

2003
FIRST 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 care recipient
PM2 - Proxy answering for care recipient
PM3 - Translator/interpreter answering for care recipient

PC1 - Congregate meals being answered by care recipient
PC2 - Proxy answering for care recipient
PC3 - Translator/interpreter answering for care recipient

PH1 - Homemaker being answered by care recipient
PH2 - Proxy answering for care recipient
PH3 - Translator/interpreter answering for care recipient

PI1 - Assistance questionnaire being answered by care recipient
PI2 - Proxy answering for care recipient
PI3 - Translator/interpreter answering for care recipient

PT1 - Transportation questionnaire being answered by care recipient
PT2 - Proxy answering for care recipient
PT3 - Translator/interpreter answering for care recipient

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

“{DISPLAY D1} {DISPLAY D2} {DISPLAY D3}”

| Display # | Criteria | Display Text |
|------------------|---|---|
| <i>D1</i> | IF THIS IS A PROXY INTERVIEW (RESP.TALKWHO = CG2, PM2, PC2, PH2, PI2, PT2) | <i>“PROXY FOR”</i> |
| | ELSE IF THIS IS AN INTERPRETER INTERVIEW (RESP.TALKWHO = CG3, PM3, PC3, PH3, PI3, PT3) | <i>“INTERPRETER/TRANSLAT OR FOR”</i> |
| | ELSE IF THIS IS A SUBJECT INTERVIEW (RESP.TALKWHO = CG1, PM1, PC1, PH1, PI1, PT1) | <i>BLANK</i> |
| <i>D2</i> | IF THIS IS A CAREGIVER INTERVIEW (RESP.TALKWHO = CG1, CG2, OR CG3) | <i>“CAREGIVER:”</i> |
| | ELSE IF THIS IS A PARTICIPANT INTERVIEW (RESP.TALKWHO = PM1, PM2, PM3, PC1, PC2, PC3, PH1, PH2, PH3, PI1, PI2, PI3, PT1, PT2, PT3) | <i>“PARTICIPANT:”</i> |
| <i>D3</i> | ALL | <i>“{RESP.TALKFNAM MNAM LNAME}”</i> |

PROGRAMMER NOTE: 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 PERSON:

- PARTICIPANT**
- CAREGIVER**
- INTERPRETER/TRANSLATOR**
- PROXY**

AGENCY NAME

TYPE OF SERVICE:

- CAREGIVER**
- NEW HOME DELIVERED MEALS**
- EXISTING HOME DELIVERED MEALS**
- CONGREGATE MEALS**
- HOMECARE**
- INFORMATION AND ASSISTANCE/REFERRAL**
- TRANSPORTATION**

SERVICE PROVIDER

OR

CONGREGATE MEAL SITE

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 (GO TO S/P)
- CAREGIVER IS AVAILABLE 2 (GO TO S/P)
- INTERPRETER/ TRANSLATOR IS AVAILABLE 3 (GO TO S/P)
- PROXY IS AVAILABLE..... 4 (GO TO S/P)
- 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 PHONE2
PROXY ON THE PHONE3

VERIFICATION

PROGRAMMER NOTE:

IF S/P = 1 PARTICIPANT ON THE PHONE:

IF TYPE OF SERVICE = NEW HOME DELIVERED MEALS OR EXISTING HOME DELIVERED MEALS, GO TO NRINTRO.

IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO NRINTRO.

IF TYPE OF SERVICE = HOMEMAKER, GO TO HCSM-HM INTRO.

IF TYPE OF SERVICE = INFORMATION AND ASSISTANCE/ REFERRAL, GO TO IAINTRO.

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 CGINTROINT.

IF TYPE OF SERVICE = NEW HOME DELIVERED MEALS OR EXISTING HOME DELIVERED MEALS, GO TO NRINTROINT.

IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO NRINTROINT.

IF TYPE OF SERVICE = HOMEMAKER, GO TO HCSM-HM INTROINT.

IF TYPE OF SERVICE = INFORMATION AND ASSISTANCE/ REFERRAL, GO TO IAINTROINT.

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 = NEW HOME DELIVERED MEALS OR EXISTING HOME DELIVERED MEALS, GO TO NRINTROPRX.

IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO NRINTROPRX.

IF TYPE OF SERVICE = HOMEMAKER, GO TO HCSM-HM INTROPRX.

IF TYPE OF SERVICE = INFORMATION AND ASSISTANCE/ REFERRAL, GO TO IAINTROPRX.

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)."

FOR ALL OTHER SURVEYS, SEX WILL BE MALE_I.E. "HE" OR "HIS."

NUTRITIONAL RISK SURVEY (VERSION: MARCH 16, 2000)

NRINTRO. Hello, my name is _____. I am calling on behalf of the Federal Department of Health and Human Services' Administration on Aging. We are conducting a survey to determine people's satisfaction with the services they receive. We show you receive Meal Services from (AGENCY NAME) from {HOME DELIVERED MEALS PROVIDER / CONGREGATE MEALS SITE}. I would like to speak with you about those services.

This survey will take about 30 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 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 NRSERVERF.

NRINTROINT. Hello, my name is _____. I am calling on behalf of the Federal Department of Health and Human Services' Administration on Aging. We are conducting a survey to determine people's satisfaction with the services they receive. We show (NAME OF PARTICIPANT) received Meal Services from (AGENCY NAME) from {HOME DELIVERED MEALS PROVIDER / CONGREGATE MEALS SITE}. I would like to speak with you about those services.

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 30 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 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.

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

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO NRALTCON. OTHERWISE GO TO NRSERVERF.

NRINTROPRX. Hello, my name is _____. I am calling on behalf of the Federal Department of Health and Human Services' Administration on Aging. We are conducting a survey to determine people's satisfaction with the services they receive. We show (NAME OF PARTICIPANT) received Meal Services from (AGENCY NAME)) from {HOME DELIVERED MEALS PROVIDER / CONGREGATE MEALS SITE}. I would like to speak with you about those services.

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 30 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 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).

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH NRALTCON. OTHERWISE GO TO NRSERVERF.

NRALTCON. 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 NRINTRO) | |
| REFUSED | -7 (CODE AS PROBLEM) |
| DON'T KNOW | -8 (CODE AS PROBLEM) |

Thank you for the information. END INTERVIEW.

NRSERVERF. [IF NEEDED: We show {you/s(he)} may have received [TYPE OF SERVICE] services from [NAME OF PROVIDER/CONGREGATE MEAL SITE]. 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 | |

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., “DO YOU” OR “HAVE YOU”) IN QUESTIONS. IF PROXY, DISPLAY 2ND PERSON TENSE (E.G., “DOES S(HE)” OR “HAS S(HE)”) WHERE INDICATED.

NRINTRO1. Now we are going to talk about the food {you eat/ NAME OF PARTICIPANT eats} on a regular basis.

NR1. About how many meals {do you/does NAME OF PARTICIPANT } eat every day?
(HMEALDY)

| | |
|-----------------------|----|
| 1 MEAL | 1 |
| 2 MEALS | 2 |
| 3 OR MORE MEALS | 3 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

NR2. About how many meals {do you/does NAME OF PARTICIPANT } eat alone in a day?
(HMEALON)

| | |
|-----------------------|----|
| NONE | 0 |
| 1 MEAL | 1 |
| 2 MEALS | 2 |
| 3 OR MORE MEALS | 3 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

NR3. About how many servings of fruit {do you/does NAME OF PARTICIPANT } eat per day?
[IF NEEDED: One serving equals 1 piece of fruit; 1/2 cup chopped, cooked, or canned fruit; or 3/4 cup of juice]
(HMFRUIT)

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

NR4. About how many servings of vegetables {do you/does NAME OF PARTICIPANT } eat per day? [IF NEEDED: One serving equals 1 cup raw leafy greens; 1/2 cup cooked or chopped raw vegetables; or 3/4 cup juice]
(HMVEG)

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

- NR5.** About how many servings of bread, cereal, rice, pasta, noodles, or tortillas {do you/does NAME OF PARTICIPANT } eat per day? [**IF NEEDED:** One serving equals 1 piece of bread or 1 tortilla; or 1/2 cup cereal, rice, pasta, or noodles]
(**HMBREAD**)

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

- NR6.** How many servings of milk, cheese, yogurt, or calcium rich soy products {do you/does NAME OF PARTICIPANT } eat per day? [**IF NEEDED:** One serving equals 1 cup of milk or yogurt; or 1 slice of cheese]
(**HMMILK**)

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

- NR7.** About how many servings of meat, chicken, fish or eggs {do you/does NAME OF PARTICIPANT } eat per day? [**IF NEEDED:** One servings equals 1 small piece, such as a small chicken breast, hamburger patty, or fish filet or 2-3 eggs]
(**HMMEAT**)

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

NR8. About how many servings of cooked dried beans, nuts, or soy products such as tofu {do you/does NAME OF PARTICIPANT } eat per day? [**IF NEEDED:** One serving equals 1-2 cups of beans or tofu; 4-6 tablespoons of peanut butter; and 1/2-1 cup nuts]
(**HMBEANS**)

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

NR9. How many drinks of beer, liquor or wine {do you/does NAME OF PARTICIPANT } have almost every day? [**IF NEEDED:** One drink equals 1 can of beer, a glass of wine, or a shot of hard liquor]
(**HMBEER**)

| | |
|-----------------------|----|
| 0 DRINKS..... | 0 |
| 1 DRINK..... | 1 |
| 2 DRINKS..... | 2 |
| 3 OR MORE DRINKS..... | 3 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

NR10. {Have you/has NAME OF PARTICIPANT } lost 10 pounds or more in the last 6 months without trying?
(**HMLSTLB**)

| | |
|-----------------|-------------------|
| YES | 1 |
| NO..... | 2 ↑(GO TO NR11) |
| REFUSED..... | -7 ° (GO TO NR11) |
| DON'T KNOW..... | -8 →(GO TO NR11) |

NR10a. {Have you/has NAME OF PARTICIPANT } seen a doctor or other professional about {your/ NAME OF PARTICIPANT's } weight loss?
(**HMDRLLB**)

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

NR11. {Have you/has NAME OF PARTICIPANT } gained 10 pounds or more in the last 6 months without trying?
(HMGANLB)

YES..... 1
NO..... 2 ↑ (GO TO NR12)
REFUSED.....-7 ° (GO TO NR12)
DON'T KNOW.....-8 →(GO TO NR12)

NR11a. {Have you/has s(he)} seen a doctor or other professional about {your/ NAME OF PARTICIPANT's} weight gain?
(HMDRGLB)

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

NR12. {Do you/does NAME OF PARTICIPANT } have an illness or condition that made {you/ NAME OF PARTICIPANT } change the kind or amount of food {you/ NAME OF PARTICIPANT } can eat?
(HMEATCG)

YES..... 1
NO..... 2 ↑(GO TO NR13)
REFUSED.....-7 ° (GO TO NR13)
DON'T KNOW.....-8 →(GO TO NR13)

NR12a. {Have you/has NAME OF PARTICIPANT } received information to help {you/ NAME OF PARTICIPANT } make the necessary food changes?
(HMINFO)

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

NR13. {Do you/does NAME OF PARTICIPANT } have tooth or mouth problems that make it hard for {you/ NAME OF PARTICIPANT } to eat?
(HMTOOTH)

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

NR14. {Do you/does NAME OF PARTICIPANT } take 3 or more different prescribed or over-the-counter drugs a day?
(HMDRUGS)

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

NR15. {Are you/is NAME OF PARTICIPANT } physically able to shop for {yourself/herself/himself}?
(HMSHOP)

YES..... 1 } (GO TO NR16)
NO..... 2
REFUSED.....-7 } (GO TO NR16)
DON'T KNOW.....-8 } (GO TO NR16)

NR15a. {Do you/does NAME OF PARTICIPANT } have someone who can shop for {you/her/him }?
(HMSHOPB)

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

NR16. {Are you/is NAME OF PARTICIPANT } physically able to cook for {yourself/herself/himself}?
(HMCOOK)

YES..... 1 } (GO TO NR17)
NO..... 2
REFUSED.....-7 } (GO TO NR17)
DON'T KNOW.....-8 } (GO TO NR17)

NR16a. {Do you/does NAME OF PARTICIPANT } have someone who can cook for {you/her/him }?
(HMCOOKB)

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

NR17. {Are you/is NAME OF PARTICIPANT } physically able to feed {yourself /herself/himself}?
(HMFEEED)

- YES 1 } (GO TO NR18)
- NO..... 2
- REFUSED.....-7 } (GO TO NR18)
- DON'T KNOW.....-8 } (GO TO NR18)

NR17a. {Do you/does NAME OF PARTICIPANT } have someone who helps {you/her/him}?
(HMFEEEDB)

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

NR18. {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

FENCEPOST

PROGRAMMER NOTE: IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CMNRINTRO2. IF TYPE OF SERVICE = HOME DELIVERED MEALS, CONTINUE WITH NRINTRO2.

NRINTRO2 Now please think about the meals {you get/ NAME OF PARTICIPANT gets} delivered to {your/her/his} home.

NR19. How satisfied {are you/is NAME OF PARTICIPANT } with the way the food tastes that is delivered to {you/her/him}? Would {you/ NAME OF PARTICIPANT } say...

(HMTASTE)

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

NR20. How satisfied {are you/is NAME OF PARTICIPANT } that the hot foods are hot and the cold foods are cold? Would {you/s(he)} say...

(HMTEMP)

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

NR21. How satisfied {are you/is NAME OF PARTICIPANT } with how the food looks that is delivered to {you/her/him}? [Would {you/ NAME OF PARTICIPANT } say...

(HMLOOKS)

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

NR22. How often {would you/would NAME OF PARTICIPANT }say that {your/her/his} meals arrive about the time {you expect/ NAME OF PARTICIPANT expects) them to? {Would {you say/ NAME OF PARTICIPANT say}....

(HMONTIM)

- All the time, 1
- Almost all the time,..... 2
- Some of the time, 3
- Almost never, or..... 4
- Never? 5
- REFUSED.....-7
- DON'T KNOW.....-8

NR23. Think of the amount of food {you eat / NAME OF PARTICIPANT eats} in the meal that is delivered to {you/her/him}. What portion of all the foods {you eat/ NAME OF PARTICIPANT eats} in a day does this meal represent? Would {you say/s(he) say}...

(HMPORTN)

- Less than 1/3 of all the food
{you eat/ NAME OF PARTICIPANT eats},..... 1
- Between 1/3 and 1/2 of all the food,{you eat/ NAME OF PARTICIPANT eats}, 2
- About 1/2 of all the food
{you eat/ NAME OF PARTICIPANT eats}, or 3
- More than 1/2 of all the food
{you eat/ NAME OF PARTICIPANT eats}? 4
- REFUSED..... -7
- DON'T KNOW..... -8

NR24. What is it {you like / NAME OF PARTICIPANT likes} about participating in the home delivered meals program? {Do you/Does NAME OF PARTICIPANT }

(HMLIK01_HMLIK04 and HMLIKOS)

| | YES | NO | RF | DK | N/A |
|--|-----|----|----|----|-----|
| 1. Like the meal? | 1 | 2 | -7 | -8 | -9 |
| 2. Like the person who delivers it? | 1 | 2 | -7 | -8 | -9 |
| 3. Like that {you/ NAME OF PARTICIPANT } can get information about other programs? | 1 | 2 | -7 | -8 | -9 |
| 91. Receive other services? SPECIFY _____ | 1 | 2 | -7 | -8 | -9 |

NR25. How long {have you/has NAME OF PARTICIPANT } been receiving home delivered meals? Would {you/ NAME OF PARTICIPANT } say....
(HMRECEV)

- Less than 3 months,..... 1 }
- 3 to 6 months,..... 2 ↑
- More than 6 months, but less than
12 months, or 3 .
- 12 Months or more? 4 →
- REFUSED.....-7 }
- DON'T KNOW.....-8 }

FENCEPOST

NR SECTION B – HOME DELIVERED MEALS

NRHCSMINTRO. We are interested in the home delivered meals {you receive/ {s(he) receives}. Please tell me, for each statement, whether {you/s(he)} would say, "Yes, Definitely," "Yes, I think so," "Maybe yes, maybe no," "No, I don't think so," or "No, definitely not."

(NHCSM01-NHCSM11)

| HOME CARE SATISFACTION MEASURE: HOME DELIVERED MEAL SERVICE (HCSM-MS11) | YES, DEFINITELY | YES, I THINK SO | MAYBE YES, MAYBE NO | NO, I DON'T THINK SO | NO, DEFINITELY NOT | RF | DK | N/ A |
|--|----------------------------|--------------------------------|------------------------------------|-------------------------------------|-----------------------------------|-----------|-----------|-----------------|
| NRHCSM1. {I am/ NAME OF PARTICIPANT is} happy with the number of meals {I receive/s(he) receives} each week. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM2. {My/ NAME OF PARTICIPANT 's} meals often arrive late. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM3. Overall, {I like/ NAME OF PARTICIPANT likes} the time of day {my/his/her} meals arrive. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM4. Sometimes the meals fail to be delivered at all. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM5. Generally, the service has the kind of meals {I like/ NAME OF PARTICIPANT likes}. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM6. {I need/ NAME OF PARTICIPANT needs} more meals than {I get/ NAME OF PARTICIPANT gets}. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM7. Most of the meals are great. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM8. {My/ NAME OF PARTICIPANT 's} meals come too early in the day. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM9. {My/ NAME OF PARTICIPANT 's} meals are cooked the way {I want/ NAME OF PARTICIPANT wants} them cooked. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM10. The home delivered meal service has a poor selection of meals. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| NRHCSM11. Often the food is so bad {I don't/ NAME OF PARTICIPANT doesn't} eat it. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

E-10

FENCEPOST

PROGRAMMER NOTE: PROCEED TO MODULE 1.

CMNRINTRO2. Now please think about the meals that {you get/ NAME OF PARTICIPANT gets} at the congregate meal site.

CMNR19. How satisfied {are you/is NAME OF PARTICIPANT } with the way the food tastes?
 Would {you/ NAME OF PARTICIPANT } say...
(CMTASTE)

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

CMNR20. How satisfied {are you/is NAME OF PARTICIPANT } that the hot foods are hot and the cold foods are cold? Would {you/ NAME OF PARTICIPANT } say...
(CMTEMP)

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

CMNR21. How satisfied {are you/is NAME OF PARTICIPANT } with how the food looks?
 [Would {you/ NAME OF PARTICIPANT } say...
(CMLOOKS)

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

CMNR22. Think of the amount of food {you eat/ NAME OF PARTICIPANT eats} in the meal that is served to {you/him/her}. What portion of all the foods {you eat/ NAME OF PARTICIPANT eats} in a day does this meal represent? Would {you/s(he) say}...
(CMPORTN)

- Less than 1/3 of all the food
 {you eat/ NAME OF PARTICIPANT eats}, 1
- Between 1/3 and 1/2 of all the food
 {you eat/ NAME OF PARTICIPANT eats}, 2
- About 1/2 of all the food
 {you eat/ NAME OF PARTICIPANT eats}, or 3
- More than 1/2 of all the food
 {you eat/ NAME OF PARTICIPANT eats}? 4
- REFUSED.....-7
- DON'T KNOW.....-8

CMNR23. What is it {you like/ NAME OF PARTICIPANT likes} about participating in the congregate meal program? Would {you/ NAME OF PARTICIPANT} say...
(CMLIK01-CMLIK06 and CMLIKOS)

| | YES | NO | RF | DK | N/A |
|---|-----|----|----|----|-----|
| 1. {You are/ NAME OF PARTICIPANT is} happy with the number of meals {I receive/s(he) receives} each week. | 1 | 2 | -7 | -8 | -9 |
| 2. The meal site is a very pleasant place. | 1 | 2 | -7 | -8 | -9 |
| 3. The meal site is a safe place. | 1 | 2 | -7 | -8 | -9 |
| 4. {You visit/ NAME OF PARTICIPANT visits} with friends at the meal site. | 1 | 2 | -7 | -8 | -9 |
| 5. {You participate/ NAME OF PARTICIPANT participates} in other activities at the meal site. | 1 | 2 | -7 | -8 | -9 |
| 91. {You receive/ NAME OF PARTICIPANT receives} other services at the meal site (SPECIFY OTHER SERVICES_____) | 1 | 2 | -7 | -8 | -9 |

FENCEPOST

PROGRAMMER NOTE: PROCEED TO MODULE 2.

CAREGIVER SUPPORT AND SATISFACTION SURVEY (VERSION: SEPTEMBER 14, 2000)

CGINTRO. I am calling for [AGENCY WHO SERVES CLIENT]. We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by [AGENCY WHO SERVES CLIENT]. [We got your name from [AGENCY WHO SERVES CLIENT]].

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

GO TO CGINTRO1.

CGINTROINT. I am calling for [AGENCY WHO SERVES CLIENT]. We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by [AGENCY WHO SERVES CLIENT]. [We got (NAME OF CAREGIVER)'s name and telephone number from [AGENCY WHO SERVES CLIENT]].

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.

Your participation is voluntary and very important to the success of this study. Your answers to the questions will be kept confidential and will be used only for the purpose of this study. Your and {NAME OF PARTICIPANT's} 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 interpreter for (NAME OF CAREGIVER).

| |
|--|
| <p>PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO CGALTCON. OTHERWISE, GO TO CGINTRO1.</p> |
|--|

CGINTROPRX. I am calling for [AGENCY WHO SERVES CLIENT]. We are conducting a survey to find out how we can help meet the needs of caregivers and seniors being served by [AGENCY WHO SERVES CLIENT]. [We got (NAME OF CAREGIVER) from [AGENCY WHO SERVES CLIENT]].

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 question[s] 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 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 {he/she} gives.

IF NEEDED: We were given your name as the proxy for (NAME OF CAREGIVER).
**IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH CGALTCON. OTHERWISE,
CONTINUE WITH CGINTRO1.**

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

| | |
|-------------------|-----------------------------------|
| | |
| FIRST NAME | LAST NAME |
| (_ _ _ _ _ _ _) | _ _ _ _ _ _ _ - _ _ _ _ _ _ _ _ |
| (AREA CODE) | (TELEPHONE NUMBER) |

- REFERRED BACK TO CAREGIVER... 1 } (GO TO CGINTRO)
- REFUSED.....-7 } (CODE AS PROBLEM)
- DON'T KNOW.....-8 } (CODE AS PROBLEM)

Thank you for the information. END INTERVIEW.

CGINTRO1. {Your name/CAREGIVER NAME} is listed as someone who currently provides care for [CARE RECIPIENT]. {Are you/Is CAREGIVER NAME} the primary caregiver for [CARE RECIPIENT]?

- YES 1 } (GO TO CGINTRO2)
- NO..... 2
- REFUSED.....-7 } (GO TO CGINTRO2)
- DON'T KNOW.....-8 } (GO TO CGINTRO2)

CGINTRO1A. Who is the primary caregiver for [CARE RECIPIENT]?

NAME _____ } (GO TO CGINTRO1A1)

- REFUSED.....-7 } (CODE PROBLEM)
- DON'T KNOW.....-8 } (CODE PROBLEM)

CGINTRO1A1. May I have their telephone number?

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

- REFUSED.....-7 } (CODE PROBLEM)
- DON'T KNOW.....-8 } (CODE PROBLEM)

CGINTRO2. This survey typically takes 20 to 25 minutes. You may be more comfortable answering these questions if you are NOT in the presence of the person you are caring for. Is this a good time for you?

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

CGINTRO3 Now, let's begin the caregiver survey.

CG1. What is {your/her/his} relationship to {CARE RECIPIENT}?
(CGREL)

- HUSBAND, 1
- WIFE, 2
- SON, 3
- DAUGHTER, 4
- FATHER, 5
- MOTHER, 6
- BROTHER, 7
- SISTER, 8
- OTHER RELATIVE, 9
- FRIEND OR NEIGHBOR, OR10
- SOMETHING ELSE?.....91
- (SPECIFY) _____
- REFUSED.....-7
- DON'T KNOW.....-8

CG2. {Do you/does NAME OF CAREGIVER} live in the same house with {CARE RECIPIENT}?
(CGHOUSE)

- YES..... 1 } (GO TO CGINTRO4)
- NO.....2 (GO TO CG2B)
- REFUSED.....-7 } (GO TO CGINTRO4)
- DON'T KNOW.....-8 } (GO TO CGINTRO4)

CG2B.How far away {do you/does NAME OF CAREGIVER}live? Would you 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 two hours away?..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

FENCEPOST

PROGRAMMER NOTE: HAVE INTERVIEWER ASK ABOUT EACH SERVICE IN COL. A. AFTER ASKING IF THE RESPONDENTS RECEIVES ALL OF THE SERVICES (3 THROUGH 19), IF RESPONDENT SAYS THEY RECEIVE THE SERVICE (YES) IN COL. A, THEN ASK COL. B, COL C AND COL D ABOUT EACH SERVICE, THEN GO TO NEXT SERVICE THAT IS A YES IN COL A. IF RESPONDENT SAID THEY DID NOT RECEIVE SERVICE IN COL. A (NO, RF, DK), SKIP TO NEXT SERVICE THEY DID RECEIVE.

CGINTRO4. Now, I will ask you some questions about the services that {you are/ s(he) is} or [CARE RECIPIENT] is receiving from [AGENCY WHO SERVES CLIENT] or other agencies. We are interested in {your/ his/her} experiences with the services during the last 6 months.

PROGRAMMER NOTE-FOR CG16, CG17, and CG18, AUTOCODE response of "CAREGIVER" for Col. B.

| A. {Do you/does NAME OF CAREGIVER} or [CARE RECIPIENT] receive the following service? | | | | | B. You mentioned {you/NAME OF CAREGIVER} received {SERVICE IN COL. A }. Who receives this service, {CARE RECIPIENT}, {you/NAME OF CAREGIVER} or both? (CGREC03 TO CGREC19) | | | | |
|---|-----|----|----|--------|---|-----------|------|----|----|
| (CGSVC03 TO CGSVC19 AND CGSVCOS) | YES | NO | RF | D K | CLIENT | CAREGIVER | BOTH | RF | DK |
| 3) In-home Respite Care services? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 4) Adult day Respite Care services? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 5) Respite Care [Short-term stay in long term care facilities]? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 6) Adult Daycare [Center-provided daycare]? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 7) Case Management? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 8) Homemaker Service? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 9) Home Health Aide? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 10) Home Delivered Meals? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 11) Grocery Service? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 12) Chore Service? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 13) Transportation Service [includes Assisted Transportation]? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 14) Information about services? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 15) Assistance with access to services? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 16) Individual Caregiver Counseling? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |

| | | | | | | | | | |
|--|---|---|----|----|---|---|---|----|----|
| 17) Caregiver Training or Education? | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 18) Caregiver Support Groups | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |
| 19) Other services not mentioned? (SPECIFY) _____ | 1 | 2 | -7 | -8 | 1 | 2 | 3 | -7 | -8 |

FENCEPOST AFTER SECTION A

PROGRAMMER NOTE: IN 4C, FOR Q 16, 17, AND 18, ASK: **How would {you/NAME OF CAREGIVER} rate the quality of the service you received? Would you/s(he) say...**

FOR Q16, 17, and 18, PART D SHOULD READ: "**{Do you/does NAME OF CAREGIVER} need more of this service than {you are/ s(he) is} now receiving?**"

| C. How would {you/NAME OF CAREGIVER} rate the quality of the service you received? Please tell me if the service was excellent, very good, good, fair, or poor. (CGQUL01 TO CGQUL19 AND CGQULOS) | | | | | | | | D. {Do you/does NAME OF CAREGIVER} or {CARE RECIPIENT} need more of this service than {you are/ s(he) is} now receiving (CGMOR03 TO CGMOR19) | | | |
|---|-----------|-----------|------|------|------|----|----|---|----|----|----|
| SERVICE | EXCELLENT | VERY GOOD | GOOD | FAIR | POOR | RF | DK | YES | NO | RF | DK |
| 3) In-home Respite Care services? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 4) Adult day Respite Care services? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 5) Respite Care (Short-term stay in long term care facilities)? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 6) Adult Daycare (Center-provided daycare)? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 7) Case Management? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 8) Homemaker Service? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 9) Home Health Aide? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 10) Home Delivered Meals? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 11) Grocery Service? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 12) Chore Service? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 13) Transportation Service (includes Assisted Transportation)? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 14) Information about services? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 15) Assistance with access to services? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 16) Individual Caregiver Counseling? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |

| | | | | | | | | | | | |
|--------------------------------------|---|---|---|---|---|----|----|---|---|----|----|
| 17) Caregiver Training or Education? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |
| 18) Caregiver Support Groups? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |

continued:

| C. How would {you/NAME OF CAREGIVER} rate the quality of the services you received? Please tell me if each service was excellent, very good, good, fair, or poor. (CGQUL03 TO CGQUL19 AND CGQULOS) | | | | | | | | D. {Do you/does NAME OF CAREGIVER} need more of this service than {you are/ s(he) is} now receiving (CGMOR03 TO CGMOR19) | | | |
|---|-----------|-----------|------|------|------|----|----|---|----|----|----|
| SERVICE | EXCELLENT | VERY GOOD | GOOD | FAIR | POOR | RF | DK | YES | NO | RF | DK |
| 19) Other services not mentioned? (SPECIFY) _____ | 1 | 2 | 3 | 4 | 5 | -7 | -8 | 1 | 2 | -7 | -8 |

FENCEPOST AFTER EACH SET OF B, C, D ASKED

CG20. In addition to the kinds or amounts of services that {you are/ NAME OF CAREGIVER is} now receiving, what additional or new kinds of help would be valuable to {you/her/him} as a caregiver? How about...

(CGNEW01 TO CGNEW11 AND CGNEWOS)

| HELP | YES | NO | RF | DK | N/A |
|--|------------|-----------|-----------|-----------|------------|
| 1. Help with housekeeping? | 1 | 2 | -7 | -8 | -9 |
| 2. Help with shopping? | 1 | 2 | -7 | -8 | -9 |
| 3. Help with transportation and getting places? | 1 | 2 | -7 | -8 | -9 |
| 4. Help with making meals? | 1 | 2 | -7 | -8 | -9 |
| 5. Help with bathing, dressing, grooming, toileting, feeding, other personal care? | 1 | 2 | -7 | -8 | -9 |
| 6. Help with medicines such as administering them or side effects? | 1 | 2 | -7 | -8 | -9 |
| 7. Help with getting other family members involved in caring for {CARE RECIPIENT}? | 1 | 2 | -7 | -8 | -9 |
| 8. Financial support, such as a tax break, stipend, or government subsidy? | 1 | 2 | -7 | -8 | -9 |
| 9. Respite care or adult daycare for {CARE RECIPIENT}? | 1 | 2 | -7 | -8 | -9 |
| 10. Money management assistance or financial advice? | 1 | 2 | -7 | -8 | -9 |
| 91. Anything other type of help? (SPECIFY) | 1 | 2 | -7 | -8 | -9 |

CG21. 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/NAME OF CAREGIVER} as a caregiver? How about...

(CGINF01 TOCGINF08 AND CGINFOS)

| INFORMATION | YES | NO | RF | DK | N/A |
|---|------------|-----------|-----------|-----------|------------|
| 1. 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 | -9 |
| 2. Someone to talk to such as counseling or a support group? | 1 | 2 | -7 | -8 | -9 |
| 3. Information about {CARE RECIPIENT'S} condition or disability? | 1 | 2 | - | -8 | -9 |
| 4. Information about changes in laws which might affect {your/his/her} situation? | 1 | 2 | 7 | -8 | -9 |
| 5. Help in understanding how to select a nursing home, a group home or other care facility? | 1 | 2 | -7 | -8 | -9 |
| 6. Help in understanding how to pay for nursing homes, adult daycare, or other services? | 1 | 2 | -7 | -8 | -9 |
| 7. Help in dealing with agencies or bureaucracies to get services? | 1 | 2 | - | -8 | -9 |
| 91. Anything other information? (SPECIFY) | 1 | 2 | 7 | -8 | -9 |

FENCEPOST

CGINTRO5. Now, I'd like to ask some overall questions about these services.

CG22. Overall, how satisfied {are you/is NAME OF CAREGIVER} with the services that {you/NAME OF CAREGIVER} or {CARE RECIPIENT} receives? Would {you/NAME OF CAREGIVER} say
(CGSATIS)

- Very satisfied, 1
- Somewhat satisfied, 2
- Somewhat dissatisfied, or 3
- Very dissatisfied?..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

CG23. To what extent do the services {you/NAME OF CAREGIVER} or {CARE RECIPIENT} receive help {you/her/him} to be a better caregiver? Would {you/NAME OF CAREGIVER} say...
(CGHELP)

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

CG24. Have the services {you/NAME OF CAREGIVER} or {CARE RECIPIENT} received 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/NAME OF CAREGIVER} 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

PROGRAMMER NOTE: ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CG25.

CG25. How have the services that {you/NAME OF CAREGIVER} or {CARE RECIPIENT} received affected {you/NAME OF CAREGIVER} and {your/NAME OF CAREGIVER's} caregiving tasks?

(CGAFFEC)

COMM

FENCEPOST

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

CG26. I'm going to read several activities that some people need help with. Please tell me if {you have/NAME OF CAREGIVER has} helped {CARE RECIPIENT} with any of these in the past month:

CGACTI01 TO CGACTI05

| ACTIVITY | YES | NO | RF | DK | N/A |
|---|-----|----|----|----|-----|
| 1. Helped {CARE RECIPIENT} dress, eat, bathe, or get to the bathroom? | 1 | 2 | -7 | -8 | -9 |
| 2. Helped with medical needs, such as taking medicine or changing bandages? | 1 | 2 | -7 | -8 | -9 |
| 3. Helped {CARE RECIPIENT} keep track of bills, checks, or other financial matters? | 1 | 2 | - | -8 | -9 |
| 4. Helped by preparing meals, doing laundry, or cleaning the house? | 1 | 2 | 7 | -8 | -9 |
| 5. Helped by taking {CARE RECIPIENT} shopping or to the doctor's office? | 1 | 2 | -7 | -8 | -9 |

CG27. Do any agencies, 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 ↑ (GO TO CG28)
- REFUSED.....-7 ° (GO TO CG28)
- DON'T KNOW.....-8 →(GO TO CG28)

PROGRAMMER NOTE: FOR CG27B, SOFT RANGE OF 0-30. HAVE CATI VERIFY OVER 30. HARD RANGE OF 0-50.

CG27B. About how many times per month does someone else take over for {you/NAME OF CAREGIVER}?

CGMTH

- NUMBER OF TIMES |__|__|
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE: FOR CG27C, SOFT RANGE OF 0-24 HOURS. HAVE CATI VERIFY OVER 24. HARD RANGE OF 0-168 hours.

CG27C. On average, about how many hours {do you/does NAME OF CAREGIVER} get in time off when someone else takes over?

CGHOURS

- NUMBER OF HOURS..... |__|__|__|
- REFUSED.....-7
- DON'T KNOW.....-8

CG27D. Is this enough relief for {you/NAME OF CAREGIVER}?

CGENRLF

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

CG28. How many other family members or friends provide unpaid care for {CARE RECIPIENT}?
CGFAMIL

PROGRAMMER NOTE: FOR CG28, SOFT RANGE OF 0-5. HAVE CATI VERIFY OVER 5. HARD RANGE OF 0-50.

NUMBER OF FAMILY MEMBERS/FRIENDS |__|__| } **IF ZERO, GO TO CG30.**
 REFUSED.....-7 **GO TO CG30.**
 DON'T KNOW.....-8 **GO TO CG30.**

CG29. Thinking about all the family members or friends who provide unpaid care for {CARE RECIPIENT}, what proportion of the care {do you/does NAME OF CAREGIVER} provide? Would {you/NAME OF CAREGIVER} say:
(CGCARPR)

A little, 1
 More than a little, but less than one-half; 2
 About half; 3
 More than one-half, but not nearly all; 4
 Nearly all; or 5
 All?..... 6
 REFUSED.....-7
 DON'T KNOW.....-8

CG30. On a typical 24-hour *week* day, that is Monday through Friday, how many hours a day {do you/does NAME OF CAREGIVER} provide care for {CARE RECIPIENT} in person?
(CGHRSWK)

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

CG31. On a typical 24-hour *weekend* day, that is Saturday and Sunday, how many hours a day {do you/does NAME OF CAREGIVER} provide care for {CARE RECIPIENT} in person?
(CGHRSWD)

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

FENCEPOST

CG32. Because of providing care for {CARE RECIPIENT}, {have you/has NAME OF CAREGIVER}:
(CGYOU01 TO CGYOU12 AND CGYOUOS)

| | YES | NO | RF | DK | N/A |
|---|-----|----|----|----|-----|
| A. Stopped working ? | 1 | 2 | -7 | -8 | -9 |
| B. Retired early? | 1 | 2 | -7 | -8 | -9 |
| C. Taken a less demanding job? | 1 | 2 | -7 | -8 | -9 |
| D. Changed from full time work to part time work? | 1 | 2 | -7 | -8 | -9 |
| E. Reduced {your/NAME OF CAREGIVER'S} official working hours? | 1 | 2 | -7 | -8 | -9 |
| F. Lost some of {your/NAME OF CAREGIVER'S} employment fringe benefits? | 1 | 2 | -7 | -8 | -9 |
| G. Had time conflicts between working and caregiving? | 1 | 2 | -7 | -8 | -9 |
| H. Used {your/NAME OF CAREGIVER'S} vacation time to provide care? | 1 | 2 | -7 | -8 | -9 |
| I. Taken a leave of absence to provide care? | 1 | 2 | -7 | -8 | -9 |
| J. Lost a promotion? | 1 | 2 | -7 | -8 | -9 |
| K. Taken off early or got in late to provide care for {CARE RECIPIENT}? | 1 | 2 | -7 | -8 | -9 |
| 91. Anything else? (SPECIFY) | 1 | 2 | -7 | -8 | -9 |

FENCEPOST

PROGRAMMER NOTE:

IF CG32A = 1, DISPLAY ONLY CG33 RESPONSE OPTIONS 3, 4, AND 5.

IF CG32B = 1, AUTOCODE CG33 AS 3.

IF CG32D = 1, AUTOCODE CG33 AS 2.

IF CG32E = 1, DISPLAY ONLY CG33 RESPONSE OPTIONS 1 AND 2.

CG33. What is {your/NAME OF CAREGIVER'S} current employment status? {Are you/is NAME OF CAREGIVER}
(CGWORK)

- Working full time,..... 1
- Working part time,..... 2
- Retired,..... 3
- Not working because of caring for
 {CARE RECIPIENT}, or 4
- Not working before {you/NAME OF
 CAREGIVER} became {NAME OF
 PARTICIPANT}'s caregiver?..... 5
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE: ONLY ASK CG33N IF CG32K = 1. OTHERWISE, GO TO CGINTRO7. SOFT RANGE FOR CG33N = 0-40. HARD RANGE = 0-200.

CG33N. How many hours of work did {you/NAME OF CAREGIVER} miss last month because {you/NAME OF CAREGIVER} had to take off early from work or {you/NAME OF CAREGIVER} got in late, due to caring for {CARE RECIPIENT}?
(CGMISS)

- NUMBER OF HOURS..... |__|__|__|
- REFUSED.....-7
- DON'T KNOW.....-8

FENCEPOST

CGINTRO7. Next we would like to ask some questions about how caregiving affects you. Please tell me how frequently each of the following happens: never, rarely, sometimes, quite frequently, or nearly always.

[INTERVIEWER NOTE: REPEAT RESPONSE CATEGORIES AS NECESSARY]

| (CGPLS34 TO CGPLS38) | NEVER | RARELY | SOMETIMES | QUITE FREQUENTLY | NEARLY ALWAYS | RF | DK | N/A |
|--|-------|--------|-----------|---------------------|------------------|----|----|-----|
| CG 34. How often does being a caregiver for {CARE RECIPIENT} provide companionship for {you/NAME OF CAREGIVER}? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG 35. How often does being a caregiver provide {you/NAME OF CAREGIVER} with a sense of accomplishment? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG 36. How often does providing care for {CARE RECIPIENT} give {you/NAME OF CAREGIVER} the satisfaction of caring for someone who cared for {you/NAME OF CAREGIVER}? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG 37. As a caregiver, how often {do you/does NAME OF CAREGIVER} feel that {you are/NAME OF CAREGIVER is} helping {your/NAME OF CAREGIVER'S} family? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG 38. How often {do you/does NAME OF CAREGIVER} feel that {CARE RECIPIENT} appreciates the care that {you are/NAME OF CAREGIVER is} providing for them? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

CG39. Does providing care for {CARE RECIPIENT} have any other positive benefits or rewards for {you/NAME OF CAREGIVER}?
(CGREW)

- YES 1
- NO..... 2 ↑ (GO TO Q CG 40)
- REFUSED.....-7 ° (GO TO Q CG 40)
- DON'T KNOW.....-8 →(GO TO Q CG 40)

PROGRAMMER NOTE: FOR CG39B, ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH.

CG39B. Please describe the other benefits or rewards:
(CGREWB)

COMM

CG40. In {your/NAME OF CAREGIVER’S} experience as a caregiver, what would {you/NAME OF CAREGIVER} say is the most positive aspect of caregiving? Would {you/NAME OF CAREGIVER} say...

(CGBEST, CGBESTOS)

- Companionship, 1
- A sense of accomplishment, 2
- Caring for someone,..... 3
- Helping your family,..... 4
- Being appreciated, or 5
- Something else?91
- (SPECIFY) _____
- NO POSITIVE ASPECTS 6
- REFUSED.....-7
- DON’T KNOW.....-8

FENCEPOST

CGINTRO8. Please tell me how frequently each of the following happens: never, rarely, sometimes, quite frequently, or nearly always.
INTERVIEWER NOTE: REPEAT RESPONSE CATEGORIES AS NECESSARY.

| (CGMIN41 TO CGMIN48) | NEVER | RARELY | SOMETIMES | QUITE FREQUENTLY | NEARLY ALWAYS | RF | DK | N/A |
|---|-------|--------|-----------|------------------|---------------|----|----|-----|
| CG41. How often does providing care for {CARE RECIPIENT} create a financial burden for {you/NAME OF CAREGIVER}? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG42. How often does caregiving leave {you/NAME OF CAREGIVER} with not enough time for {yourself/themselves}? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG43. How often does caregiving leave {you/NAME OF CAREGIVER} with not enough time for {your/NAME OF CAREGIVER'S} family? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG44. How often does caring for CARE RECIPIENT} interfere with {your/NAME OF CAREGIVER'S} work? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG45. How often does caring for {CARE RECIPIENT} affect {your/NAME OF CAREGIVER'S} relationships with {your/NAME OF CAREGIVER'S} family members in a negative way? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG46. How often does caregiving interfere with {your/NAME OF CAREGIVER'S} personal needs for privacy? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG47. How often does caregiving create problems in {your/NAME OF CAREGIVER'S} social life? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| CG48. How often does caregiving create stress for {you/NAME OF CAREGIVER}? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

FENCEPOST

CG49. {Have your/Has NAME OF CAREGIVER'S} caregiving activities created or worsened any health problems for {you/NAME OF CAREGIVER'S}?
(CGHLTH)

- YES..... 1
- NO..... 2 ↑ (GO TO Q CG 50)
- REFUSED.....-7 ° (GO TO Q CG 50)
- DON'T KNOW.....-8 →(GO TO Q CG 50)

PROGRAMMER NOTE: FOR CG49B, ACCEPT UP TO 300 CHARACTERS.

CG49B. Please describe the health problems caregiving has created or worsened for {you/NAME OF CAREGIVER}:
(CGHLTHB)
CG49

CG50. Does providing care for {CARE RECIPIENT} have any other negative effects or burdens for {you/NAME OF CAREGIVER}?
(CGNEG)

- YES..... 1
- NO..... 2 ↑ (GO TO Q CG 51)
- REFUSED.....-7 ° (GO TO Q CG 51)
- DON'T KNOW.....-8 →(GO TO Q CG 51)

PROGRAMMER NOTE: FOR CG50B, ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH.

CG50B. Please describe the other negative effects or burdens:
(CGNEGB)
COMM

PROGRAMMER NOTE: ONLY ASK CG51-4 IF CG33 = 1 OR 2.

CG51. Which of the following has been the biggest difficulty {you have/NAME OF CAREGIVER has} faced in caring for {CARE RECIPIENT}? Would {you/NAME OF CAREGIVER} say...
(CGDIF AND CGDIFOS)

- The financial burden, 1
- Not enough time for {yourself/NAME OF CAREGIVER}, 2
- Not enough time for {you/NAME OF CAREGIVER's} family,
 3
- Interferes with {your/NAME OF CAREGIVER's} work, 4
- Affects {your/NAME OF CAREGIVER's} family relationships,
 5
- Interferes with {your/NAME OF CAREGIVER's} privacy, 6
- Conflicts with {your/NAME OF CAREGIVER's} social life,
 7
- Creates stress, or 8
- Something else? 91
- (SPECIFY) _____
- NONE 9
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

INTRO. Next I would like to ask you some background questions.

PROGRAMMER NOTE: FOR CG52 “YEARS,” SOFT RANGE = 1-25. HARD RANGE = UP TO PARTICIPANT'S AGE.

CG52. How long {have you/has NAME OF CAREGIVER} been caring for {CARE RECIPIENT}?
(CGHLONG)

NUMBER |__|__|__|
(CGHUNIT) OVERALL RANGE 120
 DAYS.....1 RANGE = 0-30
 MONTHS.....2 RANGE = 0-36
 YEARS3 RANGE UP TO
 PARTICIPANT'S AGE
 REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMER NOTE: ASK CG53 ONLY IF NOT ON FILE.

CG53. What is the birth date of {CARE RECIPIENT}?
(CGPMM, CGPDD, CGPYYYY)

____/____/_____
 MM DD YYYY
 REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMER NOTE: ASK CG54 ONLY IF NOT ON FILE.

CG54. (DON'T ASK IF OBVIOUS) What is the gender of {CARE RECIPIENT}?
(CGPMF)

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

CG55. {Do you/Does NAME OF CAREGIVER} have any kind of physical condition or problem or disability that affects the kind of care that {you/NAME OF CAREGIVER} can provide for (CARE RECIPIENT)?
(CGDISAB)

- YES 1
- NO 2 ↑ (GO TO CG56)
- REFUSED -7 ° (GO TO CG56)
- DON'T KNOW -8 → (GO TO CG56)

PROGRAMMER NOTE: FOR CG55B, ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH.

CG55B. What is the condition or problem or disability?
(CGDISBB)
COMM

FENCEPOST

CG56. Are there any other persons for whom {you provide/NAME OF CAREGIVER provides} care, such as children, parents, etc?
(CGCAROT)

- YES 1
- NO 2 ↑ (GO TO MODULE 4)
- REFUSED -7 ° (GO TO MODULE 4)
- DON'T KNOW -8 → (GO TO MODULE 4)

CG56B. 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 OR MOTHER..... | 3 |
| BROTHER(S) OR SISTER(S) | 4 |
| GRANDSON(S) OR GRANDDAUGHTER(S) | 5 |
| OTHER RELATIVE(S)..... | 6 |
| FRIEND(S) OR NEIGHBOR(S) | 7 |
| OTHER | 91 |
| (SPECIFY) _____ | |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

| |
|---|
| PROGRAMMER NOTE: FOR CG56C, SOFT RANGE = 0-5. HARD RANGE = 0-50. |
|---|

CG56C. How many persons {are you/is NAME OF CAREGIVER} caring for besides {CARE RECIPIENT}?
(CGMANY)

NUMBER |__|__| ↑(GO TO MODULE 4)
REFUSED.....-7 ° (GO TO MODULE 4)
DON'T KNOW.....-8 →(GO TO MODULE 4)

FENCEPOST

| |
|--|
| |
|--|

**Home Care Satisfaction Measure:
Home Maker Service**

HCSM-HMINTRO. We show you received Home Maker Services from (AGENCY NAME/PROVIDER NAME). I would like to speak with you about those services.

This survey will take about 30 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 and will be used only for the purpose of this study. {Your/his/her} eligibility for services will not be affected by your decision to participate nor by any answers you give.

GO TO HMSERVERF.

HCSM-HMINTROINT. We show (NAME OF PARTICIPANT) received Home Maker Services from (AGENCY NAME/PROVIDER NAME). I would like to speak with you about those services.

This survey will take about 30 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 and will be used only for the purpose of this study. {Your/his/her} eligibility for services will not be affected by your decision to participate nor by any answers you give.

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.

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

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO HMAITCON. OTHERWISE GO TO HMSERVERF.

HCSM-INTROPRX

We show (NAME OF PARTICIPANT) received Home Maker Services from (AGENCY NAME/PROVIDER NAME). I would like to speak with you about those services.

This survey will take about 30 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 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.

07/17/07

For the remainder of the 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.

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

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH HMALTCO. OTHERWISE GO TO HMSEVERF.

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

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

Thank you for the information. END INTERVIEW.

- REFERRED BACK TO
- PARTICIPANT..... 1 } (GO TO HCSM-HMINTRO)
 - REFUSED.....-7
 - DON'T KNOW.....-8

HMSERVERF. [IF NEEDED: We show {you/s(he)} may have received [TYPE OF SERVICE] services from [AGENCY NAME/PROVIDER NAME]. 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

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., “DO YOU” OR “HAVE YOU”) IN QUESTIONS. IF PROXY, DISPLAY 2ND PERSON TENSE (E.G., “DOES S(HE)” OR “HAS S(HE)”) WHERE INDICATED.

HCSMHMINTRO2. We are interested in the services {you receive/NAME OF PARTICIPANT receives} from {your/NAME OF PARTICIPANT's} home maker. Please tell me, for each statement, whether {you/NAME OF PARTICIPANT} would say, "Yes, Definitely," "Yes, I think so," "Maybe yes, maybe no," "No, I don't think so," or "No, definitely not."

| HOMEMAKER SERVICE (HCHM01 TO HCHM13) | YES, DEFINITELY | YES, I THINK SO | MAYBE YES, MAYBE NO | NO, I DON'T THINK SO | NO, DEFINITELY NOT | RF | DK | N/A |
|---|----------------------------|--------------------------------|--|---|-----------------------------------|-----------|-----------|------------|
| HCSM-HM1. {My/NAME OF PARTICIPANT's} homemaker is very thorough. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM2. {My/ NAME OF PARTICIPANT's } homemaker leaves too early. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM3. {My/ NAME OF PARTICIPANT's } homemaker has become a friend. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM4. {My/ NAME OF PARTICIPANT's } homemaker is rude to {me/him/her}. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM5. In general, {My/ NAME OF PARTICIPANT's } homemaker takes an interest in {me/ NAME OF PARTICIPANT } as a person. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM6. {I need/ NAME OF PARTICIPANT's needs} more hours of homemaker service each week. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM7. {My/ NAME OF PARTICIPANT's } homemaker does things the way {I want/ NAME OF PARTICIPANT} wants} them to be done. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM8. {My/ NAME OF PARTICIPANT's } homemaker arrives late. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM9. Generally, {my/ NAME OF PARTICIPANT's } homemaker knows what to do. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM10. {My/ NAME OF | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

| | | | | | | | | |
|--|---|---|---|---|---|----|----|----|
| PARTICIPANT's } homemaker ignores what {I tell/ NAME OF PARTICIPANT tells} her about how {I like/ NAME OF PARTICIPANT's likes} things done. | | | | | | | | |
| HCSM-HM-11. {My/ NAME OF PARTICIPANT's } homemaker is assigned enough time to do all the jobs {I need/ NAME OF PARTICIPANT needs} to have done. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

| HOMEMAKER SERVICE (HCHM01 TO HCHM13) | YES, DEFINITELY | YES, I THINK SO | MAYBE YES, MAYBE NO | NO, I DON'T THINK SO | NO, DEFINITELY NOT | RF | DK | N/A |
|--|--------------------|-----------------------|------------------------------|-------------------------------|--------------------------|----|----|-----|
| HCSM-HM-12. {My/ NAME OF PARTICIPANT's } homemaker does extra things for{me/ NAME OF PARTICIPANT }. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| HCSM-HM-13. {I wish/ NAME OF PARTICIPANT wishes} {my/ NAME OF PARTICIPANT's } homemaker could do more things that {I need/ NAME OF PARTICIPANT needs} to have done. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

FENCEPOST

| |
|--|
| PROGRAMMER NOTE: GO TO MODULE 1 |
|--|

TRANSPORTATION SATISFACTION SURVEY (VERSION: JUNE 1, 2000)

TRINTRO. We show you received transportation services from (AGENCY NAME/PROVIDER NAME). I would like to speak with you about those services.

This survey will take about 30 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 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 TRSERVERF.

TRINTROINT. We show (NAME OF PARTICIPANT) received Transportation services from (AGENCY NAME/PROVIDER NAME). I would like to speak with you about those services.

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 30 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 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.

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

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO TRALTCON. OTHERWISE GO TO TRSERVERF.

TRINTROPRX. We show (NAME OF PARTICIPANT) received Transportation services from (AGENCY NAME/PROVIDER NAME). I would like to speak with you about those services.

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 30 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 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).

PROGRAMMER NOTE: 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

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., “DO YOU” OR “HAVE YOU”) IN QUESTIONS. IF PROXY, DISPLAY 2ND PERSON TENSE (E.G., “DOES S(HE)” OR “HAS S(HE)”) WHERE INDICATED.

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

TR1. About how many days ago did {you/ NAME OF PARTICIPANT }last use this service? (TRDAYS)

| | | |
|----------------------|--------------|--------------------|
| NUMBER OF DAYS | ___ ___ ___ | |
| | | SOFT RANGE = 0-30 |
| | | HARD RANGE = 0-365 |
| REFUSED.....-7 | | |
| DON'T KNOW.....-8 | | |

TR2. About how many local trips a month {do you/does NAME OF PARTICIPANT} make using this service?
(TRMONTH)

NUMBER OF TRIPS ___||___|___| **SOFT RANGE = 0-30**
HARD RANGE = 0-100
 REFUSED.....-7
 DON'T KNOW.....-8

TR3. 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 all {your/ NAME OF PARTICIPANT's } local trips,..... 1
 About 1/4 of all {your/ NAME OF PARTICIPANT's } local trips,..... 2
 About 1/2 of all {your/ NAME OF PARTICIPANT's } local trips,..... 3
 About 3/4 of all {your/ NAME OF PARTICIPANT's } local trips, or 4
 Nearly all of {your/ NAME OF PARTICIPANT's } local trips?..... 5
 REFUSED.....-7
 DON'T KNOW.....-8

TR4. Where {do you/does NAME OF PARTICIPANT} get on the vehicle? Would you say . . .
(TRGTSON)

The driver comes to {your/ NAME OF PARTICIPANT's } door; 1
 The vehicle stops in front of {your/ NAME OF PARTICIPANT's } house, but the driver does not come to {your/his/her} door; 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
 REFUSED.....-7
 DON'T KNOW.....-8

FENCEPOST

TRINTRO2. For the next few questions, please tell me how frequently these statements apply to {your/ NAME OF PARTICIPANT's } overall experience with {AGENCY NAME/PROVIDER NAME}. Please select one of these five responses: Always, Usually, Sometimes, Rarely, or Never.

(TRFRE05 TO TRFRE17)

| | ALWAYS | USUALLY | SOME-TIMES | RARELY | NEVER | RF | DK | N/A |
|--|--------|---------|------------|--------|-------|----|----|-----|
| TR5. The vehicles are clean and comfortable. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR6. The vehicles are easy to get into and out of. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR7. {Youarrive/ NAME OF PARTICIPANT arrives}} at {your/his/her} destination on time. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR8. The drivers pick {you/ NAME OF PARTICIPANT } up when they are supposed to. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR9. The service would call {you/ NAME OF PARTICIPANT } if {your/ NAME OF PARTICIPANT's} ride has been cancelled. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR10. {You/ NAME OF PARTICIPANT } can get to the places {you want/ NAME OF PARTICIPANT wants} or {need/needs} to. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR11. The trips take too long? Would {you/ NAME OF PARTICIPANT } say... | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR12. The drivers are polite? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR13. Do the drivers offer to help passengers into and out of the van when they need it? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

| | ALWAYS | USUALLY | SOME-TIMES | RARELY | NEVER | RF | DK | N/A |
|---|--------|---------|------------|--------|-------|----|----|-----|
| TR14. The drivers help passengers into and out of their homes when they need it? | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR15. {You get/ NAME OF PARTICIPANT gets} the number of rides {you need/s(he) needs} from this service. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

| | | | | | | | | |
|--|---|---|---|---|---|----|----|----|
| TR16. {You get/ NAME OF PARTICIPANT gets} rides at the times and on the days {you need / s(he) needs} them. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR17. {You have/ NAME OF PARTICIPANT has} the information {you need / s(he) needs} to schedule and take {your/his/her} local trips. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

FENCEPOST

TRINTRO3. I'd like to ask you if the following statements apply to {your/his/her} experiences with (AGENCY NAME/PROVIDER NAME). Please select one of these five responses: Yes, definitely; Yes, I think so; I'm not sure; No, I don't think so; or No, definitely not.

(TREXP18 TO TREXP19)

| | YES, DEFINITELY | YES, I THINK SO | I'M NOT SURE | NO, I DON'T THINK SO | NO, DEFINITELY NOT | RF | DK | N/A |
|---|--------------------|-----------------------|--------------------|-------------------------------|--------------------------|----|----|-----|
| TR18. {You get/ NAME OF PARTICIPANT gets} around more than {you/s(he)} did before {you/s(he)} had this service. | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |
| TR19. {You/ NAME OF PARTICIPANT } | 1 | 2 | 3 | 4 | 5 | -7 | -8 | -9 |

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| would recommend this service to a friend. | | | | | | | | |
|---|--|--|--|--|--|--|--|--|

FENCEPOST

TR20. Next, how would {you/ NAME OF PARTICIPANT } rate the transportation service that {you receive/s(he) receives}? Would {you/ NAME OF PARTICIPANT } say...
(TRRATE)

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

TR21. Which of the following activities {have you/has NAME OF PARTICIPANT } been able to get to more often now that {you are/ s(he) is} using this transportation service? How about...
(TRACT01 TO TRACT11 AND TRACTOS)

| | YES | NO | DK | RF | N/A |
|---|-----|----|----|----|-----|
| A. Work? | 1 | 2 | -7 | -8 | -9 |
| B. Doctor's and health care providers? | 1 | 2 | -7 | -8 | -9 |
| C. Shopping? | 1 | 2 | -7 | -8 | -9 |
| D. Volunteer activities? | 1 | 2 | -7 | -8 | -9 |
| E. Senior center? | 1 | 2 | -7 | -8 | -9 |
| F. Lunch program? | 1 | 2 | -7 | -8 | -9 |
| G. Friends', neighbors', and relatives'? | 1 | 2 | -7 | -8 | -9 |
| H. Social events and recreation activities? | 1 | 2 | -7 | -8 | -9 |
| I. Clubs and meetings? | 1 | 2 | -7 | -8 | -9 |
| J. Religious services? | 1 | 2 | -7 | -8 | -9 |
| 91. Some place else? | 1 | 2 | -7 | -8 | -9 |
| (SPECIFY)_____ | | | | | |

FENCEPOST

TR22. {Do you/does NAME OF PARTICIPANT } have recommendations on how to make the {AGENCY} better? How about...
(TRREC01 TO TRREC06 AND TRRECOS)

| | YES | NO | DK | RF | N/A |
|--|-----|----|----|----|-----|
| A. Reducing the waiting time for a ride? | 1 | 2 | -7 | -8 | -9 |
| B. Better buses or vans? | 1 | 2 | -7 | -8 | -9 |
| C. Being able to go more places? | 1 | 2 | -7 | -8 | -9 |
| D. The drivers providing more help into and out of the van? | 1 | 2 | -7 | -8 | -9 |
| 91. Something else? (SPECIFY)_____ | 1 | 2 | -7 | -8 | -9 |
| E. NO SUGGESTIONS FOR IMPROVEMENT {DOES NOT APPEAR ON SCREEN--WILL BE AUTOCODED 1 PROGRAMMER NOTE: IF ALL TR22=2, -7, -8, -9, FILL 5 NO SUGGESTIONS FOR IMPROVEMENT AS 1. IF ANY OF TR22 A THROUGH D OR 91 IS YES (1), AUTOCODE AS 2.} | 1 | 2 | -7 | -8 | -9 |

| |
|---|
| PROGRAMMER NOTE: FOR TR23, ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH. |
|---|

(TRCHANG)

TR23. How has {your/ NAME OF PARTICIPANT's } life changed since {you/s(he)} started using this service?

COMM

FENCEPOST

TR24. Is there a car in working condition in {your/ NAME OF PARTICIPANT's } Household?

(TRISCAR)

- YES 1
- NO..... 2 ↑(GO TO MODULE 2)
- REFUSED.....-7 ° (GO TO MODULE 2)
- DON'T KNOW.....-8 →(GO TO MODULE 2)

TR25. {Do you/does NAME OF PARTICIPANT } ever drive that car?

(TRDRIVE)

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

FENCEPOST

PROGRAMMER NOTE: GO TO MODULE 1

INFORMATION AND ASSISTANCE SATISFACTION SURVEY (Version: July 10, 2000)

IAINTRO. I am following up with people who have called [NAME OF AGENCY] to ask for their feedback about the Information and Assistance Services. This will just take a few minutes, and will help improve our service to callers. Your responses are completely confidential and will not affect the services that you are receiving in any way.

GO TO IASERVERF.

IAINTROINT. I am following up with people who have called [NAME OF AGENCY] in the past few weeks, to ask for their feedback about the Information and Assistance Services. This will just take a few minutes, and will help improve our service to callers. Your responses are completely confidential and will not affect the services that you are receiving in any way.

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.

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

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO IAALTCON. OTHERWISE GO TO IASERVERF.

IAINTROPRX. I am following up with people who have called [NAME OF AGENCY] in the past few weeks, to ask for their feedback about the Information and Assistance Services. I am interested in speaking with you about (NAME OF PARTICIPANT)'s experience when (he/she) contacted (NAME OF AGENCY). This will just take a few minutes, and will help improve our service to callers. Your responses are completely confidential and will not affect the services that (NAME OF PARTICIPANT) is receiving in any way.

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.

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

PROGRAMMER NOTE: IF PROXY WILL NOT DO INTERVIEW, CONTINUE WITH IAALTCON. OTHERWISE GO TO IASERVERF.

IAALTCON. 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 IAINTRO)
 - REFUSED.....-7 } (CODE AS PROBLEM)
 - DON'T KNOW.....-8 } (CODE AS PROBLEM)

Thank you for the information. END INTERVIEW.

IASERVERF. [IF NEEDED: We show {you/ NAME OF PARTICIPANT} 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

IA1. First, did {you/ NAME OF PARTICIPANT} call {AGENCY NAME} to...
(IAWHY01-IAWHY04 AND IAWHYOS)

| | Yes | NO | RF | DK | N/A |
|--|-----|----|----|-----|-----|
| Obtain help or services for {yourself/him/herself}? | 1 | 2 | -7 | -8- | -9 |
| To get help for a relative or someone {you know/ NAME OF PARTICIPANT knows}? | 1 | 2 | -7 | -8- | -9 |
| {Were you/was NAME OF PARTICIPANT} calling from an agency for a client? | 1 | 2 | -7 | -8- | -9 |
| For any other person? | 1 | 2 | -7 | -8- | -9 |

IA2. Please tell me the reason why {you/ NAME OF PARTICIPANT} called. (PROBE: Any other reason?) [**CODE ALL THAT APPLY. CTRL/P TO EXIT**]
(IAREAS [01]-[08], IAREAS01-IAREAS08 AND IARESOS1 AND IARESOS2)

- TO GET INFORMATION 1
- TO OBTAIN SERVICES
 (TRANSPORTATION, HOUSING,
 HEALTH CARE, MEALS, ETC) 2
- TO REFER A CLIENT FOR SERVICES 3
- TO FOLLOW UP ON A PRIOR CALL..... 4
- TO EXPRESS HEALTH INSURANCE
 CONCERNS 5
- TO FILE A COMPLAINT..... 91
 (SPECIFY) _____
- TO EXPRESS FINANCIAL CONCERNS 7
- OTHER 92
 (SPECIFY) _____
- REFUSED.....-7
- DON'T KNOW.....-8
- FENCEPOST

IA3. Had {you/ NAME OF PARTICIPANT} ever used this service before {your/ NAME OF PARTICIPANT's} last call to the Information service?
(IASVCB)

- YES 1
- NO..... 2 ↑ (GO TO IA4)
- REFUSED.....-7 ° (GO TO IA4)
- DON'T KNOW.....-8 →(GO TO IA4)

IA3a. About how many times {have you/has NAME OF PARTICIPANT} used it in the past year?
(IATIMES)

- NUMBER OF TIMES |__|__|__| **SOFT RANGE = 0-25**
- HARD RANGE = 0-100**
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE: IF IA3=1, USE FIRST DISPLAY IN IA4. ELSE USE SECOND DISPLAY.

IA4. {The last time {you/ NAME OF PARTICIPANT} called {AGENCY NAME} /When {you/ NAME OF PARTICIPANT}) called the {AGENCY NAME}}, did {you/s(he)} get a busy signal?
(IABUSY)

- YES 1
- NO..... 2 ↑(GO TO IA5)
- REFUSED.....-7 ° (GO TO IA5)
- DON'T KNOW.....-8 →(GO TO IA5)

PROGRAMMER NOTE: IF IA3=1, ADD DISPLAY IN IA4A: "The last time {you/ NAME OF PARTICIPANT} called {AGENCY NAME}" BEFORE QUESTION .

IA4a. How many times did {you/ NAME OF PARTICIPANT } call before getting through?
(IAGTHRU)

- NUMBER OF TIMES |__|__| **SOFT RANGE = 0-5**
HARD RANGE = 0-25
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE: IF IA3=1, ADD DISPLAY IN IA5: "The last time {you/ NAME OF PARTICIPANT} called {AGENCY NAME}" BEFORE QUESTION .

FENCEPOST

IA5. How quickly was {your/ NAME OF PARTICIPANT's} call answered? Would {you/ NAME OF PARTICIPANT } say...
(IAQUICK)

- Immediately, after 1 ring or 2 rings; 1
- Quickly, less than 5 rings;..... 2
- After a little while, 5-15 rings; or 3
- Had to wait a long time, more than 15 rings?..... 4
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE: IF IA3=1, ADD DISPLAY IN IA6: "The last time you called {AGENCY NAME}" BEFORE QUESTION .

IA6. Was the phone answered by voice mail or a person?

(IAVMPER)

VOICE MAIL 1 } (GO TO IA6A)
 PERSON 2 (GO TO IAINTRO2)
 REFUSED -7 } (GO TO IAINTRO2)
 DON'T KNOW -8 } (GO TO IAINTRO2)

IA6A. How well did {you/ NAME OF PARTICIPANT } understand the voice mail instructions?
 Would {you/s(he)} say...

(IAUNSTD)

Very well, 1
 Somewhat well, 2
 Only a little, or 3
 Not at all? 4
 REFUSED -7
 DON'T KNOW -8

IA6B. Did someone call {you/ NAME OF PARTICIPANT } back?

(IACLBAK)

YES 1 (GO TO IA6C)
 NO 2 ↑(GO TO IA6D)
 REFUSED -7 ° (GO TO IA6D)
 DON'T KNOW -8 →(GO TO IA6D)

IA6C. When did they call {you/ NAME OF PARTICIPANT } back? Would {you/s(he)} say...
(IAWHNBK)

Within the hour,1 (GO TO IAINTRO2)
 In the same day,2 (GO TO IAINTRO2)
 In the same week, or3 (GO TO IAINTRO2)
 More than a week later?.....4 (GO TO IAINTRO2)
 REFUSED.....-7 (GO TO IAINTRO2)
 DON'T KNOW.....-8 (GO TO IAINTRO2)

IA6D. Did {you/ NAME OF PARTICIPANT } call them back?
(IAUCLBK)

YES 1
 NO..... 2 ↑ (GO TO IA13)
 REFUSED.....-7 ° (GO TO IA13)
 DON'T KNOW.....-8 →(GO TO IA13)

IA6E. Did {you/s(he)} speak with a person when {you/s(he)} called back?
(IASKPER)

YES 1
 NO..... 2 ↑(GO TO IA13)
 REFUSED.....-7 ° (GO TO IA13)
 DON'T KNOW.....-8 →(GO TO IA13)

FENCEPOST

IAINTRO2. Now I have a few questions about the person {you/NAME OF PARTICIPANT }
spoke to at the {AGENCY'S NAME}.

IA7. Overall, did the person listen carefully to what {you/ NAME OF PARTICIPANT} } wanted?
Would {you/s(he)} say...
(IALSTN)

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

IA8. Overall, did the person understand what {you/ NAME OF PARTICIPANT } wanted?
 Would {you/s(he)} say...
(IAWANT)

- 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

IA9. Did the person explain things to {you/ NAME OF PARTICIPANT } in a way {you/s(he)} could understand? Would {you/ NAME OF PARTICIPANT } say...
(IAEXPLN)

- 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

IA10. Did {you/ NAME OF PARTICIPANT } experience any of the following communication problems?
(IAPRB01 TO IAPRB04 AND IAPRBOS)

| | YES | NO | DK | RF | N/A |
|--|-----|----|----|----|-----|
| 1 Language problem? | 1 | 2 | -7 | -8 | -9 |
| 2. Hearing problem? | 1 | 2 | -7 | -8 | -9 |
| 3. Operator needed to speak louder and slower? | 1 | 2 | -7 | -8 | -9 |
| 4. Operator needed to listen more? | 1 | 2 | -7 | -8 | -9 |
| 91. Any other problems? (SPECIFY) | 1 | 2 | -7 | -8 | -9 |

FENCEPOST

IAINTRO3. Next, I have a few questions about {your/ NAME OF PARTICIPANT's} overall experience with the {AGENCY NAME}.

IA11. Overall, did {you/ NAME OF PARTICIPANT } receive the information from { AGENCY NAME} that {you were/ NAME OF PARTICIPANT was} looking for? Would {you/s(he)} say...

(IARECIN)

- 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

IA12. {Do you/does NAME OF PARTICIPANT } expect that the information {you/ NAME OF PARTICIPANT} received from { AGENCY NAME} will be helpful in resolving the issue {you/s(he)} called about? Would {you/ NAME OF PARTICIPANT } say...

(IAINFHP)

- 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

IA13. Overall, how satisfied {were you/was NAME OF PARTICIPANT } with the way {your/ NAME OF PARTICIPANT's} call was handled? Would {you/s(he)} say...

(IASATIS)

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

IA14. Would {you/ NAME OF PARTICIPANT } recommend this service to a friend or colleague who needs the kind of information and assistance {you/ NAME OF PARTICIPANT } did? Would you/s(he) say...
(IARCSVC)

- 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

FENCEPOST

PROGRAMMER NOTE: IF QIA15 IS NONE (1) SKIP TO QIA16. ELSE CONTINUE TO ALLOW RESPONSES UP TO 9. DO NOT ACCEPT NONE (1) IF RESPONDENT CHOOSES ANY OTHER RESPONSE (S).

IA15. {Do you/does NAME OF PARTICIPANT } have any recommendations on how to make the (AGENCY NAME) better? (PROBE: Any other reason?) [**CODE ALL THAT APPLY. CTRL/P TO EXIT**]
(IABETR [1]-[10] IABETR01-IABETR10 AND IABETROS)

- NONE 0 } (GO TO IA16
- INCREASE THE HOURS THE SERVICE IS AVAILABLE..... 1
- REDUCE THE WAITING TIME TO SPEAK TO SOMEONE 2
- ELIMINATE VOICE MAIL SYSTEM/HAVE PERSON ANSWER THE PHONE 3
- GET MORE KNOWLEDGEABLE PERSONS TO ANSWER THE PHONE..... 4
- TRY TO ANSWER ALL THE QUESTIONS ON THE FIRST CALL5
- BE MORE TIMELY IN RETURNING PHONE CALLS 6
- BETTER ADVERTISING OF SERVICES..... 7
- REDUCE THE WAIT TIME ON SERVICES 8
- OTHER 91
- (SPECIFY) _____
- REFUSED-7
- DON'T KNOW-8

FENCEPOST

IA16. {Were you/was NAME OF PARTICIPANT } referred to any other places to call?
(IARFPL)

YES..... 1
 NO..... 2 ↑(GO TO IA17)
 REFUSED.....-7 ° (GO TO IA17)
 DON'T KNOW.....-8 →(GO TO IA17)

IA16A. Did {you/ s NAME OF PARTICIPANT } contact any of them?
(IACNTC)

YES..... 1 } (GO TO IA16C)
 NO..... 2
 REFUSED.....-7 (GO TO IA16C)
 DON'T KNOW.....-8 (GO TO IA16C)

IA16B. May I ask why {you/ NAME OF PARTICIPANT } did not contact them?...
(IANOCT)

HAVEN'T HAD A CHANCE TO YET 1 ↑ (GO TO IA17)
 I TRIED TO, BUT HAVEN'T HEARD
 FROM THEM YET 2 . (GO TO IA17)
 THEY CALLED AND LEFT A MESSAGE, BUT . (GO TO IA17)
 I HAVEN'T CALLED THEM BACK YET 3 ° (GO TO IA17)
 I GOT HELP FROM SOMEWHERE ELSE..... 4 . (GO TO IA17)
 OTHER91 . (GO TO IA17)
 (SPECIFY) _____ . (GO TO IA17)
 REFUSED.....-7 . (GO TO IA17)
 DON'T KNOW.....-8 →(GO TO IA17)

Programmer Note:

If IA1 C is YES (1), IA16C should read "Did your client start receiving services from any of the places your client was referred to?"

IA16C. Did {you/ NAME OF PARTICIPANT } start receiving services from any of the places {you were/ NAME OF PARTICIPANT was} referred to?
(IASTART)

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

IA17. {Have you/has NAME OF PARTICIPANT } made any other calls besides the referrals to get the information or help {you/s(he)} needed?
(IAOTHCL)

- YES..... 1
- NO..... 2 ↑(GO TO IA18)
- REFUSED.....-7 ° (GO TO IA18)
- DON'T KNOW.....-8 →(GO TO IA18)

IA17A. Did {you/ NAME OF PARTICIPANT } get the information or help {you/s(he)} needed?
(IAINFND)

- YES..... 1
- NO..... 2 ↑(GO TO IA18)
- REFUSED.....-7 ° (GO TO IA18)
- DON'T KNOW.....-8 →(GO TO IA18)

IA17B. About how many calls did {you/ NAME OF PARTICIPANT s(he)} have to make before {you/s(he)} got the information or help {you/ NAME OF PARTICIPANT } needed?
(IACLSMK)

- NUMBER OF CALLS..... |__|__| **SOFT RANGE = 0-5**
HARD RANGE = 0-25
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE-IF QIA1 - 3 IS 1, GO TO QIA18.
IF QIA1 - 1, 2, OR 4 IS 1 (YES), OR -7 OR -8, GO TO MODULE 4.

IA18.What type of service provider {are you/is (GO TO IA18)}?
 }? {Do you/does (GO TO IA18)} work for...
(IAPVTYP, IAPVTPOS)

- A hospital,..... 1
- Long-term care,..... 2
- Social service agency, or 3
- Something else?91
 (SPECIFY) _____
- REFUSED.....-7
- DON'T KNOW.....-8

FENCEPOST
GO TO CLOSE1.

MODULE 1: Physical Functioning Survey (Version: March 1, 2000)

NOTE: THIS MODULE IS FOR NEW AND EXISTING HOME DELIVERED MEALS, TRANSPORTATION, AND HOME CARE.

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "DO YOU" OR "HAVE YOU") INTO QUESTIONS. IF PROXY, DISPLAY 2ND PERSON TENSE (E.G., "DOES S(HE)" OR "HAS S(HE)") WHERE INDICATED IN MODULE 1.

PFINTRO. Now we would like to find out a little bit more about {you/ NAME OF PARTICIPANT }.

PF1. {Do you/does NAME OF PARTICIPANT } have difficulty getting around inside the home?
(**PFDFIN**)

YES..... 1
 NO..... 2 ↑(GO TO QPF2)
 REFUSED.....-7 ° (GO TO QPF2)
 DON'T KNOW.....-8 →(GO TO QPF2)

PF1B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(**PFDFINB**)

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

FENCEPOST

PF2. {Do you/ does NAME OF PARTICIPANT } have difficulty going outside the home, for example to shop or visit a doctor's office?
(**PFDFOU**)

YES..... 1
 NO..... 2 ↑ (GO TO QPF3)
 REFUSED.....-7 ° (GO TO QPF3)
 DON'T KNOW.....-8 →(GO TO QPF3)

PF2B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?

(PFDFOUB)

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

FENCEPOST

PF3. {Do you/does NAME OF PARTICIPANT } have difficulty getting in or out of bed or a chair?

(PFBED)

YES 1
 NO..... 2 ↑(GO TO QPF4)
 REFUSED.....-7 ° (GO TO QPF4)
 DON'T KNOW.....-8 →(GO TO QPF4)

PF3B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?

(PFBEDB)

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

FENCEPOST

PF4. {Do you/does NAME OF PARTICIPANT } have difficulty when taking a bath or shower?

(PFBATH)

YES 1
 NO..... 2 ↑(GO TO QPF5)
 REFUSED.....-7 ° (GO TO QPF5)
 DON'T KNOW.....-8 →(GO TO QPF5)

PF4B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?

(PFBATHB)

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

FENCEPOST

PF5. {Do you/does NAME OF PARTICIPANT } have difficulty when dressing and undressing?
(PFDRES)

YES 1
 NO..... 2 ↑ (GO TO QPF6)
 REFUSED.....-7 ° (GO TO QPF6)
 DON'T KNOW.....-8 →(GO TO QPF6)

PF5B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFDRESB)

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

FENCEPOST

PF6. {Do you/does NAME OF PARTICIPANT } have difficulty when walking?
(PFWALK)

YES 1
 NO..... 2 ↑(GO TO QPF7)
 REFUSED.....-7 ° (GO TO QPF7)
 DON'T KNOW.....-8 →(GO TO QPF7)

PF6B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFWALKB)

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

FENCEPOST

PF7. {Do you/does NAME OF PARTICIPANT } have difficulty eating?
(PFEAT)

YES 1
 NO..... 2 ↑ (GO TO QPF8)
 REFUSED.....-7 ° (GO TO QPF8)
 DON'T KNOW.....-8 →(GO TO QPF8)

PF7B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFEATB)

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

FENCEPOST

PF8. {Do you/does NAME OF PARTICIPANT } have difficulty using the toilet or getting to the toilet?
(PFWC)

YES 1
 NO..... 2 ↑ (GO TO QPF9)
 REFUSED.....-7 ° (GO TO QPF9)
 DON'T KNOW.....-8 →(GO TO QPF9)

PF8B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFWCB)

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

FENCEPOST

PF9. Can {you/ NAME OF PARTICIPANT } handle {your/his/her} own money?
(PFDLR)

YES 1 } (GO TO PF10)
 NO.....2 (GO TO PF9B)
 REFUSED.....-7 } (GO TO PF10)
 DON'T KNOW.....-8 } (GO TO PF10)

PF9B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFDLRB)

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

FENCEPOST

PF10. Can {you/ NAME OF PARTICIPANT } prepare {your/his/her} own meals?
(PFMEAL)

YES..... 1 } (GO TO PF11)
 NO..... 2 } (GO TO PF10B)
 REFUSED.....-7 } (GO TO PF11)
 DON'T KNOW.....-8 } (GO TO PF11)

PF10B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFMEALB)

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

FENCEPOST

PF11. Can {you/ NAME OF PARTICIPANT } do {your/his/her} own housework?
(PFCLN)

YES..... 1 } (GO TO PF12)
 NO.....2 (GO TO PF11B)
 REFUSED.....-7 } (GO TO PF12)
 DON'T KNOW.....-8 } (GO TO PF12)

PF11B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFCLNB)

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

FENCEPOST

PF12. Can {you/ NAME OF PARTICIPANT } take {your/his/her} own medicine?
(PFTKDG)

YES..... 1 } (GO TO PF13)
 NO.....2 (GO TO PF12B)
 REFUSED.....-7 } (GO TO PF13)
 DON'T KNOW.....-8 } (GO TO PF13)

PF12B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFTKDGB)

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

FENCEPOST

PROGRAMMER NOTE: ASK PF13 ONLY IF PROXY OR INTERPRETER INTERVIEW. IF RESPONDENT ON PHONE, DO NOT ASK.

PF13. Can {you/ NAME OF PARTICIPANT } use the telephone?
(PFFONE)

YES 1 } (GO TO PF14)
 NO.....2 (GO TO PF13B)
 REFUSED.....-7 } (GO TO PF14)
 DON'T KNOW.....-8 } (GO TO PF14)

PF13B. {Do you/does NAME OF PARTICIPANT } sometimes or usually need the help of another person to perform this activity?
(PFFONEB)

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

PF14. Can {you/ NAME OF PARTICIPANT } drive an automobile?
(PFDRIVE)

YES 1 ↑(GO TO MODULE 2)
 NO..... 2 ° (GO TO MODULE 2)
 REFUSED.....-7 .(GO TO MODULE 2)
 DON'T KNOW.....-8 →(GO TO MODULE 2)

FENCEPOST

PROGRAMMER NOTE: GO TO MODULE 2

MODULE 2: Emotional Well-Being Survey (Version: March 1, 2000)

NOTE: THIS MODULE IS FOR NEW AND EXISTING HOME DELIVERED MEALS, CONGREGATE MEALS, HOME CARE AND TRANSPORTATION RESPONDENTS AND ALL FROM MODULE 1.

PROGRAMMER NOTE-DO NOT DISPLAY EWINTRO IF RESPONDENT WAS GIVEN MODULE 1. GO TO EW1.

EWINTRO. Now, we would like to find out a little bit more about {you/ NAME OF PARTICIPANT }.

EW1. During the past 30 days, for about how many days {have you/has NAME OF PARTICIPANT } felt sad, blue, or depressed?
(EWSAD)

[IF NONE, ENTER 0 (ZERO)]

NUMBER OF DAYS |__|__| RANGE = 0-30
REFUSED.....-7
DON'T KNOW.....-8

EW2. During the past 30 days, for about how many days {have you/has NAME OF PARTICIPANT } felt worried, tense, or anxious?
(EWTENSE)

[IF NONE, ENTER 0 (ZERO)]

NUMBER OF DAYS |__|__| RANGE = 0-30
REFUSED.....-7
DON'T KNOW.....-8

EW3. During the past 30 days, for about how many days {have you/has NAME OF PARTICIPANT } felt {you/s(he)} did not get enough rest or sleep?
(EWSLEEP)

[IF NONE, ENTER 0 (ZERO)]

NUMBER OF DAYS |__|__| RANGE = 0-30
REFUSED.....-7
DON'T KNOW.....-8

EW4. In general, how would {you/ NAME OF PARTICIPANT } describe {your/his/her} mental health or emotional well-being? Would {you/ NAME OF PARTICIPANT } say...
(EWEWB)

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

PROGRAMMER NOTE: GO TO MODULE 3

MODULE 3: Social Functioning Survey-Short Form (From Version: March 15, 2000)

NOTE: THIS MODULE IS FOR NEW AND EXISTING HOME DELIVERED MEALS, CONGREGATE MEALS, HOME CARE AND TRANSPORTATION RESPONDENTS AND ALL FROM MODULE 2.

PROGRAMMER NOTE: FOR SF1-9, SOFT RANGE = 0-14. HARD RANGE = 0-50.

| SFINTRO. We are interested in the activities {you/ NAME OF PARTICIPANT } participated in during the past two weeks. Please answer each question by telling me the number of times {you/ NAME OF PARTICIPANT} performed the activity. If {you/s(he)} did not perform the activity, please say "None" [INTERVIEWER NOTE: RECORD A ZERO-0- FOR NONE.] | | | | |
|--|----------------------------|-----------|-----------|------------|
| ACTIVITY (SFACT01 TO SFACT09) | NUMBER OF TIMES | RF | DK | N/A |
| SF1. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } get together socially with friends or neighbors? | | -7 | -8 | -9 |
| SF2. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } talk with friends or neighbors on the telephone? | | -7 | -8 | -9 |
| SF3. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } get together with any relatives, not including those living with {you/her/him}? | | -7 | -8 | -9 |
| SF4. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } talk with any relatives on the telephone, not including those living with {you/her/him}? | | -7 | -8 | -9 |
| SF5. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } go to church, temple, or another place of worship for other activities? | | -7 | -8 | -9 |
| SF6. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } go to a show or a movie, sports event, club meeting, class, or other group event? | | -7 | -8 | -9 |
| SF7. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } go out to eat at a restaurant? | | -7 | -8 | -9 |
| SF8. During the past two weeks, how many times did {you/ NAME OF PARTICIPANT } send or receive personal mail with someone? | | -7 | -8 | -9 |
| SF9. <u>How many days</u> in the past two weeks did {you/ NAME OF PARTICIPANT } leave {your/her/his} home for any reason? | | -7 | -8 | -9 |

FENCEPOST

SF10. Regarding {your/ NAME OF PARTICIPANT's} present social activities, {do you/does NAME OF PARTICIPANT } 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

SF11. 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/ NAME OF PARTICIPANT } 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

| | |
|--|---|
| PROGRAMMER NOTE: FOR SERVICE OR PROGRAM NAME, ENTER FROM SAMPLE FILE: | |
| IF TYPE OF SERVICE: | ENTER FROM SAMPLE FILE: |
| HOME DELIVERED MEALS | NAME OF AGENCY AND HOME DELIVERED MEALS PROVIDER IF ON SAMPLE FILE |
| CONGREGATE MEALS | NAME OF AGENCY AND CONGREGATE MEALS PROVIDER, IF ON SAMPLE FILE |
| HOMEMAKER | NAME OF AGENCY, AND PROVIDER NAME IF ON SAMPLE FILE |
| HOME HEALTH AIDE | NAME OF AGENCY, AND PROVIDER NAME IF ON SAMPLE FILE |
| TRANSPORTATION | NAME OF AGENCY, AND PROVIDER NAME IF ON SAMPLE FILE |

SF12. Have {your/ NAME OF PARTICIPANT's} social opportunities increased since {you/s(he)} became involved with activities provided by {SERVICE OR PROGRAM NAME?}
(SFMORE)

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

FENCEPOST

PROGRAMMER NOTE: GO TO MODULE 4

MODULE 4: Demographic Intake Form (Version: August 15, 2000)

NOTE: THIS MODULE IS FOR CAREGIVERS, INFORMATION AND ASSISTANCE, AND ALL FROM MODULE 3.

DEINTRO. We are interested in knowing more about the characteristics of our respondents. This information will be kept confidential.

DE1. Where is {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER's} residence located? Would {you/ NAME OF PARTICIPANT/NAME OF CAREGIVER } say it is in...
(DELOC)

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

DE2. What is {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER's} home zip code?
(DEZIP)

HOME ZIP CODE.....|_|_|_|_|_|_|_|_|_|
 REFUSED.....-7
 DON'T KNOW.....-8

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 [includes Business school and vocational or technical
 school], or 3
 College degree?..... 4
 REFUSED.....-7
 DON'T KNOW.....-8

DE4. {Are you/is NAME OF PARTICIPANT/NAME OF CAREGIVER} of Hispanic origin?
(DEHISP)

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

DE5. What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} race? Would

{you/s(he)} say...(PROBE: Anything else?) (CODE ALL THAT APPLY UP TO 5 RESPONSES. CTRL/P TO EXIT)
(DE5ARRAY [1]-[6], DERAC01-DERAC06 AND DERAC0S)

- White,..... 1
- Black or African-American,..... 2
- Asian, 3
- American Indian or Alaskan Native, or ... 4
- Native Hawaiian or Pacific Islander? 5
- OTHER91
- (SPECIFY) _____
- REFUSED.....-7
- DON'T KNOW.....-8

DE6. 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

PROGRAMMER NOTE: PRE-LOAD DATE OF BIRTH FROM SAMPLE FILE. IF NOT AVAILABLE, GO TO DE7UPDATE.

DE7. 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 DE8)
- NO..... 2
- REFUSED.....-7
- DON'T KNOW.....-8

DE7UPDATE. What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} date of birth?
(DEBMM, DEBDD, DEBYYYY)

_____/_____/_____
 MM DD YYYY

FENCEPOST

DE8. Which of the following describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} living arrangements? {Are you/IS NAME OF PARTICIPANT/NAME OF CAREGIVER}...

PROGRAMMER NOTE: IF RESPONDENT ANSWERS 1 (Living Alone) SKIP TO DE9.

[PROBE: Anything else?] CODE ALL THAT APPLY.
(DELVHOW [1]-[4], DELVH01-DELVH04)

- Living alone, 1 SKIP TO DE9
- Living with spouse,..... 2
- Living with others, or 3
- Living with parents? 4
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMER NOTE: SOFT RANGE FOR DE8A IS 1 TO 10; HARD RANGE 1-20. IF DE8 IS 1-Living Alone, AUTOCODE DE8A AS 1.

DE8A: How many family members are living in {your/NAME OF PARTICIPANT'S} household, including {yourself/himself/herself}?
(DEHHM)

- NUMBER OF FAMILY MEMBERS |__|__|
- REFUSED.....-7
- DON'T KNOW.....-8

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

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

DE10. What was {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} combined family income during the past 12 months, including money from jobs, social security, retirement income, and public assistance? Would {you/s(he)} say...
(DEINCOM)

| | |
|------------------------------|----|
| Under \$10,000,..... | 1 |
| \$10,000-\$14,999, | 2 |
| \$15,000 - \$19,999, | 3 |
| \$20,000 - \$24,999, | 4 |
| \$25,000 - \$29,999, | 5 |
| \$30,000-\$34,999, | 6 |
| \$35,000 - \$39,999, or..... | 7 |
| \$40,000 or more? | 8 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

FENCEPOST
CLOSE1

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

Just a moment while I check to see if I have any other questions for {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER's} household.