BOX_00
======

```
         -------------------------------------------------------
         |  CONTEXT HEADER DISPLAY INSTRUCTIONS:               |
         |  DISPLAY PERS.FULLNAME, PROV.DRFNAM, PROV.LORPNAME   |
         |  (IF EVNT.PROVNUM ^= -1), EVNT.EVNTTYPE (IF SET),    |
         |  EVNT.EVNTBEGM,D (EVNTBEGM ONLY FOR HH),             |
         |  (PRND.BEGREFMM, DD FOR OM), EVNT.EVNTENDM, D (IF    |
         |  EVNT = HS), (PRND.ENDREFMM, DD FOR OM).             |
         -------------------------------------------------------
```

BOX_01
======

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

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

EV01
====

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

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

[Code One]

```
    -----------------------------------------------------
    | ROSTER DETAILS:                                   |
    | TITLE: RU_MEMBERS_SELECTONE                       |
    |                                                   |
    | COL # 1 HEADER: PERSON-TYPE-PROVIDER              |
    | INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE,  |
    | AND LAST NAMES (PERS.FULLNAME)                    |
    -----------------------------------------------------


    -----------------------------------------------------
    | ROSTER DEFINITION:  THIS ITEM DISPLAYS THE        |
    | RU-MEMBERS-ROSTER FOR SELECTION OF RU MEMBERS.    |
    -----------------------------------------------------


    -----------------------------------------------------
    | ROSTER BEHAVIOR:                                  |
    | 1. SELECT ALLOWED.  INTERVIEWER MAY SELECT ONE    |
    | FROM THE LISTED MEMBERS.                          |
    |                                                   |
    | 2. MULTIPLE SELECT DISALLOWED.                    |
    |                                                   |
    | 3. ADD, DELETE, AND EDIT DISALLOWED.              |
    -----------------------------------------------------


    -----------------------------------------------------
    | ROSTER FILTER:                                    |
    | NONE.  DISPLAY ALL.                               |
    -----------------------------------------------------
```

EV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: WHAT TYPE OF EVENT IS IT?

        HOSPITAL STAY .... HS {BOX_02}
        HOSPITAL EMERGENCY ROOM .... ER {BOX_02}
        HOSPITAL OUTPATIENT DEPARTMENT .... OP {BOX_02}
        MEDICAL PROVIDER VISIT .... MV {BOX_02}
        DENTAL CARE .... DN {BOX_02}
        HOME HEALTH .... HH {EV06}
        OTHER MEDICAL EXPENSES .... OM
        INSTITUTIONAL/LONG TERM CARE STAY .... IC {BOX_02}

        HELP AVAILABLE FOR DEFINITION OF EVENT TYPES.

                    [Code One]

2

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

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

BOX_02
======

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

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

EV02A
=====

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

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

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

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

[Code One]

EV03
====

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

IF KNOWN, SELECT CORRECT OME ITEM GROUP.

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

```
    GLASSES OR CONTACT LENSES .............. 1 {BOX_06}
    INSULIN ............................... 2 {BOX_06}
    OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3 {BOX_06}
```

                    [Code All That Apply]


```
 -----------------------------------------------
| IF CODED '2' (INSULIN), ADD 'INSULIN' TO      |
| PERSON'S-PRESCRIBED-MEDICINES-ROSTER, CREATING |
| NECESSARY RECORDS FOR INSULIN.                |
 -----------------------------------------------
```

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

EV03A
=====

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

SHOW CARD PP-4A OR PP-12

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

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

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

                [Code All That Apply]

```
    -------------------------------------------------
    | (FOR SPECIFICATIONS ONLY, 'YEAR' IN PROGRAM IS  |
    | HARD-CODED.) IF ROUND 3, DISPLAY FIRST YEAR OF  |
    | PANEL FOR {YEAR}.  IF ROUND 5, DISPLAY SECOND   |
    | YEAR OF PANEL FOR {YEAR}.                        |
    -------------------------------------------------

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

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

EV03AOV
=======

OTHER GROUPING OF OTHER MEDICAL EXPENSES:

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

BOX_03
======

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

         -------------------------------------------------
         |  OTHERWISE, GO TO EV05                           |
         -------------------------------------------------
```

EV04
====

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

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

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

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

PROBE: Any other stays?

```
  --------------------------------------------------------
| [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4] |
|-------------------------|-------------------------|
| [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4] |
|-------------------------|-------------------------|
| [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4] |
  --------------------------------------------------------


         -------------------------------------------------
         |  DISPLAY 'OR RELEASED IN {YEAR}' IF ROUND 5, WHERE |
         |  'YEAR' IS THE CALENDAR YEAR SUBSEQUENT TO THE     |
         |  SECOND YEAR OF THE PANEL.  OTHERWISE, USE A NULL  |
         |  DISPLAY.                                          |
         -------------------------------------------------
```

```
---------------------------------------------------
|  DISPLAY A RADIO BUTTON ON THE DATE ENTRY SCREEN  |
|  LABELED 'CHECK IF STILL IN PROVIDER {OR RELEASED  |
|  IN {YEAR}}.                                       |
---------------------------------------------------
```

```
---------------------------------------------------
|  ALLOW RF AND DK FOR THE DAY AND YEAR BUT NOT FOR  |
|  THE MONTH.                                        |
---------------------------------------------------
```

```
---------------------------------------------------
|  HARD CHECK:                                       |
|  EDIT CHECK:                                       |
|                                                    |
|  IN ROUND 1 ONLY, ALLOW AN ADMIT DATE ONE YEAR     |
|  PRIOR TO THE RU MEMBER'S REFERENCE PERIOD START   |
|  DATE.                                             |
---------------------------------------------------
```

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

```
---------------------------------------------------
|  ROSTER DETAILS:                                   |
|  TITLE: PERS_EVNT_ADD_1                            |
|                                                    |
|  COL # 1 HEADER: ADMIT DATE                        |
|  INSTRUCTIONS: DISPLAY EVENT BEGIN DATE            |
|  (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)     |
|                                                    |
|  COL # 2 HEADER: DISCHARGE DATE                    |
|  INSTRUCTIONS: DISPLAY EVENT END DATE              |
|  (EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY)     |
|                                                    |
---------------------------------------------------
```

```
---------------------------------------------------
|  ROSTER DEFINITION:                                |
|  THIS ITEM DISPLAYS THE PERSON'S-MEDICAL-EVENTS-   |
|  ROSTER FOR ADDING BEGIN AND END DATES.            |
---------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER BEHAVIOR:                                    |
| 1. EDIT AND SELECT DISALLOWED.                      |
|                                                     |
| 2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD         |
| RECORD THE EVENT BEGIN AND END DATES.               |
|                                                     |
| 3. LIMITED DELETE ALLOWED. INTERVIEWER CAN DELETE   |
| AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE       |
| DELETE IS USED. THAT IS, AS LONG AS THE             |
| INTERVIEWER HAS NOT LEFT THE SCREEN, THEY SHOULD    |
| BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.        |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY NO EVENTS ON ROSTER INITIALLY. THIS SCREEN  |
| RELATES TO HS AND IC EVENT TYPES (EVNT.EVNTTYPE)    |
| ONLY.                                               |
-------------------------------------------------------
```

EV05
====

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

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

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

PROBE: Any other dates?

```
                -----------------------------
                | [Enter Month,Day,Year-4]  |
                |---------------------------|
                | [Enter Month,Day,Year-4]  |
                |---------------------------|
                | [Enter Month,Day,Year-4]  |
                -----------------------------
```

```
-------------------------------------------------------
| DISPLAY 'ADD EVENT DATE', 'EDIT EVENT DATE', AND    |
| 'DELETE EVENT DATE' BUTTONS ON THIS SCREEN.         |
-------------------------------------------------------
```

8

```
-------------------------------------------------
| ALLOW RF AND DK FOR THE DAY AND YEAR BUT NOT FOR |
| THE MONTH.                                      |
-------------------------------------------------
```

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

```
-------------------------------------------------
| ROSTER DETAILS:                                 |
| TITLE: PERS_EVNT_ADD_2                          |
|                                                 |
| COL # 1 HEADER: EVENT DATE                      |
| INSTRUCTIONS: DISPLAY EVENT BEGIN DATE          |
| (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)   |
-------------------------------------------------
```

```
-------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS PERSON'S- |
| MEDICAL-EVENTS-ROSTER FOR ADDING EVENT BEGIN    |
| DATES.                                          |
-------------------------------------------------
```

```
-------------------------------------------------
| ROSTER BEHAVIOR:                                |
| THIS ITEM CAN COLLECT ONLY THOSE EVENTS THAT ARE |
| THE SAME PROVIDER, PERSON, AND EVENT TYPE AS THE |
| EVENT BEING ASKED ABOUT.                        |
|                                                 |
| 1. SELECT DISALLOWED.                           |
|                                                 |
| 2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD     |
| RECORD THE EVENT BEGIN DATES.                   |
|                                                 |
| 3. LIMITED DELETE ALLOWED. INTERVIEWER CAN DELETE |
| AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE   |
| DELETE IS USED. THAT IS, AS LONG AS THE         |
| INTERVIEWER HAS NOT LEFT THE SCREEN, THEY SHOULD |
| BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.    |
|                                                 |
| 4. LIMITED EDIT ALLOWED. INTERVIEWER CAN EDIT AN |
| EVENT THAT WAS ENTERED ON THE SCREEN WHERE EDIT |
| IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS |
| NOT LEFT THE SCREEN, THEY SHOULD BE ABLE TO EDIT |
| AN EVENT.                                       |
-------------------------------------------------
```

```
-------------------------------------------------
| ROSTER FILTER:                                  |
| DISPLAY NO EVENTS ON ROSTER INITIALLY.          |
-------------------------------------------------
```

9

EV06
====

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

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

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

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

> FRIEND/NEIGHBOR .... 1 {EV08}
> RELATIVE .... 2 {EV07}
> VOLUNTEER .... 3 {EV08}
> OTHER-PAID .... 4 {EV06A}
> VOLUNTEERED: MEAL DELIVERY SERVICE .... 5 {BOX_06}

> HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

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

EV06A
=====

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

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

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

```
     WORKED FOR AGENCY, HOSPITAL, OR
     NURSING HOME ........................... 1 {BOX_04}
     WORKED FOR SELF ........................ 2 {BOX_04}
     REF .................................... -7 {BOX_04}
     DK ..................................... -8 {BOX_04}
```

                    [Code One]

EV07
====

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

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

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

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

```
         DAUGHTER ................................ 1 {BOX_04}
         DAUGHTER-IN-LAW ......................... 2 {BOX_04}
         SON ..................................... 3 (BOX_04}
         SON-IN-LAW .............................. 4 {BOX_04}
         OTHER RELATIVE ......................... 5 {EV07OV1}
```

                    [Code One]

EV07OV1
=======

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

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

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

```
-------------------------------------------------
|  FOR SPECIFICATION PURPOSES ONLY: CAPI DOES NOT  |
|  ALLOW 'RF' OR 'DK' IN COMBINATION WITH ANY OTHER |
|  CODE.                                            |
-------------------------------------------------

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

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

EV07OV2
=======

OTHER:

```
[Enter Other Specify] ...................  {EV08}
REF ................................... -7 {EV08}
DK .................................... -8 {EV08}
```

EV08
====

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

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

```
     [Enter Number-2] ....................... {BOX_05}
     REF ................................. -7 {BOX_05}
     DK .................................. -8 {BOX_05}
```

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

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

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

13

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

BOX_04
======

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

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

BOX_05
======

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

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

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

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


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

EV09
====

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

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

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

```
------------------------------------------------------
| IF ROUND 1, GO TO EV12                               |
------------------------------------------------------

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

EV10
====

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

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

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

```
     COMPANION ............................... 1
     DOMESTIC WORKER/HOUSE CLEANER .......... 2
     HEALTH PROFESSIONAL .................... 3 {EV11}
     HOMEMAKER .............................. 4
     HOME HEALTH AIDE ....................... 5
     NURSE'S AIDE ........................... 6
     PERSONAL CARE ATTENDANT ................ 7
     OTHER .................................. 91 {EV10OV}
     REF .................................... -7
     DK ..................................... -8
```

       HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

     | IF EV10 NOT CODED '3' (HEALTH PROFESSIONAL), OR |
     | '91' (OTHER), AND ROUND 1, GO TO EV12 |
     | OTHERWISE, GO TO EV13 |

EV10OV
======

          OTHER:

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

     | IF ROUND 1, GO TO EV12 |

     | OTHERWISE, GO TO EV13 |

EV11
====

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

What type of health professional is (PROVIDER)?

```
            DIETITIAN/NUTRITIONIST ................. 1
            HOME HEALTH AIDE ....................... 2
            HOSPICE WORKER ........................ 3
            I.V./INFUSION THERAPIST ............... 4
            MEDICAL DOCTOR ........................ 5
            NURSE/NURSE PRACTITIONER .............. 6
            NURSE'S AIDE .......................... 7
            OCCUPATIONAL THERAPIST ................ 8
            PERSONAL CARE ATTENDANT ............... 9
            PHYSICAL THERAPIST .................... 10
            RESPIRATORY THERAPIST ................ 11
            SOCIAL WORKER ........................ 12
            SPEECH THERAPIST ..................... 13
            OTHER ................................ 91 {EV11OV}
            REF .................................. -7
            DK ................................... -8
```

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

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

    ------------------------------------------------------
    |  IF EV11 NOT CODED '91' (OTHER), AND ROUNDS 2-5,    |
    |  GO TO EV13                                         |
    ------------------------------------------------------
```

EV11OV
======

OTHER:

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

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


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

EV12
====

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

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

```
     YES .................................... 1 {EV13}
     NO ..................................... 2 {EV13}
     REF ................................... -7 {EV13}
     DK .................................... -8 {EV13}
```

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


      --------------------------------------------------
      |  (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES   |
      |  AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS FIRST  |
      |  CALENDAR YEAR OF PANEL.                        |
      --------------------------------------------------
```

EV13
====

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

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

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

       How about in (MONTH)?

                          YES   NO   REF   DK

EV13_01
=======

       {MONTH}   1   2   -7   -8

EV13_02
=======

       {MONTH}   1   2   -7   -8

EV13_03
=======

       {MONTH}   1   2   -7   -8

EV13_04
=======

       {MONTH}   1   2   -7   -8

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

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| EV13 SCREEN DISPLAY SPECIFICATIONS:                |
|                                                    |
| 1. THE NUMBER AND NAMES OF THE MONTHS LISTED ARE   |
|    DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE  |
|    MONTH OF THE START DATE AND THE MONTH OF THE    |
|    END DATE FOR THIS PERSON.  FOR EXAMPLE, IF THE  |
|    START DATE IS JANUARY 1 AND THE END DATE IS     |
|    APRIL 10 FOR THIS PERSON'S REFERENCE PERIOD,    |
|    'JANUARY', 'FEBRUARY', 'MARCH', AND 'APRIL'     |
|    ARE DISPLAYED.  THAT IS, THE MONTHS ARE ALL THE|
|    MONTHS OF THE PERSON'S REFERENCE PERIOD.        |
|                                                    |
| 2. '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE        |
|    ALLOWED FOR EV13_01, EV13_02, EV13_03, AND      |
|    EV13_04.  HOWEVER, THEY WILL BE TREATED AS A    |
|    'NO' WHEN CREATING EVENTS.                      |
|                                                    |
| 3. THE MONTHS ARE DISPLAYED IN GRID FORMAT WITH    |
|    YES/NO/DK/RF RADIO BUTTONS.                     |
|                                                    |
| 4. EV13 HAS TO ACCOMMODATE AT LEAST 10 MONTHS.     |
|                                                    |
| 5. A SEAM MONTH WILL BE ASKED ONLY ONE HOME        |
|    HEALTH UTILIZATION SECTION WHENEVER IT          |
|    RECEIVES (OR RECEIVED) A CODE OF '1' (YES) IN   |
|    EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.|
|                                                    |
| MESSAGE:  IF CURRENT INTERVIEW MONTH IS CODED '1'  |
| (YES), DISPLAY THE FOLLOWING MESSAGE:  "HOME       |
| HEALTH UTILIZATION SEC FOR {INT MONTH} WILL NOT    |
| BE ASKED UNTIL NEXT ROUND."                        |
|                                                    |
| EACH MONTH CODED '1' (YES) BECOMES A SEPARATE HOME|
| HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR.        |
| HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED   |
| '1' (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE    |
| NEXT ROUND.  IF THE MONTH OF THE PREVIOUS ROUND'S |
| INTERVIEW DATE IS CODED '1' (YES), IT IS ASKED     |
| ONE TIME.  THAT IS, IT IS NOT A SEPARATE EVENT FOR|
| BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS      |
| ONLY ONE EVENT.                                    |
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| HARD CHECK:                                        |
| EDIT:  CAPI REQUIRES A RESPONSE FOR EACH MONTH     |
| DISPLAYED.  ALL MONTHS DURING THE REFERENCE PERIOD|
| CANNOT BE CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW).  IF ALL ARE, WVS ERROR HANDLER WILL |
| FORCE THE INTERVIEWER TO RECTIFY THE DATA.         |
------------------------------------------------------
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BOX_06
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         |  RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP    |
         |  OR ED.                                            |
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```