

**2005**  
**THIRD NATIONAL STUDY OF OAA TITLE III SERVICE RECIPIENTS**  
**SURVEY INSTRUMENTS**

## INTRODUCTION

The RESP segment will contain a variable, TALKWHO, which will indicate which type of interview is being administered as well as the current respondent for that interview. The interview type will never change, but the type of respondent can change.

The values for RESP.TALKWHO are as follows:

- CG1 - Caregiver answering themselves
- CG2 - Proxy answering for caregiver
- CG3 - Translator/interpreter answering for caregiver
  
- PM1 - Home delivered meals being answered by participant
- PM2 - Proxy answering for participant
- PM3 - Translator/interpreter answering for participant
  
- PT1 - Transportation questionnaire being answered by participant
- PT2 - Proxy answering for participant
- PT3 - Translator/interpreter answering for participant

### GLOBAL DISPLAY IN THE FOOTER OF EACH SCREEN IN CONTACTS AND INTERVIEW:

"{DISPLAY D1} {DISPLAY D2} {DISPLAY D3}"

There are several variables referenced throughout these specifications that need to be pre-loaded from the sample file. These include:

**NAME OF INTERVIEWEE.** This will be one of 4 types of persons:

- Participant
- Caregiver
- Interpreter/translator
- Proxy

### AGENCY NAME

### TYPE OF SERVICE:

- Caregiver
- Home delivered meals
- Transportation

### SERVICE PROVIDER

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0985-0020. Public reporting burden for this information collection is estimated to average 20 minutes per response; response times may range from 15 minutes to thirty minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Administration on Aging, Washington, DC 20201 Attn: Cynthia Bauer, 202-357-0145.

**HELLO.** Hello. May I speak with {Name of Participant (PARTICIPANT)/Name of Caregiver (CAREGIVER)/NAME OF INTERPRETER/TRANSLATOR (INTERPRETER/TRANSLATOR)/NAME OF PROXY (PROXY)}?

- PARTICIPANT IS AVAILABLE ..... 1 ●
- CAREGIVER IS AVAILABLE ..... 2 ● (GO TO S/P)
- INTERPRETER/TRANSLATOR IS AVAILABLE ..... 3 ■
- PROXY IS AVAILABLE ..... 4 ●
- NOT AVAILABLE ..... 5 (GO TO I1)

**I1.** Is this the correct telephone number to contact {Name of Participant/Name of Caregiver/NAME OF INTERPRETER/TRANSLATOR/NAME OF PROXY}?

- YES ..... 1
- NO ..... 2 (GO TO I3)

**I2.** Can you provide me a better time to contact {Name of Participant/Name of Caregiver/NAME OF INTERPRETER/TRANSLATOR/NAME OF PROXY}?

- YES ..... 1 (GO TO APPOINTMENT SCREEN)
- NO ..... 2 (Thank you. I will call back later.)
- RF ..... -7 (Thank you.)
- DK ..... -8 (Thank you. I will call back later.)

**I3.** Can you provide me with the correct telephone number for {NAME OF PARTICIPANT/NAME OF CAREGIVER/NAME OF INTERPRETER/TRANSLATOR/NAME OF PROXY}?

- YES ..... 1
- NO ..... 2 (Thank you for your time.) (CODE PROBLEM)

**I4.** What is the telephone number for {{NAME OF PARTICIPANT/NAME OF CAREGIVER/INTERPRETER/TRANSLATOR/PROXY}}? RECORD RESPONSE

( | | | | )      | | | | - | | | | | | | |  
 (AREA CODE)      (TELEPHONE NUMBER)

**Thank you for the information.**

- S/P.** PARTICIPANT OR CAREGIVER ON THE PHONE ..... 1
- INTERPRETER/TRANSLATOR ON THE PHONE ..... 2
- PROXY ON THE PHONE ..... 3

## VERIFICATION

### **IF S/P = 1 PARTICIPANT ON THE PHONE:**

IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO NRINTRO.  
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTRO.

### **IF S/P = 2 CAREGIVER ON THE PHONE:**

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTRO.

### **IF S/P = 3 INTERPRETER/TRANSLATOR ON THE PHONE:**

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTRIOINT.  
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO NRINTROINT.  
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTROINT.

### **IF S/P = 4 PROXY ON THE PHONE:**

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTROPRX.  
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO NRINTROPRX.  
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTROPRX.

**IF RESPONDENT SEX IS UNKNOWN, FOR CAREGIVER SURVEY WILL ALWAYS BE FEMALE, i.e., "SHE" OR "HER(S)."**

**IF CARE RECIPIENT SEX IS UNKNOWN, FOR CAREGIVER SURVEY, WILL ALWAYS BE FEMALE, i.e., "SHE" OR "HER(S)."**

**IF CARE RECIPIENT NAME IS UNKNOWN, FOR THE CAREGIVER SURVEY, USE "THE PERSON YOU CARE FOR."**

**FOR ALL OTHER SURVEYS, SEX WILL BE MALE, i.e., "HE" OR "HIS."**

**NOTE: Make sure the provider name does display on the first contact screen.**

**HOME-DELIVERED MEALS NUTRITION ASSESSMENT (VERSION: JULY 23, 2004)**

**HNRINTRO.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you have received Home Delivered Meals from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

This survey will take about 15 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

**GO TO HNRSERVERF.**

**HNRINTROINT.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Home Delivered Meals from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

We would like the client to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting {NAME OF PARTICIPANT}'s actual opinions and responses.

This survey will take about 15 minutes to complete. {His/Her} participation is voluntary and very important to the success of this study. {NAME OF PARTICIPANT}'s answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by {his/her} decision to participate nor by any answers {s/he} gives.

**IF NEEDED:** We were given your name as the interpreter for {NAME OF PARTICIPANT}.

**IF INTERPRETER WILL NOT DO INTERVIEW GO TO HNRALTCON. OTHERWISE GO TO HNRSERVERF.**

**HNRINTROPRX.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Home Delivered Meals from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

For the remainder of the survey I would like you to answer as though you were {NAME OF PARTICIPANT}. All of the following questions pertain to {him/her}. Please provide your best estimate as to {his/her} own response or opinion.

This survey will take about 15 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by your decision to participate nor by any answers you give.

**IF NEEDED:** We were given your name as the proxy for {NAME OF PARTICIPANT}.

**IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH HNRALTCON. OTHERWISE GO TO HNRSERVERF.**

**HNRALTCON.** May I have the name and telephone number of someone else to contact?

_____ FIRST NAME	_____ LAST NAME
(         ) (AREA CODE)	-                 (TELEPHONE NUMBER)

- REFERRED BACK TO PARTICIPANT..... 1 (GO TO HNRINTRO1)
- REFUSED..... -7 (CODE AS PROBLEM)
- DON'T KNOW..... -8 (CODE AS PROBLEM)

**Thank you for the information. END INTERVIEW.**

**HNRSERVERF.** IF NEEDED: We show {you/s/he} may have received {TYPE OF SERVICE} services from {NAME OF PROVIDER}. Is that correct?

- YES..... 1
- NO..... 2 Thank you, we will check with the agency and may be calling you again in the next few days. (CODE PROBLEM)
- REFUSED..... -7
- DON'T KNOW..... -8

**IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., “DO YOU” OR “HAVE YOU”) IN QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., “DOES S(HE)” OR “HAS S(HE)”) WHERE INDICATED.**

**HNRINTRO1.** Now we are going to talk about the Home-Delivered Meals {you receive/NAME OF PARTICIPANT receives} from {NAME OF PROVIDER}

**HNR1.** How long {have you/has NAME OF PARTICIPANT} been receiving home delivered meals? Would {you/NAME OF PARTICIPANT} say...

(HMRECEV)

- 6 months or less, ..... 1
- More than 6 months, but less than 1 year, ..... 2
- At least 1 year but less than 2 years, ..... 3
- 2 to 5 years, or ..... 4
- More than 5 years? ..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNRINTRO2.** Next, I will ask about the number of home delivered meals {you/NAME OF PARTICIPANT} received in the past week.

**SOFT RANGE FOR HNR2-HNR5=0 TO 21; HARD RANGE = 0 TO 60**

**HNR2.** What is the total number of hot meals {you/NAME OF PARTICIPANT} received in the past week?

(MHOT)

- NUMBER OF HOT MEALS..... |\_\_|\_\_|
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR3.** What is the total number of frozen meals {you/s/he} received in the past week?

(HMFROZE)

- NUMBER OF FROZEN MEALS ..... |\_\_|\_\_|
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR4.** What is the total number of bag suppers {you/NAME OF PARTICIPANT} received in the past week?

(HMBAG)

- NUMBER OF BAG SUPPERS..... |\_\_|\_\_|
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR5.** What is the total number of nutritional supplements, such as Boost or Ensure, {you/s/he} received in the past week?

(HMSUPP)

NUMBER OF NUTRITIONAL SUPPLEMENTS |\_\_|\_\_|

REFUSED ..... -7

DON'T KNOW ..... -8

**HNRINTRO3.** Now, I am going to ask about the days {you receive/NAME OF PARTICIPANT receives} home delivered meals.

**SOFT RANGE FOR HNR6=0 TO 21; HARD RANGE = 0 TO 60**

**HNR6.** How many meals {do you/does s/he} get on the days that {you receive/s/he receives} home delivered meals?

(HMATTENA)

NUMBER OF MEALS ..... |\_\_|\_\_|

OTHER..... 91

(Please Specify) \_\_\_\_\_

REFUSED ..... -7

DON'T KNOW ..... -8

**RANGE FOR HNR7 AND HNR8=0 to 7**

**HNR7.** How many days each week {do you/does s/he} receive home delivered meals?

(HMDAYSWK)

NUMBER OF DAYS..... |\_\_|\_\_|

REFUSED ..... -7

DON'T KNOW ..... -8

**HNR8.** How many days in the past week did {you/NAME OF PARTICIPANT} eat one or more home delivered meals?

(HMDAYPST)

NUMBER OF DAYS..... |\_\_|\_\_|

REFUSED ..... -7

DON'T KNOW ..... -8

**HNR9.** Please tell me, on the days {you eat/s/he eats} home delivered meals, how many meals {do you eat/does s/he eats}?

(HMMEALS)

1 MEAL .....	1
2 MEALS .....	2
3 MEALS .....	3
MORE THAN 3 MEALS .....	4
OTHER.....	91
(Please Specify) _____	
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR10.** On the days {you don't/NAME OF PARTICIPANT doesn't} eat home delivered meals, how many meals {do you/does s/he} eat?

(HMNOEAT)

1 MEAL .....	1
2 MEALS .....	2
3 MEALS .....	3
MORE THAN 3 MEALS .....	4
OTHER.....	91
(Please Specify) _____	
Does not apply—gets meals everyday .....	8
Snacks .....	9
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR11.** Now think about the days when {you don't/s/he doesn't} eat a home delivered meal. {Do you/Does s/he} eat:

(HMDYNOFD)

About the same amount of food.....	1
More food, or.....	2
Less food?.....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR12.** Think about the amount of food {you eat/s/he eats} from the home-delivered meal. On the days {you eat/NAME OF PARTICIPANT eats} a home-delivered meal, what portion of all the foods {you eat/s/he eats} in a day does this meal represent? Would {you/s/he} say...

(HMPORTN)

Less than one-third, .....	1
Between one-third and one-half,.....	2
About one-half, or.....	3
More than one-half? .....	4
OTHER.....	91
(Please Specify) _____	
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR13.** Now I'm going to read some things that many people do for meals on the days when home delivered meals are not delivered, such as on weekends or holidays. Please tell me on the days when {you don't/NAME OF PARTICIPANT doesn't} eat home delivered meals, what {do you/does s/he} usually do for meals? Would {you/s/he} say...

(HMNOMLA AND HMNOMLOS)

- Family or friends provide {you/him/her} with meals, ..... 1
- {You eat/S/he eats} food that is easy for {you/him/her} to fix like sandwiches, microwaveable meals, or soup,..... 2
- {You eat/S/he eats} food that is ready to eat right out of the package, like cookies or potato chips, ..... 3
- {You use/S/he uses} the emergency packs they provide. (IF NEEDED: Emergency packs are for days when delivery is cancelled because of inclement weather.),..... 4
- {You save/S/he saves} food from other meals,..... 5
- {You cook/S/he cooks} for {yourself/him/herself}, or..... 6
- Something else? ..... 7
- (Please Specify) \_\_\_\_\_
- Goes out..... 8
- Orders in ..... 9
- Not applicable—get meals for everyday ..... 10
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNRINTRO4.** Please answer the following questions by telling me which response best represents the amount and type of food {you usually eat/NAME OF PARTICIPANT usually eats}.

**HNR14.** How many servings of **fruit** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving of fruit is 1 piece of fruit; one-half cup chopped, cooked, or canned fruit; or three-fourths cup of juice.

(HMFruit)

**INTERVIEWER NOTE: 0 (ZERO) SERVINGS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE).**

- 0 SERVINGS..... 0
- 1 SERVING ..... 1
- 2 SERVINGS..... 2
- 3 OR MORE SERVINGS ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR15.** When {you eat/s/he eats} the home-delivered meal, {do you/does s(he)} usually eat the fruit that is provided?

(HMEATFRT)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR16.** How many servings of **potatoes** {do you/does NAME OF PARTICIPANT} usually eat each day? One serving is 1 small baked potato; one-half cup mashed or boiled potatoes; 10 french fries; or one-half cup hashed browns.

(HMPOTATO)

**INTERVIEWER NOTE: 0 (ZERO) SERVINGS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE.**

- 0 SERVINGS..... 0
- 1 SERVING ..... 1
- 2 SERVINGS..... 2
- 3 OR MORE SERVINGS ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR17.** When {you eat/s/he eats} the home delivered meals, {do you/does s/he} usually eat the **potatoes** that are provided?

(HMEATPOT)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR18.** Other than potatoes, how many servings of **vegetables** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is 1 cup raw leafy greens; one-half cup cooked or chopped raw vegetables; or three-fourths cup juice.

(HMVEGS)

**INTERVIEWER NOTE: 0 (ZERO) SERVINGS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE.**

- 0 SERVINGS..... 0
- 1 SERVING ..... 1
- 2 SERVINGS..... 2
- 3 OR MORE SERVINGS ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR19.** Other than potatoes, when {you eat/s/he eats} the home-delivered meal, {do you/does s/he} usually eat the vegetables that are provided?

(HMEATVEG)

YES .....	1
NO.....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR20.** How many servings of **bread, cereal, rice, pasta, noodles, or tortillas** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is 1 piece bread or a tortilla; or one cup cold cereal, one-half cup hot cereal, or one-half cup rice, pasta, or noodles.

(HMBREAD)

**INTERVIEWER NOTE: 0 (ZERO) SERVINGS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE.**

0 SERVINGS.....	0
1 – 2 SERVINGS.....	1
3 - 4 SERVINGS .....	2
5 SERVINGS.....	3
6 OR MORE SERVINGS .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR21.** When {you eat/s/he} eats} the home-delivered meal, {do you/does s(he)} usually eat the bread, cereal, rice, pasta, noodles, or tortillas that are provided?

(HMEATBRD)

YES .....	1
NO.....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR22.** How many servings of **milk, cheese, or yogurt** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is 1 cup of milk or yogurt; one and one-half ounces of natural cheese, such as cheddar cheese, or two ounces or two slices of processed cheese, such as American cheese.

(HMDAIRY)

**INTERVIEWER NOTE: 0 (ZERO) SERVINGS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE.**

0 SERVINGS.....	0
1 SERVING .....	1
2 SERVINGS.....	2
3 OR MORE SERVINGS .....	3
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR23.** When {you eat/s(he) eats} the home-delivered meal, {do you/does s/he} usually eat or drink the milk, cheese, or yogurt that are provided?

(HMEATDAR)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR24.** How many servings of **meat, chicken, fish, and eggs** {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is a two or three ounce chicken breast, hamburger patty or fish filet, or 2 to 3 eggs.

(HMMEAT)

**INTERVIEWER NOTE: 0 (ZERO) SERVINGS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE.**

- 0 SERVINGS..... 0
- 1 SERVING ..... 1
- 2 SERVINGS..... 2
- 3 OR MORE SERVINGS ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR25.** When {you eat/s(he) eats} the home-delivered meal, {do you/does s(he)} usually eat the meat, chicken, fish, or eggs that are provided?

(HMEATMET)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR26.** How many servings of **nuts, tofu, and beans** such as baked beans, pinto beans, kidney beans, lima beans, soybeans, or black-eyed peas {do you/does NAME OF PARTICIPANT} usually eat every day? One serving is 1 to 2 cups of beans or tofu; 4 to 6 tablespoons of peanut butter; or two-thirds to one cup of nuts.

(HMBEANS)

**INTERVIEWER NOTE: 0 (ZERO) SERVINGS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE.**

- 0 SERVINGS..... 0
- 1 SERVING ..... 1
- 2 SERVINGS..... 2
- 3 OR MORE SERVINGS ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR27.** When {you eat/s/he eats} the home-delivered meal, {do you/does s/he} usually eat the nuts, tofu, or beans if they are provided?

(HMEATBNS)

YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**HNR28.** {Do you/Does NAME OF PARTICIPANT} drink any dietary supplements such as....

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Boost? (HNRBOST).....	1	2	-7	-8
b. Ensure? (HNRENSR) .....	1	2	-7	-8
c. Sustical? (HNRSUST) .....	1	2	-7	-8
d. Carnation Instant Breakfast? (HNRCAR).....	1	2	-7	-8
e. Anything else? (HNRELS AND HNELSOS).....	1	2	-7	-8
(SPECIFY _____)	1	2	-7	-8
FROM OTHER/SPECIFY:				
f. Glucerna (HNRGLU) .....	1	2	-7	-8

**HNR29.** Think about all the water, coffee, tea or other nonalcoholic fluids {you usually drink/NAME OF PARTICIPANT usually drinks}. How many cups {do you/does s/he} usually drink per day?

(HMWATER)

**INTERVIEWER NOTE: 0 (ZERO) CUPS ALSO INCLUDES LESS THAN DAILY (E.G., ONCE A WEEK/MONTH/ONCE IN AWHILE.**

0 CUPS ..... 0  
 1 - 4 CUPS ..... 1  
 5 - 7 CUPS ..... 2  
 8 OR MORE CUPS ..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**HNRINTRO5.** Next, I would like to get {your/NAME OF PARTICIPANT's} opinion about the home delivered meals that {you receive/s/he receives}.

**IN OTHER WORDS, HOT AND BAG MEALS SUBJECTS GET ALL THE QUESTIONS, AS DO SUBJECTS WHO GOT NOTHING AT ALL LAST WEEK. THE OTHER SUBJECTS ARE ONLY ASKED ABOUT VARIETY, ARRIVAL TIME, AND FRIENDLINESS (YOUR HNR33, HNR35, AND HNR36).**

Think about all the foods that {you receive/s/he receives} from the home delivered meals program. Now tell me, {are you/is s/he} satisfied...

		<u>All the time</u>	<u>Most of the time</u>	<u>Some of the time</u>	<u>Almost never</u>	<u>Never</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
<b>HNR30.</b>	With the way the food <b>tastes?</b>								
(HMTASTES)	Would {you/s/he} say.....	1	2	3	4	5	-7	-8	-9
<b>HNR31.</b>	With the way the food <b>smells?</b>								
(HMSMELLS)	Would {you/s/he} say.....	1	2	3	4	5	-7	-8	-9
<b>HNR32.</b>	With the way the food <b>looks?</b> .....	1	2	3	4	5	-7	-8	-9
(HMLOOKS)									
<b>HNR33.</b>	With the <b>variety</b> of foods? .....	1	2	3	4	5	-7	-8	-9
(HMVARITY)									
<b>HNR34.</b>	That the hot foods are <b>hot</b> and the cold foods are <b>cold?</b> .....	1	2	3	4	5	-7	-8	-9
(HMTEMP)									
<b>HNR35.</b>	That {your/NAME OF PARTICIPANT's} meals arrive about the time {you expect/s/he expects} them to? .....	1	2	3	4	5	-7	-8	-9
(HMONTIME)									
<b>HNR36.</b>	That the person who delivers the meals is friendly and respectful? .	1	2	3	4	5	-7	-8	-9
(HNRFRND)									

**HNR37.** {Do you/Does NAME OF PARTICIPANT} like the home delivered meals {you get/s/he gets}?

(HNRLIKE)

- YES ..... 1
- NO..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR38.** How would {you/NAME OF PARTICIPANT} rate the home-delivered meals program overall?  
Would {you/s(he)} say...

(HMRATE)

- Excellent,..... 1
- Very good,..... 2
- Good, ..... 3
- Fair, or..... 4
- Poor?..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR39.** Would {you/s/he} recommend this program to {your/his/her} friends, neighbors, and relatives?  
Would {you/s/he} say....

(HNRRECOM)

Yes, ..... 1  
 No, or ..... 2  
 Not Sure? ..... 3  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**HNRINTRO6.** I'm going to read some statements about the home delivered meals program. Do home delivered meals help {you/NAME OF PARTICIPANT}...

		<u>Yes</u>	<u>I'm not sure</u>	<u>No</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
<b>HNR40.</b>	Eat healthier foods? Would {you/s/he} say .....	1	2	3	-7	-8	-9
(HMVARFD)							
<b>HNR41.</b>	Eat a greater variety of foods? Would {you/s/he} say.....	1	2	3	-7	-8	-9
(HMVR2FD)							
<b>HNR42.</b>	Follow the special diet that is prescribed by {your/his/her} doctor or dietitian? .....	1	2	3	-7	-8	-9
(HMSPECDT)							
<b>HNR43.</b>	Achieve or maintain a healthy weight? .....	1	2	3	-7	-8	-9
(HMWEIGHT)							
<b>HNR44.</b>	Improve {your/NAME OF PARTICIPANT's} health? .....	1	2	3	-7	-8	-9
(HMFLBTR)							
<b>HNR45.</b>	Feel better? .....	1	2	3	-7	-8	-9
(HMFLBR2)							
<b>HNR46.</b>	Feel less hungry?.....	1	2	3	-7	-8	-9
(LESSHGRY)							
<b>HNR47.</b>	Continue to live in {your/his/her} own home? .....	1	2	3	-7	-8	-9
(HMSTAYHM)							

**HNR48.** Nutrition education information is information about eating right, and buying and preparing food. Sometimes people get nutrition counseling which helps them eat the best diet for a medical condition, such as high blood pressure or diabetes. {Have you/Has NAME OF PARTICIPANT} received nutrition education information or counseling from the home delivered meals program?

(HNREDUYN)

YES ..... 1 (GO TO HNR49)  
 NO ..... 2 •  
 REFUSED ..... -7 • (GO TO SERVICE MODULE)  
 DON'T KNOW ..... -8 •

**HNR49.** Did the nutrition education information or counseling {you/NAME OF PARTICIPANT} received through the home delivered meals program help {you/him/her}...

(HNREDUA TO HNREDUD)

	<u>Yes</u>	I'm not <u>sure</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
a. Make healthier food choices? Would {you/s/he} say .....	1	2	3	-7	-8
b. Handle or store food more safely? Would {you/s/he} say .....	1	2	3	-7	-8
c. Refrigerate cooked food promptly? .....	1	2	3	-7	-8
d. Know what to eat for {your/his/her} health conditions? .....	1	2	3	-7	-8

<b>GO TO SERVICE MODULE.</b>
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**HNRINTRO7.** Now, I would like to ask a few questions about buying food.

**HNR50.** {Do you/Does NAME OF PARTICIPANT} always have enough money or food stamps to buy the food {you need/NAME OF PARTICIPANT needs}?

(HMENUF)

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR51.** During the past month, did {you/NAME OF PARTICIPANT} have to choose between buying food or buying medication?

(HMRXFD)

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR52.** During the past month did {you/NAME OF PARTICIPANT} have to choose between buying food or paying {your/his/her} rent or utility bills?

(HMBILFD)

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**HNR53.** On one or more days during the past month, did {you/NAME OF PARTICIPANT} skip meals because {you/s/he} had no food and no money or food stamps to buy food?

(HMSKP)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**HNR54.** {Do you/Does NAME OF PARTICIPANT} have any suggestions that would make the home-delivered meal program better?

(HMSGST)

- YES ..... 1 (GO TO HNR54B)
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO MODULE 1)
- DON'T KNOW ..... -8 •

**HNR54B.** What is {your/his/her} suggestion?

(HMSGSTCM)

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**PROCEED TO MODULE 1.**

**CAREGIVER SUPPORT ASSESSMENT SURVEY (VERSION: VERSION: JULY 23, 2004)**

**CGINTRO.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by {PROVIDER NAME/AGENCY NAME}. We show you have received caregiver support services from {AGENCY NAME} to help you take care of {CARE RECIPIENT}. We would like to know if these caregiver support services have been helpful.

Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your and {CARE RECIPIENT}'s eligibility for services will not be affected by your decision to participate nor by any answers you give.

**CGINTROINT.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services'. Administration on Aging, We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF CAREGIVER} has received caregiver support services from {PROVIDER NAME/AGENCY NAME} to help {him/her} take care of {CARE RECIPIENT}. We would like to know if these caregiver support services have been helpful.

We would like {NAME OF CAREGIVER} to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting {NAME OF CAREGIVER}'s actual opinions and responses.

{NAME OF CAREGIVER}'s participation is voluntary and very important to the success of this study. {His/Her} answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} and {CARE RECIPIENT}'s eligibility for services will not be affected by {NAME OF CAREGIVER}'s decision to participate nor by any answers {s/he} gives

**IF NEEDED:** We were given your name as the interpreter for {NAME OF CAREGIVER}.

**CGINTROPRX.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services'. Administration on Aging, We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by {PROVIDER NAME/AGENCY NAME}. We got {NAME OF CAREGIVER} information from {PROVIDER NAME/AGENCY NAME}.

We want to be sure that, wherever possible, we are getting {NAME OF CAREGIVER}'s actual opinions and responses. For the remainder of the survey, I would like you to answer as though you were {NAME OF CAREGIVER}. All of the following questions pertain to {him/her} Please provide your best estimate as to {his/her} own response or opinion.

{NAME OF CAREGIVER}'s participation is voluntary and very important to the success of this study. {His/Her} answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {NAME OF CAREGIVER}'s and {CARE RECIPIENT}'s eligibility for services will not be affected by {NAME OF CAREGIVER}'s decision to participate nor by any answers {s/he} gives.

**IF NEEDED:** We were given your name as the proxy for {NAME OF CAREGIVER}.

**SKIP TO CGB IF NO CARE RECIPIENT NAME.**



**IF CARE RECIPIENT'S NAME IS NOT ON FILE FROM AREA AGENCY, ASK CGC. ELSE, GO TO CGINTRO2. IF CARE RECIPIENT NAME COLLECTED IN CGC, INSERT INTO INTERVIEW. ELSE CONTINUE TO USE: The person you care for.**

**CGC.** May I have the name of the person {you care/NAME OF CAREGIVER cares} for?

**INTERVIEWER NOTE: IF NEEDED: The name will help the interview flow better.**

CARE RECIPIENT NAME:

_____	_____
FIRST	LAST
REFUSED .....	-7
DON'T KNOW .....	-8

**CGINTRO1.** This survey typically takes 25 minutes. {You/NAME OF CAREGIVER} may be more comfortable answering these questions if {you are/s/he is} not in the presence of the person {you are/s/he is} caring for. Is this a good time for {you/him/her}?

YES .....	1
NO .....	2 (GO TO APPOINTMENT)
REFUSED .....	-7
DON'T KNOW .....	-8

**CGINTRO2.** Now, let's begin the caregiver survey. {Your/NAME OF CAREGIVER's} participation is voluntary and very important to the success of this study.

**IF CAREGIVER IS FEMALE OR GENDER IS UNKNOWN, USE FIRST DISPLAY IN SECOND SENTENCE OF CG1 (e.g.: wife or daughter). IF CAREGIVER IS MALE, USE SECOND DISPLAY (e.g. husband or son).**

**CG1.** What is {your/his/her} relationship to {CARE RECIPIENT}? For example, {are you/is NAME OF CAREGIVER} {CARE RECIPIENT's} {wife or daughter} {husband or son}?  
(CGREL)

**INTERVIEWER NOTE: READ CATEGORIES IF NEEDED.**

- HUSBAND,..... 1
- WIFE, ..... 2
- SON, ..... 3
- SON-IN-LAW,..... 4
- DAUGHTER,..... 5
- DAUGHTER-IN-LAW, ..... 6
- FATHER,..... 7
- MOTHER,..... 8
- BROTHER,..... 9
- SISTER, ..... 10
- GRANDDAUGHTER,..... 11
- GRANDSON, ..... 12
- NIECE, ..... 13
- NEPHEW, ..... 14
- OTHER RELATIVE, OR..... 91
- (SPECIFY) \_\_\_\_\_
- A FRIEND OR NEIGHBOR OR ANOTHER PERSON? ..... 15
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG2.** I'm going to read several activities that some people need help with. {Do you/Does NAME OF CAREGIVER} help {CARE RECIPIENT} with ...  
(CGACTI01 TO CGACTI06)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. Activities like dressing, eating, bathing, or getting to the bathroom?	1	2	-7	-8
2. Medical needs such as taking medicine or changing bandages? .....	1	2	-7	-8
3. Keeping track of bills, checks, or other financial matters? .....	1	2	-	-8
4. Preparing meals, doing laundry, or cleaning the house? .....	1	2	7	-8
5. Going shopping or to the doctor's office? .....	1	2	-7	-8
6. Arranging for care or services provided by others? .....	1	2	-7	-8

**IF CG2 1 THROUGH 6 ARE ALL NO (2), RF (-7) OR DK (-8), GO TO CG2B. ELSE, GO TO CGINTRO3.**

**AS LONG AS SOMETHING IS ENTERED IN OPEN-ENDED RESPONSE (CG2B), CONTINUE INTERVIEW. IF CG2B IS NONE (1), RF OR DK, GO TO CLOSE.**

**CG2B.** What kind of care {do you/does NAME OF CAREGIVER} provide for {CARE RECIPIENT}?

[CAREHLP]

- NONE, ..... 1 •
- REFUSED ..... -7 • (GO TO CLOSE1)
- DON'T KNOW ..... -8 •

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**CGINTRO3.** I'd like to ask {you/NAME OF CAREGIVER} some questions about the Family Caregiver services that are provided by {PROVIDER NAME/AGENCY'S NAME}. We are interested in {your/his/her} experiences with services during the last year.

**CG3.** {Have you/Has NAME OF CAREGIVER} heard of the National Family Caregiver Support Program?

(CGHAVHD)

- YES ..... 1 (GO TO CG4)
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CGINTRO4)
- DON'T KNOW ..... -8 •

**CG4.** Where did {you/NAME OF CAREGIVER} first hear of the National Family Caregiver Support Program? Would {you/s/he} say {you/s/he} heard about the program from...

(CGHEAR)

- Family, ..... 1
- Friends, ..... 2
- A Physician, ..... 3
- A Community organization, ..... 4
- The media, ..... 5
- A Social worker or case manager, ..... 6
- The Hospital, ..... 7
- The State or local office for the aging, or ..... 8
- Someplace else? ..... 91
- (SPECIFY) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CGINTRO4.** The next few questions will be about services provided through the National Family Caregiver Support Program. I will be asking about the services and how helpful they have been.

**CG5.** {Have you/Has NAME OF CAREGIVER} received Respite Care, which allows {you, the caregiver/NAME OF CAREGIVER}, a brief period of rest or relief while temporary care is provided to {CARE RECIPIENT} either in {your/his/her} home or someplace else?

[CGRSPT]

- YES ..... 1 (GO TO CG6)
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG9)
- DON'T KNOW ..... -8 •

**CG6.** What type of respite care {have you/has NAME OF CAREGIVER} received? {Have you/Has NAME OF CAREGIVER} received...

[CGRSP01 to CGRSP05 AND CGRSPOS]

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. In-home respite, where someone comes into {your/his/her} home to care for {CARE RECIPIENT}?	1	2	-7	-8
2. Adult daycare, where {CARE RECIPIENT} goes to a facility for care during the day?	1	2	-7	-8
3. Overnight respite care in a facility?	1	2	-7	-8
4. Respite camps	1	2	-7	-8
5. Some other kind? (Specify _____)	1	2	-7	-8

**SOFT RANGE FOR CG7= 0 TO 24; HARD RANGE = 0 TO 168.**

**CG7.** How many hours per week of respite care {do you/does NAME OF CAREGIVER} usually receive?

[CGHRWK]

- NUMBER OF HOURS PER WEEK ..... |\_\_|\_\_|
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG8.** To what extent have the **Respite Care Services** {you have/NAME OF CAREGIVER has} received helped {you/him/her} as a caregiver? Would {you/s/he} say...

[CGRSPTHP]

- They helped a lot,..... 1
- They helped a little, ..... 2
- They didn't help, or..... 3
- They made things worse? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG9.** Has someone, such as {your/NAME OF CAREGIVER's} caseworker, case manager or other AAA staff person, helped {you/him/her} or given {you/him/her} information to connect {you/him/her} to available services and resources?

[CGINFO]

YES ..... 1 (GO TO CG10)  
 NO ..... 2 •  
 REFUSED ..... -7 • (GO TO CG11)  
 DON'T KNOW ..... -8 •

**CG10.** To what extent has the **help or information** {you have/NAME OF CAREGIVER has} received helped {you/him/her} connect to available services and resources? Would {you/NAME OF CAREGIVER} say...

[CGINFOHP]

They helped a lot,..... 1  
 They helped a little, ..... 2  
 They didn't help, or..... 3  
 They made things worse?..... 4  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**CG11.** {Have you/Has NAME OF CAREGIVER} received caregiver training or education, including counseling or support groups, to help {you/him/her} make decisions and solve problems in {your/his/her} role as a caregiver?

[CGEDU]

YES ..... 1 (GO TO CG12)  
 NO ..... 2 •  
 REFUSED ..... -7 • (GO TO CG14)  
 DON'T KNOW ..... -8 •

**CG12.** {Have you/Has NAME OF CAREGIVER} attended...

(CGEDKD01 TO CGEDK04 AND CGEDKD05)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. Caregiver education or training such as classroom or on-line courses? .....	1	2	-7	-8
2. Counseling to assist with {your/his/her} specific caregiving situation? .....	1	2	-7	-8
3. Caregiver support groups? .....	1	2	-7	-8
4. Something else ..... (Please specify _____)	1	2	-7	-8

**CG13.** To what extent have the **caregiver training, education, counseling or support group services** {you have/NAME OF CAREGIVER has} received helped {you/him/her} as a caregiver? Would {you/s/he} say...

[CGEDUHLP]

- It helped a lot,..... 1
- It helped a little, ..... 2
- It did not help, or ..... 3
- It made things worse? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG14.** Has the National Family Caregiver Support Program provided any other **Supplemental Services** to complement the care {you provide/s/he provides}, such as:

(CGSUP01 TO CGSUP06 AND CGSUPOS)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. Home modifications?.....	1	2	-7	-8
2. Nutritional supplements, such as Ensure or Boost? .....	1	2	-7	-8
3. Assistive devices, such as walkers, canes or crutches? .....	1	2	-7	-8
4. Emergency response systems? .....	1	2	-7	-8
5. Specialized equipment, such as CPAP, Apnea machines, hospital bed, wander guard or other equipment? .....	1	2	-7	-8
6. Anything else?..... (SPECIFY _____)	1	2	-7	-8

**IF ALL OF CG14= 2, -7, AND/OR -8, GO TO NOTE BEFORE CG16. FOR ANY OF CG14 THAT ARE YES (1), INSERT ALL IN CG15. ASK CG15 ONCE, BUT ABOUT ALL SERVICES. SKIP TO NOTE BEFORE CG16 IF ONLY 1 OF CG14a-f IS YES.**

**CG15.** To what extent have the **[INSERT ALL SERVICES IN CG6E THAT ARE YES]** {you have/NAME OF CAREGIVER has} received helped {you/him/her} as a caregiver? Would {you/s/he} say...

(CGSUPHLP)

- They helped a lot,..... 1
- They helped a little, ..... 2
- They did not help, or ..... 3
- They made things worse? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF RESPONDENT RECEIVES ANY OF THE ABOVE SERVICES (I.E. "YES" TO CG5, CG9, CG11, OR CG14), CONTINUE INTERVIEW. OTHERWISE, GO TO CLOSE.**

**IF ONLY ONE OF CG5, CG9, CG11 OR CG14 A-F IS YES, DO NOT ASK CG16. GO TO CG17 INSTEAD.**

**ONLY ASK CG16 ABOUT THE SERVICES RESPONDENT SAID THEY RECEIVED: IF YES TO CG5, ASK 1 (Respite Care Services), IF YES TO CG9, ASK 2-Help or Information connecting {you/him/her} to available services or resources, IF CG11 IS YES, ASK 3 (Caregiver Training or Education, including Counseling or a Support Group). IF ANY OF CG14 A-F ARE YES, ASK 4 (Other Support Services or Assistance).**

**CG16.** Of the services {you have/NAME OF CAREGIVER has} received, which service was the most helpful? Would {you/s/he} say...

[CGMSTHLP]

- Respite Care Services, ..... 1
- Help or Information connecting {you/him/her} to available services or resources,..... 2
- Caregiver Training or Education, including Counseling or a Support Group, or ..... 3
- Other Support Services or Assistance? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG17.** As a result of the caregiver services {you have/NAME OF CAREGIVER has} received, {do you/does s/he}...

(CGAFECA-CGAFECG AND CGAFECOS)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Have more time for personal activities?.....	1	2	-7	-8
b. Feel less stress? .....	1	2	-7	-8
c. Find it easier to care for {CARE RECIPIENT}? .....	1	2	-7	-8
d. Have a clearer understanding of how to get the services {you/NAME OF CAREGIVER} and {CARE RECIPIENT} need? .....	1	2	-7	-8
e. Know more about {CARE RECIPIENT's} condition or illness?.....	1	2	-7	-8
f. Think that {CARE RECIPIENT} benefits from the caregiver services {you receive/NAME OF CAREGIVER receives}? .....	1	2	-7	-8
g. Anything else?..... (SPECIFY _____)	1	2	-7	-8

**CG18.** Overall, to what extent have these caregiver services {helped {you/her/him} to be a better caregiver? Would {you/NAME OF CAREGIVER} say...

(CGHELP)

They helped a lot,.....	1
They helped a little, .....	2
They didn't help, or.....	3
They made things worse? .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**CG19.** Have these caregiver services enabled {you/NAME OF CAREGIVER} to provide care for {CARE RECIPIENT} for a longer time than would have been possible without these services? Would {you/s(he)} say...

(CGCARLG)

Yes, definitely,.....	1
Yes, I think so,.....	2
No, I don't think so, or .....	3
No, definitely not? .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**CG20.** Overall, how would {you/NAME OF CAREGIVER} rate the caregiver support services that have been provided? Would {you/NAME OF CAREGIVER} say...

(CGRATE)

Excellent,.....	1
Very good,.....	2
Good, .....	3
Fair, or .....	4
Poor? .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**CG21.** How difficult has it been for {you/NAME OF CAREGIVER} to get services from agencies for {CARE RECIPIENT}? Would {you/s(he)} say

(CGDIFF)

Not difficult at all,.....	1	(GO TO CG22)
A little difficult, .....	2	
Somewhat difficult,.....	3	
Difficult, or .....	4	
Very difficult?.....	5	
REFUSED .....	-7	(GO TO CG22)
DON'T KNOW .....	-8	(GO TO CG22)

**CG21B.** Please explain the difficulty or difficulties {you have/s/he has} encountered.  
(CGCMDIF)

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**CGINTRO5.** Now, I would like to ask some questions about {your/NAME OF CAREGIVER's} employment.

**CG22.** What is {your/NAME OF CAREGIVER's} current employment status? {Are you/Is s(he)}  
(CGWORK)

- Working full time,..... 1 (GO TO CG24)
- Working part time, ..... 2 (GO TO CG24)
- Retired, or ..... 3 (GO TO CG23)

**INTERVIEWER NOTE: INCLUDES NOT WORKING DUE TO PERMANENT DISABILITY.**

- Not working? ..... 4 (GO TO CG23)
- REFUSED ..... -7 (GO TO CGINTRO6)
- DON'T KNOW ..... -8 (GO TO CGINTRO6)

**CG23.** Did {your/his/her} caregiving responsibilities cause {you/him/her} to quit work or retire early?  
[CGQUIT]

- Yes ..... 1 •
- No ..... 2 • (GO TO CGINTRO6)
- REFUSED ..... -7 ■
- DON'T KNOW ..... -8 •

**CG24.** Has providing care for {CARE RECIPIENT} interfered with {your/NAME OF CAREGIVER's} job?  
[CGINTRFR]

- Yes ..... 1 (GO TO CG25)
- No ..... 2 •
- REFUSED ..... -7 • (GO TO CGINTRO6)
- DON'T KNOW ..... -8 •

**CG25.** How frequently has providing care for {CARE RECIPIENT} interfered with {your/NAME OF CAREGIVER's} job? Would {you/s/he} say...  
(CGINTJB)

- Always or usually, ..... 1 (GO TO CG26)
- Sometimes, or ..... 2 (GO TO CG26)
- Rarely or never?..... 3 •
- REFUSED ..... -7 • (GO TO CGINTRO6)
- DON'T KNOW ..... -8 •

**CG26.** Because of providing care for {CARE RECIPIENT}, {have you/has NAME OF CAREGIVER};

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Taken a less demanding job? (CGYOU03) .....	1	2	-7	-8
b. Changed from full-time work to part-time work? (CGYOU04) ....	1	2	-7	-8
c. Reduced {your/his/her} official working hours? (CGYOU05) .....	1	2	-7	-8
d. Lost some of {your/his/her} employment fringe benefits? (CGYOU06).....	1	2	-7	-8
e. Had time conflicts between working and caregiving? (CGYOU07).....	1	2	-7	-8
f. Used {your/his/her} vacation or personal time or sick leave to provide care? (CGYOU08).....	1	2	-7	-8
g. Taken a leave of absence to provide care? (CGYOU09) .....	1	2	-7	-8
h. Lost a promotion? (CGYOU10).....	1	2	-7	-8
i. Worked less than {your/NAME OF CAREGIVER's} normal hours last month because of providing care for (CARE RECIPIENT)? (CGYOU11) .....	1	2	-7	-8
j. Anything else?..... (SPECIFY: _____) (CGYOU12 AND CGYOUOS)	1	2	-7	-8

**IF ALL OF CG26 IS NO (2), REFUSED (-7) OR DON'T KNOW (-8), SKIP TO CGINTRO6.**

**CG27.** To what extent have the caregiver support services helped {you/NAME OF CAREGIVER} deal with these work difficulties? Would {you/s/he} say...  
[CGSRVHLP]

- They helped a lot,..... 1
- They helped a little, ..... 2
- They didn't help, or..... 3
- They made things worse? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CGINTRO6.** Next, we are interested in {your/NAME OF CAREGIVER's} experiences as a caregiver for {CARE RECIPIENT}.

**CG28.** In {your/NAME OF CAREGIVER's} experience as a caregiver, what would {you/s(he)} say is the most positive aspect of caregiving? Would {you/s/he} say the one most positive aspect is...

(CGBEST, CGBESTOS)

- Providing companionship for {you/him/her}, ..... 1
- Feeling a sense of accomplishment,..... 2
- Caring for someone who cared for {you/him/her}, ..... 3
- Helping {your/his/her} other family members,..... 4
- Being appreciated, ..... 5
- NONE, or..... 6
- Helping {your/his/her} care recipient? ..... 7
- OTHER..... 91
- (Please Specify) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG29.** Think of a scale from 1 to 5, where 1 is “not a strain at all” and 5 is “very much of a strain.” How much of a physical strain would {you/NAME OF CAREGIVER} say that caring for {CARE RECIPIENT} is for {you/him/her}?

(CGPSTRN)

- NOT A STRAIN AT ALL ..... 1
- TWO..... 2
- THREE ..... 3
- FOUR ..... 4
- VERY MUCH OF A STRAIN..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG30.** Again using a scale from 1 to 5, where 1 is not at all stressful and 5 is very stressful, how emotionally stressful would {you/NAME OF CAREGIVER} say that caring for {CARE RECIPIENT} is for {you/him/her}?

(CGEMSTRS)

- NOT AT ALL STRESSFUL ..... 1
- TWO..... 2
- THREE ..... 3
- FOUR ..... 4
- VERY STRESSFUL..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG31.** Again using a scale from 1 to 5, where 1 is no burden at all and 5 is a great burden, how much of a financial burden would {you/s/he} say that caring for {CARE RECIPIENT} is for {you/NAME OF CAREGIVER}?

(CGFINHD)

NO FINANCIAL BURDEN AT ALL.....	1
TWO.....	2
THREE.....	3
FOUR.....	4
A GREAT FINANCIAL BURDEN.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

**CG32.** Overall, again using a scale from 1 to 5, where 1 is no hardship at all and 5 is a great hardship, how much of a hardship has caring for {CARE RECIPIENT'S NAME} been?

(CGHDSHP)

NO HARDSHIP AT ALL.....	1
TWO.....	2
THREE.....	3
FOUR.....	4
A GREAT HARDSHIP.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

**IF CG32=3, 4, -7, OR -8, DO NOT ASK CG33-4.**

**CG33.** What is the biggest difficulty {you have/NAME OF CAREGIVER has} faced in caring for {CARE RECIPIENT}? Would {you/s(he)} say it...

(CGDIF AND CGDIFOS)

Creates a financial burden,.....	1
Doesn't leave enough time for {your/him/herself},.....	2
Doesn't leave enough time for {your/his/her} family,.....	3
Interferes with {your/his/her} work,.....	4
Affects {your/his/her} family relationships,.....	5
Affects [your/his/her} health, or.....	6
Creates stress?.....	7
NONE.....	9
OTHER.....	91
(Please Specify) _____	
REFUSED.....	-7
DON'T KNOW.....	-8

**IF ALL OF CG29, CG30, CG31 AND CG32 ARE 1, AND CG33 IS NONE, SKIP TO CG35.**

**CG34.** To what extent have the Caregiver Support Services helped {you/NAME OF CAREGIVER} deal with the difficulties that result from caregiving? Would {you/s/he} say...

(CGALLEV)

- They helped a lot,..... 1
- They helped a little, ..... 2
- They didn't help, or..... 3
- They made things worse? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG35.** {Do you/Does NAME OF CAREGIVER} have any kind of health problems, or a physical condition or disability that affects the kind or amount of care that {you/s(he)} can provide for {CARE RECIPIENT}?

(CGDISAB)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CGINTRO7)
- DON'T KNOW ..... -8 •

**CG35B.** What is that problem, condition, or disability?

(CGDISBB AND CGDISBOS)

**INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: Anything else? CTRL/P TO EXIT.**

PHYSICAL

- BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS ..... 1

ILLNESS

- HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE ..... 2
- DIABETES ..... 3
- ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS ..... 4
- OTHER ILLNESS ..... 8
- MENTAL HEALTH (ALL) ..... 5
- EYE PROBLEMS ..... 6

**INTERVIEWER NOTE: This does not include only wears glasses or contacts.**

- OTHER..... 91
- (Please Specify) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG36.** {Have your/Has NAME OF CAREGIVER's} caregiving activities created or worsened any of these conditions or problems or disabilities?

(CGHLTH)

YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**CGINTRO7.** Next, I would like to ask some questions about {CARE RECIPIENT}.

**FOR CG37 "YEARS," SOFT RANGE = 0-25. HARD RANGE = UP TO CARE RECIPIENT'S AGE. "MONTHS" RANGE: 0 TO24; "DAYS" RANGE= 0 TO 60.**

**CG37.** How long {have you/has NAME OF CAREGIVER} been caring for {CARE RECIPIENT}?

(CGHLONG)—Constructed variable--CGTIMEYR

(CGHUNIT) OVERALL RANGE 120

NUMBER..... |\_\_|\_\_|\_\_|  
 DAYS ..... 1 RANGE = 0-60  
 MONTHS..... 2 RANGE = 0-24  
 YEARS ..... 3 RANGE 0 UP TO CARE RECIPIENT'S AGE  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**CG38.** How far away {do you/does NAME OF CAREGIVER} live from {CARE RECIPIENT}? Would {you/s(he)} say....

(CGMINUT)

Less than 20 minutes away, ..... 1  
 Between 20 and 60 minutes away, ..... 2  
 Between 1 and 2 hours away, or ..... 3  
 More than 2 hours away? ..... 4  
 In the same house..... 5 •  
 REFUSED ..... -7 • (GO TO CG40)  
 DON'T KNOW ..... -8 •

**CG39.** Does {CARE RECIPIENT} live alone?

[CGALONE]

Yes ..... 1 (GO TO CG41)  
 No ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**CG40.** Can {CARE RECIPIENT} be left alone for an entire day? Would {you/NAME OF CAREGIVER} say...

[CGLFTLN]

- {S/He} can be left alone for an entire day, ..... 1
- {S/he} needs someone there at least part of the day,  
or ..... 2
- {S/He} needs someone there all or nearly all the  
time? ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**FOR ANALYSIS PURPOSES, WE WANT HOURS PER WEEK, SO THE HOURS IN CG41 WILL BE MULTIPLIED BY 7 (CGHRS7). WE ALSO WANT TO PRESERVE THE ORIGINAL RESPONSES (CGHRS)**

**CG41.** In {your/NAME OF CAREGIVER's} judgment, how many hours per day of help, care, or supervision does {CARE RECIPIENT} need?

[CGHRS AND CGHRS7]

- NUMBER OF HOURS PER DAY ..... |\_\_|\_\_| **RANGE = 0-24 HOURS**
- REFUSED ..... -7
- DON'T KNOW ..... -8

**FOR ANALYSIS PURPOSES, WE WANT HOURS PER WEEK, SO THE HOURS IN CG42 WILL BE MULTIPLIED BY 5 (CGHRSWK5) AND THE HOURS IN CG43 WILL BE MULTIPLIED BY 2 (CGHRSWD2), THEN WE WILL ADD THOSE TWO PRODUCTS TOGETHER TO GET THE TOTAL HOURS PER WEEK. (CGHRSWK7). WE ALSO WANT TO PRESERVE THE ORIGINAL RESPONSES (CGHRSWK AND CGHRSWD)**

**CG42.** In a typical 24-hour week day, how many hours {do you/does NAME OF CAREGIVER} provide help, care or supervision for {CARE RECIPIENT} in person? ?

(CGHRSWK AND CGHRSWK5)

- NUMBER OF HOURS/DAY ..... |\_\_|\_\_| **RANGE = 0-24 HOURS**
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG43.** In a typical 24-hour weekend day, how many hours {do you/does NAME OF CAREGIVER} provide help, care or supervision for {CARE RECIPIENT} in person?

(CGHRSWD AND CGHRSWD2)

- NUMBER OF HOURS/DAY ..... |\_\_|\_\_| **RANGE = 0-24 HOURS**
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG44.** Do any family members or friends help {you/NAME OF CAREGIVER} get time off or relief from the responsibility of caring for {CARE RECIPIENT}?

(CGRELEF)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**GO TO SERVICE MODULE.**

**CG45.** Overall, how would {you/NAME OF CAREGIVER} rate the services that {CARE RECIPIENT} receives? Would {you/s/he} say...

(CGPRATE)

- Excellent,..... 1
- Very good,..... 2
- Good, ..... 3
- Fair, or..... 4
- Poor?..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG46.** Have the services received by {CARE RECIPIENT} enabled {you/NAME OF CAREGIVER} to provide care for a longer time than would have been possible without these services? Would {you/s/he} say ...

(CGCARLCR)

- Yes, definitely,..... 1
- Yes, I think so,..... 2
- No, I don't think so, or ..... 3
- No, definitely not? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG47.** In {your/NAME OF CAREGIVER's} judgment, if the services that {you/NAME OF CAREGIVER} and {CARE RECIPIENT} have received had not been available, would {CARE RECIPIENT} be able to continue to live in the same residence?

[CGDFPLC]

- YES ..... 1 (GO TO CG49)
- NO ..... 2 (GO TO CG48)
- REFUSED ..... -7 (GO TO CG49)
- DON'T KNOW ..... -8 (GO TO CG49)

**CG48.** Where would {CARE RECIPIENT} be living?  
 [CGWHER AND CGWHEROS]

**(CHOOSE ONLY ONE ANSWER)**

- IN CAREGIVER'S HOME ..... 1
- IN THE HOME OF ANOTHER FAMILY MEMBER  
OR FRIEND ..... 2
- IN AN ASSISTED LIVING FACILITY ..... 3
- IN A NURSING HOME ..... 4
- CARE RECIPIENT WOULD HAVE DIED ..... 5
- OTHER..... 91
- (Please Specify) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**AUTOCODE CG49 TO MATCH RESPONSES TO CG44. SO, IF CG44=YES(1), AUTOCODE CG49-1 YES, etc. ...  
 IF ANY OF SVC 1-A THROUGH SVC1-K is YES (1), AUTOCODE CG49-2 YES (1).**

**CG49.** Some care recipients also receive help from other places. Does {CARE RECIPIENT} receive help...  
 (CGOTHLP)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. From other family members or friends? .....	1	2	-7	-8
2. Provided by the {PROVIDER NAME/AGENCY NAME}? .....	1	2	-7	-8
3. Provided by other community agencies such as a local non-profit agency, your place of worship or a government agency? .....	1	2	-7	-8
4. Paid for by {CARE RECIPIENT} or {his/her} family? ...	1	2	-7	-8
5. Some place else .....	1	2	-7	-8
(SPECIFY _____)				

**IN CG50 AND CG50B, ASK 1 FOR EVERYONE (IN CG50B, ONLY IF NOT PICKED IN CG50—SEE NOTE BEFORE CG50B. THIS APPLIES TO ALL OF CG50B ACTUALLY). THEN ONLY ASK CG50-2 AND CG50B-2 IF CG49-1 IS YES; ONLY ASK CG50-3 AND CG50B-3 IF CG49-2 IS YES; ONLY ASK CG50-4 AND CG50B-4 IF CG49-3 IS YES; ONLY ASK CG50-5 AND CG50B-5 IF CG49-4 IS YES AND ONLY ASK CG50-6 AND CG50B-6 IF CG49-5 IS YES.**

**CG50.** Who provides most of the care for {CARE RECIPIENT}?  
(CGCARE)

- {You/NAME OF CAREGIVER},..... 1
- Other family members or friends, ..... 2
- {PROVIDER NAME/AGENCY NAME}, ..... 3
- Other community agencies such as a local non-profit agency,..... 4
- A place of worship or a government agency,..... 5
- Help paid for by {CARE RECIPIENT} or {his/her} family, or ..... 6
- Some place else?..... 6
- (Please Specify) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IN CG50B, DO NOT ASK THE RESPONSE SELECTED IN CG50.**

**CG50B.** After {INSERT RESPONSE FROM CG59}, who provides most of the care?  
(CGOTHLP2)

- {You/NAME OF CAREGIVER}..... 1
- Other family members or friends? ..... 2
- {PROVIDER NAME/AGENCY NAME}? ..... 3
- Other community agencies such as a local non-profit agency, ..... 4
- A place of worship or a government agency,..... 4
- Help paid for by {CARE RECIPIENT} or {his/her} family? ..... 5
- Some place else..... 6
- (Please Specify) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG51.** {Are you/Is NAME OF CAREGIVER} paid by {CARE RECIPIENT} or a community agency to provide care for {him/her}?

(CGPAID)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG52)
- DON'T KNOW ..... -8 •

**CG51B.** Who pays {you/him/her}?  
(CGWHOPAY)

- {CARE RECIPIENT}..... 1
- COMMUNITY AGENCY ..... 2
- OTHER..... 91
- (Please Specify) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG52.** We have been talking about the help {you provide/NAME OF CAREGIVER provides} for {CARE RECIPIENT}. {Do you/Does s/he} feel {you/s/he} had a choice in taking on this responsibility for caring for (CARE RECIPIENT)?

(CGCHOIC)

YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**CG52B.** Can {you/NAME OF PARTICIPANT} tell me more about making that choice]?

(CGCHOICB)

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**CG53.** In addition to the kinds of information that {you already have/NAME OF CAREGIVER already has}, what additional new kinds of information would be valuable to {you/her/him} as a caregiver? How about...

(CGINF01 TOCGINF09 AND CGINF91 AND CGINFOS)

<b>INFORMATION</b>	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1. A help line which is central place to call to find out what kind of help is available and where to get it?.....	1	2	-7	-8
2. Someone to talk to such as counseling services or a support group? .....	1	2	-7	-8
3. Information about {CARE RECIPIENT'S} condition or disability?	1	2	-7	-8
4. Information about changes in laws which might affect {your/his/her} situation? .....	1	2	-7	-8
5. Help in understanding how to select a nursing home, a group home or other care facility?.....	1	2	-7	-8
6. Help in understanding how to pay for nursing homes, adult daycare, or other services?.....	1	2	-7	-8
7. Help in dealing with agencies or bureaucracies to get services?	1	2	-7	-8
8. Information about medications and drug interactions? .....	1	2	-7	-8
9. Any other information? .....	1	2	-7	-8
(SPECIFY _____)				
9. NO OTHER INFORMATION.....	1	2	-7	-8

**CGINTRO8.** The next few questions are about {CARE RECIPIENT's} health.

**CG54.** In general, would {you/NAME OF CAREGIVER} say {CARE RECIPIENT}'s health is:  
(CGCRHL)

Excellent, .....	1
Very Good, .....	2
Good, .....	3
Fair, or .....	4
Poor? .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**CG55.** Has a medical doctor told {you/NAME OF CAREGIVER} that {CARE RECIPIENT} has any of the following? How about...  
(PFDISACG to PFDISPCG AND PFDSOSCG)

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>	<u>Not ascertainable</u>
a. Arthritis? .....	1	2	-7	-8	-9
b. Hypertension or high blood pressure? .....	1	2	-7	-8	-9
c. Heart disease? .....	1	2	-7	-8	-9
d. High Cholesterol? .....	1	2	-7	-8	-9
e. Diabetes? .....	1	2	-7	-8	-9
f. Breathing or lung problems including emphysema, allergies, or asthma? .....	1	2	-7	-8	-9
g. Cancer? .....	1	2	-7	-8	-9
h. Stroke? .....	1	2	-7	-8	-9
i. Anemia? .....	1	2	-7	-8	-9
j. Osteoporosis? .....	1	2	-7	-8	-9
k. Kidney disease? .....	1	2	-7	-8	-9
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions? .....	1	2	-7	-8	-9
<b>(INTERVIEWER NOTE: THIS DOES NOT INCLUDE ONLY WEARS GLASSES OR CONTACTS.)</b>					
m. Hearing problems? .....	1	2	-7	-8	-9
n. Depression or anxiety? .....	1	2	-7	-8	-9
o. Alzheimer's or dementia? .....	1	2	-7	-8	-9
p. Something else? .....	1	2	-7	-8	-9
(SPECIFY _____)					
FROM OTHER/SPECIFY:					
q. Seizures/brain disorder (PFDISQCG) .....	1	2	-7	-8	-9
r. Parkinsons (PFDISRCG) .....	1	2	-7	-8	-9
s. Skeletal (PFDISSCG) .....	1	2	-7	-8	-9

**CGINTRO9.** We would like to ask about difficulties with some common activities of everyday life and whether {CARE RECIPIENT} needs assistance performing these activities. Please exclude the effects of temporary conditions.

**CG56.** Does {CARE RECIPIENT} have difficulty getting around inside the home?  
(PFDINC)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG57)
- DON'T KNOW ..... -8 •

**CG56B.** {Does s(he)} need the help of another person to perform this activity?  
(PFDINBC)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG57.** Does {CARE RECIPIENT} have difficulty getting in or out of bed or a chair?  
(PFBEDC)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG58)
- DON'T KNOW ..... -8 •

**CG57B.** Does {s(he)} need the help of another person to perform this activity?  
(PFBEDBC)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG58.** Does {s(he)} have difficulty when taking a bath or shower?  
(PFBATHC)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG59)
- DON'T KNOW ..... -8 •

**CG58B.** Does {s(he)} need the help of another person to perform this activity?  
(PFBATHBC)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8



**CG59.** Does {CARE RECIPIENT} have difficulty when dressing?  
(PFDRESC)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG60)
- DON'T KNOW ..... -8 •

**CG59B.** Does {s(he)} need the help of another person to perform this activity?  
(PFDRESBC)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG60.** Does {s(he)} have difficulty when walking?  
(PFWALKC)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG61)
- DON'T KNOW ..... -8 •

**CG60B.** Does {s(he)} need the help of another person to perform this activity?  
(PFWALKBC)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG61.** Does {CARE RECIPIENT} have difficulty eating?  
(PFEATC)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG62)
- DON'T KNOW ..... -8 •

**CG61B.** Does {s(he)} need the help of another person to perform this activity?  
(PFEATBC)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CG62.** Does {s(he)} have difficulty using the toilet or getting to the toilet?  
(PFWCC)

- YES ..... 1
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG63)
- DON'T KNOW ..... -8 •

**CG62B.** Does {s(he)} need the help of another person to perform this activity?  
(PFWCBC)

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CGINTRO10.** We are interested in knowing more about the demographic characteristics of people receiving services. All this information will be kept confidential to the extent allowed by law.

**ASK CG63 ONLY IF CARE RECIPIENT BIRTHDATE IS ON FILE. IF NOT, GO TO CG63B.**

**CG63.** We have {CARE RECIPIENT's} date of birth as {MM/DD/YYYY}. Is that correct?  
(CGBDAY1)

- YES ..... 1 (GO TO CG64)
- NO ..... 2 •
- REFUSED ..... -7 • (GO TO CG63B)
- DON'T KNOW ..... -8 •

**CG63B.** What is {CARE RECIPIENT's} date of birth?  
(CGPMM, CGPDD, CGPYYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

- REFUSED ..... -7
- DON'T KNOW ..... -8

CONSTRUCTED VARIABLE: CGPAGE

**CG64.** (DON'T ASK IF OBVIOUS) What is {CARE RECIPIENT's} gender?  
(CGPMF)

- MALE ..... 1
- FEMALE ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**FOR CG65, SOFT RANGE = 0-5. HARD RANGE = 0-50. IF RESPONSE IS ZERO (0), -7 OR -8, SKIP TO CG66.**

**CG65.** How many persons total {are you/is NAME OF CAREGIVER} caring for not counting {CARE RECIPIENT}?  
(CGMANY)

NUMBER.....|\_|\_|  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**CG65B.** Who are those people? (PROBE-Anyone else?) [CODE ALL THAT APPLY. CTRL/P TO EXIT]  
(CGWHO {1}-{8}, CGWHO01-CGWHO08 AND CGWHOOS)

HUSBAND OR WIFE ..... 1  
 SON(S) OR DAUGHTER(S) ..... 2  
 FATHER ..... 3  
 MOTHER..... 4  
 BROTHER(S) OR SISTER(S) ..... 5  
 GRANDSON(S) OR GRANDDAUGHTER(S) ..... 6  
 OTHER RELATIVE(S) NOT MENTIONED ABOVE ..... 7  
 FRIEND(S) OR NEIGHBOR(S) ..... 8  
 OTHER PERSONS NOT MENTIONED ABOVE ..... 91  
 (Please Specify) \_\_\_\_\_  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**CG66.** In general, would {you/NAME OF CAREGIVER} say {your/his/her} health is:  
(CGHEALTH)

Excellent,..... 1  
 Very good,..... 2  
 Good, ..... 3  
 Fair, or ..... 4  
 Poor? ..... 5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**GO TO MODULE 4.**

## TRANSPORTATION ASSESSMENT SURVEY (VERSION: JULY 23, 2004)

**TRINTRO.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you have received Transportation Services from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

This survey will take about 15 minutes to complete. Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

<b>GO TO TRSERVERF.</b>
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**TRINTROINT.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Transportation Services from {PROVIDER NAME/AGENCY NAME}. We would like to know if these services have been helpful.

We would like the client to answer the questions as independently as possible. We want to be sure that, wherever possible, we are getting {NAME OF PARTICIPANT's} actual opinions and responses.

This survey will take about 15 minutes to complete. {NAME OF PARTICIPANT's} participation is voluntary and very important to the success of this study. {His/Her} answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by {NAME OF PARTICIPANT's} decision to participate nor by any answers {s/he} gives.

**IF NEEDED:** We were given your name as the interpreter for {NAME OF PARTICIPANT}}

<b>IF INTERPRETER WILL NOT DO INTERVIEW GO TO TRALTCON. OTHERWISE GO TO TRSERVERF.</b>
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**TRINTROPRX.** My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Transportation Services from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

For the remainder of the survey I would like you to answer as though you were {NAME OF PARTICIPANT}. All of the following question{s} pertain to {him/her}. Please provide your best estimate as to {his/her} own response or opinion.

This survey will take about 15 minutes to complete. (NAME OF PARTICIPANT's) participation is voluntary and very important to the success of this study. (His/Her) answers to the questions will be kept confidential to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by (his/her) decision to participate nor by any answers you give.

**IF NEEDED:** We were given your name as the proxy for (NAME OF PARTICIPANT).

**IF PROXY WILL NOT DO INTERVIEW CONTINUE WITH TRALTCON. OTHERWISE GO TO TRSERVERF.**

**TRALTCON.** May I have the name and telephone number of someone else to contact?

_____ FIRST NAME	_____ LAST NAME
(         ) (AREA CODE)	-                 (TELEPHONE NUMBER)

- REFERRED BACK TO PARTICIPANT..... 1 (GO TO INTRO)
- REFUSED ..... -7 (CODE AS PROBLEM)
- DON'T KNOW ..... -8 (CODE AS PROBLEM)

**Thank you for the information. END INTERVIEW.**

**TRSERVERF.** IF NEEDED: We show {you/s/he} may have received {TYPE OF SERVICE} services from {NAME OF PROVIDER}. Is that correct?

- YES ..... 1
- NO ..... 2 Thank you, we will check with the agency and may be calling you again in the next few days. (CODE PROBLEM)
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "DO YOU" OR "HAVE YOU") IN QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., "DOES S(HE)" OR "HAS S(HE)") WHERE INDICATED.**

**TRINTRO1.** First, I am going to ask some questions about the service {you receive/NAME OF PARTICIPANT receives} from {PROVIDER NAME/AGENCY NAME}.

**TR1.** {Are you/Is NAME OF PARTICIPANT} 60 years or older?  
(OVER60)

- YES ..... 1
- NO ..... 2 (GO TO THANK)
- REFUSED ..... -7 (GO TO THANK)
- DON'T KNOW ..... -8 (GO TO THANK)

**THANK: Thank-you for your time, but the focus of this survey is on clients 60 years and older. END INTERVIEW**

**IN TR2 INSERT MONTH AND YEAR 6 MONTHS PRIOR TO INTERVIEW DATE.**

**TR2.** Did {you/NAME OF PARTICIPANT} begin using this transportation service before {MONTH AND YEAR SIX MONTHS PRIOR TO INTERVIEW DATE}?

- YES ..... 1
- NO..... 2 •
- REFUSED ..... -7 • (GO TO THANK2)
- DON'T KNOW ..... -8 •

**THANK2: Thank-you for your time, but the focus of this survey is on persons who were using this service before [MONTH AND YEAR SIX MONTHS PRIOR TO INTERVIEW DATE].**

**END INTERVIEW**

**TR3.** About how long ago did {you/s(he)} start using this transportation service?  
(HOWLONG)

- LESS THAN THREE MONTHS AGO, ..... 1 (GO TO THANK2)
- THREE TO SIX MONTHS AGO, ..... 2 (GO TO THANK2)
- SIX MONTHS TO ONE YEAR AGO, OR..... 3
- OVER ONE YEAR AGO? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**THANK2: Thank-you for your time, but the focus of this survey is on persons who were using this service before [MONTH AND YEAR SIX MONTHS PRIOR TO INTERVIEW DATE].**

**TR4.** About how many how long ago did {you/NAME OF PARTICIPANT} last use this service?  
(TRDAYS)

- 1-NUMBER OF DAYS .....|\_|\_|\_| SOFT RANGE = 0-30  
[IF OVER 366 DAYS, GO TO THANKPROBLEM]
- 2-NUMBER OF MONTHS.....|\_|\_|\_| SOFT RANGE =0-12  
[IF OVER 12 MONTHS, GO TO THANKPROBLEM]
- 3-I ONLY USED IT ONCE ..... 3 (GO TO TR3A)
- 4-OVER 1 YEAR AGO ..... 4 (GO TO TRACING)
- REFUSED ..... -7
- DON'T KNOW ..... -8 (GO TO TRACING)

**TR5.** About how many local one-way trips a month {do you/does NAME OF PARTICIPANT} make using this service? For example, if {you go/s/he goes} to the doctor's office and then {come/comes} back using this service, that counts as 2 one-way trips.

(TRMONTH)

NUMBER OF TRIPS.....	_ _ _	SOFT RANGE = 0-30
		HARD RANGE = 0-100
DOES NOT APPLY.....	-9	(GO TO TR7)
REFUSED.....	-7	
DON'T KNOW.....	-8	

**TR6.** In an average month, would {you/NAME OF PARTICIPANT} say {you rely/s/he relies} on this transportation service for:

(TRPROP)

Just a few of {your/his/her} local trips, .....	1	•
About 1/4 of all {your/his/her} local trips,.....	2	• (GO TO TR7)
About 1/2 of all {your/his/her} local trips,.....	3	•
About 3/4 of all {your/his/her} local trips, or .....	4	(GO TO TR8)
Nearly all of {your/his/her} local trips?.....	5	(GO TO TR8)
REFUSED.....	-7	
DON'T KNOW.....	-8	

**TR7.** For the majority of {your/NAME OF PARTICIPANT's} local trips, how {do you/does he/she} travel? (DO NOT READ RESPONSES. CODE ONLY ONE. IF RESPONDENT GIVES MORE THAN ONE RESPONSE, PROBE, "Which one {do you/does s/he} use the most?")

(USUTRAVL)

DRIVE HIM/HERSELF.....	1
RIDE WITH A SPOUSE,.....	2
RIDE WITH OTHER FAMILY MEMBERS, .....	3
RIDE WITH VOLUNTEERS.....	4
TAKE A TAXI.....	5
USE ANY KIND OF PUBLIC TRANSPORTATION (BUS, SUBWAY, ETC) .....	6
WALK.....	7
OTHER.....	91
(SPECIFY) _____	
FROM OTHER/SPECIFY:	
RIDE WITH FRIENDS/NEIGHBORS.....	8
SPECIAL TRANSPORTATION.....	9
REFUSED.....	-7
DON'T KNOW.....	-8

**TR8.** When using {PROVIDER OF SERVICE} where {do you/does NAME OF PARTICIPANT} get on the vehicle? Would {you/s(he)} say . . .  
(TRGTSON)

- The driver comes to {your/his/her} door;..... 1
- The vehicle stops in front of {your/his/her} house;..... 2
- The vehicle stops down the block or..... 3
- {You have/NAME OF PARTICIPANT HAS} to walk several blocks to get on the vehicle? ..... 4
- FROM OTHER/SPECIFY:
- Gets on bus at senior center ..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**TRINTRO2.** For the next few questions, please tell me how frequently these statements apply to {your/NAME OF PARTICIPANT's} overall experience with {PROVIDER NAME/AGENCY NAME}. Please select one of these five responses: always, usually, sometimes, rarely, or never.  
(TRFRE05 TO TRFRE17)

	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>DOES NOT APPLY</u>	<u>RF</u>	<u>DK</u>
<b>TR9.</b> The vehicles are comfortable. Would {you/NAME OF PARTICIPANT} say .....	1	2	3	4	5	6	-7	-8
<b>TR10.</b> The vehicles are easy to get into and out of. Would {you/NAME OF PARTICIPANT} say .....	1	2	3	4	5	6	-7	-8
<b>TR11.</b> {You arrive/S(He) arrives} at {your/his/her} destination on time. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8
<b>TR12.</b> The drivers pick {you/him/her} up when they are supposed to. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8
<b>TR13.</b> The service calls {you/NAME OF PARTICIPANT} if {your/his/her} ride has been cancelled. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say).....	1	2	3	4	5	6	-7	-8
<b>TR14.</b> {You/NAME OF PARTICIPANT} can get to the places {you want/s(he)wants} or {need/needs} to go. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say).....	1	2	3	4	5	6	-7	-8
<b>TR15.</b> The trips take too long? (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8
<b>TR16.</b> The drivers are polite? (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8
<b>TR17.</b> The drivers offer to help passengers into and out of the van when they need it? (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8

	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>DOES NOT APPLY</u>	<u>RF</u>	<u>DK</u>
<b>TR18.</b> The drivers help passengers into and out of their homes when they need it? (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8
<b>TR19.</b> {You get/NAME OF PARTICIPANT gets} the number of rides {you need/s/he needs} from this service. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8
<b>TR20.</b> {You get/S(He) gets} rides at the times and on the days {you need/s/he needs} them. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8
<b>TR21.</b> {You have/NAME OF PARTICIPANT has} the information {you need/s/he needs} to schedule and take {your/his/her} local trips. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say) .....	1	2	3	4	5	6	-7	-8

**TRINTRO3.** I'd like to ask if the following statements apply to {your/his/her} experiences with (PROVIDER NAME/AGENCY NAME).

(TREXP18 TO TREXP19)

	<u>Yes</u>	<u>I'm not sure</u>	<u>No</u>	<u>DOES NOT APPLY</u>	<u>RF</u>	<u>DK</u>
<b>TR22.</b> {You get/NAME OF PARTICIPANT gets} around more than {you/s/he} did before {you/s/he} had this service. Would {you/s(he)} say.....	1	2	3	6	-7	-8
<b>TR23.</b> {You/NAME OF PARTICIPANT} would recommend this transportation service to a friend. Would {you/s(he)} say..	1	2	3	6	-7	-8

**TR24.** Next, how would {you/NAME OF PARTICIPANT} rate the transportation service that {you/s/he} received? Would {you/s(he)} say...

(TRRATE)

Excellent.....	1
Very good,.....	2
Good, .....	3
Fair, or .....	4
Poor?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**TR25.** {Do you/Does NAME OF PARTICIPANT} use {your/his/her} transportation service to get to:  
(TRACT01 TO TRACT12 AND TRACTOS)

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>RF</u>
a. Work? .....	1	2	-7	-8
b. Doctors and health care providers? .....	1	2	-7	-8
c. Shopping? .....	1	2	-7	-8
<b>(INTERVIEWER NOTE: INCLUDES HAIRDRESSER.)</b>				
d. Volunteer activities? .....	1	2	-7	-8
e. Senior center? .....	1	2	-7	-8
f. Lunch program? .....	1	2	-7	-8
g. Friends, neighbors, and relatives? .....	1	2	-7	-8
h. Social events and recreation activities? .....	1	2	-7	-8
i. Clubs and meetings? .....	1	2	-7	-8
j. Religious services? .....	1	2	-7	-8
91. Some place else?..... (SPECIFY)_____	1	2	-7	-8
k. NONE OF THE ABOVE .....	1	2	-7	-8

**FOR EACH "YES" IN TR25A THROUGH J AND 91, ASK ABOUT THE CORRESPONDING SERVICE IN TR25B.**

**TR25B.** Because of the transportation service, {do you/does NAME OF PARTICIPANT} go  
{INSERT FROM TR25} more often?  
(TRACTB01 - TRACTB13)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. To work? .....	1	2	-7	-8
b. To doctors and health care providers? .....	1	2	-7	-8
c. Shopping? .....	1	2	-7	-8
<b>(INTERVIEWER NOTE: INCLUDES HAIRDRESSER.)</b>				
d. To volunteer activities? .....	1	2	-7	-8
e. To the Senior center? .....	1	2	-7	-8
f. To the Lunch program? .....	1	2	-7	-8
g. To Friends, neighbors, and relatives? .....	1	2	-7	-8
h. To Social events and recreation activities? .....	1	2	-7	-8
i. To Clubs and meetings? .....	1	2	-7	-8
j. To Religious services? .....	1	2	-7	-8
k. OTHER SPECIFY FROM 21 .....	1	2	-7	-8
l. NONE .....	1	2	-7	-8

**TR26.** {Do you/does NAME OF PARTICIPANT} have any recommendations on how to make the {PROVIDER NAME} better?  
 (TRREC01 TO TRREC07 AND TRRECOS)

**INTERVIEWER NOTE: MARK ALL THAT APPLY. CTRL/P TO EXIT. PROBE: Any other recommendation?**

- PROVIDE SERVICES MORE HOURS OF THE DAY ..... 1
- PROVIDE SERVICES MORE DAYS OF THE WEEK..... 2
- REDUCE THE WAITING TIME FOR A RIDE ..... 3
- NEED BETTER VEHICLES FOR OLDER RIDERS  
 LIKE VANS..... 4
- NEED TO BE ABLE TO GO MORE PLACES ..... 5
- THE DRIVERS SHOULD PROVIDE MORE HELP  
 INTO  
 AND OUT OF THE VAN..... 6
- SOMETHING ELSE ..... 91
- (SPECIFY) \_\_\_\_\_
- NO/NONE OF THE ABOVE..... 7
- FROM OTHER/SPECIFY:
  - PUBLICITY..... 8 (TRPUBLCT)
  - MORE VANS/TRIPS/VOLUNTEERS ..... 9 (TRMORSVC)
- REFUSED ..... -7
- DON'T KNOW ..... -8

**TR27.** How has {your/NAME OF PARTICIPANT's} life changed since {you/s/he} started using this service?  
 (TRCHANG)

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**TR28.** Is there a car in working condition in {your/NAME OF PARTICIPANT's} household?  
 (TRISCAR)

- YES ..... 1 (GO TO TR29)
- NO..... 2 •
- REFUSED ..... -7 • (GO TO SERVICE MODULE)
- DON'T KNOW ..... -8 •

**TR29.** {Do you/Does NAME OF PARTICIPANT} ever drive that car?  
(TRDRIVE)

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**GO TO SERVICE MODULE THEN GO TO MODULE 1.**

**SERVICE MODULE (VERSION: JULY 23, 2004)**

HOME DELIVERED MEALS QUESTION JUST PRIOR TO THIS MODULE IS EITHER HNR41 OR HNR42.

CAREGIVER QUESTION JUST PRIOR TO THIS MODULE IS CG44.

TRANSPORTATION QUESTION JUST PRIOR TO THIS MODULE IS TR29.

FOR QUESTION SVC1, SKIP QUESTION B FOR HOME DELIVERED MEALS RESPONDENTS. SKIP QUESTION E FOR TRANSPORTATION RESPONDENTS.

FOR HOME DELIVERED MEALS AND TRANSPORTATION CLIENTS, USE FIRST DISPLAY.

FOR CAREGIVER RESPONDENTS, USE CARE RECIPIENT NAME DISPLAY IN SVC1 AND SVC2. WE ARE NOT INTERESTED IN INFORMATION ON SERVICES THE CAREGIVER RECEIVES. FOR CAREGIVERS, WE WANT TO KNOW ONLY ABOUT THE SERVICES THE CARE RECIPIENT RECEIVES.

**FOR HOME DELIVERED MEALS AND TRANSPORTATION RESPONDENTS ONLY:**

AFTER ALL OF QUESTIONS SVC1A TO SVC1K AND SVC2 HAVE BEEN ASKED:

GO TO SHORT CONGREGATE MEALS MODULE IF SVC1A IS YES.

IF SVC1B IS YES, GO TO SHORT HOME DELIVERED MEALS MODULE (NOT FULL HOME DELIVERED MEALS QUESTIONNAIRE).

IF SVC1C IS YES, GO TO SHORT HOMEMAKER MODULE.

IF SVC1 D IS YES, GO TO SHORT CASE MANAGEMENT MODULE.

IF SVC1E IS YES, GO TO SHORT TRANSPORTATION MODULE (NOT FULL TRANSPORTATION QUESTIONNAIRE).

IF MORE THAN ONE OF A, B, C, D AND/OR E IS YES, ASK EACH CORRESPONDING MODULE IN THE ORDER OF THE QUESTIONS.

*DO NOT ASK SHORT MODULES OF CAREGIVER RESPONDENTS.* THE DATA FROM SVC1 AND SVC2 MUST BE REPORTED SEPARATELY BY RESPONDENT TYPE (CG'S CARE RECIPIENT, PM, PT).

**SVC1.** I'd like to ask about additional help {you/NAME OF PARTICIPANT} {CARE RECIPIENT} may have received from {PROVIDER NAME} or {AGENCY NAME}.

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Congregate Meals are meals which are provided in a group setting, such as at a senior center. It may be called the lunch program. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Congregate meals?.....	1	2	-7	-8
(SVCCM)				
b. Home Delivered Meals are meals that are usually delivered to eat at home. It is sometimes called Meals on Wheels. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received home delivered meals?.....	1	2	-7	-8
(SVCHDM)				
c. Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Homemaker or Housekeeping services? .....	1	2	-7	-8
(SVCHOUSE)				
d. When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received case management services?.....	1	2	-7	-8
(SVCCSEMG)				

**FOR CAREGIVER RESPONDENTS ONLY, IF SVC1-D IS YES, IMMEDIATELY ASK:**

How would {you/NAME OF CAREGIVER} rate the case management services that {CARE RECIPIENT} has received? Would {you/s(he)} say...

(CSRATE)				
Excellent.....	1			
Very good,.....	2			
Good, .....	3			
Fair, or.....	4			
Poor?.....	5			
REFUSED .....	-7			
DON'T KNOW .....	-8			

**THEN CONTINUE WITH SVC1-E.**

e. Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping [IF NEEDED: Includes recreational trips]. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received transportation services?.....	1	2	-7	-8
(SVCTRAN)				
f. Adult Day Care or adult day health is when people go to a place and spend the day. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received adult daycare services?.....	1	2	-7	-8
(SVCDYCR)				
g. Personal care services are help with care like dressing or bathing. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received personal care services?.....	1	2	-7	-8

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
(SVCPCR)				
h. Chore Services help with heavier housecleaning and yard work. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received chore services? .....	1	2	-7	-8
(SVCHORE)				
i. Legal Assistance may help with making a will or understanding a bill and other legal matters. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received legal assistance?.....	1	2	-7	-8
(SVCLGL)				
j. Information and Assistance helps people find out about services that are available to them. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received information and assistance services?.....	1	2	-7	-8
(SVCIAA)				
k. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received any Other services? .....	1	2	-7	-8
(SPECIFY)				
<hr/>				
(SVCOTH) AND (SVCOTHOS)				
l. NONE.....	1	2	-7	-8
(SVCNONE)				

**SVC2.** {Are you/Is NAME OF PARTICIPANT} {Is CARE RECIPIENT} receiving any other types of assistance, such as...

(SVC2A-SVC2E AND SVC2OS)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Food stamps? .....	1	2	-7	-8
b. Energy Assistance? .....	1	2	-7	-8
c. Medicaid? .....	1	2	-7	-8
d. Housing Assistance? .....	1	2	-7	-8
e. Anything else?.....	1	2	-7	-8
(SPECIFY_____)				
FROM OTHER/SPECIFY:				
f. Subsidized prescriptions (CVS2F).....	1	2	-7	-8

**ASK ANY NEEDED SHORT MODULES.**

**AFTER ANY APPLICABLE MODULES ARE COMPLETED:**

**FOR HOME DELIVERED MEALS RESPONDENTS, GO TO HNR50.**

**FOR TRANSPORTATION RESPONDENTS, GO TO MODULE 1.**

**FOR CAREGIVER RESPONDENTS, GO TO CG45.**

**SHORT CONGREGATE MEALS MODULE (VERSION: JULY 23, 2004)**

**THE DATA FROM THIS MODULE MUST BE REPORTED SEPARATELY BY RESPONDENT TYPE—HOME DELIVERED MEALS OR TRANSPORTATION. WILL ONLY BE ASKED OF HOME DELIVERED MEALS AND TRANSPORTATION CLIENTS WHO REPORTED RECEIVING THIS SERVICE IN SERVICE MODULE SVC1-A.**

You just told me that in the past year {you/NAME OF PARTICIPANT} received congregate meals. [IF NEEDED: Congregate Meals are meals which are provided in a group setting, such as at a senior center. It may be called the lunch program.] I would like to ask about {your/NAME OF PARTICIPANT's} experience with the congregate meals program.

**CONG1.** {Are you/Is NAME OF PARTICIPANT} still getting congregate meals?  
(SCGSTL)

- YES ..... 1
- NO..... 2 •
- REFUSED ..... -7 • SEE NOTE
- DON'T KNOW ..... -8 •

**IF CONG1= 2, -7, OR -8, USE SECOND DISPLAY IN CONG2, CONG3, CONG4 AND CONG5.**

**CONG2.** How many times per week {are you getting/is s/he getting} {did you get/did s/he get} congregate meals? Would {you/NAME OF PARTICIPANT} say...  
(SCGNBR)

- 3 to 5 times a week, ..... 1
- Once or twice a week, ..... 2
- A few times a month, or. .... 3
- Less than once a month?..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CONG3.** Think about the amount of food {you eat/s/he eats} {you ate/s/he ate} from the congregate meals program. On the days {you eat/NAME OF PARTICIPANT eats} {you ate/NAME OF PARTICIPANT ate} a congregate meal, what portion of all the foods {you eat/s/he eats} {you ate/s/he ate} in a day {does/did} this meal represent? Would {you/s/he} say...  
(CMPORTN)

- Less than one-third, ..... 1
- Between one-third and one-half, ..... 2
- About one-half, or..... 3
- More than one-half?..... 4
- OTHER..... 91
- (SPECIFY) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CONG4.** Now think about the foods {you get/NAME OF PARTICIPANT gets} {you got/NAME OF PARTICIPANT got} at the congregate meal site. How satisfied {are you/is s/he} {were you/was s/he} with the way the food {tastes} {tasted}? Would {you/NAME OF PARTICIPANT} say...

(CMTASTES)

Very satisfied.....	1
Somewhat satisfied .....	2
Not too satisfied, or .....	3
Not at all satisfied?.....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**CONG5.** {Do you/Does s/he} {Did {you/s/he} participate in other activities at the meal site?

(SCGPAP)

YES .....	1
NO.....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**CONG6.** How would {you/NAME OF PARTICIPANT} rate the congregate meal service that {you/s/he} received? Would {you/s/he} say . . .

(SCRATE)

Excellent,.....	1
Very good,.....	2
Good, .....	3
Fair, or .....	4
Poor?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**SHORT HOME DELIVERED MEALS MODULE (VERSION: JULY 23, 2004)**

**WILL ONLY BE ASKED OF TRANSPORTATION CLIENTS WHO REPORTED RECEIVING THIS SERVICE IN SERVICE MODULE SVC1-B. DATA MUST BE REPORTED SEPARATELY. DO NOT COMBINE WITH FULL HOME DELIVERED MEALS RESULTS.**

You just told me that in the past year {you/NAME OF PARTICIPANT} received home delivered meals. [IF NEEDED: Home Delivered Meals are meals that are usually delivered to eat at home. It is sometimes called Meals on Wheels.] I would like to ask about {your/NAME OF PARTICIPANT's} experience with the home delivered meals program.

**SHDM1.** {Are you/Is NAME OF PARTICIPANT} still getting home delivered meals?  
(SHDMSTL)

- YES ..... 1
- NO..... 2 •
- REFUSED ..... -7 • SEE NOTE
- DON'T KNOW ..... -8 •

**IF SHDM1= 2, -7, OR -8, USE SECOND DISPLAY IN SHDM2, SHDM3 AND SHDM 4.**

**SHDM2.** How many home delivered meals per week {are you getting/is s/he getting} {did you get/did s/he get}?  
(SHDMNBR)

- NUMBER OF MEALS ..... |\_\_|\_\_|
- REFUSED ..... -7
- DON'T KNOW ..... -8

**SHDM3.** Think about the amount of food {you eat/s/he eats} {you ate/s/he ate} from the home-delivered meal. On the days {you eat/NAME OF PARTICIPANT eats} {you ate/NAME OF PARTICIPANT ate} a home-delivered meal, what portion of all the foods {you eat/s/he eats} {you ate/s/he ate} in a day {does} {did} this meal represent? Would {you/s/he} say...  
(SHMPORTN)

- Less than one-third, ..... 1
- Between one-third and one-half, ..... 2
- About one-half, or..... 3
- More than one-half? ..... 4
- OTHER..... 91
- (SPECIFY) \_\_\_\_\_
- REFUSED ..... -7
- DON'T KNOW ..... -8

**SHDM4.** {Do you/Does NAME OF PARTICIPANT} {Did you/Did NAME OF PARTICIPANT} like the home delivered meals {you get/s/he gets} {you/s/he} got}?

(SHDMLIK)

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**SHDM5.** How would {you/NAME OF PARTICIPANT} rate the home delivered meals service that {you/s/he} received? Would {you/s/he} say . . .

(SHDMRATE)

Excellent,.....	1
Very good,.....	2
Good, .....	3
Fair, or .....	4
Poor? .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**SHORT TRANSPORTATION MODULE (VERSION: JULY 23, 2004)**

**WILL ONLY BE ASKED OF HOME DELIVERED MEALS CLIENTS WHO REPORTED RECEIVING THIS SERVICE IN SERVICE MODULE SVC1-E. DATA MUST BE REPORTED SEPARATELY. DO NOT COMBINE WITH FULL TRANSPORTATION SURVEY RESULTS.**

You just told me that, in the past year, {you/NAME OF PARTICIPANT} received transportation services. [IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, or to the lunch program [IF NEEDED: Includes recreational trips]. I would like to ask about {your/NAME OF PARTICIPANT's} experience with the transportation service.

**T1.** About how many local one-way trips a month {do you/does NAME OF PARTICIPANT} make using this service? For example, if {you go/s/he goes} to the doctor's office and then {come/comes} back using this service, that counts as 2 one-way trips.

(STRMNTNTH)

NUMBER OF TRIPS .....	_ _ _	SOFT RANGE = 0-30
		HARD RANGE = 0-100
REFUSED .....		-7
DON'T KNOW .....		-8
DOES NOT APPLY .....		-9

**T2.** In an average month, would {you/NAME OF PARTICIPANT} say {you rely/s/he relies} on this transportation service for:

(STRPROP)

Just a few of {your/his/her} local trips, .....	1
About 1/4 of all {your/his/her} local trips,.....	2
About 1/2 of all {your/his/her} local trips,.....	3
About 3/4 of all {your/his/her} local trips, or .....	4
Nearly all of {your/his/her} local trips?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

For the next few questions, please tell me how frequently these statements apply to {your/NAME OF PARTICIPANT's} overall experience with {PROVIDER NAME/AGENCY NAME} transportation.

	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>DOES NOT APPLY</u>	<u>RF</u>	<u>DK</u>
(STRFRE10, STRFRE08, STRFRE16)								
<b>T3.</b> {You/NAME OF PARTICIPANT} can get to the places {you want/s(he)wants} or {need/needs} to. Would {you/NAME OF PARTICIPANT} say .....	1	2	3	4	5	6	-7	-8
<b>T4.</b> The drivers pick {you/him/her} up when they are supposed to. Would {you/NAME OF PARTICIPANT} say .....	1	2	3	4	5	6	-7	-8
<b>T5.</b> {You get/S(He)} rides at the times and on the days {you need/s/he needs} them. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say).....	1	2	3	4	5	6	-7	-8

**T6.** {Do you/Does NAME OF PARTICIPANT} use this transportation service to get to:  
(STRACTA TO STRACTL AND STRACTOS)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Work?.....	1	2	-7	-8
b. Doctors and health care providers?.....	1	2	-7	-8
c. Shopping? [INCLUDES HAIRDRESSER] .....	1	2	-7	-8
d. Volunteer activities?.....	1	2	-7	-8
e. Senior center?.....	1	2	-7	-8
f. Lunch program?.....	1	2	-7	-8
g. Friends, neighbors, and relatives?.....	1	2	-7	-8
h. Social events and recreation activities?.....	1	2	-7	-8
i. Clubs and meetings? .....	1	2	-7	-8
j. Religious services? .....	1	2	-7	-8
k. Other? .....	1	2	-7	-8
(Please Specify) _____				
l. NONE.....	1	2	-7	-8

**T7.** Next, how would {you/NAME OF PARTICIPANT} rate the transportation service that {you/s/he} received? Would {you/s(he)} say...  
(STRRATE)

Excellent.....	1
Very good,.....	2
Good, .....	3
Fair, or .....	4
Poor?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**SHORT HOMEMAKER MODULE (VERSION: JULY 23, 2004)**

**THE DATA FROM THIS MODULE MUST BE REPORTED SEPARATELY BY RESPONDENT TYPE—HOME DELIVERED MEALS OR TRANSPORTATION. WILL ONLY BE ASKED OF HOME DELIVERED MEALS AND TRANSPORTATION CLIENTS WHO REPORTED RECEIVING THIS SERVICE IN SERVICE MODULE SVC1-C.**

You just told me that, in the past year, {you/NAME OF PARTICIPANT} received homemaker or housekeeping services. [IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, preparing meals or shopping). I would like to ask about {your/NAME OF PARTICIPANT's} experience with the homemaker or housekeeping service.

First, please tell me if...

**H1.** {Your/NAME OF PARTICIPANT's} homemaker does things the way {you want/s/he wants} them done?

(SHCHM07)

YES .....	1
NO.....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**H2.** Generally, {your/his/her} homemaker knows what to do?

(SHCHM09)

YES .....	1
NO.....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**H3.** How often does your homemaker come?

(SHCMOFT)

NUMBER OF TIMES PER WEEK .....	__ __	RANGE: 1-7
HOMEMAKER COMES EVERY TWO WEEKS .....	2	
HOMEMAKER COMES LESS THAN EVERY TWO WEEKS .....	3	
REFUSED .....	-7	
DON'T KNOW .....	-8	

**IN H4-SOFT RANGE IS 1 TO 3 HOURS; HARD RANGE IS 24. DO NOT ACCEPT PARTIAL HOURS.**

**H4.** How many hours of services does your homemaker provide to you each time she or he comes?

(SHCHRS)

NUMBER OF HOURS ..... |\_\_|\_\_|

REFUSED ..... -7

DON'T KNOW ..... -8

**H5.** How would {you/s/he} rate the homemaker service that {you/NAME OF PARTICIPANT} received? Would {you/NAME OF PARTICIPANT} say . . .

(SHCMRATE)

Excellent ..... 1

Very Good ..... 2

Good ..... 3

Fair ..... 4

Poor ..... 5

REFUSED ..... -7

DON'T KNOW ..... -8

CASE MANAGEMENT MODULE (VERSION: JULY 23, 2004)

**THE DATA FROM THIS MODULE MUST BE REPORTED SEPARATELY BY RESPONDENT TYPE—HOME DELIVERED MEALS OR TRANSPORTATION. WILL ONLY BE ASKED OF HOME DELIVERED MEALS AND TRANSPORTATION CLIENTS WHO REPORTE RECEIVING THIS SERVICE IN SERVICE MODULE SVC1-D.**

You just told me that in the past year {you/NAME OF PARTICIPANT} received case management services.

[IF NEEDED: When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services.] I would like to ask about {your/NAME OF PARTICIPANT's} experience with the case management services.

**CM1.** {Do you/Does NAME OF PARTICIPANT} know how to contact {your/his/her} case manager when {you need/s/he needs} to? Would {you/NAME OF PARTICIPANT} say . . .

(CSMCONT)

- Yes, ..... 1
- I'm not sure, or ..... 2
- No?..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CM2.** Does {your/NAME OF PARTICIPANT's} case manager explain {your/his/her} services in a way that {you/s/he} can understand? Would {you/NAME OF PARTICIPANT} say

(CSMEXPLN)

- Yes, ..... 3
- I'm not sure, or ..... 4
- No?..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CM3.** Does {your/NAME OF PARTICIPANT's} case manager know what {you need/s/he needs}? [IF NEEDED: Would {you/NAME OF PARTICIPANT} say]

(CSMKNOW)

- Yes, ..... 3
- I'm not sure, or ..... 4
- No?..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**CM4.** Does {your/NAME OF PARTICIPANT's} case manager pay attention to what {you have/s/he has} to say? [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...]

(CSMATTN)

Yes, .....	3
I'm not sure, or .....	4
No?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**CM5.** How would {you/NAME OF PARTICIPANT} rate the overall quality of the case management services {you have/s/he has} received? Would {you/NAME OF PARTICIPANT} say that the services are:

(CSMRATE)

Excellent,.....	1
Very good,.....	2
Good, .....	3
Fair, or .....	4
Poor?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**MODULE 1: PHYSICAL FUNCTIONING SURVEY (VERSION: JULY 23, 2004)**

**NOTE: THIS MODULE IS FOR HOME-DELIVERED MEALS AND TRANSPORTATION RESPONDENTS.**

**IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., “DO YOU” OR “HAVE YOU”) INTO QUESTIONS. IF PROXY, DISPLAY SECOND PERSON TENSE (E.G., “DOES S/HE” OR “HAS S/HE”) WHERE INDICATED IN MODULE 1.**

**PFINTRO1.** The next few questions are about {your/NAME OF PARTICIPANT’s} health.

**PF1.** In general, would {you/NAME OF PARTICIPANT} say {your/his/her} health is:  
(PFHLTH)

- Excellent,..... 1
- Very good,..... 2
- Good, ..... 3
- Fair, or ..... 4
- Poor?..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PF2.** Has a medical doctor told {you/NAME OF PARTICIPANT} that {you have/s/he has} had any of the following? How about...  
(PFDISA to PFDISP AND PFDISOS)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
a. Arthritis? .....	1	2	-7	-8	-9
b. Hypertension or high blood pressure? .....	1	2	-7	-8	-9
c. Heart disease? .....	1	2	-7	-8	-9
d. High Cholesterol? .....	1	2	-7	-8	-9
e. Diabetes? .....	1	2	-7	-8	-9
f. Breathing or lung problems including emphysema, allergies, or asthma? .....	1	2	-7	-8	-9
g. Cancer? .....	1	2	-7	-8	-9
h. Stroke? .....	1	2	-7	-8	-9
i. Anemia? .....	1	2	-7	-8	-9
j. Osteoporosis? .....	1	2	-7	-8	-9
k. Kidney disease? .....	1	2	-7	-8	-9
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions? ...	1	2	-7	-8	-9
<b>(INTERVIEWER NOTE: THIS DOES NOT INCLUDE ONLY WEARS GLASSES OR CONTACTS.)</b>					
m. Hearing problems? .....	1	2	-7	-8	-9
n. Depression or anxiety? .....	1	2	-7	-8	-9
p. Something else? .....	1	2	-7	-8	-9
(SPECIFY _____)					
o. Alzheimer's or dementia? .....	1	2	-7	-8	-9
(PFDISO)					
q. Seizures/brain disorder .....	1	2	-7	-8	-9
(PFDISQ)					
r. Parkinsons .....	1	2	-7	-8	-9
(PFDISR)					
s. Skeletal .....	1	2	-7	-8	-9
(PFDISS)					

**SOFT RANGE 0 TO 10. IF MORE THAN 10, HAVE INTERVIEWER PROBE: You told me {you take/s/he takes} {INSERT NUMBER OVER 10} prescription medications per day. Is that correct?**

**PF4.** About how many different prescription medications {do you/does s(he)} take every day?  
(HLMDRUGS)

**INTERVIEWER NOTE: IF NONE, ENTER 0.**

NUMBER OF PRESCRIPTION MEDICINES  
PER DAY ..... |\_\_|\_\_|

REFUSED ..... -7  
DON'T KNOW ..... -8

**PF5.** In the past 12 months, did {you/NAME OF PARTICIPANT} have to stay overnight in a hospital?

(HLMHOSP)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF6.** In the past 12 months, did {you/NAME OF PARTICIPANT} have to stay overnight in a nursing home or rehabilitation center?

(HLMNH)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PFINTRO2.** We would like to ask about difficulties with some common activities of everyday life and whether {you need/NAME OF PARTICIPANT needs} assistance performing these activities. Please exclude the effects of temporary conditions.

**PF7.** {Do you/Does NAME OF PARTICIPANT} have difficulty getting around inside the home?

(PFDFIN)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF8)  
DON'T KNOW ..... -8 •

**PF7B.** {Do you/does s(he)} need the help of another person to perform this activity?

(PFDFINB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF8.** {Do you/Does s(he)} have difficulty going outside the home, for example to shop or visit a doctor's office?

(PFDFOU)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF9)  
DON'T KNOW ..... -8 •

**PF8B.** {Do you/Does s(he)} need the help of another person to perform this activity?  
(PFDFOUB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF9.** {Do you/Does NAME OF PARTICIPANT} have difficulty getting in or out of bed or a chair?  
(PFBED)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF10)  
DON'T KNOW ..... -8 •

**PF9B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFBEDB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF10.** {Do you/Does s(he)} have difficulty when taking a bath or shower?  
(PFBATH)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF11)  
DON'T KNOW ..... -8 •

**PF10B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFBATHB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF11.** {Do you/Does NAME OF PARTICIPANT} have difficulty when dressing?  
(PFDRES)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF12)  
DON'T KNOW ..... -8 •

**PF11B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFDRESB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF12.** {Do you/Does s(he)} have difficulty when walking?  
(PFWALK)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF13)  
DON'T KNOW ..... -8 •

**PF12B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFWALKB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF13.** {Do you/Does NAME OF PARTICIPANT} have difficulty eating?  
(PFEAT)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF14)  
DON'T KNOW ..... -8 •

**PF13B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFEATB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF14.** {Do you/Does s(he)} have difficulty using the toilet or getting to the toilet?  
(PFWC)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF15)  
DON'T KNOW ..... -8 •

**PF14B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFWCB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF15.** {Do you/Does NAME OF PARTICIPANT} have difficulty keeping track of money or bills?  
(PFDLR)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF16)  
DON'T KNOW ..... -8 •

**PF15B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFDLRB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF16.** {Do you/Does s(he)} have difficulty preparing meals?  
(PFMEAL)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF17)  
DON'T KNOW ..... -8 •

**PF16B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFMEALB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF17.** {Do you/Does NAME OF PARTICIPANT} have difficulty doing light housework, such as washing dishes or sweeping a floor?  
(PFCLN)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF18)  
DON'T KNOW ..... -8 •

**PF17B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFCLENB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF18.** {Do you/Does s(he)} have difficulty taking the right amount of prescribed medicine at the right time?  
(PFTKDG)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO NOTE BEFORE PF19)  
DON'T KNOW ..... -8 •

**PF18B.** {Do you/Does s(he)} need the help of another person to perform this activity?  
(PFTKDGB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**ASK PF19 ONLY IF PROXY OR INTERPRETER INTERVIEW. IF RESPONDENT ON PHONE, DO NOT ASK. IF RESPONDENT ON PHONE, AUTOCODE AS 2 (NO).**

**PF19.** {Do you/Does NAME OF PARTICIPANT} have difficulty using the telephone?  
(PFFONE)

YES ..... 1  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO PF20)  
DON'T KNOW ..... -8 •

**PF19B.** {Do you/does s(he)} need the help of another person to perform this activity?  
(PFFONEB)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF20.** {Do you/Does s(he)} have difficulty driving an automobile?  
(PFDRIVE)

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PF21.** Is local bus, transit bus, or city bus service available within three-quarters of a mile from  
{your/his/her} home?  
(PFBUS)

YES ..... 1 (GO TO PF21B)  
NO ..... 2 ●  
REFUSED ..... -7 ● (GO TO MODULE 3)  
DON'T KNOW ..... -8 ●

**PF21B.** {Do you/Does s(he)} have difficulty using this transportation?  
(PFUSEBUS)

YES ..... 1 (GO TO PF21C)  
NO ..... 2 ●  
REFUSED ..... -7 ● (GO TO MODULE 3)  
DON'T KNOW ..... -8 ●

**PF21C.** {Do you/Does s(he)} need the help of another person to perform this activity?  
(PFBUSEB)

YES ..... 1 ●  
NO ..... 2 ● (GO TO MODULE 3)  
REFUSED ..... -7 ■  
DON'T KNOW ..... -8 ●

**GO TO MODULE 3, SOCIAL FUNCTIONING.  
MODULE 2 IS NOT PART OF 3<sup>rd</sup> NATIONAL SURVEY.**

**MODULE 3: SOCIAL FUNCTIONING SURVEY-SHORT FORM (FROM VERSION: MARCH 15, 2000)**

**NOTE: THIS MODULE IS FOR HOME-DELIVERED MEALS AND TRANSPORTATION RESPONDENTS.**

**PHARD RANGE FOR SF1=0 to 14.**

**SFINTRO1.** We are interested in the social activities {you/NAME OF PARTICIPANT} participated in recently.

**SF1.** How many days in the past two weeks did {you/NAME OF PARTICIPANT} leave {your/her/his} home for any reason?

(SFACT09)

NUMBER OF DAYS.....|\_|\_|

REFUSED ..... -7

DON'T KNOW ..... -8

**SF2.** Regarding {your/NAME OF PARTICIPANT's} present social activities, {do you/does s(he)} feel that {you are/s(he) is} doing...

(SFENUF)

About enough,..... 1

Too much, or ..... 2

{You/NAME OF PARTICIPANT} would like to be doing more? ..... 3

REFUSED ..... -7

DON'T KNOW ..... -8

**SF3.** During the past 4 weeks, how much of the time has {your/NAME OF PARTICIPANT's} physical health or mental health interfered with {your/her/his} social activities like visiting friends or relatives? Would {you/s(he)} say it has interfered...

(SFINTFR)

Not at all, ..... 1

A little bit, ..... 2

Moderately, ..... 3

Quite a bit, or ..... 4

Extremely? ..... 5

REFUSED ..... -7

DON'T KNOW ..... -8

**GO TO MODULE 4.**

**Module 4: DEMOGRAPHIC INTAKE FORM (VERSION: JULY 23, 2004)**

**THIS MODULE IS FOR CAREGIVERS, HOME DELIVERED MEALS AND TRANSPORTATION.**

**SKIP DEINTRO1 IF CAREGIVER. REPEATS CGINTRO10.**

**DEINTRO1.** We are interested in knowing more about the demographic characteristics of our clients. We would appreciate it if you would answer the following questions. All this information will be kept confidential to the extent allowed by law.

**DE1.** ASK IF NOT OBVIOUS: What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} gender?

(DEGENDR)

MALE ..... 1  
FEMALE ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PRE-LOAD DATE OF BIRTH FROM SAMPLE FILE AND ASK DE2. IF NOT AVAILABLE, GO TO DE2UPDATE.**

**DE2.** We have {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} date of birth as {MM/DD/YYYY}, is that correct?

(DEBDAY1)

YES ..... 1 (GO TO DE3)  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO DE2UPDATE)  
DON'T KNOW ..... -8 •

**DE2UPDATE.** What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} date of birth?

(DEBMM, DEBDD, DEBYYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

REFUSED ..... -7  
DON'T KNOW ..... -8

**CONSTRUCTED VARIABLE: AGE**

**DE3.** What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} highest level of education? Would {you/s/he} say...

(DEEDUC)

Less than high school diploma,.....	1
High school diploma or GED,.....	2
Some college, including Associate's degree {INCLUDES BUSINESS SCHOOL AND VOCATIONAL OR TECHNICAL SCHOOL}, .....	3
Bachelor's degree, or.....	4
Some post-graduate work or advanced degree?.....	5
REFUSED .....	-7
DON'T KNOW .....	-8

**DE4.** {Are you/is NAME OF PARTICIPANT/NAME OF CAREGIVER} Spanish, Hispanic or Latino?

(DEHISP)

YES .....	1
NO.....	2
REFUSED .....	-7
DON'T KNOW .....	-8

**DE5.** What is {your/his/her} race? (CODE ALL THAT APPLY. CTRL/P TO EXIT)

(DE5ARRAY [1]-[6], DERAC01-DERAC06 AND DERAC0S)

WHITE OR CAUCASIAN, .....	1
BLACK OR AFRICAN-AMERICAN,.....	2
ASIAN, .....	3
AMERICAN INDIAN OR ALASKAN NATIVE, OR .....	4
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER .....	5
OTHER.....	91
(SPECIFY) _____	
REFUSED .....	-7
DON'T KNOW .....	-8

**DE6.** Where is {your/his/her} home located? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say it is in...

(DELOC)

The city.....	1
The suburbs .....	2
A small town, or.....	3
A rural area? .....	4
REFUSED .....	-7
DON'T KNOW .....	-8

**DE7.** What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} home ZIP code?  
(DEZIP)

HOME ZIP CODE ..... |\_\_|\_\_|\_\_|\_\_|\_\_|

REFUSED ..... -7  
DON'T KNOW ..... -8

**DE8.** We'd like to ask about the persons who live in this household. Does anyone else live with {you/NAME OF PARTICIPANT/NAME OF CAREGIVER}?  
(DELIVWI)

YES ..... 1 (GO TO DE8B)  
NO ..... 2 •  
REFUSED ..... -7 • (GO TO NOTE BEFORE DE8C)  
DON'T KNOW ..... -8 •

**DE8B.** Do you/Does {NAME OF PARTICIPANT/NAME OF CAREGIVER}  
(DELVHOW {1}-{4}, DELVH01-DELVH04)

		<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
DELVSP1	a. Live with {your/her/his} spouse? .....	1	2	-7	-8
DELVKID2	b. Live with {your/her/his} children? .....	1	2	-7	-8
DELVREL3	c. Live with other relatives? .....	1	2	-7	-8
DELVNRL4	d. Live with non-relatives? .....	1	2	-7	-8

**SOFT RANGE FOR DE8C IS 1 TO 10; HARD RANGE 1-20. IF DE8 = 2 (NO), AUTOCODE DE8B 1 AND GO TO DE9.**

**DE8C.** Including {yourself/himself/herself}, how many people live in {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} household?  
(DEHHM)

NUMBER OF HOUSEHOLD MEMBERS ..... |\_\_|\_\_|

REFUSED ..... -7  
DON'T KNOW ..... -8

**DE9.** What is {your/his/her} marital status? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say {you are/s(he)is}...  
(DEMARST)

Married, ..... 1  
Widowed, ..... 2  
Divorced, ..... 3  
Separated, or ..... 4  
Never Married? ..... 5  
REFUSED ..... -7  
DON'T KNOW ..... -8

**DE10.** Thinking about the total combined income from all sources for all persons in this household, including income from jobs, Social Security, retirement income, public assistance, and all other sources, was {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2004 above or below \$20,000?

(DEINAB)

- AT OR BELOW \$20,000 {\$1666 PER MONTH OR LESS}..... 1 (GO TO DE10B)
- ABOVE \$20,000 {\$1667 PER MONTH OR MORE} ..... 2 (GO TO DE10C)
- REFUSED ..... -7 (GO TO CLOSE1)
- DON'T KNOW ..... -8 (GO TO CLOSE1)

**DE10B.** Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2004? Would {you/s(he)} say...

(DEINBEL)

- \$10,000 or less [\$832 OR LESS PER MONTH], ..... 1
- \$10,001-\$15,000, [{\$833 TO \$1250 PER MONTH], or ..... 2
- \$15,001 - \$20,000, [\$1251 TO \$1666 PER MONTH]? ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**DE10C.** Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2004? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say...

(DEINABOV)

- \$20,001 - \$30,000, [\$1667 TO \$2500 PER MONTH]..... 1
- \$30,001-\$50,000, or [\$2501 TO \$4167 PER MONTH], or ..... 2
- Over \$50,000? [\$4168 PER MONTH OR MORE]? ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**D11.** Thinking about the total combined income from all sources for all persons in this household, including income from jobs, Social Security, retirement income, public assistance, and all other sources, what was {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2004?

(DEINTTL)

\$ | | | | | | | | | |  
(TOTAL INCOME FOR 2004 IN DOLLARS)

- REFUSED ..... -7
- DON'T KNOW ..... -8

**CLOSE1**

**Those are all the questions I have about {you/NAME OF PARTICIPANT/NAME OF CAREGIVER}.**

**Thank-you very much for your help with this important National Survey. We appreciate your time.**