY SUPPORT SERVICES OR
                           RESPITE CARE 5
                         SPECIAL TRANSPORTATION SERVICES 6
                         CASE MANAGEMENT 7
                         SHELTERED WORKSHOP/SUPPORTED
                           EMPLOYMENT 8
                         OTHER 91
                         NO SERVICES ARE USED 95
                         REF .... -7
                         DK .... -8

                              [Code All That Apply]

                         PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

                    | ALLOW CODE '95' (NO SERVICES ARE USED), '-7' |
                    | (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN |
                    | THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES |
                    | MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. |
                    | CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY |
                    | ON THE SCREEN. |

                    | IF PERSON IS = OR > 18 YEARS OLD OR IN AGE |
                    | CATEGORIES 4-9, CONTINUE WITH LC47 |

```
         --------------------------------------------------------
        |   OTHERWISE, GO TO END_LP01                            |
         --------------------------------------------------------
```

LC47
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

We have talked about different types of help (PERSON) might
receive and different types of problems and limitations (PERSON)
might have.

Is the help (PERSON) (receive/receives) or the problems and
limitations (PERSON) (have/has) related to service in the Armed
Forces of the United States?

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

```
          PRESS F1 FOR DEFINITION OF SERVICE IN THE ARMED
                  FORCES OF THE UNITED STATES.
```

END_LP01
========

```
         --------------------------------------------------------
        |   CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO    |
        |   MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.  |
         --------------------------------------------------------
```

```
         --------------------------------------------------------
        |   IF NO MORE PERSONS MEETS THE STATED CONDITIONS,      |
        |   END LOOP_01 AND CONTINUE WITH BOX_18                 |
         --------------------------------------------------------
```

BOX_18
======

```
         --------------------------------------------------------
        |   GO TO NEXT QUESTIONNAIRE SECTION.                    |
         --------------------------------------------------------
```