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 {you/{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   |
---------------------------------------------------
```

3

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 {you/{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-5 OR PP-13

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

OTHERWISE ASK: Looking at this card, what type of other medical
expenses did {you/{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
```

 HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

                  [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} {you/{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 {you/he/she} enter {PROVIDER}?
On what date did {you/he/she} leave {PROVIDER}?

PROBE: Any other stays?

EV04 01.ADMIT DATE	EV04 02.DISCHARGE DATE
[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 {you/{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 {you/{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 {you/{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}.

                        CHECK ALL THAT APPLY.

            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 {you/{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' FOR PROV.HHTYPE.  |
    --------------------------------------------------
```

```
    --------------------------------------------------
    | 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' FOR PROV.HHTYPE.  |
    --------------------------------------------------
```

```
--------------------------------------------------------
|  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' FOR      |
|  PROV.HHTYPE 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'|
|   FOR PROV.HHTYPE 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' FOR        |
|   PROV.HHTYPE 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
{you/{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} {friends or neighbors/volunteers/relatives, other than
than daughters, daughters-in-law, sons, and sons-in-law/{PROVIDER} **ever**
provide home care services for {you/{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.                     |
    -----------------------------------------------------


    -----------------------------------------------------
    |  IF PROVIDER BEING ASKED ABOUT IS NOT FLAGGED AS   |
    |  'INFORMAL' AT EV08, DISPLAY ACTUAL PROVIDER NAME  |
    |  FOR '{PROVIDER}'.                                 |
    |  IF PROVIDER BEING ASKED ABOUT IS FLAGGED AS       |
    |  'INFORMAL' AT EV08, DISPLAY 'friends or           |
    |  neighbors/volunteers/relatives, other than        |
    |  daughters, daughters-in-law, sons, and            |
    |  sons-in-law'. DISPLAY 'friends or neighbors' IF   |
    |  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).            |
    -----------------------------------------------------
```

```
     -----------------------------------------------------
    | (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 {you/{PERSON}} received home care
services from {PROVIDER} during some part of {PRV RD INTV MTH}.
Did {you/he/she} 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
{you/{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.          |
-------------------------------------------------------
```

BOX_06
======

```
-----------------------------------------------------
|  RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP   |
| OR ED.                                            |
-----------------------------------------------------
```