BOX_01
=======

```
        --------------------------------------------------
       |  NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU  |
       |  MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK |
       |  THIS SECTION FOR DECEASED PERSONS.              |
        --------------------------------------------------

        --------------------------------------------------
       |  NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY |
       |  ROUND.                                          |
        --------------------------------------------------

        --------------------------------------------------
       |  NOTE:  THROUGHOUT THE HEALTH STATUS (HE) SECTION, |
       |  AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS |
       |  NOT OBTAINED.  THE AGES FOR THESE AGE CATEGORIES |
       |  ARE AS FOLLOWS:                                 |
       |    1 = LESS THAN 1 YEAR OLD                      |
       |    2 = 1-4                                       |
       |    3 = 5-15                                      |
       |    4 = 16-23                                     |
       |    5 = 24-34                                     |
       |    6 = 35-44                                     |
       |    7 = 45-54                                     |
       |    8 = 55-64                                     |
       |    9 = 65 YEARS OLD OR OLDER                     |
        --------------------------------------------------
```

HE01
====

```
          {STR-DT}
          {END-DT}
          The next few questions are about difficulties people may have
          with everyday activities such as getting around, bathing or
          taking medications.  We are interested in difficulties due to
          an impairment or a physical or mental health problem.
          {Also, please keep in mind that we are only interested in
          difficulties family members may have had between (START DATE)
          and (END DATE).}
          Does anyone in the family receive help or supervision using
          the telephone, paying bills, taking medications, preparing
          light meals, doing laundry, or going shopping?
               YES ................................... 1
               NO .................................... 2 {HE04}
               REF ................................... -7 {HE04}
               DK ................................... -8 {HE04}
          PRESS F1 FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.
            --------------------------------------------------
           |  DISPLAY 'Also, please keep in mind that we are  |
           |  only interested in difficulties family members may|
           |  have had between (START DATE)and (END DATE).' IF |
           |  ROUND 5.  OTHERWISE, USE A NULL DISPLAY.        |
            --------------------------------------------------

            --------------------------------------------------
           |  IF CODED '1' (YES) AND A SINGLE PERSON RU,      |
           |  AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |
           |  HE02 BY CAPI AND GO TO LOOP_01                 |
            --------------------------------------------------
```

```
          --------------------------------------------------------
         | IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
         | WITH HE02                                         |
          --------------------------------------------------------
```

HE02
====

{STR-DT}
{END-DT}
HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING
MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING
SHOPPING.
Who is that?
PROBE: Does anyone else receive help or supervision doing
these types of activities?
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]

```
          --------------------------------------------------------
         | ROSTER DEFINITION:  THIS ITEM DISPLAYS THE RU-      |
         | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.      |
          --------------------------------------------------------
          --------------------------------------------------------
         | FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS  |
         | OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC           |
         | SUPPLEMENT:  IADL SECTION.                         |
          --------------------------------------------------------
```

LOOP_01
=======

```
          --------------------------------------------------------
         | FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,         |
         | ASK BOX_01A - END_LP01                             |
          --------------------------------------------------------
          --------------------------------------------------------
         | LOOP DEFINITION:  LOOP_01 DETERMINES IF PERSONS    |
         | RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL      |
         | ACTIVITIES OF DAILY LIVING BECAUSE OF AN           |
         | IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM.   |
         | THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE        |
         | FOLLOWING CONDITIONS:                              |
         | - PERSON IS NOT DECEASED                           |
         | - PERSON RECEIVES HELP WITH INSTRUMENTAL           |
         |   ACTIVITIES OF DAILY LIVING (I.E., PERSON         |
         |   SELECTED AT HE02)                                |
          --------------------------------------------------------
```

BOX_01A
=======

```
          --------------------------------------------------------
         | IF RU MEMBER BEING LOOPED ON IS < 13 YEARS OF AGE  |
         | OR IN CATEGORIES 1-3, CONTINUE WITH HE03           |
          --------------------------------------------------------
          --------------------------------------------------------
         | OTHERWISE, GO TO HE03A                             |
          --------------------------------------------------------
```

HE03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
(Do/Does) (PERSON) receive help or supervision using the
telephone, paying bills, taking medications, preparing light
meals, doing laundry or going shopping **because of an
impairment or a physical or mental health problem?**

```
YES ................................... 1
NO .................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}
```
PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.
```
-------------------------------------------------------
|  IF CODED '1' (YES), FLAG PERSON FOR THE LTC         |
|  SUPPLEMENT:  IADL SECTION.                          |
-------------------------------------------------------
```

HE03A
=====

{PERSON'S FIRST NAME AND LAST NAME} {STR-DT}
{END-DT}
Do you expect that (PERSON) will need help or supervision
with these activities for at least three more months?

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

END_LP01
========

```
-------------------------------------------------------
|  CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO  |
|  MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-------------------------------------------------------
-------------------------------------------------------
|  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
|  END LOOP_01 AND CONTINUE WITH HE04                 |
-------------------------------------------------------
```

HE04
====

{STR-DT}
{END-DT}
Does anyone in the family receive help or supervision with
personal care such as bathing, dressing, or getting around the
house?

```
YES ................................... 1
NO .................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}
```
   PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.
```
-------------------------------------------------------
|  IF CODED '1' (YES) AND A SINGLE-PERSON RU,         |
|  AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT    |
|  HE05 BY CAPI AND GO TO BOX_02                      |
-------------------------------------------------------
-------------------------------------------------------
|  IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE   |
|  WITH HE05                                          |
-------------------------------------------------------
```

HE05
====
```
            {STR-DT}
            {END-DT}
            HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING,
            DRESSING OR GETTING AROUND THE HOUSE.
```
            Who is that?
```
            PROBE:  Does anyone else receive help or supervision with
            personal care?
            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]
            -------------------------------------------------------
            |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL          |
            |  PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING         |
            |  DECEASED RU MEMBERS.                                |
            -------------------------------------------------------
            -------------------------------------------------------
            |  FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS   |
            |  OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC            |
            |  SUPPLEMENT:  ADL SECTION.                           |
            -------------------------------------------------------
```

LOOP_02
=======
```
            -------------------------------------------------------
            |  FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK      |
            |  HE06 - END_LP02                                     |
            -------------------------------------------------------
            -------------------------------------------------------
            |  LOOP DEFINITION:  LOOP_02 DETERMINES IF PERSONS     |
            |  RECEIVE HELP OR SUPERVISION WITH PERSONAL CARE      |
            |  (I.E., ACTIVITIES OF DAILY LIVING) BECAUSE OF AN    |
            |  IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM.    |
            |  THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE         |
            |  FOLLOWING CONDITIONS:                               |
            |  - PERSON IS NOT DECEASED                            |
            |  - PERSON RECEIVES HELP OR SUPERVISION WITH          |
            |    PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING,  |
            |    THAT IS, THE PERSON IS SELECTED AT HE05)          |
            -------------------------------------------------------
```

BOX_01B
=======
```
            -------------------------------------------------------
            |  IF ANY CURRENT RU MEMBERS (NOT DECEASED) < 13       |
            |  YEARS OF AGE OR IN CATEGORIES 1-3, CONTINUE WITH    |
            |  HE06                                                |
            -------------------------------------------------------
            -------------------------------------------------------
            |  OTHERWISE, GO TO HE06A                              |
            -------------------------------------------------------
```

HE06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
(Do/Does) (PERSON) receive help or supervision with personal
care such as bathing, dressing or getting around the house
**because of an impairment or a physical or mental health
problem?**

```
     YES ..................................... 1
     NO ...................................... 2 {END_LP02}
     REF ..................................... -7 {END_LP02}
     DK ...................................... -8 {END_LP02}
```
PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

```
     -------------------------------------------------------
     |   IF CODED '1' (YES), FLAG PERSON FOR THE LTC        |
     |   SUPPLEMENT:  ADL SECTION.                          |
     -------------------------------------------------------
```

HE06A
=====

{PERSON'S FIRST NAME AND LAST NAME} {STR-DT}
{END-DT}
Do you expect that (PERSON) will need help or supervision
with personal care for at least three more months?

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

END_LP02
========

```
     -------------------------------------------------------
     |   CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO  |
     |   MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
     -------------------------------------------------------
     -------------------------------------------------------
     |   IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
     |   END LOOP_02 AND CONTINUE WITH BOX_02              |
     -------------------------------------------------------
```

BOX_02
======

```
     -------------------------------------------------------
     |   IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH   |
     |   HE07                                               |
     -------------------------------------------------------
     -------------------------------------------------------
     |   IF ROUND 2 OR ROUND 4, GO TO HE26                 |
     -------------------------------------------------------
```

HE07
====

{STR-DT}
{END-DT}
Does anyone in the family use any aids such as a walker, grab
bars in the bathtub or any other special equipment for
personal care or everyday activities?

```
     YES ..................................... 1
     NO ...................................... 2 {HE09}
```

```
                REF ................................... -7 {HE09}
                DK .................................... -8 {HE09}
                 PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.
                -----------------------------------------------------
                | IF CODED '1' (YES) AND A SINGLE-PERSON RU,         |
                | AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08   |
                | BY CAPI AND GO TO HE09                             |
                -----------------------------------------------------
                -----------------------------------------------------
                | IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
                | WITH HE08                                         |
                -----------------------------------------------------
```

HE08
====

{STR-DT}
{END-DT}
USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY
OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY
ACTIVITIES.
Who is that?
PROBE: Does anyone else use any aids for personal care or
everyday activities?
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]
     -----------------------------------------------------
     | ROSTER DEFINITION:  THIS ITEM DISPLAYS THE RU-    |
     | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.    |
     -----------------------------------------------------
     -----------------------------------------------------
     | FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
     | AIDS/SPECIAL EQUIPMENT SECTION.                   |
     -----------------------------------------------------
```

HE09
====

{STR-DT}
{END-DT}
Does anyone in the family have difficulties walking, climbing
stairs, grasping objects, reaching overhead, lifting, bending
or stooping, or standing for long periods of time?

```
     YES ................................... 1
     NO .................................... 2 {HE19}
     REF ................................... -7 {HE19}
     DK .................................... -8 {HE19}
     -----------------------------------------------------
     | IF CODED '1' (YES) AND A SINGLE-PERSON RU,         |
     | AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY'   |
     | AT HE10 BY CAPI AND GO TO LOOP_03                  |
     -----------------------------------------------------
     -----------------------------------------------------
     | IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
     | WITH HE10                                         |
     -----------------------------------------------------
```

HE10
====

{STR-DT}
{END-DT}
DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS,
REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING
FOR LONG PERIODS OF TIME.
Who is that?
PROBE: Does anyone else have difficulties doing these types
of activities?
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]

     | ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
     | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |

     | FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
     | OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
     | SUPPLEMENT: FUNCTIONAL LIMITATIONS SECTION. |

LOOP_03
=======

     | FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
     | HE11 - END_LP03 |

     | LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON |
     | THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS |
     | PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF|
     | AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |
     | FOLLOWING CONDITIONS: |
     | - PERSON IS NOT DECEASED |
     | - PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON |
     | SELECTED AT HE10) |
     | - PERSON = OR > 13 YEARS OF AGE OR IN AGE |
     | CATEGORIES 4-9 |

BOX_03
======

OMITTED.

HE11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
{For these next questions, I would like you to think about the
time when (PERSON) entered the institution and what (PERSON)
was able to do at that time.}
Please look at this card and tell me how much difficulty
(do/does) (PERSON) have lifting something as heavy as 10
pounds, such as a full bag of groceries? Would you say no

```
        difficulty, some difficulty, a lot of difficulty, or
        completely unable to do it?
              NO DIFFICULTY ......................... 1
              SOME DIFFICULTY ....................... 2
              A LOT OF DIFFICULTY ................... 3
              COMPLETELY UNABLE TO DO IT ............ 4
              REF .................................. -7
              DK ................................... -8
                        [Code One]
        ------------------------------------------------------
        |  DISPLAY 'For these next questions, I would like   |
        |  you to think about the time when (PERSON) entered |
        |  the institution and what (PERSON) was able to do  |
        |  at that time.}' IF PERSON BEING ASKED ABOUT CODED |
        |  AS BEING INSTITUTIONALIZED AT END DATE.  IF PERSON|
        |  BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN|
        |  THE RU, USE A NULL DISPLAY.                       |
        ------------------------------------------------------
```

HE12
====

```
        {PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
        {END-DT}
        SHOW CARD HE-1.
        How much difficulty (do/does) (PERSON) have walking up 10
        steps without resting?
        PROBE:  Would you say no difficulty, some difficulty, a lot of
        difficulty, or completely unable to do it?
        IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO
        WALK, CODE 5.
              NO DIFFICULTY ......................... 1
              SOME DIFFICULTY ....................... 2
              A LOT OF DIFFICULTY ................... 3
              COMPLETELY UNABLE TO DO IT ............ 4
              COMPLETELY UNABLE TO WALK ............. 5
              REF .................................. -7
              DK ................................... -8
                        [Code One]
        ------------------------------------------------------
        |  IF CODED '5' (COMPLETELY UNABLE TO WALK),         |
        |  AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS  |
        |  '4' (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO  |
        |  TO HE17                                           |
        ------------------------------------------------------
        ------------------------------------------------------
        |  OTHERWISE, CONTINUE WITH HE13                     |
        ------------------------------------------------------
```

HE13
====

```
        {PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
        {END-DT}
        SHOW CARD HE-1.
        How much difficulty (do/does) (PERSON) have walking about 3
        city blocks or about a quarter of a mile?
        PROBE:  Would you say no difficulty, some difficulty, a lot of
        difficulty, or completely unable to do it?
              NO DIFFICULTY ......................... 1
              SOME DIFFICULTY ....................... 2
```

```
     A LOT OF DIFFICULTY ................... 3
     COMPLETELY UNABLE TO DO IT ........... 4
     REF ................................. -7
     DK .................................. -8
                    [Code One]
     --------------------------------------------------------
    |  IF CODED '4' (COMPLETELY UNABLE TO DO IT),            |
    |  AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE     |
    |  TO DO IT) BY CAPI, AND GO TO HE15                     |
     --------------------------------------------------------
     --------------------------------------------------------
    |  OTHERWISE, CONTINUE WITH HE14                         |
     --------------------------------------------------------
```

HE14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have walking a mile?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?

```
     NO DIFFICULTY ......................... 1
     SOME DIFFICULTY ....................... 2
     A LOT OF DIFFICULTY ................... 3
     COMPLETELY UNABLE TO DO IT ........... 4
     REF ................................. -7
     DK .................................. -8
                    [Code One]
```

HE15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have standing for about
20 minutes?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?

```
     NO DIFFICULTY ......................... 1
     SOME DIFFICULTY ....................... 2
     A LOT OF DIFFICULTY ................... 3
     COMPLETELY UNABLE TO DO IT ........... 4
     REF ................................. -7
     DK .................................. -8
                    [Code One]
```

HE16
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have bending down or
stooping from a standing position to pick up an object from
the floor or tie a shoe?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?

```
     NO DIFFICULTY ......................... 1
     SOME DIFFICULTY ....................... 2
```

```
          A LOT OF DIFFICULTY .................... 3
          COMPLETELY UNABLE TO DO IT ............. 4
          REF .................................... -7
          DK ..................................... -8
                    [Code One]
```

HE17
====

```
          {PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
          {END-DT}
          SHOW CARD HE-1.
          How much difficulty (do/does) (PERSON) have reaching up
          overhead, for example to remove something from a shelf?
          PROBE:  Would you say no difficulty, some difficulty, a lot of
          difficulty, or completely unable to do it?
              NO DIFFICULTY .......................... 1
              SOME DIFFICULTY ........................ 2
              A LOT OF DIFFICULTY .................... 3
              COMPLETELY UNABLE TO DO IT ............. 4
              REF .................................... -7
              DK ..................................... -8
                        [Code One]
```

HE18
====

```
          {PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
          {END-DT}
          SHOW CARD HE-1.
          How much difficulty (do/does) (PERSON) have using fingers to
          grasp or handle something such as picking up a glass from a
          table or using a pencil to write?
          PROBE:  Would you say no difficulty, some difficulty, a lot of
          difficulty, or completely unable to do it?
              NO DIFFICULTY .......................... 1
              SOME DIFFICULTY ........................ 2
              A LOT OF DIFFICULTY .................... 3
              COMPLETELY UNABLE TO DO IT ............. 4
              REF .................................... -7
              DK ..................................... -8
                        [Code One]
```

HE18A
=====

```
          {PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
          {END-DT}
          (Are/Is) (PERSON) expected to have difficulty with any
          of these activities for at least three more months?
              YES .................................... 1
              NO ..................................... 2
              REF .................................... -7
              DK ..................................... -8
```

END_LP03
========

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

```
                 | IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
                 | END LOOP_03 AND CONTINUE WITH HE19                |
                 ----------------------------------------------------
```

HE19
====

{STR-DT}
{END-DT}
Is anyone in the family limited in any way in the ability to
work at a job, do housework, or go to school **because of an
impairment or a physical or mental health problem?**

```
        YES ................................... 1
        NO .................................... 2 {HE22}
        REF ................................... -7 {HE22}
        DK .................................... -8 {HE22}
```
PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.

```
        ----------------------------------------------------
        | IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
        | AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT |
        | HE20 BY CAPI AND GO TO LOOP_04                    |
        ----------------------------------------------------
        ----------------------------------------------------
        | IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
        | WITH HE20                                         |
        ----------------------------------------------------
```

HE20
====

{STR-DT}
{END-DT}
LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL
BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH
PROBLEM.
Who is that?
PROBE: Is anyone else limited in the ability to work at a
job, do housework, or go to school **because of an impairment or
a physical or mental health problem?**
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]
        ----------------------------------------------------
        | ROSTER DEFINITION:  THIS ITEM DISPLAYS THE RU-    |
        | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.    |
        ----------------------------------------------------
        ----------------------------------------------------
        | FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS  |
        | OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC          |
        | SUPPLEMENT:  WORK-HOUSEWORK-SCHOOL LIMITATIONS    |
        | SECTION.                                          |
        ----------------------------------------------------
```

LOOP_04
=======

```
        ----------------------------------------------------
        | FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
        | HE20A - END_LP04                                  |
        ----------------------------------------------------
```

```
         --------------------------------------------------
        |  LOOP DEFINITION:  LOOP_03 COLLECTS INFORMATION ON |
        |  WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN    |
        |  IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM    |
        |  FOR PERSONS = OR > 5 YEARS OF AGE.  THIS LOOP      |
        |  CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING        |
        |  CONDITIONS:                                        |
        |  - PERSON IS NOT DECEASED                           |
        |  - PERSON IS LIMITED IN ABILITY TO WORK AT A JOB,   |
        |    DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON      |
        |    SELECTED AT HE20)                                |
        |  - PERSON = OR > 5 YEARS OF AGE OR IN AGE           |
        |    CATEGORIES 3-9                                   |
         --------------------------------------------------
```

BOX_04
======

OMITTED.

HE20A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Which activities is (PERSON) limited in doing because of an
impairment or a physical or mental health problem - working at
a job, doing housework, or going to school?
CODE ALL THAT APPLY.

```
    WORKING AT A JOB ......................  1
    DOING HOUSEWORK .......................  2
    GOING TO SCHOOL .......................   3
    REF ................................... -7
    DK .................................... -8
            [Code All That Apply]
```

HE21
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{At the time (PERSON) entered the institution, was/(Are/Is)}
(PERSON) completely unable to {work at a job}{,/ and}
{ do housework}{ and}{ go to school}?

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

```
     --------------------------------------------------
    |  DISPLAY 'At the time (PERSON) entered the         |
    |  institution, was'.  IF PERSON BEING ASKED ABOUT   |
    |  CODED AS BEING INSTITUTIONALIZED AT END DATE.     |
    |  DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS |
    |  A CURRENT RU MEMBER LIVING IN THE RU.             |
     --------------------------------------------------
     --------------------------------------------------
    |  DISPLAY 'work at a job' IF HE20A IS CODED '1'     |
    |  (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION|
    |  WITH OTHER CODES OR IF HE20A IS CODED '-7'        |
    |  (REFUSED) OR '-8' (DON'T KNOW).  IF HE20A IS NOT  |
    |  CODED '1', '-7', OR '-8', USE A NULL DISPLAY.     |
    |                                                    |
```

```
|  DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR|
|  IF HE20A IS CODED EITHER '-7' OR '-8'.            |
|  DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER   |
|  '2' OR '3'.  OTHERWISE, USE A NULL DISPLAY.       |
|                                                    |
|  DISPLAY ' do housework' IF HE20A IS CODED '2'     |
|  (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION |
|  WITH OTHER CODES OR IF HE20A IS CODED '-7'        |
|  (REFUSED) OR '-8' (DON'T KNOW).  IF HE20A IS NOT  |
|  CODED '2', '-7', OR '-8', USE A NULL DISPLAY.     |
|                                                    |
|  DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE      |
|  SELECTED AT HE20A OR IF CODES '1', '2', AND '3'   |
|  ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7' |
|  OR '-8' AT HE20A.  OTHERWISE, USE A NULL DISPLAY. |
|                                                    |
|  DISPLAY ' go to school' IF HE20A IS CODED '3'     |
|  (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION |
|  WITH OTHER CODES OR IF HE20A IS CODED '-7'        |
|  (REFUSED) OR '-8' (DON'T KNOW).  IF HE20A IS NOT  |
|  CODED '3', '-7', OR '-8', USE A NULL DISPLAY.     |
 ----------------------------------------------------
```

END_LP04
========

```
 ----------------------------------------------------
|  CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
|  MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
 ----------------------------------------------------
 ----------------------------------------------------
|  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
|  END LOOP_04 AND CONTINUE WITH HE22                |
 ----------------------------------------------------
```

HE22
====

{STR-DT}
{END-DT}
Besides the limitations we just talked about, is anyone in the
family limited in participating in social, recreational or
family activities **because of an impairment or a physical or
mental health problem?**

```
     YES ..................................... 1
     NO ...................................... 2 {HE24}
     REF ..................................... -7 {HE24}
     DK ...................................... -8 {HE24}
   PRESS F1 FOR DEFINITION OF LIMITED IN PARTICIPATING.
    ----------------------------------------------------
   |  IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
   |  AUTOMATICALLY CODE PERSON AS 'LIMITED IN          |
   |  PARTICIPATION' AT HE23 BY CAPI AND GO TO HE24     |
    ----------------------------------------------------
    ----------------------------------------------------
   |  IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
   |  WITH HE23                                         |
    ----------------------------------------------------
```

HE23
====

{STR-DT}
{END-DT}
LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY
ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL
HEALTH PROBLEM.
Who is that?
PROBE: Is anyone else limited in participation in activities
**because of an impairment or a physical or mental health
problem?**
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]

```
-------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS THE RU-     |
|  MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.     |
-------------------------------------------------------
-------------------------------------------------------
|  FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS   |
|  OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC           |
|  SUPPLEMENT:  SOCIAL LIMITATIONS SECTION.           |
-------------------------------------------------------
```

HE24
====

{STR-DT}
{END-DT}
Do any of the adults in the family
(1= YES, 2= NO)

                              YES   NO   REF   DK

HE24_01
=======

Experience confusion
or memory loss such
that it interferes
with daily
activities?   1   2   -7   -8

HE24_02
=======

Have problems making
decisions to the
point that it
interferes with
daily activities?   1   2   -7   -8

HE24_03
=======

Require supervision
for their own safety? 1   2   -7   -8

```
-------------------------------------------------------
|  IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES) |
|  AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS      |
|  'EXPERIENCES CONFUSION' AT HE25 BY CAPI AND GO TO  |
|  BOX_10                                             |
```

```
         -------------------------------------------------
         -------------------------------------------------
        | IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED '2'|
        | (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO  |
        | BOX_10                                            |
         -------------------------------------------------
         -------------------------------------------------
        | OTHERWISE, CONTINUE WITH HE25                    |
         -------------------------------------------------
```

HE25
====

{STR-DT}
{END-DT}
{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES
WITH DAILY ACTIVITIES}{{/}HAVE PROBLEMS MAKING DECISIONS TO THE
POINT THAT IT INTERFERES WITH DAILY ACTIVITIES}{{/}REQUIRE
SUPERVISION FOR THEIR OWN SAFETY}
Who is that?
PROBE: Does anyone else {experience confusion or memory loss
such that it interferes with daily activities} {{or }have
problems making decisions to the point that it interferes with
daily activities} {{or }require supervision for their own
safety}?
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]

```
         -------------------------------------------------
        | ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
        | IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU   |
        | MEMBERS                                          |
         -------------------------------------------------


         -------------------------------------------------
        | DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH |
        | THAT IT INTERFERES WITH DAILY ACTIVITIES' IF      |
        | HE24_01 CODED '1' (YES).                         |
        |                                                  |
        | DISPLAY '{/}HAVE PROBLEMS MAKING DECISIONS TO THE |
        | POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF|
        | HE24_02 CODED '1' (YES).  DISPLAY THE '/' ONLY IF |
        | HE24_01 IS ALSO CODED '1' (YES).                 |
        |                                                  |
        | DISPLAY '{/}REQUIRE SUPERVISION FOR THEIR OWN     |
        | SAFETY' IF HE24_03 IS CODED '1' (YES).  DISPLAY   |
        | THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO   |
        | CODED '1' (YES).                                 |
        |                                                  |
        | DISPLAY 'experience confusion or memory loss such |
        | that it interferes with daily activities' IF      |
        | HE24_01 CODED '1' (YES).                         |
        |                                                  |
        | DISPLAY '{or }have problems making decisions to   |
        | the point that it interferes with daily          |
        | activities' IF HE24_02 CODED '1' (YES).  DISPLAY  |
        | THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).|
        |                                                  |
```

```
              |  DISPLAY `{or }require supervision for their own    |
              |  safety' IF HE24_03 IS CODED `1' (YES).  DISPLAY    |
              |  `or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO      |
              |  CODED `1' (YES).                                   |
               ------------------------------------------------------
               ------------------------------------------------------
              |  FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS  |
              |  OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC           |
              |  SUPPLEMENT:  COGNITIVE LIMITATIONS SECTION.        |
               ------------------------------------------------------
               ------------------------------------------------------
              |  GO TO BOX_10.                                      |
               ------------------------------------------------------
```

BOX_05
======

OMITTED.

BOX_05A
=======

OMITTED.

HE25A
=====

OMITTED.

HE25B
=====

OMITTED.

HE25C
=====

OMITTED.

HE26
====

{STR-DT}
{END-DT}
Does anyone in the family wear eyeglasses or contact lenses?

```
    YES .................................... 1
    NO ..................................... 2 {HE28}
    REF .................................... -7 {HE28}
    DK ..................................... -8 {HE28}
     ------------------------------------------------------
    |  IF CODED `1' (YES) AND A SINGLE-PERSON RU,          |
    |  AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO    |
    |  TO HE28                                             |
     ------------------------------------------------------
     ------------------------------------------------------
    |  IF CODED `1' (YES) AND A MULTI-PERSON RU,           |
    |  CONTINUE WITH HE27                                  |
     ------------------------------------------------------
```

HE27
====

{STR-DT}
{END-DT}
Who is that?
PROBE: Does anyone else wear eyeglasses or contact lenses?

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]

   | ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
   | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |

HE28
====

{STR-DT}
{END-DT}
Does anyone in the family have any difficulty seeing{ [with
glasses or contacts, if they use them]}?
      YES 1
      NO .... 2 {HE33}
      REF .... -7 {HE33}
      DK .... -8 {HE33}

   | DISPLAY '[with glasses or contacts, if they use |
   | them]' IF HE26 IS CODED '1' (YES). OTHERWISE, |
   | USE A NULL DISPLAY. |

   | IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
   | AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT |
   | HE29 BY CAPI AND GO TO LOOP_05 |

   | IF CODED '1' (YES) AND A MULTI-PERSON RU, |
   | CONTINUE WITH HE29 |

HE29
====

{STR-DT}
{END-DT}
DIFFICULTY SEEING {[WITH GLASSES OR CONTACTS, IF THEY USE THEM]}.
Who is that?
PROBE: Does anyone else have any difficulty seeing{ [with
glasses or contacts, if they use them]}?
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]

   | ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
   | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |

   | DISPLAY '[WITH GLASSES OR CONTACTS, IF THEY USE |
   | THEM]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE|
   | A NULL DISPLAY. Display '[with glasses or |
   | contacts, if they use them]' IF HE26 IS CODED '1' |
   | (YES). OTHERWISE, USE A NULL DISPLAY. |

LOOP_05
=======

```
         ------------------------------------------------------
        |   FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,          |
        |   ASK HE30 - END_LP05                                 |
         ------------------------------------------------------
         ------------------------------------------------------
        |   LOOP DEFINITION:  LOOP_05 COLLECTS VISION           |
        |   IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY     |
        |   SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET      |
        |   THE FOLLOWING CONDITIONS:                            |
        |   - PERSON IS NOT DECEASED                             |
        |   - PERSON HAS DIFFICULTY SEEING (I.E., PERSON         |
        |     SELECTED AT HE29)                                  |
         ------------------------------------------------------
```

HE30
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Can (PERSON) not see anything at all, that is, (are/is) (PERSON)
blind?

```
        YES ...................................  1
        NO ....................................  2
        REF ................................... -7
        DK .................................... -8
            PRESS F1 FOR DEFINITION OF BLIND.
         ------------------------------------------------------
        |   IF CODED '1' (YES), FLAG PERSON FOR THE LTC         |
        |   SUPPLEMENT:  VISION SECTION AND GO TO END_LP05      |
         ------------------------------------------------------
         ------------------------------------------------------
        |   OTHERWISE, CONTINUE WITH HE31                       |
         ------------------------------------------------------
```

HE31
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With glasses or contacts, can/Can} (PERSON) see well enough to
read ordinary newspaper print, even if (PERSON) cannot read?

```
        YES ...................................  1 {END_LP05}
        NO ....................................  2
        REF ................................... -7
        DK .................................... -8
         ------------------------------------------------------
        |   DISPLAY 'With glasses or contacts, can' IF PERSON   |
        |   BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE   |
        |   (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.       |
         ------------------------------------------------------
```

HE32
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With glasses or contacts, can/Can} (PERSON) see well enough to
recognize familiar people if they are two or three feet away?

```
        YES ...................................  1
```

```
                NO ...................................  2
                REF ................................. -7
                DK .................................. -8
         --------------------------------------------------------
        |  DISPLAY 'With glasses or contacts, can' IF PERSON  |
        |  BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE  |
        |  (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.      |
         --------------------------------------------------------
         --------------------------------------------------------
        |  IF CODED '2' (NO), FLAG PERSON FOR THE LTC         |
        |  SUPPLEMENT:  VISION SECTION.                       |
         --------------------------------------------------------
```

END_LP05
========

```
         --------------------------------------------------------
        |  CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO  |
        |  MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
         --------------------------------------------------------
         --------------------------------------------------------
        |  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
        |  END LOOP_05 AND CONTINUE WITH HE33                 |
         --------------------------------------------------------
```

HE33
====

{STR-DT}
{END-DT}
Does anyone in the family wear a hearing aid?
```
                YES .................................  1
                NO ..................................  2 {HE35}
                REF ................................. -7 {HE35}
                DK .................................. -8 {HE35}
         --------------------------------------------------------
        |  IF CODED '1' (YES) AND A SINGLE-PERSON RU,         |
        |  AUTOMATICALLY CODE PERSON AT HE34 BY CAPI AND GO   |
        |  TO HE35                                            |
         --------------------------------------------------------
         --------------------------------------------------------
        |  IF CODED '1' (YES) AND A MULTI-PERSON RU,          |
        |  CONTINUE WITH HE34                                 |
         --------------------------------------------------------
```

HE34
====

{STR-DT}
{END-DT}
Who is that?
PROBE: Does anyone else wear a hearing aid?
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]
         --------------------------------------------------------
        |  ROSTER DEFINITION:  THIS ITEM DISPLAYS THE RU-     |
        |  MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.     |
         --------------------------------------------------------
         --------------------------------------------------------
        |  FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT:  |
        |  HEARING SECTION.                                   |
         --------------------------------------------------------
```

HE35
====

           {STR-DT}
           {END-DT}
           Does anyone in the family have any difficulty hearing{ [with a
           hearing aid, if they use one]}?
                 YES 1
                 NO .... 2 {BOX_10}
                 REF .... -7 {BOX_10}
                 DK .... -8 {BOX_10}

              | DISPLAY '[with a hearing aid, if they use one]' |
              |IF HE33 IS CODED '1' (YES). OTHERWISE, USE A NULL |
              | DISPLAY. |

              | IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
              | AUTOMATICALLY CODE PERSON AS 'HEARING IMPAIRED' AT|
              | HE36 BY CAPI AND GO TO LOOP_06 |

              | IF CODED '1' (YES) AND A MULTI-PERSON RU, |
              | CONTINUE WITH HE36 |

HE36
====

           {STR-DT}
           {END-DT}
           DIFFICULTY HEARING {[WITH A HEARING AID, IF THEY USE ONE]}.
           Who is that?
           PROBE: Does anyone else have any difficulty hearing{ [with a
           hearing aid, if they use one]}?
           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]

              | ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
              | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |

              | DISPLAY '[WITH A HEARING AID, IF THEY USE ONE]' IF|
              | HE33 IS CODED '1' (YES). OTHERWISE USE A NULL |
              | DISPLAY. DISPLAY '[with a hearing aid, if they |
              | use one]' IF HE33 IS CODED '1' (YES). OTHERWISE,|
              | USE A NULL DISPLAY. |

LOOP_06
=======

              | FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
              | HE37 - END_LP06 |

              | LOOP DEFINITION: LOOP_06 COLLECTS HEARING |

```
| IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY  |
| HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET  |
| THE FOLLOWING CONDITIONS:                         |
| - PERSON IS NOT DECEASED                          |
| - PERSON HAS DIFFICULTY HEARING (I.E., PERSON     |
|   SELECTED AT HE36)                               |
----------------------------------------------------
```

HE37
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Can (PERSON) not hear any speech at all, that is, (are/is)
(PERSON) deaf?

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

       PRESS F1 FOR DEFINITION OF DEAF.

```
----------------------------------------------------
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC       |
| SUPPLEMENT:  HEARING SECTION AND GO TO END_LP06   |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH HE38                     |
----------------------------------------------------
```

HE38
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With a hearing aid, can/Can} (PERSON) hear **most** of the things
people say?

    YES .... 1 {END_LP06}
    NO 2
    REF .... -7
    DK .... -8

```
----------------------------------------------------
| DISPLAY 'With a hearing aid, can' IF PERSON       |
| BEING ASKED ABOUT WAS SELECTED AT HE34.  OTHERWISE|
| (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.     |
----------------------------------------------------
```

HE39
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{With a hearing aid, can/Can} (PERSON) hear **some** of the things
people say?

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

```
----------------------------------------------------
| DISPLAY 'With a hearing aid, can' IF PERSON       |
| BEING ASKED ABOUT WAS SELECTED AT HE34.  OTHERWISE|
| (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.     |
----------------------------------------------------
----------------------------------------------------
```

```
           |  IF CODED '2' (NO), FLAG PERSON FOR THE LTC        |
           |  SUPPLEMENT:  HEARING SECTION.                     |
           -------------------------------------------------------
```

END_LP06
========

```
           -------------------------------------------------------
           |  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
           |  END LOOP_06 AND GO TO BOX_10                      |
           -------------------------------------------------------
```

BOX_06A
=======
         OMITTED.

BOX_06
======
         OMITTED.

HE40
====
         OMITTED.

HE41
====
         OMITTED.

LOOP_07
=======
         OMITTED.

HE42
====
         OMITTED.

HE43
====
         OMITTED.

HE44
====
         OMITTED.

HE44OV
======
         OMITTED.

END_LP07
========
         OMITTED.

BOX_07
======
         OMITTED.

LOOP_08
=======
         OMITTED.

HE45
====
          OMITTED.

HE46
====
          OMITTED.

HE47
====
          OMITTED.

HE48
====
          OMITTED.

HE49
====
          OMITTED.

HE49A
=====
          OMITTED.

END_LP08
========
          OMITTED.

BOX_08
======
          OMITTED.

LOOP_09
=======
          OMITTED.

HE50
====
          OMITTED.

HE51
====
          OMITTED.

HE52
====
          OMITTED.

HE52OV
======
          OMITTED.

HE52A
=====
          OMITTED.

HE52B
=====
          OMITTED.

HE52BOV
=======
            OMITTED.

HE53
====
            OMITTED.

HE54
====
            OMITTED.

HE54OV
======
            OMITTED.

END_LP09
========
            OMITTED.

BOX_09
======
            OMITTED.

LOOP_10
=======
            OMITTED.

HE55
====
            OMITTED.

HE55_01
=======
            OMITTED.

HE55_02
=======
            OMITTED.

HE55_03
=======
            OMITTED.

HE56
====
            OMITTED.

HE56_01
=======
            OMITTED.

HE56_02
=======
            OMITTED.

```
HE57
====
          OMITTED.

HE57_01
=======
          OMITTED.

HE57_02
=======
          OMITTED.

END_LP10
========
          OMITTED.

BOX_10
======
          ------------------------------------------------------
          |   GO TO NEXT QUESTIONNAIRE SECTION                 |
          ------------------------------------------------------
```

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