Health Status (HE) Section

BOX_01

NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU

MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK

THIS SECTION FOR DECEASED PERSONS.

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

NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS FOLLOWS:

- 1 = LESS THAN 1 YEAR OLD
- 2 = 1-4
- 3 = 5-15
- 4 = 16-23
- 5 = 24 34
- 6 = 35-44
- 7 = 45-54
- 8 = 55-64
- 9 = 65 YEARS OLD OR OLDER

HE01

{STR-DT} {END-DT}

The next few questions are about difficulties people may have with everyday activities such as getting around, bathing or taking medications. We are interested in difficulties due to an impairment or a physical or mental health problem.

 $\{ \text{Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE). \}$

Does anyone in the family receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping?

YES	1	
NO	2	{HE04}
REF	7	{HE04}
DK	8	{HE04}

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

DISPLAY 'Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

| IF CODED '1' (YES) AND A SINGLE PERSON RU, | AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT | HE02 BY CAPI AND GO TO HE04

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

{STR-DT} {END-DT}

HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING SHOPPING.

Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

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

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

L	0	0	Ρ	_	0	1
=	=	=	=	=	=	=

						-
FOR	R EACH	ELEMENT	IN	THE	RU-MEMBERS-ROSTER,	
ASI	HE03	- END_LI	01			
						_

LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS
< 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH
INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF

AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH
PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET
THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (I.E., PERSON SELECTED AT HE02)
- PERSON < 13 YEARS OF AGE OR IN AGE CATEGORY 1-3

HE03

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping because of an impairment or a physical or mental health problem?

YES	•	 	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	_	L
NO .		 																																2	2
REF		 																																- 7	7
DK .		 																																- 8	3

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

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

5-4

END_LP01	
======	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH HE04
HE04 ====	
	{STR-DT} {END-DT}
	Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?
	YES 1 NO 2 {BOX_02} REF -7 {BOX_02} DK -8 {BOX_02}
	PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU,
	AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT HE05 BY CAPI AND GO TO BOX_02
	IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HE05

HE05

{STR-DT} {END-DT}

HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING, DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

PROBE: Does anyone else receive help or supervision with personal care?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

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

L	0	0	Ρ	_	0	2
_	_	_	_	_	_	_

	FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE06 - END_LP02
-	
	LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WIT PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
	 PERSON IS NOT DECEASED PERSON RECEIVES HELP OR SUPERVISION WITH PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING THAT IS, THE PERSON IS SELECTED AT HE05)
-	- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-
•	- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-
- PERS END-	- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-
{END- (Do/I care	- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1- SON'S FIRST MIDDLE AND LAST NAME} {STR-DT} -DT} Does) (PERSON) receive help or supervision with per such as bathing, dressing or getting around the house of an impairment or a physical or mental health
{END- (Do/I care beca i	- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1- SON'S FIRST MIDDLE AND LAST NAME} {STR-DT} -DT} Does) (PERSON) receive help or supervision with per such as bathing, dressing or getting around the house of an impairment or a physical or mental health

SUPPLEMENT: ADL SECTION.

END_LP02	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_02
BOX_02	
=====	
	IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH HE07
	IF ROUND 2 OR ROUND 4, GO TO HE26

HE07 ====	
	{STR-DT} {END-DT}
	Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?
	YES 1 NO 2 {HE09} REF -7 {HE09} DK -8 {HE09}
	PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08 BY CAPI AND GO TO HE09

WITH HE08

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

HE08

{STR-DT} {END-DT}

USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

PROBE: Does anyone else use any aids for personal care or everyday activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

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

| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: | AIDS/SPECIAL EQUIPMENT SECTION. |

HE09	
====	

{STR-DT}
{END-DT}

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

YES	1	
NO	2	{HE19}
REF	-7	{HE19}
DK	-8	{HE19}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, | AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' | | AT HE10 BY CAPI AND GO TO LOOP_03

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE | WITH HE10

HE10

{STR-DT} {END-DT}

DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?

PROBE: Does anyone else have difficulties doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

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

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

LOOP_03

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

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON |
THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS |
PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF |
AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |
FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON SELECTED AT HE10)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE CATEGORIES 4-9

BOX_03

OMITTED.

HE11

 $\{ \texttt{PERSON'S FIRST MIDDLE AND LAST NAME} \} \quad \{ \texttt{STR-DT} \}$ $\{ \texttt{END-DT} \}$

SHOW CARD HE-1.

{For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}

Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY	1
SOME DIFFICULTY	2
A LOT OF DIFFICULTY	3
COMPLETELY UNABLE TO DO IT	4
REF	-7
DK	- 8

[Code One]

DISPLAY 'For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}' IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU, USE A NULL DISPLAY.

._____

HE12 ==== {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT} SHOW CARD HE-1. How much difficulty (do/does) (PERSON) have walking up 10 steps without resting? PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it? IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO WALK, CODE 5. NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 COMPLETELY UNABLE TO WALK 5 REF -7 DK-8 [Code One] ______ IF CODED '5' (COMPLETELY UNABLE TO WALK), AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS '4' (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO _____

OTHERWISE, CONTINUE WITH HE13

5-15

MEPS	FAMES	Panel	1	Round	5	Health	Status	(HE)	Section
Febrı	ary 1	5, 1998	3						

HE13							
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}						
	SHOW CARD HE-1.						
	How much difficulty (do/does) (PERSON) have walking about 3 city blocks or about a quarter of a mile?						
	PROBE: Would you say no difficulty, some difficulty, a lot oddifficulty, or completely unable to do it?						
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 REF -7 DK -8						
	[Code One]						
	IF CODED '4' (COMPLETELY UNABLE TO DO IT), AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO TO HE15						
	OTHERWISE, CONTINUE WITH HE14						

HE14 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have walking a mile?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 REF -7 DK -8
	[Code One]
HE15 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have standing for about 20 minutes?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 REF -7 DK -8

5-17

[Code One]

MEPS	FAMES	Panel	1	Round	5	Health	Status	(HE)	Section
Febri	arv 1	5. 1998	3						

HE16 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have bending down or stooping from a standing position to pick up an object from the floor or tie a shoe?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY
	[Code One]
HE17 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-1.
	How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?
	PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 COMPLETELY UNABLE TO DO IT 4 REF -7 DK -8

[Code One]

HE18	
====	

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

 NO DIFFICULTY
 1

 SOME DIFFICULTY
 2

 A LOT OF DIFFICULTY
 3

 COMPLETELY UNABLE TO DO IT
 4

 REF
 -7

 DK
 -8

[Code One]

END_LP03

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

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

February 15, 1998 HE19 ==== {STR-DT} {END-DT} Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem? YES 1 NO 2 {HE22} REF -7 {HE22} DK -8 {HE22} PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT. IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT HE20 BY CAPI AND GO TO LOOP_04

MEPS FAMES Panel 1 Round 5 Health Status (HE) Section

WITH HE20

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

{STR-DT} {END-DT}

LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

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

FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: WORK-HOUSEWORK-SCHOOL LIMITATIONS SECTION.

LOOP_04

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

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON |
WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN |
IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM |
FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP |
CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING |
CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

BOX_04

OMITTED.

HE20A

Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

CODE ALL THAT APPLY.

WORKING AT A JOB	1
DOING HOUSEWORK	2
GOING TO SCHOOL	3
REF	-7
DK	-8

[Code All That Apply]

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

{At the time (PERSON) entered the institution, was/(Are/Is)} (PERSON) completely unable to {work at a job}{,/ and} { do housework}{ and}{ go to school}?

YES																			-	L
NO																			2	2
REF																			- 5	7
DK																			- 8	3

DISPLAY 'At the time (PERSON) entered the institution, was'. IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE.

DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU.

DISPLAY 'work at a job' IF HE20A IS CODED '1' (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '1', '-7', OR '-8', USE A NULL DISPLAY.

DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR IF HE20A IS CODED EITHER '-7' OR '-8'.
DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER '2' OR '3'. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ' do housework' IF HE20A IS CODED '2' (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '2', '-7', OR '-8', USE A NULL DISPLAY.

DISPLAY 'and' IF ONLY CODES '2' AND '3' ARE SELECTED AT HE20A OR IF CODES '1', '2', AND '3' ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7' OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'go to school' IF HE20A IS CODED '3' (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '3', '-7', OR '-8', USE A NULL DISPLAY.

DID 1004	
END_LP04 ======	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH HE22
HE22 ====	
	{STR-DT} {END-DT}
	Besides the limitations we just talked about, is anyone in the family limited in participating in social, recreational or family activities because of an impairment or a physical or mental health problem?
	YES
	PRESS F1 FOR DEFINITION OF LIMITED IN PARTICIPATING.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'LIMITED IN PARTICIPATION' AT HE23 BY CAPI AND GO TO HE24
	IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE23

{STR-DT} {END-DT}

LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in participation in activities because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

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

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS |
OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC |
SUPPLEMENT: SOCIAL LIMITATIONS SECTION.

HE24 ==== {STR-DT} {END-DT} Do any of the adults in the family... (1 = YES, 2 = NO)YES NO REF DK HE24_01 ====== Experience confusion or memory loss such that it interferes with daily 1 2 -7 -8 activities? HE24_02 ====== Have problems making decisions to the point that it interferes with daily activities? 1 2 -7 -8 HE24_03 ====== Require supervision for their own safety? 1 2 _____ IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS 'EXPERIENCES CONFUSION' AT HE25 BY CAPI AND GO TO _____ IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_05

OTHERWISE, CONTINUE WITH HE25

HE25

{STR-DT} {END-DT}

{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES}{ $\{/\}$ HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES} $\{\{/\}$ REQUIRE SUPERVISION FOR THEIR OWN SAFETY}

Who is that?

PROBE: Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {{or }have problems making decisions to the point that it interferes with daily activities} {{or }require supervision for their own safety}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

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

DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_01 CODED '1' (YES).

DISPLAY ' $\{/\}$ HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY ' $\{/\}$ REQUIRE SUPERVISION FOR THEIR OWN SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such that it interferes with daily activities' IF $\rm HE24_01\ CODED\ '1'\ (YES)$.

DISPLAY '{or }have problems making decisions to the point that it interferes with daily activities' IF HE24_02 CODED '1' (YES). DISPLAY THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{or }require supervision for their own safety' IF HE24_03 IS CODED '1' (YES). DISPLAY 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS | OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC | SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.

BOX_05

IF ROUND 1 OR 3, GO TO BOX_10

IF ROUND 5, CONTINUE WITH BOX_05A

В	0	X	_	0	5	A
=	=	=	=	=	=	=

IF ANY CURRENT RU MEMBERS (NOT DECEASED OR	
IF ANY CORRENT RO MEMBERS (NOT DECLASED OR INSTITUTIONALIZED) < OR = 15 YEARS OF AGE (AGE CATEGORIES 1 - 3, CONTINUE WITH HE25A	OR IN
OTHERWISE, GO TO BOX_10	

HE25A

JAN 01 97 DEC 31 97

Parents use different types of child care for their children while they are working, such as a day care center or care provided by a relative.

During 1997, did any of the children living here, who are 15 years of age or younger, require child care arrangements, other than school attendance, because the child's parents were working?

YES	1
NO	2 {BOX_10}
REF	7 {BOX_10}
DK	8 {BOX 10}

HE25B

JAN 01 97 DEC 31 97

During 1997, was this child **usually** cared for by a relative or by a non-relative?

IF NECESSARY SAY, Please consider only the care provided to the youngest child.

RELATIVE	1	{BOX_10}
NON-RELATIVE	2	
REF		
DK	-8	{BOX_10}

[Code One]

HE25C

JAN 01 97 DEC 31 97

Where was this care **usually** provided?

IF NECESSARY SAY, Please consider only the care provided to the youngest child.

CHILD'S HOME 1	{BOX_10}
OTHER PRIVATE HOME 2	{BOX_10}
NURSERY, PRESCHOOL	{BOX_10}
ORGANIZED (BEFORE/AFTER) SCHOOL	
ACTIVITIES 4	{BOX_10}
DAY CARE CENTER, NOT AT PARENT'S	
WORKPLACE 5	{BOX_10}
DAY CARE CENTER, AT PARENT'S WORKPLACE . 6	{BOX_10}
PARENT WATCHES CHILD AT WORK 7	,
SOME OTHER ARRANGEMENT 91	
REF7	•
DK8	{BOX_10}

[Code One]

HE26 ==== {STR-DT} {END-DT} Does anyone in the family wear eyeglasses or contact lenses? YES NO 2 {HE28} REF -7 {HE28} DK -8 {HE28} _____ IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO TO HE28 _____ IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE27 HE27 ==== {STR-DT} {END-DT} Who is that? PROBE: Does anyone else wear eyeglasses or contact lenses? TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC. [1. First Name, [Middle Name], Last Name-65] [2. First Name, [Middle Name], Last Name-65] [3. First Name, [Middle Name], Last Name-65] ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

HE28	
	{STR-DT} {END-DT}
	Does anyone in the family have any difficulty seeing{ [with glasses or contacts, if they use them]}?
	YES
	DISPLAY '[with glasses or contacts, if they use them]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT HE29 BY CAPI AND GO TO LOOP_05
	IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE29

{STR-DT} {END-DT}

DIFFICULTY SEEING {[WITH GLASSES OR CONTACTS, IF THEY USE THEM]}.

Who is that?

PROBE: Does anyone else have any difficulty seeing{ [with glasses or contacts, if they use them]}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

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

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

LOOP_05

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE30 - END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS VISION IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY SEEING (I.E., PERSON SELECTED AT HE29)

HE30

 $\left\{ \begin{array}{ll} \texttt{PERSON'S FIRST MIDDLE AND LAST NAME} \right\} & \left\{ \texttt{STR-DT} \right\} \\ \left\{ \texttt{END-DT} \right\} & \end{array}$

Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?
YES 1 NO 2 REF -7 DK -8
PRESS F1 FOR DEFINITION OF BLIND.
IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION AND GO TO END_LP05
OTHERWISE, CONTINUE WITH HE31
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
{With glasses or contacts, can/Can} (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?
YES
DISPLAY 'With glasses or contacts, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.

HE32	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	{With glasses or contacts, can/Can} (PERSON) see well enough to recognize familiar people if they are two or three feet away?
	YES 1 NO 2 REF -7 DK -8
	DISPLAY 'With glasses or contacts, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.
	IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION.
END_LP05	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH HE33

HE33	
	{STR-DT} {END-DT}
	Does anyone in the family wear a hearing aid?
	YES 1 NO 2 {HE35} REF7 {HE35} DK8 {HE35}
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AT HE34 BY CAPI AND GO TO HE35
	IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE34
HE34 ====	
	{STR-DT} {END-DT}
	Who is that?
	PROBE: Does anyone else wear a hearing aid?
	TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER TO LEAVE, PRESS ESC.
	<pre>[1. First Name,[Middle Name],Last Name-65] [2. First Name,[Middle Name],Last Name-65] [3. First Name,[Middle Name],Last Name-65]</pre>

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

FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |

HEARING SECTION.

HE35	
	{STR-DT} {END-DT}
	Does anyone in the family have any difficulty hearing{ [with a hearing aid, if they use one]}?
	YES 1 NO 2 {BOX_06} REF -7 {BOX_06} DK -8 {BOX_06}
	DISPLAY '[with a hearing aid, if they use one]' IF HE33 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.
	IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'HEARING IMPAIRED' AT HE36 BY CAPI AND GO TO LOOP_06

IF CODED '1' (YES) AND A MULTI-PERSON RU,

CONTINUE WITH HE36

HE36

{STR-DT} {END-DT}

DIFFICULTY HEARING {[WITH A HEARING AID, IF THEY USE ONE]}.

Who is that?

PROBE: Does anyone else have any difficulty hearing{ [with a hearing aid, if they use one]}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-

MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

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

LOOP_06

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

LOOP DEFINITION: LOOP_06 COLLECTS HEARING IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY HEARING (I.E., PERSON SELECTED AT HE36)

====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	<pre>Can (PERSON) not hear any speech at all, that is, (are/is) (PERSON) deaf?</pre>
	YES 1 NO 2 REF -7 DK -8
	PRESS F1 FOR DEFINITION OF DEAF.
	IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION AND GO TO END_LP06
	OTHERWISE, CONTINUE WITH HE38
HE38	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	$\{\mbox{With a hearing aid, can/Can}\}\mbox{ (PERSON) hear }\mbox{most}\mbox{ of the things people say?}$
	YES
	DISPLAY 'With a hearing aid, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.

HE37

HE39	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	{With a hearing aid, can/Can} (PERSON) hear some of the things people say?
	YES 1 NO 2 REF -7 DK -8
	DISPLAY 'With a hearing aid, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.
	IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION.
END_LP06	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_06
BOX_06	
	IF ANY RU MEMBERS < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, CONTINUE WITH HE40
	OTHERWISE, GO TO BOX_07

HE40

 $\{STR-DT\}$ $\{END-DT\}$

The following questions are about some aspects of children's health. We will begin with some questions for children who are 4 years old or younger.

(Is/Are) (READ NAMES FROM BELOW) limited in any way in any activities, including play activities, because of an impairment or a physical or mental health problem?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

YES	1
NO	2 {BOX_07}
REF	-7 {BOX_07}
DK	

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO ARE < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING DECEASED RU MEMBERS.

IF CODED '1' (YES) AND ONLY 1 RU MEMBER < OR = 4
YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2,
AUTOMATICALLY CODE PERSON AS '< = 4 AND LIMITED
ACTIVITIES' AT HE41 BY CAPI. ALSO FLAG THAT
PERSON FOR THE LTC SUPPLEMENT: CHILD < = 4
LIMITED ACTIVITIES, AND GO TO LOOP_07

if CODED '1' (YES) AND MORE THAN 1 RU MEMBER < OR |
= 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2,
CONTINUE WITH HE41</pre>

HE41

{STR-DT} {END-DT}

LIMITED IN ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is any other child, age 4 years or younger, limited in any activities because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
IN THE RU-MEMBERS-ROSTER WHO ARE < OR = 4 YEARS OF
AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING
DECEASED RU MEMBERS.

| FLAG SELECTED PERSONS FOR THE LTC SUPPLEMENT: | CHILD < = 4 LIMITED ACTIVITIES. |

LOOP_07

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE42 - END_LP07

LOOP DEFINITION: LOOP_07 COLLECTS INFORMATION ON | PLAY ACTIVITY LIMITATIONS BECAUSE OF AN IMPAIRMENT | OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS | < OR = 4 YEARS OF AGE. THIS LOOP CYCLES ON RU | MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN PLAY ACTIVITIES (I.E., PERSON SELECTED AT HE41)
- PERSON < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1-2

HE42

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

Is (PERSON) limited in the kind or amount of play activities (PERSON) can do because of any impairment or physical or mental health problem?

 YES
 1

 NO
 2

 REF
 -7

 DK
 -8

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

HE43

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

Does (PERSON)'s impairment or physical or mental health problem keep (PERSON) from being able to take any part in the usual kind of play activities done by most children of this age?

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND LIMITED ACTIVITIES.

| IF HE42 OR IF HE43 IS CODED '1' (YES), CONTINUE WITH HE44 | OTHERWISE, GO TO END_LP07

HE44

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

Does (PERSON) participate in any special program or receive any early intervention services aimed at improving (PERSON)'s ability to participate in play activities?

 YES, SPECIAL PROGRAM
 1 {END_LP07}

 YES, EARLY INTERVENTION SERVICES
 2 {END_LP07}

 YES, BOTH
 3 {END_LP07}

 NO
 4 {END_LP07}

 OTHER
 91

 REF
 -7 {END_LP07}

 DK
 -8 {END_LP07}

PRESS F1 FOR DEFINITION OF INTERVENTION SERVICES AND IMPROVING ABILITIES.

[Code One]

HE440V =====	
	ENTER OTHER:
	[Enter Other Specify] -7 REF -8
END_LP07 =======	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH BOX_07
BOX_07	
	IF ANY RU MEMBERS < OR = 6 YEARS OF AGE OR IN AGE CATEGORIES 1-3, CONTINUE WITH LOOP_08
1	OTHERWISE, GO TO BOX_08

LOOP_08

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE45 - END_LP08

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON | IMMUNIZATIONS FOR PERSONS < OR = 6 YEARS OF AGE. | THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE | FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON < OR = 6 YEARS OF AGE OR IN AGE CATEGORIES 1-3

HE45

====

 $\left\{ \begin{array}{ll} \texttt{PERSON'S FIRST MIDDLE AND LAST NAME} \right\} & \left\{ \texttt{STR-DT} \right\} \\ \left\{ \texttt{END-DT} \right\} & \end{array}$

{The following questions are about some aspects of children's health.}

Has (PERSON) **ever** been immunized for certain diseases, that is, received any shots or drops to prevent the following diseases:

Diphtheria, whooping cough and tetanus [DPT or DTP shots]?

YES	1	
NO	2	{HE47}
REF		
DK		

DISPLAY 'The following questions are about some aspects of children's health.' IF HE40 WAS NOT ASKED. OTHERWISE, USE A NULL DISPLAY.

```
HE46
====
         {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
         {END-DT}
        Was this once or several times?
        PROBE: Was (PERSON) immunized for diphtheria, whooping cough
        and tetanus [DPT or DTP] once or several times?
            ONCE ..... 1
            SEVERAL TIMES .....
            REF ..... -7
            DK .....-8
                           [Code One]
HE47
====
         {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
         {END-DT}
        Polio [drops by mouth]?
        PROBE: Has (PERSON) ever been immunized for polio, that is,
        received any shots or drops to prevent this disease?
            YES .....
            NO ..... 2 {HE49}
            REF ..... -7
                                              {HE49}
            DK ..... -8 {HE49}
HE48
====
         {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
         {END-DT}
        Was this once or several times?
        PROBE: Was (PERSON) immunized for polio once or several times?
            SEVERAL TIMES .....
            REF ..... -7
            DK .....-8
                           [Code One]
HE49
====
         {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
         {END-DT}
        Measles or MMR [Measles, Mumps, Rubella or German Measles]?
```

	PROBE: Has (PERSON) ever been immunized for measles or MMR [Measles, Mumps, Rubella or German Measles], that is, received any shots or drops to prevent these diseases?
	YES 1 NO 2 REF -7 DK -8
HE49A =====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	Hepatitis B?
	PROBE: Has (PERSON) ever been immunized for hepatitis B, that is, received any shots or drops to prevent this disease?
	YES 1 NO 2 REF -7 DK -8
END_LP08	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE WITH BOX_08

В	0	X	_	0	8
=	=	=	=	=	=

IF ANY RU MEMBERS AGED 5 - 17 YEARS, INCLUSIVE, OR IN AGE CATEGORY 3, CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_09

LOOP_09

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE50 - END_LP09

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ON ACTIVITIES, LIMITATIONS, AND SPECIAL PROGRAMS FOR PERSONS 5-17 YEARS OF AGE, INCLUSIVE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON IS AGED 5-17 YEARS, INCLUSIVE, OR IN AGE CATEGORY 3

HE50

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

SHOW CARD HE-2.

{The following questions are about some aspects of children's health.}

In this series of questions, please rate (PERSON) on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem.

In general, how much of a problem do you think (PERSON) has with:

PROBE: Please rate on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem, how much of a problem you think (PERSON) has with (ACTIVITY).

CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.

HE50_01.	a.	Getting along with mother?	()
HE50_02.	b.	Getting along with father?	()
HE50_03.	c.	Feeling unhappy or sad?	()
HE50_04.	d.	(His/Her) behavior at school?	()
HE50_05.	e.	Having fun?	()
HE50_06.	f.	Getting along with other adults?	()
HE50_07.	g.	Feeling nervous or afraid?	()
HE50_08.	h.	Getting along with brothers and sisters?	()
HE50_09.	i.	Getting along with other kids?	()
HE50_10.	j.	Getting involved in activities like sports or		
		hobbies?	()
HE50_11.	k.	(His/Her) schoolwork?	()
HE50_12.	1.	(His/Her) behavior at home?	()
HE50_13.	m.	Staying out of trouble?	()

DISPLAY 'The following questions are about some aspects of children's health.' IF HE40 AND HE45 WERE NOT ASKED.

ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE TEXT OF THE QUESTION. HOWEVER, THE VALUES OF ALL THE ANSWER CATEGORIES ARE:

- 0 = NO PROBLEM
- 1 = LITTLE PROBLEM
- 2 = MEDIUM PROBLEM
- 3 = BIG PROBLEM
- 4 = VERY BIG PROBLEM
- -7 = REF
- -8 = DK
- 99 = INAPPLICABLE

NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS IN CAPI. THE FIRST SCREEN (HE50A) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:

- THE SHOW CARD LINE
- THE FILL: {The following...}
- THE FIRST TWO BLOCKS TEXT
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- HE50_01 (a.) THROUGH HE50_08 (h.) DISPLAYED IN TWO COLUMNS, WITH HE50_01, HE50_02, HE50_03, HE50_04 IN THE FIRST COLUMN AND HE50_05, HE50_06, HE50_07, AND HE50_08 IN THE SECOND COLUMN

THE SECOND SCREEN (HE50B) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:

- THE SHOW CARD LINE
- THE PROBE
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- HE50_09 (i.) THROUGH HE50_13 (m.) DISPLAYED IN |
 TWO COLUMNS, WITH HE50_09 AND HE50_10 IN THE |
 FIRST COLUMN AND HE50_11, HE50_12, AND HE50_13|
 IN THE SECOND COLUMN

HE51

 $\{ \texttt{PERSON'S FIRST MIDDLE AND LAST NAME} \} \quad \{ \texttt{STR-DT} \}$ $\{ \texttt{END-DT} \}$

Does (PERSON) have an impairment or a physical or mental health problem which limits (PERSON)'s school attendance or which requires a special school program?

PRESS F1 FOR DEFINITION OF IMPAIRMENT, LIMITED ATTENDANCE, AND SPECIAL SCHOOL PROGRAM.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: SCHOOL ATTENDANCE LIMITED SECTION.

HE52

 $\left\{ \begin{array}{ll} \texttt{PERSON'S FIRST MIDDLE AND LAST NAME} \right\} & \left\{ \texttt{STR-DT} \right\} \\ \left\{ \texttt{END-DT} \right\} & \end{array}$

Is (PERSON) enrolled in any type of special education or does (PERSON) receive related services aimed at improving (PERSON)'s ability to participate in school or recreational activities?

 YES, ENROLLED IN SPECIAL EDUCATION
 1 {HE52A}

 YES, RELATED SERVICES
 2 {HE52B}

 YES, BOTH
 3 {HE52A}

 NO
 4 {HE53}

 OTHER
 91

 REF
 -7 {HE53}

 DK
 -8 {HE53}

PRESS F1 FOR DEFINITION OF SPECIAL EDUCATION AND IMPROVING ABILITIES.

[Code One]

HE52OV	
	ENTER OTHER: [Enter Other Specify]
	DK8 {HE53}
HE52A =====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	Can you please tell me the name of this program or give me a description of what type of program this is?
	[Enter Text]
	IF HE52 IS CODED '3' (YES, BOTH), CONTINUE WITH HE52B
	OTHERWISE, GO TO HE53

HE52B		
====		
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}	
	What are the types of other related service?	
	CODE ALL THAT APPLY.	
	SPEECH THERAPY 1 PSYCHOLOGICAL COUNSELING 2 OCCUPATIONAL THERAPY 3 VOCATIONAL SERVICES 4 TUTORING 5 READER OR INTERPRETER 6 PHYSICAL THERAPY/MOBILITY TRAINING 7 LIFE SKILLS TRAINING/SELF-HELP TRAINING 8 FAMILY TRAINING/COUNSELING 9 THERAPEUTIC RECREATION 10 OTHER 91 REF -7 DK -8	
	[Code All That Apply]	
	IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HE52BOV	
	OTHERWISE, GO TO HE53	
HE52BOV ======		
	ENTER OTHER:	
	[Enter Other Specify] -7 REF -7 DK -8	
	ENTER OTHER: [Enter Other Specify]	

====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	Is (PERSON) limited in attendance or unable to attend school because of (PERSON)'s impairment or physical or mental health problem?
	LIMITED IN ATTENDANCE 1 UNABLE TO ATTEND 2 NEITHER 3 REF -7 DK -8
	[Code One]
	PRESS F1 FOR DEFINITION OF LIMITED ATTENDANCE AND IMPAIRMENT.
HE54 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	Is (PERSON) limited in any way in activities other than school because of an impairment or a physical or mental health problem?
	YES 1 NO 2 {END_LP09} REF -7 {END_LP09} DK -8 {END_LP09}
	PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.
HE540V	
	What type of limitation is that?
	[Enter Text] -7 REF -8

HE53

END_LP09 ======	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_09 AND CONTINUE WITH BOX_09
BOX_09 =====	
	IF ANY RU MEMBERS AGED 0 - 17 YEARS, INCLUSIVE, OF IN AGE CATEGORIES 1-3, CONTINUE WITH LOOP_10
	OTHERWISE, GO TO BOX_10
LOOP_10 ======	
	FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE55 - END_LP10
	LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION ON THE GENERAL HEALTH STATUS FOR PERSONS 0-17 YEARS OF AGE, INCLUSIVE. THIS LOOP CYCLES ON RU MEMBERS
	WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED

CATEGORIES 1-3

- PERSON IS AGED 0-17 YEARS, INCLUSIVE, OR IN AGE

HE55 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	SHOW CARD HE-3.
	{The following are statements that give us an indication of children's general health status.}
	Please indicate how true or false the statements are for (PERSON).
	PROBE: Is that statement definitely false, mostly false, mostly true, or definitely true.
	1 = DEFINITELY FALSE 3 = MOSTLY TRUE 2 = MOSTLY FALSE 4 = DEFINITELY TRUE
HE55_01	
	(PERSON) seems to resist illness very well. ()
HE55_02	
	(PERSON) seems to be less healthy than other children of (PERSON)'s age that I know. ()
HE55_03	
	When there is something going around, (PERSON) seems to catch it.
	DISPLAY 'The followingstatus.' IF FIRST CYCLE THROUGH LOOP_10. OTHERWISE, USE A NULL DISPLAY.

HE56 ==== {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT} About how tall is (PERSON) without shoes? PROBE FOR INCHES IF NOT REPORTED. HE56_01 ====== ENTER FEET: [Enter Feet] REF -7 {HE57} DK -8 {HE57} _____ SOFT RANGE CHECK: 0 TO 7 _____ HE56 02 ====== ENTER INCHES: [Enter Inches] REF -7 DK-8 SOFT RANGE CHECK: 0-12 (INCLUDING 1/4, 1/2, AND 3/4 UNITS) _____ EDIT: IF FEET (HE56_01) = 0, INCHES (HE56_02) MUST BE 1-30. IF FEET ($HE56_01$) > 0, INCHES

 $(HE56_02)$ MUST BE 0-12.

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HE57 ====	
	{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
	About how much does (PERSON) weigh without shoes?
	PROBE FOR OUNCES IF NOT REPORTED.
HE57_01	
	ENTER POUNDS:
	[Enter Pounds] -7 {END_LP10} REF -8 {END_LP10}
	SOFT RANGE CHECK: 1 TO 300
HE57_02	
	ENTER OUNCES:
	[Enter Ounces]
	SOFT RANGE CHECK: 0-15
	EDIT: IF POUNDS (HE57_01) = 0, THEN OUNCES MUST BE 1-16.

END_LP10	
	CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
	IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_10 AND CONTINUE WITH BOX_10
BOX_10 =====	
	GO TO NEXT QUESTIONNAIRE SECTION

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