

Event Roster (EV) Section

BOX\_00

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| 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). |  
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BOX\_01

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

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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]

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

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| 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}

SHOW CARD {EV-1A/EV-1B}.

Where did (PERSON) receive the care?

REFER TO TAB 7 OF QUICK REFERENCE GUIDE FOR EVENT TYPE  
FOLLOW-UP PROBES.

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]

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| DISPLAY 'EV-1A' IF ROUND 1, 2, OR 4. |  
DISPLAY 'EV-1B' IF ROUND 3 OR 5.

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

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

BOX\_02  
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-----  
ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT

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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.

-----  
| 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. |  

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'.

```
-----  
| 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'. |  
| |  
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BOX\_04  
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-----  
| ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT |  
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-----  
| AT COMPLETION OF THE PV SECTION, CONTINUE WITH |  
| BOX_05 |  
| |  
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BOX\_05

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-----  
| 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

EV110V  
=====

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.

-----

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.

-----

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.