

**2004
SECOND 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
D1	IF THIS IS A PROXY INTERVIEW (RESP.TALKWHO = CG2, PM2, PC2, PH2, PI2, PT2)	"PROXY FOR"
	ELSE IF THIS IS AN INTERPRETER INTERVIEW (RESP.TALKWHO = CG3, PM3, PC3, PH3, PI3, PT3)	"INTERPRETER/TRANSLATOR FOR"
	ELSE IF THIS IS A SUBJECT INTERVIEW (RESP.TALKWHO = CG1, PM1, PC1, PH1, PI1, PT1)	BLANK
D2	IF THIS IS A CAREGIVER INTERVIEW (RESP.TALKWHO = CG1, CG2, OR CG3)	"CAREGIVER:"
	ELSE IF THIS IS A PARTICIPANT INTERVIEW (RESP.TALKWHO = PM1, PM2, PM3, PC1, PC2, PC3, PH1, PH2, PH3, PI1, PI2, PI3, PT1, PT2, PT3)	"PARTICIPANT:"
D3	ALL	"{RESP.TALKFNAM MNAM LNAM}"

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 persons:

- Participant
- Caregiver
- Interpreter/translator
- Proxy

AGENCY NAME

TYPE OF SERVICE:

- Caregiver
- 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 PHONE 2
 - PROXY ON THE PHONE 3

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 HCSTM-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 CGINTRIPOINT.

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

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

IF TYPE OF SERVICE = HOMEMAKER, GO TO HCSTM-HM IntroINT.

IF TYPE OF SERVICE = Information and Assistance/ Referral, GO TO IAINTROPOINT.

IF TYPE OF SERVICE =TRANSPORTATION, GO TO TRINTROPOINT.

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 HCSTM-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 13, 2003)

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 to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

GO TO 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 to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

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 to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by your decision to participate nor by any answers you give.

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

PROGRAMMER NOTE: If proxy will not do interview, continue with **NRALTCON**. Otherwise go to **NRSERVERF**.

NRALTCO. 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
REFUSED -7
DON'T KNOW -8

IF NO: Thank you, we will check with the agency and may be calling you again in the next few days. (CODE PROBLEM)

PROGRAMMER NOTE: If participant or interpreter/translator, display first person tense (e.g., “do you” or “have you”) in questions. If proxy, display second person tense (e.g., “does s(he)” or “has s(he)”) where indicated.

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

HNR1. Where did {you/NAME OF PARTICIPANT} first hear of the home-delivered meals program? Would {you/s/he} say {you/s/he} heard about the program from...

(HMHEAR)

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

HNR 2. How often does someone deliver meals to {your/his/her} home? Would {you/s/he} say...

(HMATTEND)

Once a month or less.....	1
2 to 3 times a month	2
1 to 2 times a week.....	3
3 to 4 times a week.....	4
5 times a week, or.....	5
More than 5 times a week	6
ONLY GOT THE MEAL ONCE.....	7
REFUSED.....	-7
DON'T KNOW.....	-8

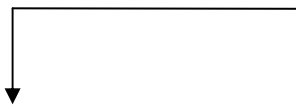
HNR2A. When the meals are delivered, how many meals {do you/does s/he} receive at a time? Would {you/s/he} say:

(HMATTENA)

1 meal.....	1
2 meals	2
3 meals	3
More than 3 meals.....	4
REFUSED.....	-7
DON'T KNOW	-8

HNR3. Would {you/s(he)} like to participate more?
(HMMORE)

NO 1 GO TO HNR 4
 YES..... 2 GO TO HNR 3A
 REFUSED.....-7 GO TO HNR 4
 DON'T KNOW-8 GO TO HNR 4



HNR 3a. Why {don't you/doesn't s/he} participate more?

		<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
(HMOFTEN)	Meals not offered more often?	1	2	-7	-8
(HMMONEY)	Financial reasons?	1	2	-7	-8
(HMKNOW)	Don't want neighbors to know {you are/s(he) is} receiving home delivered meals?	1	2	-7	-8
(HMDIET)	{You/s(he)} can't get {your/his/her} special diet?	1	2	-7	-8
(HMDNTKN W)	Didn't know I could (From Other Specify responses)	1	2	-7	-8
(HMNOTEL)	Not eligible (From other Specify responses)	1	2	-7	-8
(HMOTHER)	Any other reason? (PLEASE SPECIFY) _____	1	2	-7	-8

HNR4. How would {you/NAME OF PARTICIPANT} rate the home-delivered meals program overall?
Would {you/s(he)} say...

(HMRATE)

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

HNRINTRO2. The following questions are about {your/NAME OF PARTICIPANT'S} eating habits.

HNR 5. About how many meals {do you/does s/he} eat every day?

(HMMEALS)

1 MEAL..... 1
2 MEALS..... 2
3 MEALS..... 3
MORE THAN 3 MEALS..... 4
REFUSED.....-7
DON'T KNOW-8

PROGRAMMER NOTE (FOR HNR5A and CNR5A): RESPONSE TO 5A CAN NOT EXCEED NUMBER OF MEALS IN 5. IF RESPONDENT DOES GIVE ANSWER THAT EXCEEDS 5, HAVE CATI PROMPT, "You just told me you only eat {INSERT RESPONSE FROM 5} each day." IF RESPONDENT INSISTS AGAIN, ACCEPT ANSWER.

HNR5A. How many of these are from the meal program?

(HMMEALSA)

1 MEAL..... 1
2 MEALS..... 2
3 MEALS..... 3
MORE THAN 3 MEALS..... 4
REFUSED.....-7
DON'T KNOW-8

HNR 6. How many servings of fruit {do you/does NAME OF PARTICIPANT} usually eat every day?

(IF NEEDED:: One serving = 1 piece; ½ 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
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/
ONCE IN AWHILE) 4
REFUSED.....-7
DON'T KNOW.....-8

HNR 7. When {you eat/s/he eats} the home-delivered meal, {do you/does s(he)} usually eat the fruit that is provided?

(HMEATFRT)

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

HNR 8. How many servings of vegetables {do you/does NAME OF PARTICIPANT} usually eat every day?
 (IF NEEDED: One serving =1 cup raw leafy greens; ½ cup cooked or chopped raw vegetables; or ¾ cup juice)

(HMVEGS)

0 SERVINGS	0
1 SERVING.....	1
2 SERVINGS	2
3 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

HNR 9. When {you eat/s/he eats} the home-delivered meal, {do you/does s/he} usually eat the vegetables that are provided?

(HMEATVEG)

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

HNR 10. How many servings of bread, rice, pasta, noodles, and tortillas {do you/does NAME OF PARTICIPANT} usually eat every day? (IF NEEDED: One serving = 1 piece bread or tortilla; or ½ cup cereal, rice, pasta, noodles).

(HMBREAD)

0 SERVINGS	0
1 – 2 SERVINGS	1
3 - 5 SERVINGS	2
6 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/ MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

HNR 11. When {you eat/s(he) eats} the home-delivered meal, {do you/does s(he)} usually eat the bread, rice, pasta, noodles, or tortillas that are provided?

(HMEATBRD)

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

HNR 12. How many servings of milk, cheese, yogurt, and calcium rich soy products {do you/does NAME OF PARTICIPANT} usually eat every day? (IF NEEDED: One serving = 1 cup milk or yogurt; or 1 piece or slice of cheese).

(HMDAIRY)

0 SERVINGS	0
1 SERVING.....	1
2 SERVINGS	2
3 OR MORE SERVINGS.....	3
LESS THAN DAILY (I.E., ONCE A WEEK/MONTH/ ONCE IN AWHILE, ETC).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

HNR 13. When {you eat/s(he) eats} the home-delivered meal, {do you/does s/he} usually eat or drink the milk, cheese, yogurt, or calcium rich soy products that are provided?

(HMEATDAR)

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

HNR 14. How many servings of meat, chicken, fish, and eggs {do you/does NAME OF PARTICIPANT} usually eat every day?

(HMMEAT)

0 SERVINGS	0
1 SERVING.....	1
2 SERVINGS	2
3 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

HNR 15. When {you eat/s(he) eats} the home-delivered meal, {do you/does s(he)} usually eat the meat, chicken, fish, or eggs that are provided?

(HMEATMET)

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

HNR 16. How many servings of nuts, soy products, and beans such as baked beans, pintos, kidney beans, lima beans, soybeans, or black-eyed peas {do you/does NAME OF PARTICIPANT } usually eat every day?

(HMBEANS)

0 SERVINGS	0
1 SERVING.....	1
2 SERVINGS	2
3 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

HNR 17. When {you eat/ s/he eats} the home-delivered meal, {do you/does s/he} usually eat nuts, soy products, or beans if they are provided?

(HMEATBNS)

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

HNR 18. Think about all the water or other nonalcoholic fluids {you usually drink/NAME OF PARTICIPANT usually drinks}. How many glasses {do you/does s/he} usually drink per day?

(HMWATER)

0 GLASSES	0
1 - 4 GLASSES.....	1
5 – 7 GLASSES	2
8 OR MORE GLASSES.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

HNR 19. Think about the amount of food {you eat/s/he eats} from the home-delivered meal. On the days {you eat/NAME OF PARTICIPANT eats} a home-delivered meal, what portion of all the foods {you eat/s/he eats} in a day does this meal represent? Would {you/s/he} say...

(HMPORTN)

1. one-third or less,	
2. one-half to two-thirds, or	
3. more than two-thirds.	
91. OTHER	
REFUSED.....	-7
DON'T KNOW	-8

HNR 20. {Do you receive/Does NAME OF PARTICIPANT receive}
(HMRECEIV)

[INTERVIEWER NOTE: HOT MEALS SOMETIMES INCLUDE A COLD SANDWICH FOR DINNER. LIQUID NUTRITION IS ENSURE, ETC.]

Hot meals only 1
Frozen meals or liquid nutritional supplement only
(INTERVIEWER NOTE:
INCLUDES ANY MEAL THAT NEEDS TO BE HEATED)..... 2
Both hot meals and frozen meals or liquid supplement..... 3
REFUSED..... -7
DON'T KNOW..... -8

PROGRAMMER NOTE: If HNR 20 is 2, skip to HNR 2. Display: Now think about the foods {DISPLAY G17} from the Home Delivered Meals Program.

How satisfied {DISPLAY G4} with the variety of foods?

Would {DISPLAY G6} say...

1. very satisfied,
2. somewhat satisfied,
3. not too satisfied, or
4. not at all satisfied?

This screen will be shown if and only if EXTD.HMRECEIV (HNR20) = 2, otherwise they will get the shortened version HNR25.

HNRINTRO3. Now think about the foods {you receive/NAME OF PARTICIPANT receives} from the home-delivered meal program.

	How satisfied {are you/is s/he}.....	Very Satisfied	Somewhat Satisfied	Not Too Satisfied	Not At All Satisfied	RF	DK
HNR21. (HMTASTES)	with the way the food tastes? Would {you/NAME OF PARTICIPANT} say.....	1	2	3	4	-7	-8
HNR22. (HMSELLS)	with the way the food smells? Would {you/NAME OF PARTICIPANT} say.....	1	2	3	4	-7	-8
HNR23. (HMTEMP)	that the hot foods are hot and the cold foods are cold? [IF NEEDED:Would {you/NAME OF PARTICIPANT} say]	1	2	3	4	-7	-8
HNR24. (HMLOOKS)	with the way the food looks? [IF NEEDED:Would {you/NAME OF PARTICIPANT} say]	1	2	3	4	-7	-8
HNR25. (HMVARIETY)	with the variety of foods? [IF NEEDED:Would {you/NAME OF PARTICIPANT} say]	1	2	3	4	-7	-8

HNR 26. How often would {you/s/he} say that {your/her/his} meals arrive about the time {you expect/s/he expects} them to? Would {you/s(he)} say...

(HMONTIME)

- All the time 1
- Almost all the time 2
- Some of the time 3
- Almost never, or 4
- Never 5
- DOES NOT APPLY 6
- REFUSED.....-7
- DON'T KNOW-8

HNRINTRO4. The next questions ask about {your/ NAME OF PARTICIPANT'S} participation in the home-delivered meal program.

		Yes, definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not	Does not apply	RF	DK
HNR27. (HMBALANC)	As a result of participating in this home-delivered meal program, would {you/NAME OF PARTICIPANT} say: {You eat/S/He eats} more balanced meals. Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8
HNR28. (HMSPEC DT)	It is easier to keep the special diet that is prescribed by {your/his/her} doctor or dietitian. Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8
HNR29. (HMSLT FAT)	{You are/NAME OF PARTICIPANT is} better able to avoid high sodium, or high fat foods (IF NEEDED: Would {you/NAME OF PARTICIPANT} say].....	1	2	3	4	5	6	-7	-8
HNR30. (HMWEIGHT)	{You/S(He)} can maintain {your/his/her} weight (IF NEEDED: Would {you/NAME OF PARTICIPANT} say].....	1	2	3	4	5	6	-7	-8
HNR31. (HMFORWRD)	{You have/S(He) has} something to look forward to (IF NEEDED: Would {you/NAME OF PARTICIPANT} say].....	1	2	3	4	5	6	-7	-8
HNR32. (HMSTAYHM)	{You/NAME OF PARTICIPANT} can continue to live in {your/his/her} own home (IF NEEDED: Would {you/NAME OF PARTICIPANT} say].....	1	2	3	4	5	6	-7	-8
HNR33. (HMRECMND)	{You/S/he} would recommend this program to {your/his/her} friends, neighbors, and relatives (IF NEEDED: Would {you/NAME OF PARTICIPANT} say].....	1	2	3	4	5	6	-7	-8

PROGRAMMER NOTE FOR HNR34, HNR35 AND HNR36

**ASK HNR34A
IF YES, ASK HNR 35A
IF NO, ASK HNR36A
IF REFUSED OR DON'T KNOW, ASK HNR34B.**

**THEN GO BACK AND ASK
HNR34B
IF YES, ASK HNR35B
IF NO, ASK HNR 36B**

**THEN GO BACK AND ASK
HNR34C, ETC
IF HNR3491 IS NO, REFUSED, OR DON'T KNOW, GO TO CNR37.**

HNR34. Now I'm going to ask {you/NAME OF PARTICIPANT} about some services that might be offered by (your/his/her) Home Delivered Meal program. Does the Home Delivered Meal program offer ...

		YES	NO	REF	DK
(HMASST34)	A. Assistance in getting other services including legal help?	1	2	-7	-8
(HMNUTC34)	B. Nutrition counseling?	1	2	-7	-8
(HMTRPM34)	C. Transportation?	1	2	-7	-8
(HMSHP34)	D. Help with shopping?	1	2	-7	-8
(HMMON34)	E. Help getting benefits like food stamps and other public assistance ?	1	2	-7	-8
(HMTAX34)	F. Income tax preparation help?	1	2	-7	-8
(HMINS34)	G. Insurance counseling sometimes through a program called SHIP or State Health Insurance Program?	1	2	-7	-8
(HMHLTH34)	Health services (From Other Specify responses)	1	2	-7	-8
(HMREC34)	Recreation (From Other Specify responses)	1	2	-7	-8
(HMOS34)	(91). Some other service? (SPECIFY)	1	2	-7	-8

HNR35. {Have you/Has s(he)} used the service since {you have/s(he) has} been in the home-delivered meals program?

		YES	NO	REF	DK
(HMASST35)	A. Assistance in getting other services including legal help	1	2	-7	-8
(HMNUTC35)	B. Nutrition counseling	1	2	-7	-8
(HMTRPM35)	C. Transportation ?	1	2	-7	-8
(HMSHP35)	D. Help with shopping	1	2	-7	-8
(HMMON35)	E. Help getting benefits like food stamps and other public assistance	1	2	-7	-8
(HMTAX35)	F. Income tax preparation help	1	2	-7	-8
(HMINS35)	G. Insurance counseling sometimes through a program called SHIP or State Health Insurance Program	1	2	-7	-8
(HMHLTH35)	Health services (From Other Specify responses)	1	2	-7	-8
(HMREC35)	Recreation (From Other Specify responses)	1	2	-7	-8
(HMOS35)	(91). Some other service? (SPECIFY)	1	2	-7	-8

HNR36. Would {you/s(he)} use the service if it were offered?

		YES	NO	REF	DK
(HMASST36)	A. Assistance in getting other services including legal help	1	2	-7	-8
(HMNUTC36)	B. Nutrition counseling	1	2	-7	-8
(HMTRPM36)	C. Transportation	1	2	-7	-8
(HMSHP36)	D. Help with shopping	1	2	-7	-8
(HMMON36)	E. Help getting benefits like food stamps and other public assistance	1	2	-7	-8
(HMTAX36)	F. Income tax preparation help	1	2	-7	-8
(HMINS36)	G. Insurance counseling sometimes through a program called SHIP or State Health Insurance Program	1	2	-7	-8
(HMOS36)	(91). Some other service? (SPECIFY)	1	2	-7	-8

HNR37. {Do you/Does NAME OF PARTICIPANT} have any suggestions that would make the home-delivered meal program better?

(HMSGST)

YES..... 1 GO TO HNR37A
NO 2 GO TO INTRO BEFORE HNR 38
REFUSED.....-7 GO TO INTRO BEFORE HNR 38
DON'T KNOW-8 GO TO INTRO BEFORE HNR 38

PROGRAMMER NOTE: Accept up to 6 lines of 60 characters each in HNR37A.

HNR37a. What is {your/his/her} suggestion?

(HMSGSTCM)

HNRINTRO5. The next questions are about {you/NAME OF PARTICIPANT}.

HNR38. {Are you/Is s(he)} physically able to shop for {yourself/himself/herself}?

(HMSHOP)

YES..... 1 GO TO HNR39
NO 2 GO TO HNR38A
REFUSED.....-7 GO TO HNR439
DON'T KNOW-8 GO TO HNR439

HNR38a. {Do you/Does NAME OF PARTICIPANT} have someone who can shop for {you/him/her}?

(HMSHOPB)

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

HNR39. {Are you/Is s(he)} physically able to cook for {yourself/himself/herself}?
(HMCOOK)

YES..... 1 GO TO HNR40
NO 2 GO TO HNR39A
REFUSED.....-7 GO TO HNR40
DON'T KNOW-8 GO TO HNR40

HNR39a. {Do you/Does s/he} have someone who can cook for {you/him/her}?
(HMCOOKB)

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

HNR40. In general, would {you/NAME OF PARTICIPANT} say {your/his/her} health is
(HMRTLTH)

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

PROGRAMMER NOTE: GO TO HEALTH MODULE, QUESTION HLM1.

HEALTH MODULE

April 15, 2003

THIS MODULE IS FOR BOTH HOME-DELIVERED MEALS AND CONGREGATE MEALS CLIENTS

HLM1. During the past year, about how many different times did {you/NAME OF PARTICIPANT} stay in the hospital overnight or longer? Would {you/s/he} say
(HLMHOSP)

Never 1
1 to 2 times 2
3 to 4 times 3
5 or more times..... 4
REFUSED.....-7
DON'T KNOW-8

HLM2. During the past year, about how many times did {you/s(he)} stay in a nursing home or convalescent home? Would {you/s/he} say
(HLMNH)

- Never 1
- 1 to 2 times 2
- 3 to 4 times 3
- 5 or more times..... 4
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMER NOTE: IF HLM1 AND/OR HLM2 IS 2, 3, OR 4, ADD THE FOLLOWING TO HLM3: DO NOT COUNT THE DOCTORS {YOU/NAME OF PARTICIPANT} SAW WHILE AN OVERNIGHT PATIENT IN A HOSPITAL OR NURSING HOME.

HLM3. During the past year, about how many times did {you/NAME OF PARTICIPANT} see or talk to a medical doctor or assistant? Would {you/s/he} say
(HLMSEEDR)

- Never 1
- 1 to 6 times 2
- 7 to 11 times 3
- 12 or more times..... 4
- REFUSED.....-7
- DON'T KNOW-8

HLM4. About how many different prescription medications {do you/does s(he)} take every day?
(HLMDRUGS)

- NONE 1
- 1-3 DIFFERENT
MEDICATIONS..... 2
- 4-5 DIFFERENT
MEDICATIONS..... 3
- 6 OR MORE DIFFERENT
MEDICATIONS..... 4
- REFUSED.....-7
- DON'T KNOW-8

HLM5. How would {you/NAME OF PARTICIPANT} describe {your/her/his} appetite? Would {you/s(he)} say
(HLMAPP)

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

HLM6. {Do you/Does s(he)} ever not eat a meal because {you're/s(he) is} not hungry?
(HLMNOTET)

- YES..... 1 GO TO HLM6A
- NO 2 GO TO HLM7
- REFUSED.....-7 GO TO HLM7
- DON'T KNOW-8 GO TO HLM7

HLM6a. Why {are you/is NAME OF PARTICIPANT} not hungry? Is it because. . .
(HLMWHY01-05 AND HLMWHYOS)

	Yes	No	RF	DK
1. {You don't/S(He) doesn't} have an appetite	1	2	-7	-8
2. The food doesn't taste good	1	2	-7	-8
3. {You are/s(he) is} nauseated	1	2	-7	-8
4. {You are/NAME OF PARTICIPANT is} too sleepy	1	2	-7	-8
91. Something other reason (SPECIFY) _____	1	2	-7	-8

HLM7. During the past year, did {you/NAME OF PARTICIPANT} have enough food to eat most of the time?
(HLMENUF)

- YES..... 1
- NO 2 GO TO HLM7A
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMER NOTE: IF HOME-DELIVERED MEALS INTERVIEW, AND HLM7 IS 1, -7, OR -8, GO TO NRHCSMINTRO. IF HOME-DELIVERED MEALS OR CONGREGATE MEALS INTERVIEW, AND HLM7 IS 2, GO TO HLM7A. IF CONGREGATE MEALS INTERVIEW AND HLM7 IS 1, -7, OR -8, GO TO MODULE 2.

HLM7a. Why didn't {you/s(he)} have enough food to eat? Was it because ...
 [HLMNOF01-HLMNOF10 AND HLMNOOS]

	Yes	No	RF	DK
1. {You/S(He)} did not have enough money or food stamps	1	2	-7	-8
2. It was too hard to get to the store	1	2	-7	-8
3. {You were/ NAME OF PARTICIPANT was} on a diet	1	2	-7	-8
4. There was no working stove available	1	2	-7	-8
5. {You were/S(He) was} not able to eat because of health problems	1	2	-7	-8
6. The kinds of foods {you/s(he)} wanted were not available	1	2	-7	-8
7. Good quality food was not available	1	2	-7	-8
8. {YOU/NAME OF PARTICIPANT} had to pay rent or bills instead	1	2	-7	-8
9. {YOU/S(He)} had to purchase medicine instead	1	2	-7	-8
10. Some other reasons (Specify) _____	1	2	-7	-8

PROGRAMMER NOTE: IF HOME DELIVERED MEALS INTERVIEW, GO TO NRHCSMINTRO. IF CONGREGATE MEALS INTERVIEW GO TO MODULE 2.

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)

PROGRAMMER NOTE: IF HNR20 IS 2, SKIP NRHCSM9.

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HOME CARE SATISFACTION MEASURE: HOME-DELIVERED MEAL SERVICE		Yes, definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not	Does not apply	RF	DK
(HCSM-MS11)									
NRHCSM1.	{You are/ NAME OF PARTICIPANT is} happy with the number of meals {I receive/s(he) receives} each week.....	1	2	3	4	5	6	-7	-8
NRHCSM2.	{Your/ His/Her} meals often arrive late.....	1	2	3	4	5	6	-7	-8
NRHCSM3.	Overall, {You like/ NAME OF PARTICIPANT likes} the time of day {your/his/her} meals arrive.....	1	2	3	4	5	6	-7	-8
NRHCSM4.	Sometimes the meals fail to be delivered at all.....	1	2	3	4	5	6	-7	-8
NRHCSM5.	Generally, the service has the kind of meals {you like/ s(he) likes}.	1	2	3	4	5	6	-7	-8
NRHCSM6.	{You need/ NAME OF PARTICIPANT needs} more meals than {you get/ s(he) gets}.	1	2	3	4	5	6	-7	-8
NRHCSM7.	Most of the meals are great.....	1	2	3	4	5	6	-7	-8
NRHCSM8.	{Your/ NAME OF PARTICIPANT 's} meals come too early in the day.	1	2	3	4	5	6	-7	-8
NRHCSM9.	{Your/ His/Her} meals are cooked the way {you want/ s(he) wants} them cooked.	1	2	3	4	5	6	-7	-8
NRHCSM10.	The home delivered meal service has a poor selection of meals.	1	2	3	4	5	6	-7	-8
NRHCSM11.	Often the food is so bad {you don't/ NAME OF PARTICIPANT doesn't} eat it.....	1	2	3	4	5	6	-7	-8

FENCEPOST

PROGRAMMER NOTE: PROCEED TO MODULE 1.

**CONGREGATE MEAL CLIENTS
DRAFT 3/13/03**

CNRINTRO1. Now we are going to talk about the Congregate Meals Program {you attend/NAME OF PARTICIPANT attends} at {NAME OF PROVIDER/NAME OF AGENCY}.

CNR1. Where did {you/NAME OF PARTICIPANT} first learn about the congregate meals program? Would {you/s/he} say {you/s/he} first learned about the program from...

(CMHEAR)

- Family 1
- Friends..... 2
- Physician 3
- Community organization..... 4
- Media 5
- Social worker or case manager 6
- Hospital..... 7
- State or local office for the aging, or..... 8
- Some other source (PLEASE SPECIFY)_____ 91
- REFUSED..... -7
- DON'T KNOW..... -8

CNR2. How often {do you/does NAME OF PARTICIPANT} attend the congregate meals program? Would {you/s/he} say

(CMATTEND)

- Once a month or less 1
- 2 to 3 times a month 2
- 1 to 2 times a week..... 3
- 3 to 4 times a week..... 4
- 5 times a week, or 5
- More than 5 times a week 6
- ONLY WENT ONCE..... 7
- REFUSED.....-7
- DON'T KNOW-8

CNR3. Would {you/s/he} like to attend more?

(CMMORE)

- NO 1 GO TO CNR4
- YES..... 2 GO TO CNR3A
- REFUSED.....-7 GO TO CNR4
- DON'T KNOW-8 GO TO CNR4

CNR3a. Why {don't you/doesn't s/he} participate more? Would {you/s/he say} it is because...

		Yes	No	RF	DK
(CMTRANS)	{You need/NAME OF PARTICIPANT needs} transportation to get to the meal site	1	2	-7	-8
(CMDIET)	The meal site doesn't serve the special diet {you need/s(he) needs}	1	2	-7	-8
(CMDAY)	The meal site is not open every day	1	2	-7	-8
(CMWKEND)	The meal site is not open on weekends	1	2	-7	-8
(CMSICK)	{You are/NAME OF PARTICIPANT is} too sick to go to the meal site	1	2	-7	-8
(CMRESERV)	{You need/S/He needs} a reservation to go to the meal site	1	2	-7	-8
(CMALONE)	{You don't/S(He) doesn't} want to go by {yourself/him/herself}	1	2	-7	-8
(CMNOLIKE)	{You don't/s(he) doesn't} always like the food they serve	1	2	-7	-8
(CMFIN)	Financial reasons?	1	2	-7	-8
(CMTRAV)	Travel problems (From Other Specify responses)	1	2	-7	-8
(CMBUSY)	Busy/Other activities/obligations (From Other Specify responses)	1	2	-7	-8
(CMOTHER)	Any other reason (PLEASE SPECIFY) _____	1	2	-7	-8

CNR4. How would {you/NAME OF PARTICIPANT} rate the congregate meals program overall? Would {you/s/he} say...

(CMRATE)

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

CNRINTRO2. The following questions are about {your/NAME OF PARTICIPANT'S} eating habits.

CNR5. About how many meals {do you/does s/he} eat every day? ...

(CMMEALS)

- 1 MEAL 1
- 2 MEALS..... 2
- 3 MEALS..... 3
- MORE THAN 3 MEALS..... 4
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMER NOTE (FOR HNR5A and CNR5A): RESPONSE TO 5A CAN NOT EXCEED NUMBER OF MEALS IN 5. IF RESPONDENT DOES GIVE ANSWER THAT EXCEEDS 5, HAVE CATI PROMPT, "You just told me you only eat {INSERT RESPONSE FROM 5} each day." IF RESPONDENT INSISTS AGAIN, ACCEPT ANSWER.

CNR5A. How many of these are from the meal program?
(CMMEALSA)

1 MEAL..... 1
2 MEALS..... 2
3 MEALS..... 3
MORE THAN 3 MEALS..... 4
REFUSED.....-7
DON'T KNOW-8

CNR6. How many servings of fruit {do you/does NAME OF PARTICIPANT} usually eat every day?
(IF NEEDED: One serving = 1 piece; ½ cup chopped, cooked, or canned fruit; or ¾ cup of juice)
(CMFRUIT)

0 SERVINGS 0
1 SERVING..... 1
2 SERVINGS 2
3 OR MORE SERVINGS 3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/
ONCE IN AWHILE)..... 4
REFUSED.....-7
DON'T KNOW.....-8

CNR7. When {you eat/s/he eats} at the congregate meal site, {do you/does s/he} usually eat the fruit that is served?
(CMEATFRT)

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

CNR8. How many servings of vegetables {do you/does NAME OF PARTICIPANT} usually eat every day?
(IF NEEDED: One serving = 1 cup raw leafy greens; ½ cup cooked or chopped raw vegetables; or ¾ cup juice)
(CMVEGS)

0 SERVINGS 0
1 SERVING..... 1
2 SERVINGS 2
3 OR MORE SERVINGS 3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/
ONCE IN AWHILE)..... 4
REFUSED.....-7
DON'T KNOW.....-8

CNR9. When {you eat/s/he eats} at the congregate meal site, {do you/does s/he} usually eat the vegetables that are served?

(CMEATVEG)

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

CNR10. How many servings of bread, rice, pasta, noodles, and tortillas {do you/does NAME OF PARTICIPANT} usually eat every day? (IF NEEDED: One serving = 1 piece bread or tortilla; or ½ cup cereal, rice, pasta, noodles).

(CMBREAD)

0 SERVINGS	0
1 – 2 SERVINGS	1
3 - 5 SERVINGS	2
6 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

CNR11. When {you eat/s/he eats} at the congregate meal site, {do you/does s/he} usually eat the bread, rice, pasta, noodles, or tortillas that are served?

(CMEATBRD)

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

CNR12. How many servings of milk, cheese, yogurt, and calcium rich soy products {do you/does NAME OF PARTICIPANT} usually eat every day? (IF NEEDED: One serving = 1 cup milk or yogurt; or 1 piece or slice of cheese).

(CMDAIRY)

0 SERVINGS	0
1 SERVING.....	1
2 SERVINGS	2
3 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

CNR13. When {you eat/s/he eats} at the congregate meal site, {do you/does s/he} usually eat or drink the milk, cheese, yogurt, or calcium rich soy products that are served?

(CMEATDAR)

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

CNR14. How many servings of meat, chicken, fish, and eggs {do you/does NAME OF PARTICIPANT} usually eat every day?

(CMMEAT)

0 SERVINGS	0
1 SERVING.....	1
2 SERVINGS	2
3 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

CNR15. When {you eat/s/he eats} at the congregate meal site, {do you/does s/he} usually eat the meat, chicken, fish, or eggs that are served?

(CMEATMET)

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

CNR16. How many servings of nuts, soy products, and beans such as baked beans, pintos, kidney beans, lima beans, soybeans, or black-eyed peas {do you/does NAME OF PARTICIPANT} usually eat every day?

(CMBEANS)

0 SERVINGS	0
1 SERVING.....	1
2 SERVINGS	2
3 OR MORE SERVINGS.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

CNR17. When {you eats/s/he eats} at the congregate meal site, {do you/does s/he} usually eat nuts, soy products, or beans if they are served?

(CMEATBNS)

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

CNR18. Think about all the water or other non-alcoholic fluids {you usually drink/NAME OF PARTICIPANT usually drinks}. How many glasses {do you/does s(he)} usually drink per day?

(CMWATER)

0 GLASSES	0
1 - 4 GLASSES.....	1
5 - 7 GLASSES.....	2
8 OR MORE GLASSES.....	3
LESS THAN DAILY (e.g., ONCE A WEEK/MONTH/ ONCE IN AWHILE).....	4
REFUSED.....	-7
DON'T KNOW.....	-8

CNR19. Think about the amount of food {you eat/s(he) eats} at the congregate meal site. On the days {you eat/NAME OF PARTICIPANT eats} at the congregate meal site, what portion of all the foods {you eat/s/he eats} in a day does this meal represent? Would {you/s/he} say...

(CMPORTN)

One-third or less,	1
One-half to two-thirds, or	2
More than two-thirds.....	3
OTHER	91
REFUSED.....	-7
DON'T KNOW	-8

CNRINTRO3. Now think about the foods {you get/NAME OF PARTICIPANT gets} at the congregate meal site.

	How satisfied {are you/is s/he}.....	Very satisfied	Somewhat satisfied	Not too satisfied	Not at all satisfied	RF	DK
CNR20. (CMTASTES)	with the way the food tastes?..... Would {you/NAME OF PARTICIPANT} say...	1	2	3	4	-7	-8
CNR21. (CMSMELLS)	with the way the food smells?	1	2	3	4	-7	-8
CNR22. (CMTEMP)	that the hot foods are hot and the cold foods are cold?..... [IF NEEDED: Would you/NAME OF PARTICIPANT} say]...	1	2	3	4	-7	-8
CNR23. (CMLOOKS)	with the way the food looks?..... [IF NEEDED: Would you/NAME OF PARTICIPANT} say]...	1	2	3	4	-7	-8
CNR24. (CMVARIETY)	with the variety of foods?	1	2	3	4	-7	-8
CNR25. (CMPROGRAM)	with the congregate meal program?	1	2	3	4	-7	-8

CNRINTRO4. The next questions ask about {your/NAME OF PARTICIPANT's} participation in the congregate meal program.

	As a result of participating in this congregate meals program, would {you/NAME OF PARTICIPANT} say:	Yes, definitely	Yes, I think so	I'm not sure	No, I don't think so	No, definitely not	Does not apply	RF	DK
CNR26. (CMBALANC)	{You eat/S/He eats} more balanced meals Would {you/s(he)} say.....	1	2	3	4	5	6	-7	-8
CNR27. (HMSPEC DT)	It is easier to keep the special diet that is prescribed by {your/his/her} doctor or dietitian Would {you/s(he)} say.....	1	2	3	4	5	6	-7	-8
CNR28. (CMSLTFAT)	{You are/NAME OF PARTICIPANT is} better able to avoid high sodium, or high fat foods [IF NEEDED: Would {you/s(he)} say].....	1	2	3	4	5	6	-7	-8
CNR29. (CMWEIGHT)	{You/S/He} can maintain {your/her/his} weight [IF NEEDED: Would {you/s(he)} say]...	1	2	3	4	5	6	-7	-8
CNR30. (CMCOMPY)	{You enjoy/NAME OF PARTICIPANT enjoys} meal time more because of the company [IF NEEDED: Would {you/s(he)} say]...	1	2	3	4	5	6	-7	-8
CNR31. (CMFORWRD)	{You have/S/He has} something to look forward to [IF NEEDED: Would {you/s(he)} say]...	1	2	3	4	5	6	-7	-8
CNR32. (CMSTAYHM)	{You/s/he} can continue to live in {your/her/his} own home [IF NEEDED: Would {you/s(he)} say]...	1	2	3	4	5	6	-7	-8
CNR33. (CMRECMND)	{You/NAME OF PARTICIPANT} would recommend this program to friends, neighbors, and relatives [IF NEEDED: Would {you/s(he)} say]...	1	2	3	4	5	6	-7	-8

PROGRAMMER NOTE FOR CNR34, CNR35 AND CNR36

**ASK CNR34A
IF YES, ASK CNR 35A
IF NO, ASK CNR36A
IF REFUSED OR DON'T KNOW, GO TO CNR34B.**

**THEN GO BACK AND ASK
CNR34B
IF YES, ASK CNR35B
IF NO, ASK CNR 36B**

**THEN GO BACK AND ASK
CNR34C, ETC**

IF CNR3491 IS NO, REFUSED, OR DON'T KNOW, GO TO CNR37.

CNR34. Now I'm going to ask {you/NAME OF PARTICIPANT} about some services that might be offered by (your/NAME OF PARTICIPANT'S) Congregate Meals program. Does the Congregate Meals program offer ...

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		YES	NO	REF	DK
(CMASST34)	A. Assistance in getting other services including legal help	1	2	-7	-8
(CMNUTC34)	B. Nutrition counseling at the meal site	1	2	-7	-8
(CMTRPM34)	C. Transportation	1	2	-7	-8
(CMCLAS34)	D. Continuing education classes, including computer classes	1	2	-7	-8
(CMFTNS34)	E. Physical fitness activities including exercise	1	2	-7	-8
(CMMON34)	F. Help getting benefits like food stamps and other public assistance....	1	2	-7	-8
(CMTAX34)	G. Income tax preparation help	1	2	-7	-8
(CMSUP34)	H. Support groups, such as grandparents raising grandchildren, widow and widower, and life changes support groups	1	2	-7	-8
(CMHLTH34)	I. Health screenings and well elderly clinics	1	2	-7	-8
(CMINS34)	J. Insurance counseling sometimes through a program called SHIP or State Health Insurance Program	1	2	-7	-8
(CMCSL34)	K. Other counseling, sometimes called psychotherapy or group therapy	1	2	-7	-8
(CMENT34)	Entertainment/Recreation Offered (From Other Specify responses)	1	2	-7	-8
(CMHDM34)	Home delivered meals (From Other Specify Responses)	1	2	-7	-8
(CMOTH34 & CMOS34)	(91). Some other service? (SPECIFY _____)	1	2	-7	-8

CNR35. {Have you/Has s(he)} used the service since {you have/s(he) has} been in the home-delivered meals program?

		YES	NO	REF	DK
(CMASST35)	A. Assistance in getting other services including legal help	1	2	-7	-8
(CMNUTC35)	B. Nutrition counseling at the meal site	1	2	-7	-8
(CMTRPM35)	C. Transportation	1	2	-7	-8
(CMCLAS35)	D. Continuing education classes, including computer classes	1	2	-7	-8
(CMFTNS35)	E. Physical fitness activities including exercise	1	2	-7	-8
(CMMON35)	F. Help getting benefits like food stamps and other public assistance....	1	2	-7	-8
(CMTAX35)	G. Income tax preparation help	1	2	-7	-8
(CMSUP35)	H. Support groups, such as grandparents raising grandchildren, widow and widower, and life changes support groups	1	2	-7	-8
(CMHLTH35)	I. Health screenings and well elderly clinics	1	2	-7	-8
(CMINS35)	J. Insurance counseling sometimes through a program called SHIP or State Health Insurance Program	1	2	-7	-8
(CMCSL35)	K. Other counseling, sometimes called psychotherapy or group therapy	1	2	-7	-8
(CMENT35)	Entertainment/Recreation Offered (From Other Specify responses)	1	2	-7	-8
(CMHDM35)	Home delivered meals (From Other Specify Responses)	1	2	-7	-8
(CMOS35)	(91). Some other service? (SPECIFY _____)	1	2	-7	-8

CNR36. Would {you/s(he) use the service if it were offered?

		YES	NO	REF	DK
(CMASST36)	A. Assistance in getting other services including legal help	1	2	-7	-8
(CMNUTC36)	B. Nutrition counseling at the meal site	1	2	-7	-8
(CMTRPM36)	C. Transportation	1	2	-7	-8
(CMCLAS36)	D. Continuing education classes, including computer classes	1	2	-7	-8
(CMFTNS36)	E. Physical fitness activities including exercise	1	2	-7	-8
(CMMON36)	F. Help getting benefits like food stamps and other public assistance....	1	2	-7	-8
(CMTAX36)	G. Income tax preparation help	1	2	-7	-8
(CMSUP36)	H. Support groups, such as grandparents raising grandchildren, widow and widower, and life changes support groups	1	2	-7	-8
(CMHLTH36)	I. Health screenings and well elderly clinics	1	2	-7	-8
(CMINS36)	J. Insurance counseling sometimes through a program called SHIP or State Health Insurance Program	1	2	-7	-8
(CMCSL36)	K. Other counseling, sometimes called psychotherapy or group therapy	1	2	-7	-8
(CMOS36)	(91). Some other service? (SPECIFY _____)	1	2	-7	-8

CNR37. {Do you/Does NAME OF PARTICIPANT} have any suggestions that would make the congregate meals program better?

(MSGST)

- YES..... 1 GO TO 37A
- NO..... 2 GO TO INTRO BEFORE Q38
- REFUSED.....-7 GO TO INTRO BEFORE Q38
- DON'T KNOW.....-8 GO TO INTRO BEFORE Q38

PROGRAMMER NOTE: ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CNR37A.

CNR37a. What is {your/his/her} suggestion?

(MSGSTCM)

CNRINTRO5. The next few questions are about {you/NAME OF PARTICIPANT}.

CNR38. In general, would {you/NAME OF PARTICIPANT} say {your/his/her} health is excellent, very good, good, fair, or poor?

(CMRTHLTH)

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

PROGRAMMER NOTE: GO TO HEALTH MODULE, QUESTION HLM1.

CAREGIVER SUPPORT AND SATISFACTION SURVEY (VERSION: APRIL 9, 2003)

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 to the extent the law allows 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 to the extent the law allows 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).

PROGRAMMER NOTE: If interpreter will not do interview go to **CGALTCON**. Otherwise, go to **CGINTRO1**.

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 to the extent the law allows and will be used only for the purpose of this study. {NAME OF CAREGIVER's} and {CARE RECIPIENT's} eligibility for services will not be affected by {NAME OF CAREGIVER's} decision to participate nor by any answers {he/she} gives.

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

PROGRAMMER NOTE: 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.

PROGRAMMER NOTE: IF CAREGIVER INTERVIEW CAME FROM PHYSICAL FUNCTIONING QUESTIONNAIRE, ASK CG1A. IF CAREGIVER INTERVIEW CAME FROM FAMILY CAREGIVER SUPPORT PROGRAM LIST, SKIP TO CG1.

CG1A {Do you/Does NAME OF CAREGIVER} receive services from {AGENCY NAME's} Family Caregiver Support Program?

(CGFCPYN)

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

CG1. What is {your/her/his} relationship to {CARE RECIPIENT}? {Are you/Is NAME OF CAREGIVER} {her/his}:

(CGREL)

Husband, 1
Wife, 2
Son, 3
Daughter, 4
Father, 5
Mother, 6
Brother, 7
Sister, 8
Other relative, (SPECIFY _____) or 91
A friend or neighbor 10
ANOTHER PERSON, NOT A FRIEND, RELATIVE
OR NEIGHBOR? 92
(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 CG3
NO 2 GO TO CG2B
REFUSED -7 GO TO CG3
DON'T KNOW -8 GO TO CG3

CG2b. How far away {do you/does s(he)} live? Would {you/s(he)} say...

(CGMINUT)

Less than 20 minutes away, 1
Between 20 and 60 minutes away, 2
Between 1 and 2 hours away, or 3
More than 2 hours away? 4
REFUSED -7
DON'T KNOW -8

FENCEPOST

CG3. 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: {Have you/Has s(he)}...

CGACTI01 TO CGACTI08

Activity	Yes	No	RF	DK
1. Helped {CARE RECIPIENT} dress, eat, bathe, or get to the bathroom	1	2	-7	-8
2. Helped with medical needs, such as taking medicine or changing bandages	1	2	-7	-8
3. Helped {CARE RECIPIENT} keep track of bills, checks, or other financial matters	1	2	-	-8
4. Helped by preparing meals, doing laundry, or cleaning the house	1	2	7	-8
5. Helped by taking {CARE RECIPIENT} shopping or to the doctor's office	1	2	-7	-8
6. Helped to coordinate care or services	1	2	-7	-8
7. Offered telephone reassurance or other regular contact	1	2	-7	-8
8. None of the above	1	2	-7	-8

PROGRAMMER NOTE: IF CG3 1 THROUGH 7 ARE ALL NO (2) AND CG3 8 IS YES, GO TO CG3B. ELSE, GO TO CGINTRO4. ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CG3B.

CG3b. What kind of care {do you/ does NAME OF CAREGIVER} provide for [NAME OF CARE RECIPIENT]?

- NONE..... 1 [GO TO CLOSE]
- REFUSED..... -7
- DON'T KNOW..... -8

[CAREHLP]

PROGRAMMER NOTE: HAVE INTERVIEWER ASK ABOUT EACH SERVICE IN COL A. AFTER ASKING IF THE RESPONDENT RECEIVES ALL OF THE SERVICES (4 THROUGH 17B), IF RESPONDENT SAYS THEY RECEIVE THE SERVICE (YES) IN COL. A, THEN ASK COL. B, AND COL C ABOUT EACH SERVICE, THEN GO TO NEXT SERVICE THAT IS A YES IN COL. A. IF RESPONDENT SAID HE OR SHE DID NOT RECEIVE SERVICE IN COL. A (NO, RF, DK), SKIP TO NEXT SERVICE HE OR SHE DID RECEIVE.

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

PROGRAMMER NOTE: FOR CG14, CG15, AND CG16, AUTOCODE RESPONSE OF “CAREGIVER” (2) 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? (CGREC04 TO CGREC17B)				
(CGSVC04 TO CGSVC17 AND CGSVCOT1 & CGSVCOS1 AND CGSVCOT2 & CGVCOS2)	Yes	No	RF	DK	Care Recipient	Caregiver	Both	RF	DK
4) In-home respite care services?	1	2	-7	-8	1	2	3	-7	-8
5) Adult daycare or center-provided daycare?	1	2	-7	-8	1	2	3	-7	-8
6) Case management?	1	2	-7	-8	1	2	3	-7	-8
7) Homemaker service?	1	2	-7	-8	1	2	3	-7	-8
8) Home health aide?	1	2	-7	-8	1	2	3	-7	-8
9) Home Delivered Meals?	1	2	-7	-8	1	2	3	-7	-8
10) Chore service?	1	2	-7	-8	1	2	3	-7	-8
11) Transportation service including assisted transportation?	1	2	-7	-8	1	2	3	-7	-8
12) Information about services?	1	2	-7	-8	1	2	3	-7	-8
13) Assistance with access to services?	1	2	-7	-8	1	2	3	-7	-8
14) Individual caregiver counseling?	1	2	-7	-8	1	2	3	-7	-8
15) Caregiver training or education?	1	2	-7	-8	1	2	3	-7	-8
16) Caregiver support groups	1	2	-7	-8	1	2	3	-7	-8
17) Lifeline/Emergency Phone									
OT1 & OS1) . Other services not mentioned? (SPECIFY)	1	2	-7	-8	1	2	3	-7	-8

OT2 \$ OS2) . Other services not mentioned? (SPECIFY)_____	1	2	-7	-8	1	2	3	-7	-8
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FENCEPOST AFTER SECTION A

PROGRAMMER NOTE: IN C, FOR Q 14, 15, AND 16, ASK: HOW WOULD {YOU/NAME OF CAREGIVER} RATE THE QUALITY OF THE SERVICE YOU RECEIVED? WOULD YOU/S/HE} SAY...

PROGRAMMER NOTE FOR C:
IF B IS 1 (CARE RECIPIENT), QUESTION C SHOULD READ: HOW WOULD {YOU/NAME OF CAREGIVER} RATE THE QUALITY OF THE SERVICE {CARE RECIPIENT} RECEIVED? PLEASE TELL ME IF THE SERVICE WAS EXCELLENT, VERY GOOD, GOOD, FAIR, OR POOR.
IF B IS 2 (CAREGIVER), C SHOULD READ: HOW WOULD {YOU/NAME OF CAREGIVER} RATE THE QUALITY OF THE SERVICE {YOU/S(HE)} RECEIVED? PLEASE TELL ME IF THE SERVICE WAS EXCELLENT, VERY GOOD, GOOD, FAIR, OR POOR.
IF B IS 3 (BOTH), C SHOULD READ: HOW WOULD {YOU/NAME OF CAREGIVER} RATE THE QUALITY OF THE SERVICE {YOU/S(HE)} AND {CARE RECIPIENT} RECEIVED? PLEASE TELL ME IF THE SERVICE WAS EXCELLENT, VERY GOOD, GOOD, FAIR, OR POOR.
(CGQUL04 TO CGQUL17B)

Service	Excellent	Very good	Good	Fair	Poor	RF	DK
4) In-home Respite Care services?	1	2	3	4	5	-7	-8
5) Adult Daycare or center-provided daycare]?	1	2	3	4	5	-7	-8
6) Case Management?	1	2	3	4	5	-7	-8
7) Homemaker Service?	1	2	3	4	5	-7	-8
8) Home Health Aide?	1	2	3	4	5	-7	-8
9) Home Delivered Meals?	1	2	3	4	5	-7	-8
10) Chore Service?	1	2	3	4	5	-7	-8
11) Transportation Service including Assisted Transportation?	1	2	3	4	5	-7	-8
12) Information about services?	1	2	3	4	5	-7	-8
13) Assistance with access to services?	1	2	3	4	5	-7	-8
14) Individual Caregiver Counseling?	1	2	3	4	5	-7	-8
15) Caregiver Training or Education?	1	2	3	4	5	-7	-8
16) Caregiver Support Groups	1	2	3	4	5	-7	-8
17) A.) Other services not mentioned? (SPECIFY)_____	1	2	3	4	5	-7	-8
17) B.) Other services not mentioned? (SPECIFY)_____	1	2	3	4	5	-7	-8

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FENCEPOST AFTER EACH SET OF B and C ASKED

CG18. In addition to the kinds or amounts of services that {you are/NAME OF CAREGIVER is} and {CARE RECIPIENT is} now receiving, what additional or new kinds of help would be valuable to {you/her/him} as a caregiver? How about...

(CGNEW01 TO CGNEW13 AND CGNEWOTH \$ CGNEWOS)

Help	Yes	No	RF	DK
1. Help with housekeeping?	1	2	-7	-8
2. Help with shopping?	1	2	-7	-8
3. Help with transportation and getting places?	1	2	-7	-8
4. Help with making meals?	1	2	-7	-8
5. Help with bathing, dressing, grooming, toileting, feeding, or other personal care?	1	2	-7	-8
6. Help with medicines such as administering them or monitoring side effects?	1	2	-7	-8
7. Help with getting other family members involved in caring for {CARE RECIPIENT}?	1	2	-7	-8
8. Financial support, such as a tax break, stipend, or government subsidy?	1	2	-7	-8
9. In-home respite care {CARE RECIPIENT}?	1	2	-7	-8
10. Adult daycare for {CARE RECIPIENT}?	1	2	-7	-8
11. Money management assistance or financial advice?	1	2	-7	-8
12. Support or social interaction (from Other Specify responses)	1	2	-7	-8
13. Help with chores or repairs (from Other Specify responses)	1	2	-7	-8
OT and OS. Anything other type of help? (SPECIFY)	1	2	-7	-8
NO. No additional help needed	1	2	-7	-8

CG19. In addition to the kinds of information that {you already have/NAME OF CAREGIVER already has}, what additional new kinds of information would be valuable to {you/her/him} as a caregiver? How about...

(CGINF01 TOCGINF09 AND CGINFOS)

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

FENCEPOST

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

CG20. 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

CG20A. How would {you/ NAME OF CAREGIVER } rate the services that { CARE RECIPIENT} receives from {AGENCY NAME} ? Would {you} say...

(CGPRATE)

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

PROGRAMMER NOTE: ONLY ASK CG20B IF RESPONDENT IS FROM FAMILY CAREGIVER PROGRAM. ELSE GO TO CG20C

CG20B. Next, how would {you/ NAME OF CAREGIVER } rate the caregiver support services that {you receive/s(he) receives} from {PROVIDER NAME/AGENCY NAME}? Would {you/ NAME OF CAREGIVER } say...

(CGRATE)

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

CG20C. How difficult has it been for {you/ NAME OF CAREGIVER} to get services from agencies for {CARE RECIPIENT}? Would {you/s(he)} say

(CGDIFF)

- Not difficult at all, 1 [SKIP TO CG21]
- A little difficult, 2
- Somewhat difficult,..... 3
- Difficult, or 4
- Very difficult? 5
- REFUSED.....-7 [SKIP TO CG21]
- DON'T KNOW.....-8 [SKIP TO CG21]

PROGRAMMER NOTE: ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CG20D.

CG20D. Please explain the difficulty {you have/she has/he has} encountered.
(CGCMDIF)

CG21. 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

CG22. Have the services enabled {you/NAME OF CAREGIVER} to provide care for {CARE RECIPIENT} for a longer time than would have been possible without these services? Would {you/s(he)} say...
(CGCARLG)

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

PROGRAMMER NOTE: ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CG23.

CG23. How have the services that {you/NAME OF CAREGIVER} or {CARE RECIPIENT} received affected {you/her/him} and {your/her/his} caregiving tasks?

(CGAFFEC)

FENCEPOST

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

CG24. 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 CG25)
- REFUSED.....-7 ° (GO TO CG25)
- DON'T KNOW-8 → (GO TO CG25)

PROGRAMMER NOTE: FOR CG24B, SOFT RANGE OF 0-30. HAVE CATI VERIFY OVER 30. HARD RANGE OF 0-50.

CG24b. 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 CG24C, SOFT RANGE OF 0-24 HOURS. HAVE CATI VERIFY OVER 24. HARD RANGE OF 0-168 HOURS.

CG24c. When someone else takes over, about how many hours of time off {do you/does s(he)} usually get?

(CGHOURS)

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

CG24d. Is this enough relief for {you/her/him}?
(CGENRLF)

YES..... 1 [GO TO CG25]
NO 2
REFUSED.....-7 [GO TO CG25]
DON'T KNOW-8 [GO TO CG25]

PROGRAMMER NOTE: FOR CG24E, SOFT RANGE OF 0-24 HOURS. HAVE CATI VERIFY OVER 24. HARD RANGE OF 0-168 HOURS.

CG24e. How many more hours per month of time off or relief {do you/does NAME OF CAREGIVER} need?
(CGMORHRS)

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

CG25. How many other family members or friends provide unpaid care for {CARE RECIPIENT}?
(CGFAMIL)

PROGRAMMER NOTE: FOR CG25, SOFT RANGE OF 0-5. HAVE CATI VERIFY OVER 5. HARD RANGE OF 0-50.

NUMBER OF FAMILY MEMBERS/FRIENDS..... |__|__| **IF ZERO, GO TO CG27.**
REFUSED.....-7 **GO TO CG27.**
DON'T KNOW-8 **GO TO CG27.**

CG26. 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/s(he)} 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

CG27. 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

CG28. On a typical 24-hour weekend day—that is, Saturday and Sunday—how many hours a day {do you/does s(he)} provide care for {CARE RECIPIENT} in person?
(CGHRSDW)

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

FENCEPOST

CG29. What is {your/NAME OF CAREGIVER'S} current employment status? {Are you/is s(he)}
(CGWORK)

Working full time, 1
 Working part time, 2
 Retired 3
 [INTERVIEWER NOTE: INCLUDES NOT WORKING DUE TO PERMANENT DISABILITY],
 OR
 Not working..... 4
 REFUSED.....-7
 DON'T KNOW-8

CG30. {Were you/Was NAME OF CAREGIVER} working when {you/s(he)} started providing care for {CARE RECIPIENT}?
(CGWORKYN)

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

PROGRAMMER NOTE
IF CG29=3 (RETIRED) OR 4(NOT WORKING) AND CG30=2 (NO), SKIP TO CG32.

CG31. Because of providing care for {CARE RECIPIENT}, {have you/has NAME OF CAREGIVER} ever:
(CGYOU01 TO CGYOU11)

	Yes	No	NEVER WORKED/ NOT WORKING	RF	DK
A. Stopped working ?	1	2	3	-7	-8
B. Retired early?	1	2	3	-7	-8
C. Taken a less demanding job?	1	2	3	-7	-8
D. Changed from full-time work to part-time work?	1	2	3	-7	-8
E. Reduced {your/her/his} official working hours?	1	2	3	-7	-8
F. Lost some of {your/her/his} employment fringe benefits?	1	2	3	-7	-8
G. Had time conflicts between working and caregiving?	1	2	3	-7	-8
H. Used {your/her/his} vacation or personal time or sick leave to provide care?	1	2		-7	-8
I. Taken a leave of absence to provide care?	1	2	3	-7	-8
J. Lost a promotion?	1	2	3	-7	-8
K. Because of providing care for [CARE RECIPIENT], did {you/NAME OF CAREGIVER} work less than {your/her/his} normal hours last month?	1	2	3	-7	-8

PROGRAMMER NOTE: IF 31K IS YES (1), GO TO CG31KA. ELSE, GO TO 31L. SOFT RANGE FOR CG31KA = 0-40. HARD RANGE = 0-200. IF CG29=3 OR 4, WE SHOULD SKIP CG31KA, EVEN IF THE RESPONSE TO CG31_2K=1.

CG31KA. How many hours of work did {you/NAME OF CAREGIVER} miss last month?
(CGMISS)

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

FENCEPOST

CG31L Has caring for [CARE RECIPIENT] affected {your/NAME OF CAREGIVER's} work in any other way?
[CGWKAFT]

YES..... 1 [GO TO CG31LB]
 NO 2 [GO TO PROGRAMMER NOTE BEFORE CG31M]
 NOT WORKING/
 NEVER WORKED 3 [GO TO PROGRAMMER NOTE BEFORE CG31M]
 REFUSED.....-7 [GO TO PROGRAMMER NOTE BEFORE CG31M]
 DON'T KNOW-8 [GO TO PROGRAMMER NOTE BEFORE CG31M]

PROGRAMMER NOTE: ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CG31LB.

CG31Lb. How has caring for {CARE RECIPIENT} affected {your/NAME OF CAREGIVER's} work?
(CGWKAFB)
COMM

FENCEPOST

PROGRAMMER NOTE: ONLY ASK CG31M IF CG 31 A THROUGH L ARE ALL NO (1). ELSE GO TO CG32.

CG31M. Then, would {you/NAME OF CAREGIVER} say caregiving has not affected {your/her/his} work?
(CGWKNOAF)

- YES..... 1
- NO 2
- NOT WORKING/NEVER WORKED
..... 3
- REFUSED.....-7
- DON'T KNOW-8

CGINTRO7. Please tell me how frequently each of the following happens: Always or nearly always, quite frequently, sometimes, rarely, never or does not apply.

[INTERVIEWER NOTE: REPEAT RESPONSE CATEGORIES AS NECESSARY]

	Always or nearly always	Quite frequently	Sometimes	Rarely	Never	Does not apply	RF	DK
(CGPLS32 TO CGPLS36)								
CG32. How often does being a caregiver for {CARE RECIPIENT} provide companionship for {you/NAME OF CAREGIVER}? Would {you/s(he)} say	1	2	3	4	5	6	-7	-8
CG33. How often does being a caregiver provide {you/NAME OF CAREGIVER} with a sense of accomplishment? Would {you/NAME OF CAREGIVER} {you/s(he)} say	1	2	3	4	5	6	-7	-8
CG34. How often does providing care for {CARE RECIPIENT} give {you/NAME OF CAREGIVER} the satisfaction of caring for someone who cared for {you/her/him}? [IF NEEDED, Would {you/NAME OF CAREGIVER} say].....	1	2	3	4	5	6	-7	-8
CG35. As a caregiver, how often {do you/does NAME OF CAREGIVER} feel that {you are/s(he) is} helping {your/her/his} family by caring for {CARE RECIPIENT}? [IF NEEDED, Would {you/NAME OF CAREGIVER} say] ...	1	2	3	4	5	6	-7	-8
CG36. How often {do you/does NAME OF CAREGIVER} feel that {CARE RECIPIENT} appreciates the care that {you are/s(he) is} providing for them? [IF NEEDED, Would {you/NAME OF CAREGIVER} say]	1	2	3	4	5	6	-7	-8

CG37. 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 38)
- REFUSED.....-7 (GO TO Q CG 38)
- DON'T KNOW-8 (GO TO Q CG 38)

PROGRAMMER NOTE: FOR CG37B, ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH.

CG37B. Please describe the other benefits or rewards:
 (CGREWB)

CG38. In {your/NAME OF CAREGIVER'S} experience as a caregiver, what would {you/s(he)} say is the most positive aspect of caregiving? Would {you/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? (SPECIFY) 91

- NO POSITIVE ASPECTS 6
- ALL OF THE ABOVE 7
- REFUSED..... -7
- DON'T KNOW..... -8

FENCEPOST

CGINTRO8. Please tell me how frequently each of the following happens: Always or nearly always, quite frequently, sometimes, rarely, never, or does not apply.

INTERVIEWER NOTE: REPEAT RESPONSE CATEGORIES AS NECESSARY.

**PROGRAMMER NOTE:
ONLY ASK CG42 IF CG29= 1 (WORKING FULL TIME) OR 2 (WORKING PART TIME)**

	Always or Nearly Always	Quite Frequently	Sometimes	Rarely	Never	Does not apply	RF	DK
(CGMIN39 TO CGMIN46)								
CG39. How often does providing care for {CARE RECIPIENT} create a financial burden for {you/NAME OF CAREGIVER}? Would {you/s(he)} say.....	1	2	3	4	5	6	-7	-8
CG40. How often does caregiving leave {you/NAME OF CAREGIVER} with <u>not</u> enough time for {yourself/herself/himself}? Would {you/s(he)} say.....	1	2	3	4	5	6	-7	-8
CG41. How often does caregiving leave {you/NAME OF CAREGIVER} with <u>not</u> enough time for {your/her/his} family or the rest of {your/her/his} family? [IF NEEDED, Would {you/NAME OF CAREGIVER} say].....	1	2	3	4	5	6	-7	-8
CG42. How often does caring for {CARE RECIPIENT} interfere with {your/NAME OF CAREGIVER'S} work? [IF NEEDED, Would {you/NAME OF CAREGIVER} say].....	1	2	3	4	5	6	-7	-8
CG43. How often does caring for {CARE RECIPIENT} affect {your/NAME OF CAREGIVER'S} relationships with {your/her/his} family members or the rest of {your/her/his} family in a negative way? [IF NEEDED, Would {you/NAME OF CAREGIVER} say].....	1	2	3	4	5	6	-7	-8
CG44. How often does caregiving interfere with {your/NAME OF CAREGIVER'S} personal needs for privacy? [IF NEEDED, Would {you/NAME OF CAREGIVER} say].....	1	2	3	4	5	6	-7	-8
CG45. How often does caregiving create problems in {your/her/his} social life? [IF NEEDED, Would {you/NAME OF CAREGIVER} say]	1	2	3	4	5	6	-7	-8
CG46. How often does caregiving create stress for {you/NAME OF CAREGIVER}? [IF NEEDED, Would {you/NAME OF CAREGIVER} say]	1	2	3	4	5	6	-7	-8

52

FENCEPOST

CG47. 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 48)
- REFUSED..... -7 (GO TO Q CG 48)
- DON'T KNOW..... -8 (GO TO Q CG 48)

PROGRAMMER NOTE: FOR CG47B, ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH.

CG47B. Please describe the other negative effects or burdens:

(CGNEGB)

COMM

PROGRAMMER NOTE: ONLY ASK CG48-4 IF CHG29 = 1 OR 2.

CG48. Which of the following has been the biggest difficulty {you have/s(he) has} faced in caring for {CARE RECIPIENT}? Would {you/s(he)} say...

(CGDIF AND CGDIFOS)

- The financial burden,..... 1
 - Not enough time for {yourself/NAME OF CAREGIVER},..... 2
 - Not enough time for {Your/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? (SPECIFY) 91
-
- NONE 9
 - ALL OF THE ABOVE 10
 - REFUSED -7
 - DON'T KNOW -8

FENCEPOST

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

CG49. 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 CG52)
REFUSED..... -7 (GO TO CG52)
DON'T KNOW..... -8 (GO TO CG52)

CG50. Who are those people? (PROBE-Anyone else?) **[CODE ALL THAT APPLY. CTRL/P TO EXIT]**

(CGWHO [1]-[8], CGWHO01-CGWHO08 AND CGWHOOS)

HUSBAND OR WIFE 1
SON(S) OR DAUGHTER(S) 2
FATHER 3
MOTHER..... 4
BROTHER(S) OR SISTER(S) 5
GRANDSON(S) OR GRANDDAUGHTER(S)..... 6
OTHER RELATIVE(S) 7
FRIEND(S) OR NEIGHBOR(S) 8
OTHER (SPECIFY) _____ 91
REFUSED -7
DON'T KNOW -8

PROGRAMMER NOTE: FOR CG51, SOFT RANGE = 0-5. HARD RANGE = 0-50.

CG51. How many persons total {are you/is s(he)} caring for not counting {CARE RECIPIENT}?

(CGMANY)

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

FENCEPOST

CG52. {Do you/Does NAME OF CAREGIVER} have any kind of health problems, physical condition or disability that affects the kind or amount of care that {you/s(he)} can provide for (CARE RECIPIENT)?

(CGDISAB)

YES..... 1
NO..... 2 (GO TO CG54)
REFUSED..... -7 (GO TO CG54)
DON'T KNOW..... -8 (GO TO CG54)

PROGRAMMER NOTE: FOR CG52B, ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH.

CG52b. What is the condition or problem or disability?
(CGDISBB)

FENCEPOST

CG53. {Have your/Has NAME OF CAREGIVER’S} caregiving activities created or worsened any of these conditions or problems or disabilities?
(CGHLTH)

- YES 1
- NO 2 (GO TO Q CG 54)
- REFUSED -7 (GO TO Q CG 54)
- DON'T KNOW -8 (GO TO Q CG 54)

PROGRAMMER NOTE: FOR CG53B, ACCEPT UP TO 300 CHARACTERS.

CG53b. How have {your/NAME OF CAREGIVER’S} caregiving activities created or worsened these conditions or problems or disabilities?
(CGHLTHB)

PROGRAMMER NOTE: FOR CG54 “YEARS,” SOFT RANGE = 0-25. HARD RANGE = UP TO

PARTICIPANT'S AGE.

CG54. 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
 YEARS 3 RANGE 0 UP TO
 PARTICIPANT'S AGE
 REFUSED..... -7
 DON'T KNOW..... -8

CG54A {Are you/Is NAME OF CAREGIVER} paid by {CARE RECIPIENT} or a community agency to provide care for {him/her}?
(CGPAID)

- YES 1
 NO..... 2 (GO TO Q CG 55)
 REFUSED..... -7 (GO TO Q CG 55)
 DON'T KNOW..... -8 (GO TO Q CG 55)

CG54B Who pays you?
(CGWHOPAY)

- {CARE RECIPIENT} 1
 COMMUNITY AGENCY..... 2
 REFUSED..... -7
 DON'T KNOW..... -8

PROGRAMMER NOTE: ASK CG55 ONLY IF NOT ON FILE. AUTOCODE CG55 IF ON FILE WITH CARE RECIPIENT'S BIRTHDATE.

CG55. What is {CARE RECIPIENT'S} birth date?
(CGPMM, CGPDD, CGPYYYY)

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

PROGRAMMER NOTE: ASK CG56 ONLY IF NOT ON FILE. AUTOCODE CG56 IF ON FILE WITH CARE RECIPIENT'S GENDER.

CG56. (DON'T ASK IF OBVIOUS) What is {CARE RECIPIENT's} gender?
(CGPMF)

MALE 1 (GO TO MODULE 4)
FEMALE 2 (GO TO MODULE 4)
REFUSED -7 (GO TO MODULE 4)
DON'T KNOW -8 (GO TO MODULE 4)

GO TO MODULE 4

**HOME CARE SATISFACTION MEASURE:
HOMEMAKER SERVICE**

HCSM-HMINTRO. We show you received homemaker 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 to the extent the law allows 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 Homemaker 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 to the extent the law allows 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).

<p>PROGRAMMER NOTE: If interpreter will not do interview go to HMALTCON. Otherwise go to HMSERVERF.</p>
--

HCSM-INTROPRX. We show (NAME OF PARTICIPANT) received Homemaker 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 to the extent the law allows and will be used only for the purpose of this study. {His/her} eligibility for services will not be affected by (his/her) decision to participate nor by any answers (s/(he)) gives.

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.

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

<p>PROGRAMMER NOTE: If proxy will not do interview, continue with HMALTCON. Otherwise go to HMSERVERF.</p>

HCSMHMINTRO2. We are interested in the services {you receive/NAME OF PARTICIPANT receives} from {your/his/her} 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	May be No	No, I don't think so	No, definitely not	Does not apply	RF	DK
HCSM-HM1.	{Your/NAME OF PARTICIPANT's} homemaker is very thorough.....	1	2	3	4	5	6	-7	-8
HCSM-HM2.	{Your/ NAME OF PARTICIPANT's} homemaker leaves too early.. ..	1	2	3	4	5	6	-7	-8
HCSM-HM3.	{Your/ His/Her} homemaker has become a friend.....	1	2	3	4	5	6	-7	-8
HCSM-HM4.	{Your/ His/Her} homemaker is rude to {you/him/her}.. ..	1	2	3	4	5	6	-7	-8
HCSM-HM5.	In general, {your/ NAME OF PARTICIPANT's} homemaker takes an interest in {you/ him/her} as a person.....	1	2	3	4	5	6	-7	-8
HCSM-HM6.	{You need/ NAME OF PARTICIPANT needs} more hours of homemaker service each week.....	1	2	3	4	5	6	-7	-8
HCSM-HM7.	{Your/ NAME OF PARTICIPANT's} homemaker does things the way {you want/ s(he) wants} them to be done.....	1	2	3	4	5	6	-7	-8
HCSM-HM8.	{Your/ NAME OF PARTICIPANT's} homemaker arrives late.....	1	2	3	4	5	6	-7	-8
HCSM-HM9.	Generally, {your/ his/her} homemaker knows what to do.....	1	2	3	4	5	6	-7	-8
HCSM-HM10.	{Your/ NAME OF PARTICIPANT's} homemaker ignores what {you tell/ s(he) tells} her about how {you like/ s(he) likes} things done.	1	2	3	4	5	6	-7	-8
HCSM-HM11.	{Your/ NAME OF PARTICIPANT's} homemaker is assigned enough time to do all the jobs {you need/ NAME OF PARTICIPANT needs} to have done.....	1	2	3	4	5	6	-7	-8
HCSM-HM12.	{Your/ Her/His} homemaker does extra things for{you/ NAME OF PARTICIPANT}.....	1	2	3	4	5	6	-7	-8
HCSM-HM13.	{You wish/ NAME OF PARTICIPANT wishes} {your/ his/her} homemaker could do more things that {you need/ s(he) needs} to have done.....	1	2	3	4	5	6	-7	-8

HCSM-HM-14 Next, how would {you/ NAME OF PARTICIPANT } rate the homemaker service that {you/s(he)} received? Would {you/ s(he) } say...

(HCARATE)

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

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 to the extent the law allows and will be used only for the purpose of this study. {Your} eligibility for services will not be affected by your decision to participate nor by any answers you give.

GO TO 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 to the extent the law allows and will be used only for the purpose of this study. Your eligibility for services will not be affected by your decision to participate nor by any answers you give.

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 to the extent the law allows and will be used only for the purpose of this study. {His/Her} eligibility for services will not be affected by (his/her) decision to participate nor by any answers you give.

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

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

IF NO: Thank you, we will check with the agency and may be calling you again in the next few days. (CODE PROBLEM)

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

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

TR1a. {Are you/Is NAME OF PARTICIPANT} 60 years or older?
(OVER60)

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

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

TR1b. About how long ago did {you/s(he)} start using this transportation service?
(HOWLONG)

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

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

I ONLY USED IT ONCE..... 2 (GO TO TR3A)
REFUSED..... -7
DON'T KNOW..... -8

TR2. About how many local one-way trips a month {do you/does NAME OF PARTICIPANT} make using this service? For example, if you go to the doctor's office and then come back using this service, that counts as 2 one-way trips.
(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/ his/her} local trips,..... 1 (GO TO TR3A)
About 1/4 of all {your/ his/her} local trips, 2 (GO TO TR3A)
About 1/2 of all {your/ his/her} local trips, 3 (GO TO TR3A)
About 3/4 of all {your/ his/her} local trips, or 4 (GO TO TR4)
Nearly all of {your/ his/her} local trips?..... 5 (GO TO TR4)
REFUSED..... -7
DON'T KNOW..... -8

TR3a. For the majority of {your/NAME OF RESPONDENT'S} local trips, how {do you/ does he/she} travel? (DO NOT READ RESPONSES. CODE ONLY ONE. IF RESPONDENT GIVES MORE THAN ONE RESPONSE, PROBE, "Which one do you use the most?")
(USUTRAVL)

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

TR4. When using {PROVIDER OF SERVICE} where {do you/does NAME OF PARTICIPANT} get on the vehicle? Would {you/s(he)} say . . .

(TRGTSON)

- The driver comes to {your/ his/her} door;..... 1
- The vehicle stops in front of {your / his/her} house 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 responses: always, usually, sometimes, rarely, never, or does not apply.

(TRFRE05 TO TRFRE17)	Always	Usually	Some-times	Rarely	Never	Does not apply	RF	DK
TR5. The vehicles are comfortable. Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8
TR6. The vehicles are easy to get into and out of. Would {you/NAME OF PARTICIPANT} say.....	1	2	3	4	5	6	-7	-8
TR7. {You arrive/ S(He) arrives} at {your/his/her} destination on time. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say)	1	2	3	4	5	6	-7	-8
TR8. The drivers pick {you/ him/her} up when they are supposed to. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say)	1	2	3	4	5	6	-7	-8
TR9. The service would call {you/ NAME OF PARTICIPANT} if {your/ his/her} ride has been cancelled. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say.....	1	2	3	4	5	6	-7	-8
TR10. {You/ NAME OF PARTICIPANT} can get to the places {you want/ s(he)wants} or {need/needs} to. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8
TR11. The trips take too long. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8
TR12. The drivers are polite? (IF NEEDED: Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8
TR13. The drivers offer to help passengers into and out of the van when they need it? (IF NEEDED: Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8
TR14. The drivers help passengers into and out of their homes when they need it. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say	1	2	3	4	5	6	-7	-8

(TRFRE05 TO TRFRE17)	Always	Usually	Some-times	Rarely	Never	Does not apply	RF	DK
TR15. {You get/ NAME OF PARTICIPANT gets} the number of rides {you need/s/he needs} from this service. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say)	1	2	3	4	5	6	-7	-8
TR16. {You get/ S(He)} rides at the times and on the days {you need / s/he needs} them. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say)	1	2	3	4	5	6	-7	-8
TR17. {You have/ NAME OF PARTICIPANT has} the information {you need / s/he needs} to schedule and take {your/his/her} local trips. (IF NEEDED: Would {you/NAME OF PARTICIPANT} say)	1	2	3	4	5	6	-7	-8

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	Does not apply	RF	DK
TR18. {You get/ NAME OF PARTICIPANT gets} around more than {you/s/he} did before {you/s/he} had this service. Would {You/s(he)} say	1	2	3	4	5	6	-7	-8
TR19. {You/ NAME OF PARTICIPANT} would recommend this transportation service to a friend. Would {you/s(he)} say.....	1	2	3	4	5	6	-7	-8

FENCEPOST

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

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

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 TRACTNON AND TRACTOT AND TRACTOS)

PROGRAMMER NOTE: IF ANY OF TR21A-J AND 91 HAS A YES (1) ANSWER, AUTOCDE L "NO" (2). IF ALL OF TR21A-J AND 91 ARE "NO" (2), AUTOCODE K YES (1).

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>RF</u>
A. Work	1	2	-7	-8
B. Doctors and health care providers	1	2	-7	-8
C. Shopping	1	2	-7	-8
D. Volunteer activities	1	2	-7	-8
E. Senior center	1	2	-7	-8
F. Lunch program	1	2	-7	-8
G. Friends, neighbors, and relatives	1	2	-7	-8
H. Social events and recreation activities	1	2	-7	-8
I. Clubs and meetings	1	2	-7	-8
J. Religious services	1	2	-7	-8
91. Some place else	1	2	-7	-8
(SPECIFY)_____				
K. Personal business (From Other Specify)	1	2	-7	-8
L. NONE	1	2	-7	-8

FENCEPOST

TR22. {Do you/does NAME OF PARTICIPANT} have recommendations on how to make the {PROVIDER NAME} better? [INTERVIEWER NOTE: MARK ALL THAT APPLY. CTRL/P TO EXIT. PROBE: Any other recommendation?]

(TRREC01 TO TRREC06 AND TRRECOS AND TRRECOTH AND TRRECNO)

- PROVIDE SERVICES MORE HOURS OF THE DAY (TRMORHRS) 1
- PROVIDE SERVICES MORE DAYS OF THE WEEK (TRMORDAY)..... 2
- REDUCE THE WAITING TIME FOR A RIDE (TRREWAIT)..... 3
- NEED BETTER VEHICLES FOR OLDER RIDERS LIKE VANS
(TRBTRVEH)..... 4
- NEED TO BE ABLE TO GO MORE PLACES (TRMORPLA) 5
- THE DRIVERS SHOULD PROVIDE MORE HELP INTO AND OUT OF
THE VAN (TRMORHLP)..... 6
- SOMETHING ELSE 91
(SPECIFY _____)
- MORE VANS/TRIPS/VOLUNTEERS (FROM OTHER SPECIFY
RESPONSES) (TRMORSVC)
- DRIVERS/SCHEDULERS MORE POLITE (FROM OTHER SPECIFY
RESPONSES) (TRPOLITE)
- NONE OF THE ABOVE (TRRECNO)..... 7

FENCEPOST

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

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

(TRCHANG)

FENCEPOST

TR24. Is there a car in working condition in {your/ NAME OF PARTICIPANT's} household?
(TRISCAR)

YES..... 1 (GO TO TR25)
NO..... 2 (GO TO TR26)
REFUSED.....-7 (GO TO TR26)
DON'T KNOW.....-8 (GO TO TR26)

TR25. {Do you/Does NAME OF PARTICIPANT} ever drive that car?
(TRDRIVE)

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

FENCEPOST

TR26 is duplicate to PF2. Comment out.

TR26 {Do you/Does NAME OF PARTICIPANT} have any physical or mental health condition that creates difficulty for {you/him/her} in going outside {your/his/her} home alone to shop or visit a doctor's office?

(TRPRBGO)

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 to the extent the law allows 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 to the extent the law allows 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 to the extent the law allows 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/s/he} may have received [TYPE OF SERVICE] services from [NAME OF PROVIDER/CONGREGATE MEAL SITE]. Is that correct?

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

IF NO: Thank you, we will check with the agency and may be calling you again in the next few days. (CODE PROBLEM)

PROGRAMMER NOTE: If participant or interpreter/translator, display first person tense (e.g., “do you” or “have you”) in questions. If proxy, display second person tense (e.g., “does s/he” or “has s/he”) where indicated.

IA1. First, did {you/ NAME OF PARTICIPANT} call {AGENCY NAME} about {TOPIC OF CALL}.to...

(IAWHY01-IAWHY04 AND IAWHYOS)

	<u>Yes</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
1. Obtain help or services for {yourself/him/herself}?	1	2	-7	-8-	-9
2. Obtain help or services for a relative or friend?	1	2	-7	-8-	-9
3. {Were you/Was NAME OF PARTICIPANT} calling from an agency for a client or patient?	1	2	-7	-8-	-9
91. For any other reason? (Please describe)_____	1	2	-7	-8-	-9

PROGRAMMER NOTE: ASK IA2-C ONLY IF IA1-3 IS YES (1).

IA2. Please tell me the reason why {you/ NAME OF PARTICIPANT} called. Did {you/s/he} call

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
(IARESINF) A. To get information?	1	2	-7	-8-
(IAESSVC) B. To obtain services such as transportation, housing, health care, meals or some other service?	1	2	-7	-8-
(IARESCL) C. To refer a client for services?	1	2	-7	-8-
(IARESPC) D. To follow up on a prior call?	1	2	-7	-8-
(IARESHI) E. To express health insurance concerns?	1	2	-7	-8-
(IARESFIN) F. To express financial concerns?	1	2	-7	-8-
(IAREFCG) G. About the Family Caregiver Program?	1	2	-7	-8-
(iARSFC & 91. To file a complaint? (PLEASE SPECIFY_____)	1	2	-7	-8-
(IARSOS1) & 92. Some other reason? (PLEASE SPECIFY_____)	1	2	-7	-8-
(IARSOT & 92. Some other reason? (PLEASE SPECIFY_____)	1	2	-7	-8-
(IARSOS02) & 92. Some other reason? (PLEASE SPECIFY_____)	1	2	-7	-8-

FENCEPOST

IA3. {Had you/ Has NAME OF PARTICIPANT} ever used this service before {your/ his/her} 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
25
REFUSED -7
DON'T KNOW -8
HARD RANGE = 0-

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/ his/her} call answered? Would {you/ NAME s(he)} say...

(IAQUICK)

Immediately, such as after 1 ring or 2 rings; 1
Quickly, less than 5 rings; 2
After a little while, 5 to 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/ him/her} 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, or 3 (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 IA16)REFUSED
-7 (GO TO IA16)
- DON'T KNOW -8 (GO TO IA16)

IA6e. Did {you/s/he} speak with a person when {you/s/he} called back?
(IASKPER)

- YES 1
- NO 2 (GO TO IA146)
- REFUSED -7 (GO TO IA16)
- DON'T KNOW -8 (GO TO IA16)

FENCEPOST

Box IA-6E the ELSE should go to IA16, not IA14.

IA14 "ASK IF:" should go back to how it was - identical to the "APPLICABLE IF" on BOX IA-13.
(ditto for IA15)

IA16 - make the words "besides the referrals" a display D2 as follows...

if EXTD.IARFPL = 1 or 2 then D2 = "besides the referrals"

ELSE D2 = blank.

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/ him/her} in a way {you/s/he} could understand? Would {you/ s(he)} 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)

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>RF</u>	<u>N/A</u>
1. Language problem for instance the person did not speak Spanish?	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?	1	2	-7	-8	-9
(SPECIFY) _____					
5. No problems	1	2	-7	-8	-9

PROGRAMMER NOTE: If any 1A10 = yes, autocode #5 as "no"
 If all 1A10 = no, autocode #5 as "yes"
 If all 1A10 = -7, autocode #5 as -7
 If all 1A10 = mix of -7 and -8, autocode #5 as -8
 If all 1A10 = -8, autocode #5 as -8

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/ s(he) 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. Overall, how would {you/ NAME OF PARTICIPANT} rate the way {your/ his/her} call was handled? Would {you/s/he} say...

(IASATIS)

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

IA13. Would {you/ NAME OF PARTICIPANT} recommend this service to a friend or colleague who needs the kind of information and assistance {you/ s(he)} 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

IA14. {Do you/dDoes NAME OF PARTICIPANT} expect that the information {you/ s(he)} received from {AGENCY NAME} will be helpful in resolving the issue {you/s/he} called about? Would {you/ s(he)} 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

IA15. {Were you/Was NAME OF PARTICIPANT} referred to any other places to call? Would {you/s(he)} say
 (IARFPL)

- Yes, {you were/s(he) was} referred to another agency 1
- Yes, {you were/s(he) was} referred to another office in this agency, or 2
- No 3 (GO TO IA16)
- DOES NOT APPLY 4 (GO TO IA16)
- REFUSED -7 (GO TO IA16)
- DON'T KNOW -8 (GO TO IA16)

IA15a. Did {you/ s NAME OF PARTICIPANT} contact any of them?
 (IACNTC)

- YES 1 (GO TO IA15C)
- NO 2
- REFUSED -7 (GO TO IA15C)
- DON'T KNOW -8 (GO TO IA15C)

IA15b. May I ask why {you/ NAME OF PARTICIPANT} did not contact them?
(IANOCT01 - IANOCT05 AND IANOCT08)

[PROBE: Any other reason?] [CODE ALL THAT APPLY. CTRL/P TO EXIT.]

- HAVEN'T HAD A CHANCE TO YET 1 (GO TO IA16)
- TRIED TO, BUT HAVEN'T HEARD FROM THEM YET 2 (GO TO IA16)
- THEY CALLED AND LEFT A MESSAGE, BUT HASN'T CALLED
THEM BACK YET 3 (GO TO IA16)
- GOT HELP FROM SOMEWHERE ELSE 4 (GO TO IA16)
- OTHER (SPECIFY) _____ 91 (GO TO IA16)
- REFUSED -7 (GO TO IA16)
- DON'T KNOW -8 (GO TO IA16)

PROGRAMMER NOTE: IF IA1 C IS YES (1), IA15C SHOULD READ "DID YOUR CLIENT START RECEIVING SERVICES FROM ANY OF THE PLACES YOUR CLIENT WAS REFERRED TO?"

IA15c. {Have you/ Has NAME OF PARTICIPANT} started receiving services from any of the places {you were/ s(he) was} referred to?
(IASTART)

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

PROGRAMMER NOTE: IF RESPONDENT GOT TO IA16 FROM IA6D—NO, RF, DK—THEN DO NOT DISPLAY "BESIDES THE REFERRAL."

IA16. {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 IA17)
- REFUSED -7 (GO TO IA17)
- DON'T KNOW -8 (GO TO IA17)

IA16a. Did {you/ s(he)} get the information or help {you/s/he} needed?
(IAINFND)

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

IA16b. About how many calls did {you/ s/he} have to make before {you/s/he} got the information or help {you/ s(he)} needed?

(IACLSMK)

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

PROGRAMMER NOTE: IF QIA17 IS NONE (9) SKIP TO PROGRAMMER NOTE BEFORE IA18. ELSE CONTINUE TO ALLOW RESPONSES UP TO 9. DO NOT ACCEPT NONE (9) IF RESPONDENT CHOOSES ANY OTHER RESPONSE(S).

IA17. {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 IABETROT & IABETROS)

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 CALL 5
 BE MORE TIMELY IN RETURNING PHONE CALLS 6
 BETTER ADVERTISING OF SERVICES 7
 REDUCE THE WAIT TIME ON SERVICES 8
 NEED MORE MONEY TO FUND SERVICES
 (From Other Specify Responses) 9
 OTHER (SPECIFY) _____ 91
 NONE 10
 REFUSED -7
 DON'T KNOW -8

PROGRAMMER NOTE: IF NONE IS ENTERED IN IA17, DO NOT ALLOW ANY OTHER RESPONSES.

IA17A Next, how would {you/ NAME OF PARTICIPANT } rate the information and assistance service that {you/s(he)} received? Would {you/ s(he) } say...

(IARATE)

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

FENCEPOST

PROGRAMMER NOTE: IF QIA1 - 3 IS 1, GO TO QIA18.

IF QIA1 - 1, 2, OR 91 IS 1 (YES), -7 OR -8, AND QIA1-3 IS NO, -7, -8 GO TO MODULE 4.

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

- A hospital, 1
- Long-term care facility,..... 2
- A social service agency,
or 3
- Someplace 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 HOME-DELIVERED MEALS, TRANSPORTATION AND HOMEMAKER.

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

ONLY DISPLAY PFINTRO1 AND PF1A IF TALKWHO IS PH1, PH2, OR PH3 OR PT1, PT2, OR PT3. ELSE, SKIP TO PFINTRO2.

PFINTRO. The next question is about {your/ NAME OF PARTICIPANT’S} health.

PF1a. In general, would {you/ NAME OF PARTICIPANT} say {your/his/her} health is:
(PFHLTH)

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

PFINTRO2. We would like to ask about difficulties with some common activities of everyday life and whether {you need /NAME OF PARTICIPANT needs} assistance performing these activities. Please exclude the effects of temporary conditions. If an aid is used, please indicate {your/his/her} difficulty when using the aid.

PF1. Because of a physical or mental health condition, {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 s(he)} need the help of another person to perform this activity?
(PFDFINB)

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

FENCEPOST

PF2. Because of a physical or mental health condition, {do you/ does s(he)} have difficulty going outside the home, for example to shop or visit a doctor's office?
(PFDFOU)

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

PF2b. {Do you/Does s(he)} need the help of another person to perform this activity?
(PFDFOUB)

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

FENCEPOST

PF3. Because of a physical or mental health condition, {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 s(he)} need the help of another person to perform this activity?
(PFBEDB)

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

FENCEPOST

PF4. Because of a physical or mental health condition, {do you/does s(he)} 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 s(he)} need the help of another person to perform this activity?
(PFBATHB)

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

FENCEPOST

PF5. Because of a physical or mental health condition, {do you/does NAME OF PARTICIPANT} have difficulty when dressing?
(PFDRES)

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

PF5b. {Do you/does s(he)} need the help of another person to perform this activity?
(PFDRESB)

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

FENCEPOST

PF6. Because of a physical or mental health condition, {do you/does s(he)} 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 s(he)} need the help of another person to perform this activity?
(PFWALKB)

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

FENCEPOST

PF7. Because of a physical or mental health condition, {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 s(he)} need the help of another person to perform this activity?
(PFEATB)

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

FENCEPOST

PF8. Because of a physical or mental health condition, {do you/does s(he)} 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 s(he)} need the help of another person to perform this activity?
(PFWCB)

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

FENCEPOST

PF9. Because of a physical or mental health condition, {do you/does NAME OF PARTICIPANT} have difficulty keeping track of money or bills?
(PFDLR)

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

PF9b. {Do you/does s(he)} need the help of another person to perform this activity?
(PFDLRB)

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

FENCEPOST

PF10. Because of a physical or mental health condition, {do you/does s(he)} have difficulty preparing meals?
(PFMEAL)

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

PF10b. {Do you/does s(he)} need the help of another person to perform this activity?
(PFMEALB)

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

FENCEPOST

PF11. Because of a physical or mental health condition, {do you/does NAME OF PARTICIPANT} have difficulty doing light housework, such as washing dishes or sweeping a floor?
(PFCLLEN)

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

PF11b. {Do you/does s(he)} need the help of another person to perform this activity?
(PFCLLENB)

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

FENCEPOST

PF12. Because of a physical or mental health condition, {do you/does s(he)} have difficulty taking the right amount of prescribed medicine at the right time?
(PFTKDG)

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

PF12b. {Do you/Does s(he)} need the help of another person to perform this activity?
(PFTKDGB)

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

FENCEPOST

PROGRAMMER NOTE: ASK PF13 ONLY IF PROXY OR INTERPRETER INTERVIEW. IF RESPONDENT ON PHONE, DO NOT ASK. IF RESPONDENT ON PHONE, AUTOCODE AS 2 (NO).

PF13. Because of a physical or mental health condition, {do you/does NAME OF PARTICIPANT} have difficulty using the telephone?
(PFFONE)

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

PF13b. {Do you/does s(he)} need the help of another person to perform this activity?
(PFFONEB)

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

PF14. Because of a physical or mental health condition, {do you/does s(he)} have difficulty driving an automobile?

(PFDRIVE)

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

FENCEPOST

PF15. Is local bus, transit bus, or city bus service available within three-quarters of a mile from {your/his/her} home?

(PFBUS)

YES..... 1 (GO TO PF15B)
NO..... 2 (GO TO PROGRAMMER
NOTE BEFORE PF 16A)
REFUSED..... -7 (GO TO PROGRAMMER
NOTE BEFORE PF 16A)
DON'T KNOW..... -8 (GO TO PROGRAMMER
NOTE BEFORE PF 16A)

PF15b. Because of a physical or mental health condition, {do you/does s(he)} have difficulty using this transportation?

(PFUSEBUS)

YES..... 1 (GO TO PF15C)
NO..... 2 (GO TO PROGRAMMER
NOTE BEFORE PF16A)
REFUSED..... -7 (GO TO PROGRAMMER
NOTE BEFORE PF16A)
DON'T KNOW..... -8 (GO TO PROGRAMMER
NOTE BEFORE PF16A)

PF15c. {Do you/Does s(he)} need the help of another person to perform this activity?

(PFBUSEB)

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

PROGRAMMER NOTE: IF RESPONDENT HAS ANSWERED YES TO QUESTIONS THAT ASK IF ANOTHER PERSON HELPS THEM (PF1B, PF2B, PF3B, PF4B, PF5B, PF6B, PF7B, PF8B, PF9B, PF10B, PF11B, PF 12B PF13B AND/OR PF15C, GO TO Q. PF16A.

DISPLAY YES RESPONSES ON CATI SCREEN FOR PF16A. WE WANT TO DISPLAY THE ACTUAL

CATEGORIES FOR WHICH THE RESPONDENT SAID THEY RECEIVE HELP, SO DISPLAY THE PREVIOUS QUESTIONS WHERE THE RESPONDENT SAID “YES, THEY HAVE DIFFICULTY...” (NUMBERED QUESTIONS 1,2,3,4,5,6,7,8,9,10,11,12,13,15B) AND ‘YES, THEY RECEIVE HELP.’ (PF1B, PF2B, PF3B, PF4B, PF5B, PF6B, PF7B, PF8B, PF9B, PF10B, PF11B, PF 12B PF13B AND/OR PF15C). DISPLAY APPROPRIATE CATEGORIES LIKE THIS:

PF1 DIFFICULTY GETTING AROUND INSIDE THE HOME

PF2 DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR’S OFFICE

PF3 DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR

PF4 DIFFICULTY WHEN TAKING A BATH OR SHOWER

PF5 DIFFICULTY WHEN DRESSING

PF6 DIFFICULTY WHEN WALKING

PF7 DIFFICULTY EATING

PF8 DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET

PF9 DIFFICULTY KEEPING TRACK OF MONEY OR BILLS

PF10 DIFFICULTY PREPARING MEALS

PF11 DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR

PF12 DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME

PF13 DIFFICULTY USING THE TELEPHONE

PF15B DIFFICULTY USING THIS TRANSPORTATION

IF NOT, GO TO MODULE 2.

PF16a. You have said that {you need /NAME OF PARTICIPANT needs} the help of another person with [READ LIST OF ACTIVITIES]. We would like to know if family or friends provide help with these activities. If so, which family member or friend helps {you/him/her} the most with [READ LIST OF ACTIVITIES]?

(WHOHELPS)

(INTERVIEWER NOTE: MARK ONLY ONE.)

- SON 1
- DAUGHTER 2
- HUSBAND 3
- WIFE 4
- PARENT 5
- OTHER RELATIVE 6
- FRIEND/NEIGHBOR..... 7
- OTHER NONRELATIVE (NOT PAID STAFF) 8
- DID NOT RECEIVE HELP FROM FAMILY/FRIEND..... 9 (GO TO MODULE 2)
- REFUSED -7 (GO TO MODULE 2)
- DON'T KNOW -8 (GO TO MODULE 2)

PROGRAMMER NOTE:

If PF16a = 1 through 8 (a relationship), create a caregiver interview and then go to question PF16b.
 Else, if PF16a = 9 (no help), DO NOT create a caregiver interview. Go to Module 2.
 Else, if PF16a = -7 or -8, create a caregiver interview, assign a result code of RC to the cg interview and go to Module 2.

At PF16b (is cg 18+),
 If PF16b = yes, go to PF16c.
 Else, if PF16b = 2, -7, or -8, assign a result code of IC to the cg interview and go to Module 2.

At PF17 (collect name and phone for cg),
 If first and last name are both = -7 or -8, assign a result code of RC to the cg interview and go to Module 2.
 Else, if first or last name is not missing, collect phone number.

If phone number is -7 or -8, assign a result code of RC to the cg interview and go to Module 2.
 Else, go to Module 2.

The caregiver's name can be entered as a descriptor (female/54, son/43, etc.) and this will NOT finalize the cg interview. Interviewers will be trained to try to collect a descriptor rather than entering -7 or -8.

The participant's name will be used as the care recipient's name in the cg interview.

16b. Is this person at least 18 years old?

(HELPAFLT)

- YES 1 (GO TO 16C)
- NO 2 (GO TO MODULE 2)
- REFUSED -7 (GO TO MODULE 2)
- DON'T KNOW -8 (GO TO MODULE 2)

BE SURE TO INSERT "NAME OF PARTICIPANT" FROM THIS INTERVIEW (HOMEMAKER OR HOME DELIVERED MEALS INTERVIEW) INTO THE NEWLY CREATED CAREGIVER INTERVIEW AS "CARE RECIPIENT." THE "CAREGIVER NAME" WILL BE THE NAME WE COLLECTED HERE AS THE NEW CAREGIVER INTERVIEWEE.

PROGRAMMER NOTE: GO TO MODULE 2 TO FINISH INTERVIEW WITH CURRENT HOME DELIVERED MEALS OR HOMEMAKER RESPONDENT.

MODULE 2: EMOTIONAL WELL-BEING SURVEY (VERSION: MARCH 1, 2000)

NOTE: THIS MODULE IS FOR 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}.

Now I would like to ask you some questions about how you have been feeling.

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 s(he)} 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 s(he)} 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. During the past 30 days, for about how many days {have you/has s(he)} felt very healthy and full of energy?

(EWENERGY)

[IF NONE, ENTER 0 (ZERO)]

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

EW5. In general, how would {you/ NAME OF PARTICIPANT} describe {your/his/her} mental health or emotional well-being? Would {you/ s(he)} 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/ s(he)} 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/ s(he)} 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/ s(he)} 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/ s(he)} go to church, temple, or another place of worship for services or other activities?		-7	-8	-9
SF6.	During the past two weeks, how many times did {you/ s(he)} 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/ s(he)} send or receive personal mail with someone?		-7	-8	-9
SF9.	How many days 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 s(he)} feel that {you are/s(he) is} doing...

(SFENUF)

- About enough,..... 1
- Too much, or..... 2
- {You/ NAME OF PARTICIPANT} would like to be doing more? 3
- REFUSED -7
- DON'T KNOW -8

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/ s(he)} say it has interfered...

(SFINTFR)

- Not at all, 1
- A little bit, 2
- Moderately, 3
- Quite a bit, or 4
- Extremely? 5
- REFUSED -7
- DON'T KNOW -8

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 OR HOME DELIVERED MEALS PROVIDER IF ON SAMPLE FILE

CONGREGATE MEALS

NAME OF AGENCY OR CONGREGATE MEALS PROVIDER, IF ON SAMPLE FILE

HOMEMAKER

NAME OF AGENCY, OR PROVIDER NAME IF ON SAMPLE FILE

HOME HEALTH AIDE

NAME OF AGENCY, OR PROVIDER NAME IF ON SAMPLE FILE

TRANSPORTATION

NAME OF AGENCY, OR PROVIDER NAME IF ON SAMPLE FILE

SF12. Have {your/NAME OF PARTICIPANT's} social opportunities increased since {you/s/he} became involved with {SERVICE OR PROGRAM NAME?}'s services?

(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 demographic characteristics of our clients. We would appreciate it if you would answer the following questions. All this information will be kept confidential to the extent allowed by law.

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

(DEGENDR)

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

PROGRAMMER NOTE: PRE-LOAD DATE OF BIRTH FROM SAMPLE FILE. IF NOT AVAILABLE, GO TO DE2UPDATE.

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

(DEBDAY1)

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

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

(DEBMM, DEBDD, DEBYYYY)

____/____/____
MM DD YYYY

FENCEPOST

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

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

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

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

DE5. What is {your/his/her} race?(CODE ALL THAT APPLY. CTRL/P TO EXIT)
(DE5ARRAY [1]-[6], DERAC01-DERAC06 AND DERACOS)

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

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

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

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

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

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

YES..... 1 (GO TO DE8A)
 NO..... 2 (GO TO PROGRAMMER
 NOTE BEFORE DE8B)
 REFUSED..... -7 GO TO PROGRAMMER
 NOTE BEFORE DE8B)
 DON'T KNOW..... -8 GO TO PROGRAMMER
 NOTE BEFORE DE8B)

DE8a. Do you/Does {NAME OF PARTICIPANT/NAME OF CAREGIVER}
(DELVHOW [1]-[4], DELVH01-DELVH04)

		Yes	No	RF	DK
DELVSP1	1. Live with {your/her/his} spouse	1	2	-7	-8
DELVKID2	2. Live with {your/her/his} children	1	2	-7	-8
DELVREL3	3. Live with other relatives	1	2	-7	-8
DELVNRL4	4. Live with non-relatives	1	2	-7	-8

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

PROGRAMMER NOTE: IF ALL OF DE8a IS NO, PROMPT "YOU TOLD ME YOU LIVE WITH SOMEONE ELSE. WHO DO YOU LIVE WITH?" THEN ALLOW THE INTERVIEWER TO GO BACK AND CODE THE RESPONSE "YES" THAT APPLIES.

IF THE RESPONDENT HAS INDICATED IN DE8 THAT HE OR SHE LIVES WITH SOMEONE ELSE (ANY OF DE8 1-4 IS YES), IF INTERVIEWER ENTERS 0 IN DE8B, GIVE A PROMPT THAT SAYS, "THE SYSTEM WILL NOT ACCEPT ZERO, BECAUSE THIS QUESTION ASKS YOU TO INCLUDE YOURSELF." IF INTERVIEWER ENTERS ONE, AND DE8 IS YES (1) THEN GIVE A PROMPT THAT SAYS, "YOU TOLD ME YOU LIVE WITH OTHER PEOPLE. PLEASE INCLUDE YOURSELF WHEN TELLING ME HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD." IF DE8 IS REFUSED OR DON'T KNOW, THEN ACCEPT 1.

Variables:

	Variable Name	Available Responses (Hard Range)	Likely Responses (Soft Range)	Go To
A	EXTD.DELVSP1	1. YES		(B)
		2. NO		(B)
		-7 REFUSED		(B)
		-8 DON'T KNOW		(B)

<i>B</i>	<i>EXTD.DELVKID2</i>	1. YES	(C)
		2. NO	(C)
		-7 REFUSED	(C)
		-8 DON'T KNOW	(C)
<i>C</i>	<i>EXTD.DELVREL3</i>	1. YES	(D)
		2. NO	(D)
		-7 REFUSED	(D)
		-8 DON'T KNOW	(D)
<i>D</i>	<i>EXTD.DELVNRL4</i>	1. YES	DE8B
		2. NO	DE8B
		-7 REFUSED	DE8B
		-8 DON'T KNOW	DE8B

DE8b. Including {yourself/himself/herself}, how many people live in {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} household,?

(DEHHM)

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

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

(DEMARST)

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

DE10. Thinking about the total combined income from all sources for all persons in this household, was {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} total household annual income for the past 12 months \$20,000 or less or more than \$20,000?

(DEINAB)

\$20,000 OR LESS [\$1666 PER MONTH OR LESS] 1 (GO TO DE10A)
 MORE THAN \$20,000 [\$1667 PER MONTH OR MORE] 2 (GO TO DE10B)
 REFUSED -7 (GO TO CLOSE1)
 DON'T KNOW -8 (GO TO CLOSE1)

DE10a. Which category best describes {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} total household annual income for the last 12 months? Would {you/s(he)} say...

(DEINBEL)

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

DE10b. Which category best describes {your/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S} total household annual income for the last 12 months? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say...

(DEINABOV)

- \$20,001 - \$25,000, [\$1667 TO \$2083 PER MONTH]..... 1
- \$25,001 - \$30,000, [\$2084 TO \$2500 PER MONTH]..... 2
- \$30,001-\$35,000, [\$2085 TO \$2916 PER MONTH]..... 3
- \$35,001 - \$40,000, or [\$2917 TO \$3333 PER MONTH]..... 4
- Over \$40,000? [\$3334 PER MONTH OR MORE] 5
- 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.