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}

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]

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

```
-------------------------------------------------------
| 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.               |
-------------------------------------------------------
```

7

```
-------------------------------------------------------
| 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
=======

             SPECIFY:

                 [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
======

  SPECIFY:

```
    [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
======

     SPECIFY:

        [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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