The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

BOX_00A
=======

```
-------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:               |
|  DISPLAY EVNT.EVNTBEGM AS THREE LETTERS.            |
-------------------------------------------------------
```

BOX_00
======

```
-------------------------------------------------------
|  IF NOT ROUND 5 AND EVENT MONTH IS INTERVIEW MONTH,|
|  GO TO BOX_05                                       |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_01                    |
-------------------------------------------------------
```

BOX_01
======

```
-------------------------------------------------------
|  IF PROVIDER IS FLAGGED AS 'AGENCY', CONTINUE WITH |
|  HH01                                               |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  OTHERWISE, GO TO HH03                              |
-------------------------------------------------------
```

HH01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

SHOW CARD HH-1.

Please look at this card. During {VISIT MONTH}, what types of
health care workers from {PROVIDER} provided home care services
for {you/{PERSON}}?

CHECK ALL THAT APPLY.

```
CERTIFIED NURSING ASSISTANT (CNA) ...... 1
COMPANION ............................... 2
DIETITIAN/NUTRITIONIST ................. 3
HOME HEALTH/HOME CARE AIDE ............. 4
HOSPICE WORKER ......................... 5
HOMEMAKER .............................. 6
I.V. OR INFUSION THERAPIST ............. 7
MEDICAL DOCTOR ......................... 8
NURSE/NURSE PRACTITIONER ............... 9
NURSE'S AIDE ........................... 10
OCCUPATIONAL THERAPIST ................. 11
PERSONAL CARE ATTENDANT ............... 12
PHYSICAL THERAPIST .................... 13
RESPIRATORY THERAPIST ................. 14
SOCIAL WORKER ......................... 15
SPEECH THERAPIST ...................... 16
SOME OTHER TYPE OF HEALTH CARE WORKER . 91 {HH02}
REF ................................... -7 {HH03}
DK .................................... -8 {HH03}
```

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

```
---------------------------------------------------
| 'SOME OTHER TYPE OF HEALTH CARE WORKER' NOT       |
| DISPLAYED ON SHOW CARD.                           |
---------------------------------------------------
```

```
-------------------------------------------------------
|  FOR SPECIFICATIONS PURPOSES ONLY (THIS CHECK IS   |
|  AUTOMATIC): CAPI DOES NOT ALLOW -7 OR -8 IN       |
|  COMBINATION WITH ANY OTHER CODE.                  |
-------------------------------------------------------


-------------------------------------------------------
|  IF CODED '91' (ALONE OR IN COMBINATION WITH ANY   |
|  OTHER CODE), CONTINUE WITH HH02                   |
-------------------------------------------------------


-------------------------------------------------------
|  OTHERWISE, GO TO HH03                             |
-------------------------------------------------------
```

HH02
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

What type of health care worker was it?

CHECK ALL THAT APPLY.

NONSKILLED WORKER (ANY TYPE OF WORKER
   WHO PROVIDES HOME CARE SERVICES
   WHICH GENERALLY FALL INTO COMPANION,
   HOMEMAKER, PERSONAL CARE CATEGORIES.
   THESE WORKERS MAY ALSO PERFORM MINOR
   HEALTH CARE ACTIVITIES SUCH AS
   ADMINISTERING MEDICATIONS) 1
SKILLED WORKER (TRAINED, CERTIFIED, OR
   LICENSED MEDICAL PERSONNEL WHO PERFORM
   SERVICES OR OTHER MEDICAL PROCEDURES
   INCLUDING: NURSE/NURSE PRACTITIONER,
   ANY TYPE OF THERAPIST, HOSPICE WORKER,
   MEDICAL DOCTOR, DIETICIAN/NUTRITIONIST,
   AND SOCIAL WORKER.).................... 2
OTHER TYPE OF HEALTH CARE WORKER 91
REF .... -7 {HH03}
DK .... -8 {HH03}

[Code All That Apply]

```
--------------------------------------------------
|  FOR SPECIFICATIONS PURPOSES ONLY (THIS CHECK IS  |
|  AUTOMATIC): CAPI DOES NOT ALLOW -7 OR -8 IN      |
|  COMBINATION WITH ANY OTHER CODE.                 |
--------------------------------------------------
```

```
--------------------------------------------------
|  IF CODED '1' (NONSKILLED WORKER) ALONE, GO TO    |
|  HH03                                             |
--------------------------------------------------
```

```
--------------------------------------------------
|  IF CODED '2' (SKILLED WORKER) ALONE OR IN        |
|  COMBINATION WITH ANY OTHER CODE, CONTINUE WITH   |
|  HH02OV1                                          |
--------------------------------------------------
```

```
--------------------------------------------------
|  IF CODED '91' (ALONE OR IN COMBINATION WITH ANY  |
|  CODE EXCEPT '2'), GO TO HH02OV2                  |
--------------------------------------------------
```

```
--------------------------------------------------
|  HARD CHECK: REFUSED AND DON'T KNOW CANNOT BE     |
|  ENTERED IN CONJUNCTION WITH ANY OTHER CODE.      |
--------------------------------------------------
```

HH02OV1
=======

TYPE OF SKILLED WORKER:

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


```
--------------------------------------------------
|  IF RESPONSE TO HH02 INCLUDES CODE '91', CONTINUE |
|  WITH HH02OV2                                     |
--------------------------------------------------
```

```
--------------------------------------------------
|  OTHERWISE, GO TO HH03                            |
--------------------------------------------------
```

HH02OV2
=======

OTHER TYPE OF HEALTH CARE WORKER:

       [Enter Other Specify]...................   {HH03}
       REF.................................... -7 {HH03}
       DK.................................... -8 {HH03}

HH03
====

       {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
       PROVIDER......} {EVN-MO}

       Thinking about the home care services {you/{PERSON}} {have/has}
       received from {someone from} {PROVIDER} during {VISIT MONTH},
       were any of these home care services because of a hospitalization,
       either before or after {PERSON'S STR-DT}?

       YES .... 1 {HH04}
       NO .... 2 {HH04}
       REF .... -7 {HH04}
       DK .... -8 {HH04}

        HELP AVAILABLE FOR DEFINITION OF HOSPITALIZATION.

       | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
       | 'AGENCY'. |

       | DISPLAY THE REFERENCE PERIOD START DATE FOR THE |
       | PERSON BEING ASKED ABOUT FOR 'PERSON'S STR-DT'. |

HH04
====

       {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
       PROVIDER......} {EVN-MO}

       Thinking about all of the home care services {you/{PERSON}} {have/has}
       received from {someone from} {PROVIDER} during {VISIT MONTH}, were any
       of these home care services related to any specific health problem?

       IF OLD AGE MENTIONED, SELECT 'YES' AND ENTER 'OLD AGE' AS CONDITION.

          YES .... 1 {HH05}
          NO .... 2 {BOX_02}
          REF .... -7 {BOX_02}
          DK .... -8 {BOX_02}

        HELP AVAILABLE FOR DEFINITION OF HEALTH PROBLEM.

        | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
        | 'AGENCY'. |

HH05
====

       {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
       PROVIDER......} {EVN-MO}

       What health condition led {you/{PERSON}} to receive home health care
       services from {someone from} {PROVIDER} during {VISIT MONTH}?

       PROBE: Any **other** health condition?

       IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

          [1. Medical Condition]
          [2. Medical Condition]
          [3. Medical Condition]

        | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
        | 'AGENCY'. OTHERWISE, USE A NULL DISPLAY. |

```
-------------------------------------------------------
|  DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS       |
|  SCREEN.                                            |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  CONTINUE WITH BOX_02                               |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER DETAILS:                                    |
|  TITLE: PERS-COND-1                                 |
|                                                     |
|  COL #1 HEADER: MEDICAL CONDITION                   |
|  INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION    |
|  (COND.CONDNAM)                                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER DEFINITION:                                 |
|  DISPLAY THE PERSON'S-MEDICAL-CONDITIONS ROSTER     |
|  FOR THE SELECTION AND ADDITION OF ONE OR MANY      |
|  MEDICAL CONDITION(S) ASSOCIATED WITH THIS EVENT.   |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER BEHAVIOR:                                   |
|  1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT   |
|     IMPACT THE ROUND FLAG OF THE CONDITION.         |
|                                                     |
|  2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD        |
|     RECORD THE CONDITION NAME.                      |
|                                                     |
|  3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE  |
|     A CONDITION ADDED ON THIS SCREEN AS LONG AS     |
|     CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS  |
|     CONDITION AND THE EVENT.  IF THE INTERVIEWER    |
|     ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS   |
|     NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE:     |
|     "DELETE ALLOWED ONLY WHEN CONDITION IS FIRST    |
|     ENTERED."                                       |
|                                                     |
|  4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A    |
|     CONDITION NAME NEWLY ADDED ON THIS SCREEN AS    |
|     LONG AS CAPI HAS NOT YET CREATED THE LINK       |
|     BETWEEN THIS CONDITION AND THE EVENT.           |
-------------------------------------------------------
```

7

```
          -------------------------------------------------------
          |  ROSTER FILTER:                                      |
          |  DISPLAY ALL CONDITIONS ON PERSON'S ROSTER; NO       |
          |  FILTER.                                             |
          -------------------------------------------------------
```

BOX_02
======

```
          -------------------------------------------------------
          |  IF PROVIDER FLAGGED AS 'INFORMAL', GO TO HH08      |
          -------------------------------------------------------

          -------------------------------------------------------
          |  OTHERWISE, CONTINUE WITH HH06                       |
          -------------------------------------------------------
```

HH06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

SHOW CARD HH-2.

Please look at the top of this card.

During {VISIT MONTH}, did {someone from} {PROVIDER} help {you/{PERSON}} by providing **medical treatments** or any type of **therapy?**

PROBE: Medical treatments include things like changing bandages, wound care, giving medication, taking blood pressure, or giving shots or injections. Therapy includes physical, occupational, and speech therapy.

```
     YES, AT LEAST ONCE ..................... 1 {HH07}
     NO ....................................  2 {HH07}
     REF ...................................  -7 {HH07}
     DK ....................................  -8 {HH07}
```

[Code One]

    HELP AVAILABLE FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

```
----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS  |
| 'AGENCY'.                                          |
----------------------------------------------------
```

HH07
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

SHOW CARD HH-2.

Now look at the **gray** area in the middle of the card.

During {VISIT MONTH}, did {someone from} {PROVIDER} provide or teach
{you/{PERSON}} or a friend or relative how to use any **medical equipment**
or **assistive device**, such as the items listed on this card?

PROBE: For example, an oxygen tank, a wheelchair, a walker, a hospital
bed, a tub seat, or a special railing or commode.

```
    YES, AT LEAST ONCE ..................... 1 {HH08}
    NO ..................................... 2 {HH08}
    REF ................................... -7 {HH08}
    DK ................................... -8 {HH08}
```

[Code One]

```
----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS  |
| 'AGENCY'.                                          |
----------------------------------------------------
```

HH08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

{SHOW CARD HH-2/SHOW CARD HH-3.}
{Now look at the bottom of this card.}

During {VISIT MONTH}, did {someone from} {PROVIDER} help {you/{PERSON}}
with **daily activities or personal care tasks**, such as those listed on
this card?

PROBE: For example, using the telephone, paying bills, shopping,
driving, doing housework, preparing meals, bathing, dressing, using
the toilet, getting in or out of a bed or chair, walking or eating.

```
    YES, AT LEAST ONCE ..................... 1 {HH09}
    NO ..................................... 2 {HH09}
    REF .................................... -7 {HH09}
    DK ..................................... -8 {HH09}
```

[Code One]

```
 ------------------------------------------------------
|  DISPLAY 'SHOW CARD HH-2.' AND 'Now look at the      |
|  bottom of this card.' IF PROVIDER IS FLAGGED AS     |
|  'AGENCY' OR 'PAID INDEPENDENT'.                     |
 ------------------------------------------------------


 ------------------------------------------------------
|  DISPLAY 'SHOW CARD HH-3.' IF PROVIDER IS FLAGGED    |
|  AS 'INFORMAL'.                                      |
 ------------------------------------------------------


 ------------------------------------------------------
|  DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS    |
|  'AGENCY'.                                           |
 ------------------------------------------------------
```

HH09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

During {VISIT MONTH}, did {someone from} {PROVIDER} provide
companionship or company for {you/{PERSON}}?

PROBE: For example, reading, watching T.V., playing games, going
for a walk or to a restaurant, or just being together.

        YES, AT LEAST ONCE .... 1 {HH10}
        NO .... 2 {HH10}
        REF .... -7 {HH10}
        DK .... -8 {HH10}

                        [Code One]

        | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
        | 'AGENCY'. |

HH10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

Did {someone from} {PROVIDER} provide {you/{PERSON}} with any
other home care services we have not yet talked about?

        YES, AT LEAST ONCE .... 1 {HH10OV}
        NO .... 2 {HH11}
        REF .... -7 {HH11}
        DK .... -8 {HH11}

                        [Code One]

        | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
        | 'AGENCY'. |

HH10OV
======

What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, BACKUP TO HH06 TO BE
    SURE 'YES' IS CODED.
IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, BACKUP TO HH07
    TO BE SURE 'YES' IS CODED.}
IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, BACKUP TO
    HH08 TO BE SURE 'YES' IS CODED.
IF COMPANIONSHIP MENTIONED, BACKUP TO HH09 TO BE SURE 'YES' IS
    CODED.

        [Enter Other Specify] ....   {HH11}
        REF .... -7 {HH11}
        DK .... -8 {HH11}

        | DISPLAY 'IF MEDICAL TREATMENT OR THERAPY |
        | MENTIONED, BACKUP TO BE SURE 'YES' IS CODED...' |
        | IF PROVIDER IS FLAGGED AS 'AGENCY' OR 'PAID |
        | INDEPENDENT'. |

HH11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

Generally speaking, during {VISIT MONTH}, did {someone from}
{PROVIDER} come to the home to help {you/{PERSON}} **every week** or only
during **some weeks?**

        EVERY WEEK .... 1 {HH12}
        SOME WEEKS .... 2 {HH13}
        ONLY CAME ONCE .... 3 {HH16}
        REF .... -7 {BOX_03}
        DK .... -8 {BOX_03}

                        [Code One]

        | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
        | 'AGENCY'. |

HH12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

During {VISIT MONTH}, about how many days **per week** did {someone
from} {PROVIDER} come?

PROBE: We just need to know **in general.**

NUMBER OF DAYS PER WEEK:

    [Enter Number of Days Per Week] ....   {HH14}
    REF .... -7 {BOX_03}
    DK .... -8 {BOX_03}


```
   -----------------------------------------------
  |  DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS  |
  |  'AGENCY'.                                     |
   -----------------------------------------------

   -----------------------------------------------
  |  FOR SPECIFICATIONS PURPOSES ONLY (RANGE IS    |
  |  DETERMINED IN PROGRAM): ALLOW RESPONSES 1-7 ONLY. |
   -----------------------------------------------
```


HH13
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

About how many days **during** {VISIT MONTH} did {someone from}
{PROVIDER} come?

PROBE: We just need to know **in general.**

NUMBER OF DAYS PER MONTH:

    [Enter Number of Days Per Month] ....   {HH14}
    REF .... -7 {BOX_03}
    DK .... -8 {BOX_03}


```
   -----------------------------------------------
  |  DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS  |
  |  'AGENCY'.                                     |
   -----------------------------------------------
```

```
         --------------------------------------------------------
         | HARD CHECK:                                          |
         | WVS ERROR HANDLER WILL DISPLAY AN ERROR MESSAGE      |
         | AND FORCE THE INTERVIEWER TO RECTIFY THE DATA IF     |
         | ANY OF THE FOLLOWING SITUATIONS OCCUR:               |
         |                                                      |
         | IF (VISIT MONTH) IS:  JANUARY, MARCH, MAY, JULY,     |
         |      AUGUST, OCTOBER OR DECEMBER:  1-31 FOR          |
         |      NUMBER OF DAYS.                                 |
         | IF (VISIT MONTH) IS:  APRIL, JUNE, SEPTEMBER OR      |
         |      NOVEMBER:  1-30 FOR NUMBER OF DAYS.             |
         | IF (VISIT MONTH) IS:  FEBRUARY:  1-29 FOR NUMBER     |
         |      OF DAYS IF 2008. OTHERWISE, 1-28 FOR NUMBER     |
         |      OF DAYS.                                        |
         --------------------------------------------------------
```

HH14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

During {VISIT MONTH}, did {someone from} {PROVIDER} come **once** per
day or **more than once** per day?

PROBE: We just need to know **in general**.

```
    ONCE PER DAY ........................... 1 {HH16}
    MORE THAN ONCE PER DAY ................. 2 {HH15}
    24 HOURS PER DAY ....................... 3 {BOX_03}
    REF .................................... -7 {BOX_03}
    DK ..................................... -8 {BOX_03}
```

[Code One]

```
         --------------------------------------------------------
         | DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS     |
         | 'AGENCY'.                                            |
         --------------------------------------------------------
```

HH15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

During {VISIT MONTH}, how many **times per day** did {someone from}
{PROVIDER} come to the home to help {you/{PERSON}}?

PROBE: We just need to know **in general**.

NUMBER OF TIMES PER DAY:

    [Enter Number of Times Per Day] ....   {HH16}
    REF .... -7 {BOX_03}
    DK .... -8 {BOX_03}


```
 -----------------------------------------------------
|  DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS  |
|  'AGENCY'.                                         |
 -----------------------------------------------------
```

```
 -----------------------------------------------------
|  HARD CHECK:                                       |
|  ALLOW ONLY 2-6 FOR NUMBER OF TIMES PER DAY.       |
 -----------------------------------------------------
```


HH16
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

How **long** did {each visit usually/the visit} last?

PROBE: We just need to know **in general**.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER '0' FOR HOURS.

HH16_01
=======

HOURS:
    [Enter Hours] ....
    REF .... -7
    DK .... -8

HH16_02
=======

              MINUTES:
                     [Enter Minutes] .... {BOX_03}
                     REF .... -7 {BOX_03}
                     DK .... -8 {BOX_03}

              | DISPLAY 'each visit usually' IF HH11 IS NOT CODED |
              | '3' (ONLY CAME ONCE). DISPLAY 'the visit' IF HH11 |
              | IS CODED '3' (ONLY CAME ONCE). |

              | FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES |
              | THIS AUTOMATICALLY): ALLOW 0-24 FOR HOURS AND |
              | 0-59 FOR MINUTES. |

              | HARD CHECK: IF '0' ENTERED IN BOTH HOURS AND |
              | MINUTES, THE WVS ERROR HANDLER WILL FORCE THE |
              | INTERVIEWER TO RECTIFY THE DATA. |

              | HARD CHECK: IF '24' ENTERED IN HOURS AND AN |
              | ENTRY >0 FOR MINUTES, THE WVS ERROR HANDLER WILL |
              | FORCE THE INTERVIEWER TO RECTIFY THE DATA. |

BOX_03
======

              | IF 2 OR MORE MONTHS, EXCLUDING INTERVIEW MONTH, |
              | FOR THIS PROVIDER FOR THIS PERSON HAVE NOT |
              | COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION|
              | AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP,|
              | CONTINUE WITH HH17 |

              | OTHERWISE, GO TO BOX_04 |

HH17
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

I have recorded that {you/{PERSON}} received services from {PROVIDER}
during other months. Were the services received from {PROVIDER}
during the other months similar to the services received during
{VISIT MONTH}? That is, in the other months, did {PROVIDER} visit
{the same number of times/(READ FREQUENCY BELOW)} and provide
{the same services/(READ SERVICES BELOW)}?

FREQUENCY   **SERVICES**

{FREQUENCY OF SERVICES...} {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}

    YES .... 1 {HH18}
    NO .... 2 {BOX_04}
    REF .... -7 {BOX_04}
    DK .... -8 {BOX_04}

    | DISPLAY 'the same number of times' IF HH12 AND |
    | HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) |
    | OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ |
    | FREQUENCY BELOW)'. |
    | |
    | IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' |
    | (REFUSED), OR '-8' (DON'T KNOW), OR ANY |
    | COMBINATION OF ONLY THESE CODES, DISPLAY 'the |
    | same services'. OTHERWISE, DISPLAY '(READ |
    | SERVICES BELOW)'. |

    | FREQUENCY = |
    | DISPLAY NUMBER AND 'DAYS PER WEEK' IF A |
    | RESPONSE WAS RECORDED AT HH12. |
    | DISPLAY NUMBER AND 'DAYS PER MONTH' IF A |
    | RESPONSE WAS RECORDED AT HH13. |
    | DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND |
    | HH13 WERE NOT ASKED OR WERE CODED '-7' |
    | (REFUSED) OR '-8' (DON'T KNOW). |

```
     --------------------------------------------------------
     | SERVICES =                                           |
     |   FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08,      |
     |     HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE    |
     |     ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':      |
     |                                                      |
     |   IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR         |
     |     THERAPY'                                         |
     |   IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR         |
     |     ASSISTIVE DEVICE INSTRUCTION.'                   |
     |   IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES|
     |     OR PERSONAL CARE'                                |
     |   IF HH09 = 1, DISPLAY 'COMPANIONSHIP'               |
     |   IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV        |
     |   IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7'        |
     |   (REFUSED), OR '-8' (DON'T KNOW), OR ANY            |
     |   COMBINATION OF ONLY THESE CODES, DISPLAY 'THE      |
     |   SAME SERVICES'.                                    |
     --------------------------------------------------------
```

HH18
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EVN-MO}

During which of the following months did {PROVIDER} visit {the
same number of times/(READ FREQUENCY BELOW)} and provide {the
same services/(READ SERVICES BELOW)}?

PROBE: Any other months with the same number of visits and the
same services?

    FREQUENCY   **SERVICES**

{FREQUENCY OF SERVICES...} {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}
                          {DESCRIPTION OF SERVICES RECEIVED}

[1. Month, Year-4]
[2. Month, Year-4]
[3. Month, Year-4]

```
-----------------------------------------------------
| DISPLAY 'the same number of times' IF HH12 AND    |
| HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED)  |
| OR '-8' (DON'T KNOW).  OTHERWISE, DISPLAY '(READ  |
| FREQUENCY BELOW)'.                                |
|                                                   |
| IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7'       |
| (REFUSED), OR '-8' (DON'T KNOW), OR ANY           |
| COMBINATION OF ONLY THESE CODES, DISPLAY 'the     |
| same services'.  OTHERWISE, DISPLAY '(READ        |
| SERVICES BELOW)'.                                 |
-----------------------------------------------------


-----------------------------------------------------
| FREQUENCY =                                       |
|   DISPLAY NUMBER AND 'DAYS PER WEEK' IF A         |
|     RESPONSE WAS RECORDED AT HH12.                |
|   DISPLAY NUMBER AND 'DAYS PER MONTH' IF A        |
|     RESPONSE WAS RECORDED AT HH13.                |
|   DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND  |
|     HH13 WERE NOT ASKED OR WERE CODED '-7'        |
|     (REFUSED) OR '-8' (DON'T KNOW).               |
-----------------------------------------------------


-----------------------------------------------------
| SERVICES =                                        |
|   FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08,   |
|     HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE |
|     ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':   |
|                                                   |
|   IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR      |
|     THERAPY'                                      |
|   IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR      |
|     ASSISTIVE DEVICE INSTRUCTION.'                |
|   IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES|
|     OR PERSONAL CARE'                             |
|   IF HH09 = 1, DISPLAY 'COMPANIONSHIP'            |
|   IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV     |
|   IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7'     |
|   (REFUSED), OR '-8' (DON'T KNOW), OR ANY         |
|   COMBINATION OF ONLY THESE CODES, DISPLAY 'THE   |
|   SAME SERVICES'.                                 |
-----------------------------------------------------


-----------------------------------------------------
| FLAG EACH MONTH SELECTED AT HH18 AS A REPEAT      |
| VISIT RELATED TO THE EVENT BEING ASKED ABOUT.     |
| FLAG THE CHARGE PAYMENT (CP)STATUS OF EACH REPEAT |
| VISIT AS 'PROCESSED.'                             |
-----------------------------------------------------
```

19

```
-------------------------------------------------------
| LINK FREQUENCY AND SERVICE(S) ASSOCIATED WITH THE |
| EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.   |
| FLAG EVENT AS PROCESSED SO THAT THE EVENT DRIVER  |
| WILL NOT SERVE THESE REPEAT VISITS FOR THE        |
| HH SECTION.                                       |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER DETAILS:                                   |
| Title: PERS_EVNT_1                                |
|                                                   |
| COL #1 HEADER: MONTH/YEAR                         |
| INSTRUCTIONS: DISPLAY EVENT BEGIN DATE            |
| (EVNT.EVNTBEGM, EVNT.EVNTBEGY)                    |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER DEFINITION:                                |
| DISPLAY THE PERSON'S MEDICAL-EVENTS-ROSTER FOR    |
| SELECTION.                                        |
-------------------------------------------------------


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| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED.                       |
|                                                   |
| 2. ADD, DELETE, AND EDIT DISALLOWED.              |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL EVENTS (DATES) IN PERSON'S MEDICAL-   |
| EVENTS-ROSTER THAT MEET THE FOLLOWING CRITERIA:   |
| - CREATED THIS ROUND, EXCLUDING THE INTERVIEW     |
|   MONTH                                           |
|                                                   |
| - HAVE NOT BEEN PROCESSED THROUGH UTILIZATION     |
|                                                   |
| - HAVE EVENT TYPE 'HH'                            |
|                                                   |
| - ARE ASSOCIATED WITH THE SAME PROVIDER AS THE    |
|   EVENT BEING ASKED ABOUT DURING THIS ROUND       |
-------------------------------------------------------
```

HH19
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS SELECTED IN PREVIOUS QUESTION.

    [Enter Repeat Month Group] .... {BOX_04}

BOX_04
======

```
 ----------------------------------------------------
|  IF THE CHARGE/PAYMENT (CP) SECTION IS NOT         |
|  COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE     |
|  CHARGE/PAYMENT (CP) SECTION                       |
 ----------------------------------------------------


 ----------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_05                   |
 ----------------------------------------------------
```

BOX_05
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```
 ----------------------------------------------------
|  GO TO THE EVENT DRIVER (ED) SECTION               |
 ----------------------------------------------------
```