



Survey Instrument

15th ACL/AoA National Survey of Older Americans Act Participants

5/31/2021

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An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0985-0023. Public reporting burden for this information collection is estimated to average 30 minutes per response; response times may range from 25 minutes to 45 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Administration for Community Living, Washington, DC 20201 Attn: Dr. Susan Jenkins, (888) 204-0271.

PROGRAMMING CONVENTIONS

The SAMP 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 SAMP.TALKWHO are as follows:

- CG1 - **Caregiver** answering themselves
- CG2 - Proxy answering for caregiver
- CG3 - Translator/interpreter answering for caregiver

- PG1 - **Case Management** being answered by participant
- PG2 - Proxy answering for participant
- PG3 - Translator/interpreter answering for participant

- PC1 - **Congregate Meals** being answered by participant
- PC2 - Proxy answering for participant
- PC3 - Translator/interpreter answering for participant

- PM1 - **Home-Delivered Meals** being answered by participant
- PM2 - Proxy answering for participant
- PM3 - Translator/interpreter answering for participant

- PH1 - **Homemaker** being answered by participant
- PH2 - Proxy answering for participant
- PH3 - Translator/interpreter answering for participant

- PT1 - **Transportation** being answered by participant
- PT2 - Proxy answering for participant
- PT3 - Translator/interpreter answering for participant

FENCEPOST: If interview was not completed in the first call, FENCEPOST designates where the interview can resume during subsequent calls.

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

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

Display #	Criteria	Display Text
<i>D1</i>	IF THIS IS A PROXY INTERVIEW (SAMP.TALKWHO = CG2, PM2, PH2, PC2, PG2, PT2)	<i>"PROXY FOR"</i>
	ELSE IF THIS IS AN INTERPRETER INTERVIEW (SAMP.TALKWHO = CG3, PM3, PH3, PC3, PG3, PT3)	<i>"INTERPRETER FOR"</i>
	ELSE IF THIS IS A SUBJECT INTERVIEW (SAMP.TALKWHO = CG1, PM1, PH1, PC1, PG1, PT1)	<i>BLANK</i>
<i>D2</i>	IF THIS IS A CAREGIVER INTERVIEW (SAMP.TALKWHO = CG1, CG2, OR CG3)	<i>"CAREGIVER:"</i>
	ELSE IF THIS IS A PARTICIPANT INTERVIEW (SAMP.TALKWHO = PM1, PM2, PM3, PT1, PT2, PT3, PH1, PH2, PH3, PC1, PC2, PC3, PG1, PG2, PG3)	<i>"PARTICIPANT:"</i>
<i>D3</i>	ALL	<i>"{BASM.BASMFNAM BASMLNAM}"</i>

PROGRAMMER NOTE: THERE ARE SEVERAL VARIABLES REFERENCED THROUGHOUT THESE SPECIFICATIONS THAT NEED TO BE PRE-LOADED FROM THE SAMPLE FILE. THESE INCLUDE:
--

NAME OF INTERVIEWEE — one of 4 types of persons:

- Participant
- Caregiver
- Interpreter/translator
- Proxy

TYPE OF SERVICE:

- Case Management
- Congregate meals
- Home-delivered meals
- Homemaker
- Transportation
- Family Caregiver

AGENCY NAME

SERVICE PROVIDER

INTRODUCTION AND PARTICIPANT VERIFICATION

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

PARTICIPANT IS AVAILABLE.....	1 [GO TO S/P]
CAREGIVER IS AVAILABLE	2 [GO TO S/P]
INTERPRETER 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

PARTICIPANT VERIFICATION

PROGRAMMER NOTE:

IF S/P = 1 PARTICIPANT ON THE PHONE:

IF TYPE OF SERVICE = CASE MANAGEMENT, GO TO CSINTRO1.
IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CNRINTRO.
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO HNRINTRO.
IF TYPE OF SERVICE = HOMEMAKER, GO TO HCMINTRO.
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTRO.

IF S/P = 2 CAREGIVER ON THE PHONE:

IF TYPE OF SERVICE = FAMILY CAREGIVER, GO TO CGINTRO.

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

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTRIOINT.
IF TYPE OF SERVICE = CASE MANAGEMENT, GO TO CSINTROINT.
IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CNRINTROINT.
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO HNRINTROINT.
IF TYPE OF SERVICE = HOMEMAKER, GO TO HCMINTROINT.
IF TYPE OF SERVICE =TRANSPORTATION, GO TO TRINTROINT.

IF S/P = 4 PROXY ON THE PHONE:

IF TYPE OF SERVICE = CAREGIVER, GO TO CGINTROPRX.
IF TYPE OF SERVICE = CASE MANAGEMENT, GO TO CSINTROPROX.
IF TYPE OF SERVICE = CONGREGATE MEALS, GO TO CNRINTROPROX.
IF TYPE OF SERVICE = HOME DELIVERED MEALS, GO TO HNRINTROPRX.
IF TYPE OF SERVICE = HOMEMAKER, GO TO HCMINTROPROX.
IF TYPE OF SERVICE = TRANSPORTATION, GO TO TRINTROPRX.

IF CARE RECIPIENT NAME IS UNKNOWN, FOR THE FAMILY CAREGIVER SURVEY, USE “THE PERSON YOU CARE FOR.”

FOR ALL OTHER SURVEYS, GENDER WILL BE MALE, I.E., “HE” OR “HIS.”

SURVEY MODULES

CASE MANAGEMENT SERVICE

CSINTRO [PARTICIPANT]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received case management services from {PROVIDER NAME/AGENCY 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. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any of answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

GO TO CSSERVERF.

IF NEEDED: {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services.

CSINTROINT [INTERPRETER]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received case management services from (PROVIDER NAME/AGENCY 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or 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).
[IF NEEDED: {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services.]

PROGRAMMER NOTE: IF INTERPRETER WIL NOT DO INTERVIEW, GO TO CSALTCON. OTHERWISE, GO TO CSSERVERF.
--

CSINTROPRX [PROXY]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show (NAME OF PARTICIPANT) received case management services from {PROVIDER NAME/AGENCY 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/her} eligibility for services will not be affected by (his/her) decision to participate or 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).

[IF NEEDED: {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services.]

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

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

<hr style="width: 100%;"/> FIRST NAME	<hr style="width: 100%;"/> LAST NAME
(_ _ _ _) (AREA CODE)	_ _ _ _ _ - _ _ _ _ _ (TELEPHONE NUMBER)

REFERRED BACK TO PARTICIPANT 1 [GO TO CSINTRO]
 REFUSED -7 [Thank you for your time]
 DON'T KNOW -8 [Thank you for your time]

Thank you for the information. END INTERVIEW.

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

YES 1 [GO TO CSINTRO1]
 NO 2
 REFUSED -7 [GO TO CSMGRVER]
 DON'T KNOW -8

PROGRAMMER NOTE: IF NO NAME OF CASE MANAGER NAME ON FILE, GO TO "IF NO."

CSMGRVER. We show {your/his/her} case manager's name is {NAME OF CASE MANAGER}. Is that correct?

YES	1
NO	2
REFUSED	-7 [Thank you for your time]
DON'T KNOW	-8

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

CSINTRO1. Now we are going to talk about the case management service {you receive/NAME OF PARTICIPANT receives} from {NAME OF PROVIDER}.

CSa1. When was the last time {you/s/he} received the case management service? Was it...
(CSDAYS)

Today or yesterday,	1
More than 1 day to 1 week ago,	2
More than 1 week to 1 month ago, or	3
More than 1 month ago?	4
ONLY GOT IT ONE TIME [INTERVIEWER NOTE: INCLUDES R WHO SAYS THEY GOT HELP FOR A SHORT TIME, E.G. AFTER A HOSPITAL STAY] ..	5
OVER 1 YEAR AGO	6 [GO TO THANK3]
REFUSED	-7
DON'T KNOW	-8

THANK3. Thank you, but the focus of this survey is on people who have used the service within the past year.

FENCEPOST

CSa2. How long {have you/has NAME OF PARTICIPANT} been receiving case management from {service provider/AAA}? Would {you/he/she} say...

(CSRECEV)

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

CSINTRO2. Now I am going to read a few statements about {your/NAME OF PARTICIPANT's} case manager and the case management services {you are/s/he is} currently receiving. {Your/His/Her} case manager is the person who sets up in-home services, such as homemaker or personal care services for {you/him/her}. The case manager also calls to check on how {you are/NAME OF PARTICIPANT is} doing, or how {you like/s/he likes} {your/his/her} services. Please answer yes or no to each statement.

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
CS1. {Do you know/Does s/he know} how to contact {your/his/her} case manager when {you need/s/he needs} to? (CSCONT)	1	2	-7	-8
CS2. {Does your/his/her} case manager return {your/his/her} phone calls in a timely manner? (CSFONEC)	1	2	-7	-8
CS3. {Does your/His/Her} case manager explain {your/his/her} services in a way that {you/s/he} can understand? (CSEXPLN)	1	2	-7	-8
CS4. {Do you/NAME OF PARTICIPANT} and {your/his/her} case manager work together to decide what services {you need/NAME OF PARTICIPANT needs}? (CSNEEDS)	1	2	-7	-8
CS5. {Does your/NAME OF PARTICIPANT's} case manager treat {you/him/her} with respect? (CSRESPT)	1	2	-7	-8
CS6. {Does your/his/her} case manager involve {you/him/her} in discussing and planning for {your/his/her} services? (CSINVOLV)	1	2	-7	-8
CS7. {Does your/his/her} case manager do a good job setting up care for {you/him/her}? (CSCARE)	1	2	-7	-8
CS8. {Does your/his/her} case manager help {you/him/her} get services that {you/s/he} did not have before? (CSGTMOR)	1	2	-7	-8
CS9. Has {your/his/her} situation improved because of the services {your/his/her} case manager arranges? (CSBETTR)	1	2	-7	-8

CSINTRO3. Now I would like to ask you a few additional questions about the services {you/s/he} received through the case management program.

- CS11.** Did {your/his/her} case manager develop a care plan for the service {you need/s/he needs}?
[IF NEEDED: A care plan is a document that contains information about who saw {you/him/her}, {your/his/her} needs, what kinds of services {you receive/s/he receives} and how {you are/s/he is} doing once {you receive/s/he receives} the services.]

(CSSVCPLN)

YES	1	[GO TO 11a]
NO	2	[GO TO CS12]
REFUSED	-7	[GO TO CS12]
DON'T KNOW	-8	[GO TO CS12]

- CS11a.** Did {you/NAME OF PARTICIPANT} get a copy of the plan?

(CCOPY)

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

- CS12.** {Are you/Is s/he} able to select the services {you receive/s/he receives}?

(CSELSVC)

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

- CS13.** {Are you/Is s/he} able to select {your/his/her} service provider?

(CSSELPRV)

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

- CS14.** How would {you/s/he} rate the overall quality of the case management services {you have/s/he has} received? Would {you/s/he} say ...

(CSRATE)

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

CSINTRO4. Now I am going to read some statements about the services {you receive/s/he receives}.

		<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
CS15.	Do the services {you receive/s/he receives} help {you/NAME OF PARTICIPANT} continue to live independently?..... (CSSTAYHM)	1	2	-7	-8
CS16.	As a result of receiving the case management services, {do you/does s/he} have a better idea of where to get information about other services? (CSKNOW)	1	2	-7	-8

FENCEPOST

CS19. In the past 12 months since COVID, have you been able to communicate with people in a virtual way? Examples are Zoom, Skype FaceTime, a GrandPad®, or some other type of meeting over a computer or phone?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CSCOMM)

YES	1	[GO TO CS20]
NO	2	[GO TO CS19a]
REFUSED	-7	[GO TO CS20]
DON'T KNOW	-8	[GO TO CS20]

Question above added for 2021 COVID module

CS19a. [IF NO TO CS19] I am going to read a list of possible reasons why you were unable to communicate with people in a virtual way. Please tell me if any of these reasons apply.

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

(CSNOCO[1]-[7])

No computer, tablet, or cell phone	1
No internet.....	2
Internet, but poor connection	3
Don't know how	4
Don't want to	5
No one to meet or socialize with	6
OTHER.....	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS20. Including activities like walking, exercising, or working in the yard, in the past 12 months, would (you/s/he) say that since COVID you/s/he move around...

[IF NEEDED: We want to know about your (his/her) experiences in the last year and how they may differ when compared to before COVID.]

(CSMOVE)

much less,	1
a little bit less,	2
about the same,	3
a little bit more, or	4
a lot more?	5
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS20a. In the past 12 months, have you lost or gained weight without trying to lose or gain weight? Would you say...

(CSWEIGHT)

Yes, I gained 10 pounds or more,	1
Yes, I gained less than 10 pounds,	2
No, I stayed the same,	3
Yes, I lost less than 10 pounds	4
Yes, I lost 10 pounds or more?	5
YES, BUT I TRIED TO LOSE OR GAIN WEIGHT	6
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS21. I am going to read you two statements that people have made about their food situation at home. Thinking about you and your household, please tell me if each statement is often true sometimes true, or never true.

Since COVID, I worry whether food would run out before more can be bought or more can be delivered or picked up from a meals program.

(CSRUN)

OFTEN TRUE,	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS22. [Thinking about you and your household, please tell me if each statement is often true, sometimes true, or never true.]

Since COVID, the food that I had, just didn't last and I didn't have money to get more.

(CSMONEY)

OFTEN TRUE,	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS23. I couldn't afford to eat balanced meals. Was that...

(CSBAL)

Often true,	1
Sometimes true	2
Never true for you in the last 12 months?	3
REFUSED	-7
DON'T KNOW	-8

CS24. In the past 12 months, since last {DISPLAY CURRENT MONTH}, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

(CSSKIP)

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

CS25. In the past 12 months since COVID, have you tried to get meals, food, or groceries from {Service Provider} but were unable to?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CSACCESS)

YES	1	[GO TO CS25a]
NO	2	[GO TO CS26]
REFUSED	-7	[GO TO CS26]
DON'T KNOW	-8	[GO TO CS26]

Question above added for 2021 COVID module.

CS25a [IF YES TO CS25] I am going to give a list of possible reasons why you were unable to get meals, food, or groceries from {Service Provider}. Please tell me if any of these apply.

[CODE ALL THAT APPLY.]

(CSUN[1]-[7] CSUNOT)

No response from {provider/agency}	1
You were put on a waiting list	2
You were told that you could not have more meals or food	3
You were told there was no more food available	4
You were told there was not enough staff	5
You were unable to pick up meals or get to the meal pick up place	6
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS26. In the past 12 months since COVID, did you need health care but were not able to get it because of the coronavirus pandemic?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CSHC)

YES	1	[GO TO CS27]
NO	2	[GO TO CS28]
NOT APPLICABLE	3	[GO TO CS28]
REFUSED	-7	[GO TO CS28]
DON'T KNOW	-8	[GO TO CS28]

Question above added for 2021 COVID module.

CS27. [IF YES TO CS26] Were you unable to get any of the following types of care?

(CSNOHC[1]-[10])

[CODE ALL THAT APPLY]

Urgent care for an accident or illness,	1
A surgical procedure	2
Diagnostic or medical screening test,	3
Treatment for an ongoing illness.....	4
A regular check-up	5
Prescription drugs or medication.....	6
Dental care	7
Vision care.....	8
Hearing care.....	9
Mental health care.....	10
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS28. In the past 12 months since COVID, have you felt more stressed or anxious, less stressed or anxious, or about the same?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CSSTRESS)

MORE STRESSED OR ANXIOUS	1
LESS STRESSED OR ANXIOUS	2
ABOUT THE SAME.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS29. Thinking about support services for older adults provided by Area Agencies on Aging, such as meals, transportation, homemaker support, and case management, are you receiving all the help you need?

(CSSERV)

YES	1	[GO TO CS31]
NO	2	[GO TO CS30]
REFUSED	-7	[GO TO CS31]
DON'T KNOW	-8	[GO TO CS31]

Question above added for 2021 COVID module.

CS30. [IF NO TO CS29] What is your most pressing need that is not being met? Would you say...

(CSNEED)

meals,	1
transportation,.....	2
homemaking services,.....	3
case management,	4
something else? [OTHER SPECIFY]	91
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS31. In the past 12 months since COVID, how have you been receiving case management from {Service Provider}? Would you say...

[CODE ALL THAT APPLY; UP TO 5 RESPONSES ALLOWED].

[PROBE: Anything else?]

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CSCM[1]-[5])

Scheduled and/or routine calls with a case manager?	1
Non-scheduled check-in calls from a case manager?	2
Virtual meetings from a case manager?	3
Group virtual meetings?	4
A case manager comes to your home?	5
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CS32. In the past 12 months since COVID, would you say that how much you rely on case management from {Service Provider} has...

(CSRELY)

increased,	1
stayed the same, or	2
decreased?	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

<p>GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE: ADDITIONAL SERVICE LIST MODULE; FALLS; LIFE CHANGES; SOCIAL INTEGRATION; PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC INTAKE MODULE.</p>

CONGREGATE MEALS

CNRINTRO [PARTICIPANT]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you have attended the meals program provided by {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

[IF NEEDED: Meals provided at senior centers or other group settings are called congregate meals or senior lunch programs.]

GO TO CMSERVERF.

CNRINTROINT [INTERPRETER]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has attended the meals program provided by {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

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

This survey will take about 30 minutes to complete. {His/Her} participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His /Her} eligibility for services will not be affected by {his /her} decision to participate or by any answers {s/he} gives. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

[IF NEEDED: Meals provided at senior centers or other group settings are called congregate meals or senior lunch programs.]

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW, GO TO CMALTCON. OTHERWISE GO TO CMSERVERF.

CNRINTROPRX [PROXY]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has the meals program provided by {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

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

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His /Her} eligibility for services will not be affected by {his /her} decision to participate or by any answers {s/he} gives. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

[IF NEEDED: A lunch program, or congregate meal is a meal which is provided in a group setting, such as at a senior center.]

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

CMALTCON. 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 CNRMINTRO]
REFUSED	-7	[Thank you for your time]
DON'T KNOW	-8	[Thank you for your time]

Thank you for the information. END INTERVIEW.

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

YES	1	
NO	2	[Thank you for your time]
REFUSED	-7	[Thank you for your time]
DON'T KNOW	-8	[Thank you for your time]

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

CNRINTRO1. Now we are going to talk about the meals program through {NAME OF PROVIDER}.

CNR1. When was the last time {you/s/he} received a meal from the meals program? Was it...

(CMDAYS)

Today or yesterday,.....	1	
More than 1 day to 1 week ago,.....	2	
More than 1 week to 1 month ago, or	3	
More than 1 month ago?	4	
ONLY GOT 1 MEAL	5	[GO TO THANK3]
OVER 1 YEAR AGO	6	[GO TO THANK3]
REFUSED	-7	[GO TO THANK3]
DON'T KNOW	-8	[GO TO THANK3]

THANK3. Thank you, but the focus of this survey is on people who have used the service within the past year

CNR2. How long {have you/has NAME OF PARTICIPANT} been participating in the meals program? Would {you/NAME OF PARTICIPANT} say...

(CMRECEV)

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

PROGRAMMER NOTE: HARD RANGE FOR CNR3=0 TO 7.

CNR3. How many days each week {do you/does s/he} receive a meal from the meals program?

(CMDAYSWK)

NUMBER OF DAYS	_ _ _
REFUSED	-7
DON'T KNOW	-8

CNR4. On the days (you/s/he) received a home-delivered or picked up a meal, what portion of all the foods that {you eat/s/he eats} in a day does this meal represent? Would {you/s/he} say...

(CMPORTN)

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

CNR5. How would {you/NAME OF PARTICIPANT} rate the meals program overall? Would {you/s/he} say...

(CMRATE)

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

FENCEPOST

I'm going to read some statements about the meals program.

CNR6. Think about all the foods that {you receive/s/he receives} from the meals program. Now tell me, how often {are you/is s/he} satisfied with the way the food tastes? Would {you/s/he say}...

(CMTASTES)

Always,	1
Usually,	2
Sometimes	3
Seldom, or	4
Never?	5
REFUSED	-7
DON'T KNOW	-8

CNR7. Think about all the foods that {you receive/s/he receives} from the meals program. Now tell me, how often {are you/is s/he} satisfied with the variety of the foods? Would {you/s/he say}...

(CMVR2FD)

Always,.....	1
Usually,	2
Sometimes	3
Seldom, or.....	4
Never?.....	5
REFUSED	-7
DON'T KNOW	-8

CNR8. Within the last 12 months, have you {he/she} noticed any changes in the amount or quality of the food in the meals program?

(CMFQYN)

YES	1	[GO TO CNR8A]
NO	2	[GO TO CNR9]
REFUSED	-7	[GO TO CNR9]
DON'T KNOW	-8	[GO TO CNR9]

CNR8a. [IF YES TO CNR8] How has the meal program changed?

[IF NEEDED: Please tell me more about the changes you have noticed.]

[PROBE: Anything else?] **[INTERVIEWER, CODE ALL THAT APPLY]**

(CMFQ1-11; CMFQOT)

QUALITY OF FOOD HAS DECLINED	1
QUALITY OF FOOD HAS IMPROVED	2
AMOUNT/QUANTITY OF FOOD PER MEAL HAS DECREASED	3
AMOUNT/QUANTITY OF FOOD PER MEAL HAS INCREASED	4
VARIETY IN MEALS HAS DECLINED	5
VARIETY IN MEALS HAS IMPROVED	6
AMOUNT OF FRUITS AND/OR VEGETABLES HAS DECREASED ...	7
AMOUNT OF FRUITS AND/OR VEGETABLES HAS INCREASED	8
MORE COLD OR FROZEN MEALS ARE PROVIDED	9
FEWER COLD OR FROZEN MEALS ARE PROVIDED	10
TYPE OF MEALS HAS CHANGED: MORE FOOD THAT IS SHELF STABLE IS PROVIDED (FOOD THAT DOES NOT NEED REFRIGERATION OR FREEZING)	11
FEWER MEALS ARE PROVIDED	12
MORE MEALS ARE PROVIDED	13
FEWER CELEBRATION (HOLIDAY/BIRTHDAY) MEALS PROVIDED	14
MEAL SERVICE IS PROVIDED LESS OFTEN	15
MEAL SERVICE IS PROVIDED MORE OFTEN	16
OTHER	91
(SPECIFY: _____)	
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

[TRAINING/CODING NOTE: PACKAGING OF MEALS MAY INCLUDE COMMENTS ABOUT HOW THE FOOD IS SERVED AND PRESENTED, E.G., PLASTIC MICROWAVABLE TRAYS VS. ALUMINUM FOIL TRAYS WITH CRIMPED EDGES; REUSABLE OR ENVIRONMENTALLY-FRIENDLY PACKAGING.]

CNR9. Would {you/NAME OF PARTICIPANT} recommend this service to a friend?

(CMRECOM)

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

CNR10. {Do you/Does NAME OF PARTICIPANT} eat healthier foods as a result of the meals program?

(CMVARFD)

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

CNR11. Does eating meals from the meals program improve {your/NAME OF PARTICIPANT'S} health?

(CMFLBTR)

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

CNR12. Does the meals program help {you/NAME OF PARTICIPANT} to continue to live independently?

(CMSTAYHM)

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

CNR13.In the past 12 months since COVID, have you been able to communicate with people in a virtual way? Examples are Zoom, Skype FaceTime, a GrandPad®, or some other type of meeting over a computer or phone?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CMCOMM)

YES	1	[GO TO CNR14]
NO	2	[GO TO CNR13a]
REFUSED	-7	[GO TO CNR14]
DON'T KNOW	-8	[GO TO CNR14]

Question above added for 2021 COVID module

CNR13a.[IF NO TO NR13] I am going to read a list of possible reasons why you were unable to communicate with people in a virtual way. Please tell me if any of these reasons apply.

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

(CMNOCO[1]-[7])

No computer, tablet, or cell phone	1
No internet.....	2
Internet, but poor connection	3
Don't know how	4
Don't want to	5
No one to meet or socialize with	6
OTHER.....	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR14.Including activities like walking, exercising, or working in the yard, in the past 12 months, would (you/s/he) say that since COVID you/s/he move around...

[IF NEEDED: We want to know about your (his/her) experiences in the last year and how they may differ when compared to before COVID.]

(CMMOVE)

much less,	1
a little bit less,	2
about the same,	3
a little bit more, or	4
a lot more?	5
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR15. In the past 12 months, have you lost or gained weight without trying to lose or gain weight? Would you say...

(CMWEIGHT)

Yes, I gained 10 pounds or more,	1
Yes, I gained less than 10 pounds,	2
No, I stayed the same,	3
Yes, I lost less than 10 pounds	4
Yes, I lost 10 pounds or more?	5
YES, BUT I TRIED TO LOSE OR GAIN WEIGHT	6
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR16.I am going to read you two statements that people have made about their food situation at home. Thinking about you and your household, please tell me if each statement is often true sometimes true, or never true.

Since COVID, I worry whether food would run out before more can be bought or more can be delivered or picked up from a meals program.

(CMRUN)

Often true	1
Sometimes true	2
Never true.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR17. [Thinking about you and your household, please tell me if each statement is often true, sometimes true, or never true.]

Since COVID, the food that I had, just didn't last and I didn't have money to get more.

(CMMONEY)

Often true	1
Sometimes true	2
Never true.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR18. I couldn't afford to eat balanced meals. Was that...

(CMBAL)

Often true,	1
Sometimes true	2
Never true for you in the last 12 months?	3
REFUSED	-7
DON'T KNOW	-8

CNR19. In the past 12 months, since last {DISPLAY CURRENT MONTH}, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

(CMSKIP)

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

CNR20. In the past 12 months since COVID, have you tried to get meals, food, or groceries from {Service Provider} but were unable to?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CMACCESS)

YES	1	[GO TO CNR20a]
NO	2	[GO TO CNR21]
REFUSED	-7	[GO TO CNR21]
DON'T KNOW	-8	[GO TO CNR21]

Question above added for 2021 COVID module.

CNR20a I am going to give a list of possible reasons why you were unable to get meals, food, or groceries from {Service Provider}. Please tell me if any of these apply.

[CODE ALL THAT APPLY.]

(CMUN[1]-[7] CMUNOT)

No response from {provider/agency}	1
You were put on a waiting list	2
You were told that you could not have more meals or food	3
You were told there was no more food available	4
You were told there was not enough staff	5
You were unable to pick up meals or get to the meal pick up place	6
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR21. In the past 12 months since COVID, did you need health care but were not able to get it because of the coronavirus pandemic?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CMHC)

YES	1	GO TO CNR21a
NO	2	GO TO CNR22
NOT APPLICABLE	3	GO TO CNR22
REFUSED	-7	GO TO CNR22
DON'T KNOW	-8	GO TO CNR22

Question above added for 2021 COVID module.

CNR21a. Were you unable to get any of the following types of care?
(CMNOHC[1]-[10])

[CODE ALL THAT APPLY]

Urgent care for an accident or illness,	1
A surgical procedure	2
Diagnostic or medical screening test,	3
Treatment for an ongoing illness.....	4
A regular check-up	5
Prescription drugs or medication	6
Dental care.....	7
Vision care	8
Hearing care.....	9
Mental health care	10
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR22. In the past 12 months since COVID, have you felt more stressed or anxious, less stressed or anxious, or about the same?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CMSTRESS)

MORE STRESSED OR ANXIOUS	1
LESS STRESSED OR ANXIOUS	2
ABOUT THE SAME.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR23. Thinking about support services for older adults provided by Area Agencies on Aging, such as meals, transportation, homemaker support, and case management, are you receiving all the help you need?

(CMSERV)

YES	1	[GO TO CNR24]
NO	2	[GO TO CNR23a]
REFUSED	-7	[GO TO CNR24]
DON'T KNOW	-8	[GO TO CNR24]

Question above added for 2021 COVID module.

CNR23a. What is your most pressing need that is not being met? Would you say...

(CMNEED)

meals,	1
transportation,	2
homemaking services,	3
case management,	4
something else? [OTHER SPECIFY]	91
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR24. In the past 12 months, compared to before COVID, would you say that how much you rely on meals or food from {Service Provider} has...

(CMRELY)

Increased,	1
Stayed the same, or	2
Decreased?	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR25. In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}? Have you received grab-n-go service, such as pick-up, carry-out, drive through?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CMGRABA)

YES	1	[GO TO CNR25a]
NO	2	[GO TO CNR26]
REFUSED	-7	[GO TO CNR26]
DON'T KNOW	-8	[GO TO CNR26]

Question above added for 2021 COVID module.

CNR25a. Would you like for this to continue to be available to you after the pandemic is over?

(CMGRABB)

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

Question above added for 2021 COVID module

CNR26. Have you received meals delivered to your home?

(CMDELA)

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

Question above added for 2021 COVID module.

CNR27. [In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}? Have you received grab-n-go service, such as pick-up, carry-out, drive through?]

Have you received groceries or food boxes delivered to your home?

(CMGROCA)

YES	1	[GO TO CNR27a]
NO	2	[GO TO CNR28]
REFUSED	-7	[GO TO CNR28]
DON'T KNOW	-8	[GO TO CNR28]

Question above added for 2021 COVID module.

CNR27a. Would you like for this to continue to be available to you after the pandemic is over?
(CMGROCB)

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

Question above added for 2021 COVID module.

CNR28. [In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}? Have you received grab-n-go service, such as pick-up, carry-out, drive through?]

Have you received a food box with random ingredients?

(CMRANDA)

YES	1	GO TO CNR28a
NO	2	GO TO CNR29
REFUSED	-7	GO TO CNR29
DON'T KNOW	-8	GO TO CNR29

Question above added for 2021 COVID module.

CNR28a. IF YES TO CNR28

Would you like for this to continue to be available to you after the pandemic is over?

(CMRANDB)

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

Question above added for 2021 COVID module.

CNR29. [In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}? Have you received grab-n-go service, such as pick-up, carry-out, drive-through?]

Have you received a food box containing food items to make meals that may come with instructions?

(CMMAKEA)

YES	1	[GO TO CNR29a]
NO	2	[GO TO CNR30]
REFUSED	-7	[GO TO CNR30]
DON'T KNOW	-8	[GO TO CNR30]

Question above added for 2021 COVID module.

CNR29a [IF YES] Have you received a food box containing food items to make meals that may come with instructions?]

Would you like for this to continue to be available to you after the pandemic is over?

(CMMAKEB)

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

Question above added for 2021 COVID module.

CNR30. [In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}??]

Have you received a sit-down meal at a senior center or other place?

(CMSITA)

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

Question above added for 2021 COVID module.

CNR31. [In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}??]

Have you received meals or food from {Service Provider} in any other way?

(CMSERVO)

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

Question above added for 2021 COVID module.

CNR32. In the past 12 months since COVID, which type of food or meal do you most often receive from {Service Provider}?

(CMOFTEN)

A hot meal,	1
A cold meal like a sandwich or submarine,	2
A frozen meal that needs to be heated up and/or microwaved,	3
Shelf-stable which includes unopened food in their original can, jar, or box,	4
A delivery of groceries that you ordered,	5
A food box containing food items to make meals that may come with instructions, or,	6
A food box with random ingredients,	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CNR33. In the past 12 months since COVID, have you eaten any of your meals provided by {Service Provider} in an in-person group setting or at the Senior Center?

[IF NEEDED: This does not include virtual group settings or eating with your family.]

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CMGRP)

YES	1	
NO	2	[GO TO CNR33a]
REFUSED	-7	
DON'T KNOW	-8	

Question above added for 2021 COVID module.

CNR33a. [IF NO] What have you missed the most about the in-person meal program?

(CMMISS)

EATING A GOOD MEAL,	1
SEEING FRIENDS, PEERS, STAFF	2
SOMEPLACE TO GO AND GET OUT OF THE HOUSE	3
SOCIALIZING IN GENERAL	4
THE FEELING OF BEING SUPPORTED BY OTHERS	5
ACCESSING OTHER PROGRAMMING: CLASSES, ACTIVITIES	6
OTHER, SPECIFY	91
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

<p>GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE: ADDITIONAL SERVICE LIST MODULE; FALLS; LIFE CHANGES; SOCIAL INTEGRATION; PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC INTAKE MODULE.</p>

HOME-DELIVERED MEALS

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

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

[IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.]

GO TO NRSERVERF.

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

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

This survey will take about 30 minutes to complete. {His/Her} participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

[IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.]

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

HNRRINTROPRX [PROXY]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Home-

Delivered Meals, sometimes called Meals on Wheels, from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

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

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

[IF NEEDED: Meals on Wheels or Home Delivered Meals are meals that are usually delivered to eat at home.]

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

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

<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; text-align: center;">FIRST NAME</div><div style="width: 45%; text-align: center;">LAST NAME</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; text-align: center;">(_ _ _ _) (AREA CODE)</div><div style="width: 45%; text-align: center;"> _ _ _ _ - _ _ _ _ _ (TELEPHONE NUMBER)</div></div>	
---	--

REFERRED BACK TO PARTICIPANT	1	[GO TO NRINTRO]
REFUSED	-7	[Thank you for your time]
DON'T KNOW	-8	[Thank you for your time]

Thank you for the information. END INTERVIEW.

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

YES	1	
NO	2	
REFUSED	-7	[Thank you for your time]
DON'T KNOW	-8	

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY FIRST PERSON TENSE (E.G., "do you" OR "have you") IN QUESTIONS. IF PROXY, DISPLAY 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. When was the last time {you/s/he} received a meal? Was it . . .

(HMDAYS)

Today or yesterday,	1	
More than 1 day to 1 week ago,.....	2	
More than 1 week to 1 month ago, or	3	
More than 1 month ago?	4	
ONLY GOT 1 MEAL [INTERVIEWER NOTE: INCLUDES R WHO SAYS THEY GOT MEALS FOR A SHORT TIME, E.G. AFTER A HOSPITAL STAY]	5	[GO TO THANK3]
OVER 1 YEAR AGO.....	6	[GO TO THANK3]
REFUSED	-7	[GO TO THANK3]
DON'T KNOW	-8	[GO TO THANK3]

THANK3. Thank you, but the focus of this survey is on people who have used the service within the past year.

HNR2. How long {have you/has NAME OF PARTICIPANT} been receiving home-delivered meals? Would {you/NAME OF PARTICIPANT} say...

(HMRECEV)

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

HNR3. Has knowing that you will receive regular visits by the home delivered meals or Meals-on-Wheels" volunteer/driver made you feel safer at home?

(NEW.SAFER)

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

HNR4. How many days each week {do you/does s/he} receive home-delivered meals?

(HMDAYPST)

NUMBER OF DAYS..... |__|__|

REFUSED	-7
DON'T KNOW	-8

HARD CHECK: IF DAYS PER WEEK GT 7; I want to be sure I recorded your answer correctly.

HNR5. On the days {you received/NAME OF PARTICIPANT received} a home-delivered meal or picked up a meal, what portion of all the foods {you eat/s/he eats} in a day does the meal represent? Would {you/s/he} say...

(HMPORTN)

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

HNR6. How would {you/NAME OF PARTICIPANT} rate the meal 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

I'm going to read some statements about the meals program.

HNR7. Think about all the foods that {you receive/s/he receives} from the meals program. Now tell me, how often {are you/is s/he} satisfied with the way the food tastes? Would {you/s/he say}.....

(HMTASTES)

Always,	1
Usually,	2
Sometimes,	3
Seldom, or	4
Never?	5
REFUSED	-7
DON'T KNOW	-8

HNR8. Think about all the foods that {you receive/s/he receives} from the meals program. Now tell me, how often {are you/is s/he} satisfied with the variety of the foods? Would {you/s/he say}.....

(HMVR2FD)

Always,.....	1
Usually,	2
Sometimes,	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

HNR9. Within the last 12 months, have {you/NAME OF PARTICIPANT} noticed any changes in the amount or quality of the food in your home-delivered meals?

(HNRFAQYN)

YES	1	[GO TO HNR9a]
NO	2	[GO TO HNR10]
REFUSED	-7	[GO TO HNR10]
DON'T KNOW	-8	[GO TO HNR10]

HNR9a. [IF YES] How have {your/s/he} meals changed?

[IF NEEDED: Please tell me more about the changes you have noticed.]

[PROBE: Anything else?]

[INTERVIEWER, CODE ALL THAT APPLY]

(HNRFAQ1-16; HNRFAQOT)

QUALITY OF FOOD HAS DECLINED	1
QUALITY OF THE FOOD HAS IMPROVED	2
AMOUNT/QUANTITY OF FOOD PER MEAL HAS DECREASED.	3
AMOUNT/QUANTITY OF FOOD PER MEAL HAS INCREASED.....	4
VARIETY IN MEALS HAS DECLINED	5
VARIETY IN MEALS HAS IMPROVED	6
AMOUNT OF FRUITS AND/OR VEGETABLES HAS DECREASED ...	7
AMOUNT OF FRUITS AND/OR VEGETABLES HAS INCREASED.....	8
MORE COLD OR FROZEN MEALS ARE PROVIDED	9
FEWER COLD OR FROZEN MEALS ARE PROVIDED	10
TYPE OF MEALS HAS CHANGED: MORE FOOD THAT IS SHELF STABLE IS PROVIDED (FOOD THAT DOES NOT REQUIRE REFRIGERATION OR FREEZING).....	11
FEWER MEALS ARE PROVIDED	12
MORE MEALS ARE PROVIDED.....	13
FEWER CELEBRATION (HOLIDAY/BIRTHDAY) MEALS PROVIDED	14
MEAL SERVICE IS PROVIDED LESS OFTEN.....	15
MEAL SERVICE IS PROVIDED MORE OFTEN.....	16
OTHER.....	91
(SPECIFY:)

[TRAINING/CODING NOTE: FOR HOME-DELIVERED MEALS, “PACKAGING OF MEALS” MAY INCLUDE COMMENTS ABOUT HOW THE FOOD IS SERVED AND PRESENTED, E.G., PLASTIC MICROWAVEABLE TRAYS VS. ALUMINUM FOIL TRAYS WITH CRIMPED EDGES; REUSABLE OR ENVIRONMENTALLY-FRIENDLY PACKAGING.]

HNR10. Do the home-delivered meals arrive when expected? Would you say...

(HMONTIME)

Always,.....	1
Usually,	2
Sometimes	3
Seldom, or.....	4
Never?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

HNR11. Would you recommend this service to a friend?

(HNRRECOM)

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

HNR12. Do you eat healthier foods as a result of the meals program?

(HMRARFD)

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

HNR13. Does eating meals or food from the meals program improve (your/NAME OF PARTICIPANT'S) health?

(HMFLBTR)

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

HNR14. Do the home-delivered meals or food help (you/NAME OF PARTICIPANT) to continue to live independently?

(HMSTAYHM)

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

HNR15. In the past 12 months since COVID, have you been able to communicate with people in a virtual way? Examples are Zoom, Skype FaceTime, a GrandPad®, or some other type of meeting over a computer or phone?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HMCOMM)

YES	1	[GO TO HNR17]
NO	2	[GO TO HNR16a]
REFUSED	-7	[GO TO HNR17]
DON'T KNOW	-8	[GO TO HNR17]

Question above added for 2021 COVID module

HNR16a. [IF NO] I am going to read a list of possible reasons why you were unable to communicate with people in a virtual way. Please tell me if any of these reasons apply.

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

(HMNOCO[1]-[7])

No computer, tablet, or cell phone	1
No internet	2
Internet, but poor connection	3
Don't know how	4
Don't want to	5
No one to meet or socialize with	6
OTHER	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR17.Including activities like walking, exercising, or working in the yard, in the past 12 months, would (you/s/he) say that since COVID you/s/he move around...

[IF NEEDED: We want to know about your (his/her) experiences in the last year and how they may differ when compared to before COVID.]

(HMMOVE)

much less,	1
a little bit less,	2
about the same,	3
a little bit more, or	4
a lot more?	5
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR18. In the past 12 months, have you lost or gained weight without trying to lose or gain weight? Would you say...

(HMWEIGHT)

Yes, I gained 10 pounds or more,	1
Yes, I gained less than 10 pounds,	2
No, I stayed the same,	3
Yes, I lost less than 10 pounds	4
Yes, I lost 10 pounds or more?	5
YES, BUT I TRIED TO LOSE OR GAIN WEIGHT	6
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module

HNR19. I am going to read you two statements that people have made about their food situation at home. Thinking about you and your household, please tell me if each statement is often true sometimes true, or never true.

Since COVID, I worry whether food would run out before more can be bought or more can be delivered or picked up from a meals program.

(HMRUN)

Often true,	1
Sometimes true	2
Never true.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR20.[Thinking about you and your household, please tell me if each statement is often true, sometimes true, or never true.]

Since COVID, the food that I had, just didn't last and I didn't have money to get more.

(HMMONEY)

Often true,	1
Sometimes true	2
Never true.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR21.I couldn't afford to eat balanced meals. Was that...

(HMBAL)

Often true,	1
Sometimes true	2
Never true for you in the last 12 months?	3
REFUSED	-7
DON'T KNOW	-8

HNR22 In the past 12 months, since last {DISPLAY CURRENT MONTH}, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

(HMSKIP)

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

HNR23. In the past 12 months since COVID, have you tried to get meals, food, or groceries from {Service Provider} but were unable to?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HMACCESS)

YES	1	[GO TO HNR23a]
NO	2	[GO TO HNR24]
REFUSED	-7	[GO TO HNR24]
DON'T KNOW	-8	[GO TO HNR24]

Question above added for 2021 COVID module.

HNR23a.[IF YES] I am going to give a list of possible reasons why you were unable to get meals, food, or groceries from {Service Provider}. Please tell me if any of these apply.

[CODE ALL THAT APPLY.]

(HMUN[1]-[7] HMUNOT)

No response from {provider/agency}	1
You were put on a waiting list	2
You were told that you could not have more meals or food	3
You were told there was no more food available	4
You were told there was not enough staff	5
You were unable to pick up meals or get to the meal pick up place	6
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR24. In the past 12 months since COVID, did you need health care but were not able to get it because of the coronavirus pandemic?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HMHG)

YES	1	[GO TO HNR24a]
NO	2	[GO TO HNR25]
NOT APPLICABLE	3	[GO TO HNR25]
REFUSED	-7	[GO TO HNR25]
DON'T KNOW	-8	[GO TO HNR25]

Question above added for 2021 COVID module.

HNR24a [IF YES] Were you unable to get any of the following types of care?

(HMNOHC[1]-[10])

[CODE ALL THAT APPLY]

Urgent care for an accident or illness,	1
A surgical procedure	2
Diagnostic or medical screening test,	3
Treatment for an ongoing illness.....	4
A regular check-up	5
Prescription drugs or medication.....	6
Dental care	7
Vision care.....	8
Hearing care.....	9
Mental health care.....	10
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR25. In the past 12 months since COVID, have you felt more stressed or anxious, less stressed or anxious, or about the same?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HMSTRESS)

MORE STRESSED OR ANXIOUS	1
LESS STRESSED OR ANXIOUS	2
ABOUT THE SAME.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR26. Thinking about support services for older adults provided by Area Agencies on Aging, such as meals, transportation, homemaker support, and case management, are you receiving all the help you need?

(HMSERV)

YES	1	[GO TO HNR27]
NO	2	[GO TO HNR26a]
REFUSED	-7	[GO TO HNR27]
DON'T KNOW	-8	[GO TO HNR27]

Question above added for 2021 COVID module.

HNR26a. [IF NO] What is your most pressing need that is not being met? Would you say...

(HMNEED)

meals,	1
transportation,.....	2
homemaking services,.....	3
case management,	4
something else? [OTHER SPECIFY]	91
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR27. In the past 12 months, compared to before COVID, would you say that how much you rely on meals or food from {Service Provider} has...

(HMRELY)

Increased,.....	1
Stayed the same, or	2
decreased?	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HNR28. In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}? Have you received grab-n-go service, such as pick-up, carry-out, drive through?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HMGRABA)

YES	1	[GO TO HNR28a]
NO	2	[GO TO HNR29]
REFUSED	-7	[GO TO HNR29]
DON'T KNOW	-8	[GO TO HNR29]

Question above added for 2021 COVID module.

HNR28a.[IF YES] Would you like for this to continue to be available to you after the pandemic is over?

(HMGRABB)

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

Question above added for 2021 COVID module.

HNR29. Have you received meals delivered to your home?

(HMDELA)

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

Question above added for 2021 COVID module.

HNR30. Have you received groceries or food boxes delivered to your home?

(HMGROCA)

YES	1	[GO TO HNR30a]
NO	2	[GO TO HNR31]
REFUSED	-7	[GO TO HNR31]
DON'T KNOW	-8	[GO TO HNR31]

Question above added for 2021 COVID module.

HNR30a. Would you like for this to continue to be available to you after the pandemic is over?

(HMGROCB)

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

Question above added for 2021 COVID module.

HNR31. Have you received a food box with random ingredients?

(HMRANDA)

YES	1	[GO TO HNR31a]
NO	2	[GO TO HNR32]
REFUSED	-7	[GO TO HNR32]
DON'T KNOW	-8	[GO TO HNR32]

Question above added for 2021 COVID module.

HNR31a. Would you like for this to continue to be available to you after the pandemic is over?

(HMRANDB)

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

Question above added for 2021 COVID module.

HNR32. [In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}? Have you received grab-n-go service, such as pick-up, carry-out, drive through?]

Have you received a food box containing food items to make meals that may come with instructions?

(HMMAKEA)

YES	1	[GO TO HNR32a]
NO	2	[GO TO HNR33]
REFUSED	-7	[GO TO HNR33]
DON'T KNOW	-8	[GO TO HNR33]

Question above added for 2021 COVID module.

HNR32a. [IF YES] Would you like for this to continue to be available to you after the pandemic is over?

(HMMAKEB)

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

Question above added for 2021 COVID module.

HNR33. [In the past 12 months since COVID] Have you received a sit-down meal at a senior center or other place?

(HMSITA)

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

Question above added for 2021 COVID module.

HNR34. [In the past 12 months since COVID, how have you been receiving meals or food from {Service Provider}]?

Have you received meals or food from {Service Provider} in any other way?

(HMSERVO)

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

Question above added for 2021 COVID module.

HNR35. In the past 12 months since COVID, which type of food or meal do you most often receive from {Service Provider}?

(HMOFTEN)

A hot meal,	1
A cold meal like a sandwich or submarine,	2
A frozen meal that needs to be heated up and/or microwaved,	3
Shelf-stable which includes unopened food in their original can, jar, or box,	4
A delivery of groceries that you ordered,	5
A food box containing food items to make meals that may come with instructions, or,	6
A food box with random ingredients,	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

<p>GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE: ADDITIONAL SERVICE LIST MODULE; FALLS; LIFE CHANGES; SOCIAL INTEGRATION; PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC INTAKE MODULE.</p>

HOMEMAKER SERVICE

HCMINTRO [PARTICIPANT]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received homemaker services from (PROVIDER NAME/AGENCY 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/her} eligibility for services will not be affected by (his/her) decision to participate or by any answers (s/(he)) gives. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

[IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.]

GO TO HCMSERVERF.

HCMINTROINT [INTERPRETER]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show you received homemaker services from (PROVIDER NAME/AGENCY 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/her} eligibility for services will not be affected by (his/her) decision to participate or by any answers (s/(he)) gives. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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).

[IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.]

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW GO TO HCMALTCON. OTHERWISE GO TO HCMSERVERF.

HCMINTROPRX [PROXY]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by {PROVIDER NAME/AGENCY NAME}. We show (NAME OF PARTICIPANT) received Homemaker Services from {PROVIDER NAME/AGENCY 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. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/her} eligibility for services will not be affected by (his/her) decision to participate or by any answers (s/(he)) gives. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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).

[IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.]

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

HCMALTCON. 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 HCMINTRO]
REFUSED	-7	[Thank you for your time]
DON'T KNOW	-8	[Thank you for your time]

Thank you for the information. END INTERVIEW.

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

YES	1	
NO	2	[Thank you for your time]
REFUSED	-7	[Thank you for your time]
DON'T KNOW	-8	[Thank you for your time]

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

HCINTRO1. Now we are going to talk about the homemaker or housekeeping service {you receive/NAME OF PARTICIPANT receives} from {NAME OF PROVIDER}

HC1. When was the last time {you/s/he} received the homemaker or housekeeping service? Was it...

(HCDAYS)

Today or yesterday,	1	
More than 1 day to 1 week ago,.....	2	
More than 1 week to 1 month ago, or	3	
More than 1 month ago?	4	
ONLY GOT IT ONE TIME [INTERVIEWER NOTE: INCLUDES R WHO SAYS THEY GOT HELP FOR A SHORT TIME, E.G. AFTER A HOSPITAL STAY] ..	5	[GO TO THANK3]
OVER 1 YEAR AGO.....	6	[GO TO THANK3]
REFUSED	-7	[GO TO THANK3]
DON'T KNOW	-8	[GO TO THANK3]

THANK3. Thank you, but the focus of this survey is on people who have used the service within the past year.

HC2. How long {have you/has NAME OF PARTICIPANT} been receiving homemaker services? Would {you/ NAME OF PARTICIPANT} say...

(HCRECEV)

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

PROGRAMMER NOTE: HARD RANGE IN HCMOFT IS 0 to 7.

HC3. How often does the homemaker help with housework?

(HCMOFT and HCWEEK and HCMONTH)

NUMBER OF TIMES PER WEEK	1
NUMBER OF TIMES PER MONTH.....	2
REFUSED	-7
DON'T KNOW	-8

FENCEPOST

HC4. When the homemaker comes, how many hours of help {do you/does s/he} receive?

(SHCHRS)

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

HC5. Does {your/his/her} homemaker do things the way {you want/s/he wants} them done?

(HCHM07)

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

HC6. Does {your/his/her} homemaker do what {you ask/s/he asks} them to?

(SHCHM09)

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

HC7. How would {you/NAME OF PARTICIPANT} rate the quality of your homemaker service?
Would (you/Name of Participant) say...

(HCARATE)

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

FENCEPOST

HCINTRO2. I'm going to read some statements about the homemaker program. Please tell me:

		<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
HC8.	Would {You/NAME OF PARTICIPANT} recommend the Homemaker program to a friend?	1	2	-7	-8
	(HCRREC)				
HC9.	Do the services {you receive/s/he receives} help {you/NAME OF PARTICIPANT} continue to live independently?	1	2	-7	-8
	(HCSTAYHM)				

HC10. In the past 12 months since COVID, have you been able to communicate with people in a virtual way? Examples are Zoom, Skype FaceTime, a GrandPad®, or some other type of meeting over a computer or phone?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HCCOMM)

YES	1	[GO TO HC11]
NO	2	[GO TO HC10a]
REFUSED	-7	[GO TO HC11]
DON'T KNOW	-8	[GO TO HC11]

Question above added for 2021 COVID module.

HC10a.[IF NO] I am going to read a list of possible reasons why you were unable to communicate with people in a virtual way. Please tell me if any of these reasons apply.

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

(HCNOCO[1]-[7])

No computer, tablet, or cell phone	1
No internet.....	2
Internet, but poor connection	3
Don't know how	4
Don't want to	5
No one to meet or socialize with	6
OTHER.....	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC11. Including activities like walking, exercising, or working in the yard, in the past 12 months, would (you/s/he) say that since COVID you/s/he move around...

[IF NEEDED: We want to know about your (his/her) experiences in the last year and how they may differ when compared to before COVID.]

(HCMOVE)

much less,	1
a little bit less,.....	2
about the same,.....	3
a little bit more, or	4
a lot more?	5
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC12 In the past 12 months, have you lost or gained weight without trying to lose or gain weight?
Would you say...

(HCWEIGHT)

Yes, I gained 10 pounds or more,.....	1
Yes, I gained less than 10 pounds,.....	2
No, I stayed the same,	3
Yes, I lost less than 10 pounds	4
Yes, I lost 10 pounds or more?	5
YES, BUT I TRIED TO LOSE OR GAIN WEIGHT	6
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC13. I am going to read you two statements that people have made about their food situation at home. Thinking about you and your household, please tell me if each statement is often true sometimes true, or never true.

Since COVID, I worry whether food would run out before more can be bought or more can be delivered or picked up from a meals program.

(HCRUN)

OFTEN TRUE,	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC15. [Thinking about you and your household, please tell me if each statement is often true, sometimes true, or never true.]

Since COVID, the food that I had just didn't last, and I didn't have money to get more.

(HCMONEY)

Often true,	1
Sometimes true	2
Never true.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC16. I couldn't afford to eat balanced meals. Was that...

(HCBAL)

Often true,	1
Sometimes true	2
Never true for you in the last 12 months?	3
REFUSED	-7
DON'T KNOW	-8

HC17. In the past 12 months, since last {DISPLAY CURRENT MONTH}, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

(HCSKIP)

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

HC18. In the past 12 months since COVID, have you tried to get meals, food, or groceries from {Service Provider} but were unable to?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HCACCESS)

YES	1	[GO TO HC18a]
NO	2	[GO TO HC19]
REFUSED	-7	[GO TO HC19]
DON'T KNOW	-8	[GO TO HC19]

Question above added for 2021 COVID module.

HC18a. [IF YES] I am going to give a list of possible reasons why you were unable to get meals, food, or groceries from {Service Provider}. Please tell me if any of these apply.

[CODE ALL THAT APPLY.]

(HCUN[1]-[7] HCUNOT)

No response from {provider/agency}	1
You were put on a waiting list	2
You were told that you could not have more meals or food	3
You were told there was no more food available	4
You were told there was not enough staff	5
You were unable to pick up meals or get to the meal pick up place	6
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC19. In the past 12 months since COVID, did you need health care but were not able to get it because of the coronavirus pandemic?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HCHC)

YES	1	[GO TO HC19a]
NO	2	[GO TO HC20]
NOT APPLICABLE	3	[GO TO HC20]
REFUSED	-7	[GO TO HC20]
DON'T KNOW	-8	[GO TO HC20]

Question above added for 2021 COVID module.

HC19a. [IF YES] Were you unable to get any of the following types of care?

(HCNOHC[1]-[10])

[CODE ALL THAT APPLY]

Urgent care for an accident or illness.....	1
A surgical procedure	2
Diagnostic or medical screening test,	3
Treatment for an ongoing illness.....	4
A regular check-up	5
Prescription drugs or medication.....	6
Dental care	7
Vision care.....	8
Hearing care.....	9
Mental health care.....	10
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC20. In the past 12 months since COVID, have you felt more stressed or anxious, less stressed or anxious, or about the same?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HCSTRESS)

MORE STRESSED OR ANXIOUS	1
LESS STRESSED OR ANXIOUS	2
ABOUT THE SAME.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC21. Thinking about support services for older adults provided by Area Agencies on Aging, such as meals, transportation, homemaker support, and case management, are you receiving all the help you need?

(HCSERV)

YES	1	[GO TO HC22]
NO	2	[GO TO HC21a]
REFUSED	-7	[GO TO HC22]
DON'T KNOW	-8	[GO TO HC22]

Question above added for 2021 COVID module.

HC21a. [IF NO] What is your most pressing need that is not being met? Would you say...

(HCNEED)

meals,	1
transportation,	2
homemaking services,	3
case management,	4
something else? [OTHER, SPECIFY]	91
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

HC22. In the past 12 months since COVID, which of the following homemaker services have you received from {Service Provider}?

[CODE ALL THAT APPLY.]

[PROBE: Anythng else?]

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(HCHO[1]-[6])

Light housekeeping	1
Shopping	2
Laundry	3
Paying bills	4
Preparing meals	5
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

<p>GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE: ADDITIONAL SERVICE LIST MODULE; FALLS; LIFE CHANGES; SOCIAL INTEGRATION; PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC INTAKE MODULE.</p>

TRANSPORTATION SERVICES

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

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

[IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping [IF NEEDED: Includes recreational trips].]

PROGRAMMER NOTE: GO TO TRSERVERF.

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

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

This survey will take about 30 minutes to complete. {NAME OF PARTICIPANT's} participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

[IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping [IF NEEDED: Includes recreational trips].]

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

TRINTROPRX [PROXY]. My name is {INTERVIEWER'S NAME} and I am calling on behalf of the U.S. Department of Health and Human Services' Administration for Community Living/Administration on Aging. We are conducting a survey to find out how we can help meet the needs of people being served by

{PROVIDER NAME/AGENCY NAME}. We show {NAME OF PARTICIPANT} has received Transportation Services from {PROVIDER NAME/AGENCY'S NAME}. We would like to know if these services have been helpful.

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

This survey will take about 30 minutes to complete. (NAME OF PARTICIPANT's) participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

[IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center or shopping.] [IF NEEDED: Includes recreational trips.]

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 TRINTRO]
REFUSED	-7	[Thank you for your time.]
DON'T KNOW	-8	[Thank you for your time.]

Thank you for the information. END INTERVIEW.

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

YES	1	
NO	2	[Thank you for your time.]
REFUSED	-7	[Thank you for your time.]
DON'T KNOW	-8	[Thank you for your time.]

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

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

TR1. When was the last time {you/s/he} used this service? Was it...

(TRDAYS)

Today or yesterday,	1	
More than 1 day to 1 week ago,.....	2	
More than 1 week to 1 month ago, or	3	
More than 1 month ago?	4	
ONLY GOT IT ONE TIME [INCLUDES GETTING HELP FOR A SHORT TIME, E.G. AFTER A HOSPITAL STAY].....	5	[GO TO THANK3]
OVER 1 YEAR AGO.....	6	[GO TO THANK3]
REFUSED	-7	[GO TO THANK3]
DON'T KNOW	-8	[GO TO THANK3]

THANK3. Thank-you, but the focus of this survey is on people who have used the service within the past year.

TR2. About how long ago did {you/s/he} start using this transportation service? Was it...

(HOWLONG)

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

FENCEPOST

TR3. How often {do you/does s/he} use the transportation service?

(TROFTEN)

5 or more times per week,.....	1	
2 to 4 times per week,	2	
Once per week,	3	
1 to 3 times per month, or	4	
Less than once per month?.....	5	
ONLY USED ONCE OR FOR A SHORT TIME]	6	[GO TO THANK3]
REFUSED	-7	[GO TO THANK3]
DON'T KNOW	-8	[GO TO THANK3]

TR4. About how many local one-way trips a month {do you/does NAME OF PARTICIPANT} make using this service? For example, if {you go/s/he goes} to the grocery store and then {come/comes} back using this service, that counts as 2 one-way trips.

(TRMONTH)

NUMBER OF TRIPS | | |
SOFT RANGE = 0-30
HARD RANGE = 0-100

REFUSED -7
DON'T KNOW -8

PROGRAMMER NOTE: IF TROFTEN=6, AUTOCODE TRPROP THEN GO TO TRRATE.
--

TR5. In an average month, would {you/ NAME OF PARTICIPANT} say {you rely/s/he relies} on this transportation service for:

(TRPROP and TRPROPOS)

Just a few of {your/ his/her} local trips, 1
About 1/4 of all {your/ his/her} local trips, 2
About 1/2 of all {your/ his/her} local trips, 3
About 3/4 of all {your/ his/her} local trips, or 4
Nearly all of {your/ his/her} local trips? 5
OTHER 91
(SPECIFY: _____)
REFUSED -7
DON'T KNOW -8

TR6. 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} home or in the driveway, 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
{YOU GET/NAME OF PARTICIPANT GETS} ON THE BUS AT THE SENIOR CENTER? 5
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 {PROVIDER NAME/AGENCY NAME}. Please select one of these five responses: always, usually, sometimes, seldom, or never.

(TRFRE05 - TRFRE16)		Always	Usually	Sometimes	Seldom	Never	RF	DK
TR7.	The drivers pick {you/him/her} up when they are supposed to. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...] (TRFRE08)	1	2	3	4	5	-7	-8
TR8.	The drivers are polite. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...] (TRFRE12)	1	2	3	4	5	-7	-8
TR9.	The vehicles are easy to get into and out of. Would {you/NAME OF PARTICIPANT} say... (TRFRE06)	1	2	3	4	5	-7	-8
TR10.	The vehicles are comfortable. Would {you/NAME OF PARTICIPANT} say... (TRFRE05)	1	2	3	4	5	-7	-8
TR11.	{You arrive/S/He arrives} at {your/his/her} destination on time. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...] (TRFRE07)	1	2	3	4	5	-7	-8
TR12.	{You/NAME OF PARTICIPANT} can get to the places {you want/ s/he wants} or {need/needs} to go. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...] (TRFRE10)	1	2	3	4	5	-7	-8
TR13.	{You get/S/He gets} rides at the times and on the days {you need/s/he needs} them. [IF NEEDED: Would {you/NAME OF PARTICIPANT} say...] (TRFRE16)	1	2	3	4	5	-7	-8

TR14. {Do you/Does NAME OF PARTICIPANT} need help getting into and out of {your/his/her} home?

(NEEDHLP)

YES 1 [GO TO TR14a]
 NO 2 [GO TO TR15]
 REFUSED -7 [GO TO TR15]
 DON'T KNOW -8 [GO TO TR15]

TR14a. Does the driver or aide help {you/him/her} get into and out of {your/his/her} home?

(GETHELP)

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

TR15. {Do you/Does NAME OF PARTICIPANT} need help getting into or out of the van or bus?

(NEEDBHLP)

YES 1 [GO TO TR15a]
 NO 2 [GO TO TR16]
 REFUSED -7 [GO TO TR16]
 DON'T KNOW -8 [GO TO TR16]

TR15a. Does the driver or aide help {you/him/her} get into or out of the van or bus?

(GETBHELP)

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

FENCEPOST

TR16. {Do you/Does NAME OF PARTICIPANT} use {your/his/her} transportation service to get to:

(TRACTA TO TRACTF)

	YES	NO	RF	DK
A. Doctors and health care providers?	1	2	-7	-8
B. Shopping? [INTERVIEWER NOTE: INCLUDES HAIRDRESSER]	1	2	-7	-8
C. Volunteer activities?	1	2	-7	-8
D. Senior center?.....	1	2	-7	-8
E. Pick up food or to get a meal?	1	2	-7	-8
F. Friends, neighbors, and relatives?	1	2	-7	-8

**PROGRAMMER NOTE: IF ALL OF TR16 A-J AND 91 ARE 2, -7, AND/OR -8, AUTOCODE TR16K "1."
 IF ANY OF TR16 A-J AND/OR 91 ARE 1, AUTOCODE TR16K "2."**

FENCEPOST

TR17. 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

FENCEPOST

TR18. {Do you/ Does NAME OF PARTICIPANT} get around more than {you/s/he} did before {you/s/he} had this service? Would {you/s/he} say...

(AROUND)

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

TRINTRO3. Please tell me:

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
TR19. Would {you/NAME OF PARTICIPANT} recommend this transportation service to a friend? (TRRECOM)	1	2	-7	-8
TR20. Do the services {you receive/s/he receives} help {you/NAME OF PARTICIPANT} to continue to live independently (TRSTAY)	1	2	-7	-8

FENCEPOST

TRINTRO4. Now, I would like to ask if {you have/s/he has} a car or personal motor vehicle.

TR21. Is there a car or personal motor vehicle in working condition in {your/NAME OF PARTICIPANT's} household?

(TRISCAR)

YES 1 [GO TO TR21a]
 NO 2 [GO TO TR22]
 REFUSED -7 [GO TO TR22]
 DON'T KNOW -8 [GO TO TR22]

TR21a. {Do you/Does NAME OF PARTICIPANT} ever drive that car or personal motor vehicle?

(TRDRIVE)

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

TR22. In the past 12 months since COVID, have you been able to communicate with people in a virtual way? Examples are Zoom, Skype FaceTime, a GrandPad®, or some other type of meeting over a computer or phone?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(TRCOMM)

YES	1	[GO TO TR23]
NO	2	[GO TO TR22a]
REFUSED	-7	[GO TO TR23]
DON'T KNOW	-8	[GO TO TR23]

Question above added for 2021 COVID module.

TR22a. [IF NO] I am going to read a list of possible reasons why you were unable to communicate with people in a virtual way. Please tell me if any of these reasons apply.

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

(TRNOCO[1]-[7])

No computer, tablet, or cell phone	1
No internet.....	2
Internet, but poor connection	3
Don't know how	4
Don't want to	5
No one to meet or socialize with	6
OTHER.....	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR23. Including activities like walking, exercising, or working in the yard, in the past 12 months, would (you/s/he) say that since COVID you/s/he move around...

[IF NEEDED: We want to know about your (his/her) experiences in the last year and how they may differ when compared to before COVID.]

(TRMOVE)

much less,	1
a little bit less,	2
about the same,	3
a little bit more, or	4
a lot more?	5
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR24. In the past 12 months, have you lost or gained weight without trying to lose or gain weight? Would you say...

(TRWEIGHT)

Yes, I gained 10 pounds or more,	1
Yes, I gained less than 10 pounds,	2
No, I stayed the same,	3
Yes, I lost less than 10 pounds	4
Yes, I lost 10 pounds or more?	5
YES, BUT I TRIED TO LOSE OR GAIN WEIGHT	6
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR25. I am going to read you two statements that people have made about their food situation at home. Thinking about you and your household, please tell me if each statement is often true sometimes true, or never true.

Since COVID, I worry whether food would run out before more can be bought or more can be delivered or picked up from a meals program.

(TRRUN)

Often true,	1
Sometimes true	2
Never true	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR26. [Thinking about you and your household, please tell me if each statement is often true, sometimes true, or never true.]

Since COVID, the food that I had just didn't last, and I didn't have money to get more.

(TRMONEY)

Often true,	1
Sometimes true	2
Never true.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR27. I couldn't afford to eat balanced meals. Was that...

(TRBAL)

Often true,	1
Sometimes true	2
Never true for you in the last 12 months?	3
REFUSED	-7
DON'T KNOW	-8

TR28. In the past 12 months, since last {DISPLAY CURRENT MONTH}, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

(TRSKIP)

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

TR29. In the past 12 months since COVID, have you tried to get meals, food, or groceries from {Service Provider} but were unable to?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(TRACCESS)

YES	1	[GO TO TR29a]
NO	2	[GO TO TR30]
REFUSED	-7	[GO TO TR30]
DON'T KNOW	-8	[GO TO TR30]

Question above added for 2021 COVID module.

TR29a. I am going to give a list of possible reasons why you were unable to get meals, food, or groceries from {Service Provider}. Please tell me if any of these apply.

[CODE ALL THAT APPLY.]

(TRUN[1]-[7] TRUNOT)

No response from {provider/agency}	1
You were put on a waiting list	2
You were told that you could not have more meals or food	3
You were told there was no more food available	4
You were told there was not enough staff	5
You were unable to pick up meals or get to the meal pick up place	6
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR30. In the past 12 months since COVID, did you need health care but were not able to get it because of the coronavirus pandemic?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(TRHC)

YES	1	[GO TO TR30a]
NO	2	[GO TO TR31]
NOT APPLICABLE	3	[GO TO TR31]
REFUSED	-7	[GO TO TR31]
DON'T KNOW	-8	[GO TO TR31]

Question above added for 2021 COVID module.

TR30a. [IF YES] Were you unable to get any of the following types of care?

(TRNOHC[1]-[10])

[CODE ALL THAT APPLY]

Urgent care for an accident or illness,	1
A surgical procedure	2
Diagnostic or medical screening test,	3
Treatment for an ongoing illness.....	4
A regular check-up	5
Prescription drugs or medication.....	6
Dental care	7
Vision care.....	8
Hearing care.....	9
Mental health care.....	10
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR31. In the past 12 months since COVID, have you felt more stressed or anxious, less stressed or anxious, or about the same?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(TRSTRESS)

MORE STRESSED OR ANXIOUS	1
LESS STRESSED OR ANXIOUS	2
ABOUT THE SAME.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR32. Thinking about support services for older adults provided by Area Agencies on Aging, such as meals, transportation, homemaker support, and case management, are you receiving all the help you need?

(TRSERV)

YES	1	[GO TO TR33]
NO	2	[GO TO TR32a]
REFUSED	-7	[GO TO TR33]
DON'T KNOW	-8	[GO TO TR33]

Question above added for 2021 COVID module.

TR32a. What is your most pressing need that is not being met? Would you say...

(TRNEED)

meals,	1
transportation,	2
homemaking services,	3
case management,	4
something else? [OTHER, SPECIFY]	91
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR33. In the past 12 months since COVID, how have you been receiving transportation services from {Service Provider}?

[CODE ALL THAT APPLY.]

[PROBE: Anythng else?]

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(TRHO[1]-[5])

Car	1
Voucher for taxi, Uber, etc.	2
Voucher for public transportation	3
Shuttle bus or van	4
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

TR34. In the past 12 months, compared to before COVID, would you say that how much you rely on transportation from {Service Provider} has...

(TRCHANGE)

Increased,.....	1
Stayed the same, or	2
Decreased?	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

**GO TO THE FOLLOWING MODULES AND COMPLETE THE QUESTIONS IN THIS SEQUENCE:
ADDITIONAL SERVICE LIST MODULE; FALLS; LIFE CHANGES; SOCIAL INTEGRATION;
PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE; DEMOGRAPHIC INTAKE MODULE.**

FAMILY CAREGIVER SURVEY

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

This survey will take about 30 minutes to complete. Your participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. Your eligibility for services will not be affected by your decision to participate or by any answers you give. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

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

This survey will take about 30 minutes to complete. {NAME OF CAREGIVER's} participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} and {CARE RECIPIENT}'s eligibility for services will not be affected by {NAME OF CAREGIVER's} decision to participate or by any answers {s/he} gives. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

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

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

This survey will take about 30 minutes to complete. {His/Her} participation is voluntary and very important to the success of this study. Responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize information provided by participants and will

not associate responses with a specific individual. We will not provide information that identifies individuals to anyone outside the study team, except as required by law. {His/Her} and {CARE RECIPIENT}'s eligibility for services will not be affected by {NAME OF CAREGIVER's} decision to participate or by any answers {s/he} gives. You may skip any question that you do not want to answer, or stop the interview at any time, but we would really appreciate your answering all the questions you can.

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

SKIP TO CGB IF NO CARE RECIPIENT NAME

CGA. {You are/NAME OF CAREGIVER is} listed as someone who currently provides care for {CARE RECIPIENT}. {Are you/Is s/he} still the caregiver for {CARE RECIPIENT}?

(CGSTLCR)

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

IF NO, RECORD ANY COMMENTS RESPONDENT MADE ABOUT FORMER CARE RECIPIENT (E.G., RESPONDENT IN NURSING HOME, DECEASED, ETC):

PROGRAMMER NOTE: IF CGA IS NO, RF, OR DK, GO TO CLOSING AND END INTERVIEW AFTER INTERVIEWER ENTERS ANY COMMENTS.

CGB. Is {CARE RECIPIENT} 60 years of age or older?

(CGAGE60)

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

PROGRAMMER NOTE: IF CGB IS NO, RF, OR DK, GO TO CLOSING AND END INTERVIEW.

PROGRAMMER NOTE: IF INTERPRETER WILL NOT DO INTERVIEW, GO TO CGALTCON. OTHERWISE, GO TO CGINTRO1.

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 [GO TO THANK YOU]
DON'T KNOW -8 [GO TO THANK YOU]

THANK YOU. Thank you for the information. END INTERVIEW.

CGINTRO1. This survey typically takes 30 minutes. {You/NAME OF CAREGIVER} may be more comfortable answering these questions if {you are/s/he is} not in the presence of the person {you are/s/he is} caring for. Is this a good time for {you/him/her}?

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

FENCEPOST

CGINTRO2. Now, let's begin the caregiver survey.

PROGRAMMER NOTE: IF CAREGIVER IS FEMALE, USE FIRST DISPLAY IN SECOND SENTENCE OF CG1 (E.G.: WIFE OR DAUGHTER). IF CAREGIVER IS MALE, USE SECOND DISPLAY (E.G. HUSBAND OR SON). IF CARE RECIPIENT'S NAME IS NOT ON FILE, REFER TO THE CARE RECIPIENT AS "THE PERSON YOU CARE FOR" IN THE FIRST DISPLAY AND "THEIR" IN THE SECOND DISPLAY.

CG1. What is {your/his/her} relationship to {CARE RECIPIENT/the person you care for}? Are you {Is he/she} his/her...

[INTERVIEWER NOTE: READ CATEGORIES IF NEEDED]

(CGREL)

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

FENCEPOST

PROGRAMMER NOTE: IF CARE RECIPIENT'S NAME IS NOT ON FILE FROM AREA AGENCY, ASK CGC. ELSE, GO TO CG2.

IF RELATIONSHIP IN CG1 = NIECE OR NEPHEW, INSERT "{YOUR/HIS/HER} RELATIVE" IN PLACE OF CARE RECIPIENT NAME IN THE REST OF THE INTERVIEW AND SKIP TO CG2

IF RELATIONSHIP IN CG1 = OTHER RELATIVE, INSERT "{YOUR/HIS/HER} {CGRELOS}" IN PLACE OF CARE RECIPIENT NAME IN THE REST OF THE INTERVIEW AND SKIP TO CG2

IF RELATIONSHIP IN CG1 = FRIEND, DK, OR RF, CONTINUE TO SHOW "THE PERSON YOU CARE FOR" IN PLACE OF CARE RECIPIENT NAME IN THE REST OF THE INTERVIEW AND SKIP TO CG2

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

(CGACTI01 TO CGACTI06)

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

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

AS LONG AS SOMETHING IS ENTERED IN OPEN-ENDED RESPONSE (CG2B), CONTINUE INTERVIEW. IF CG2B IS NONE (1), RF OR DK, GO TO CLOSE2.

FENCEPOST

ACCEPT UP TO 6 LINES OF 60 CHARACTERS EACH IN CG2B.

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

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

(COMMTXT)

NONE	99	[GO TO CLOSING]
REFUSED	-7	[GO TO CLOSING]
DON'T KNOW	-8	[GO TO CLOSING]

OPEN-ENDED RESPONSES:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

FENCEPOST

The first few questions are about caregiving experiences.

CG3. What prompted you to contact [AGENCY NAME]?

(CGAGNAME)

MEDICAL OR HEALTH ISSUE OR HOSPITALIZATION	1
SPOUSE, SON/DAUGHTER, SIBLING, FRIEND NO LONGER ABLE TO HELP....	2
PAID CAREGIVER QUIT	3
RECENTLY MOVED TO THE AREA	4
NEED TRANSPORTATION.....	5
JUST WANTED INFORMATION	6
WAITING LIST	7
INFORMATION AND ASSISTANCE (I&A)	8
DON'T REMEMBER	9
REFUSED	-7
DON'T KNOW	-8

CG4. Please think about all of the health care professionals or service providers who give care or treatment to [CARE RECIPIENT'S NAME]. How easy or difficult is it for {you/him/her} to coordinate care between those providers?

(CGCOORD)

Very easy	1
Somewhat easy.....	2
Somewhat difficult	3
Very difficult.....	4
REFUSED	-7
DON'T KNOW	-8
NOT APPLICABLE	-9

CG5. If [CARE RECIPIENT'S NAME] needed a greater amount of care would you be able to increase your caregiving responsibilities?

(CGMORE)

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

CG6. How long have you been receiving caregiver support services?

(CGHOWLNG)

6 months or less,	1
More than 6 months, but less than 1 year,	2
At least 1 year, but less than 2 years,	3
2 to 5 years,	4
5 to 10 years,	5
11 to 20 years, or	6
More than 20 years?	7
REFUSED	-7
DON'T KNOW	-8

CG7. Do you know where to go to ask for respite care?

[IF NEEDED: Respite care allows you a brief period of rest or relief while temporary care is provided to [CARE RECIPIENT'S NAME] either in your home or his/her home or someplace else.]

(KNOWRSPT)

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

FENCEPOST

CG8. In the last year, have you found financial help for {CARE RECIPIENT} including helping him/her apply for Medicaid?

(HELPFIN)

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

CG9. Have the Family Caregiver services provided **Supplemental Services** such as:
(CGSUPA – CGSUPD , SUPPSVE, CGUSPF-CGSUPG)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Home modifications, such as a ramp or grab bar?.....	1	2	-7	-8
b. Liquid nutritional supplements, such as Ensure, Boost, or Glucerna?	1	2	-7	-8
c. Walkers, canes crutches, Hoyer Lift, microwaves?	1	2	-7	-8
d. Emergency response systems, CPAP or apnea machines, hospital bed, or a device to monitor wandering?	1	2	-7	-8
e. Consumable supplies such as wound care, catheter, or incontinence supplies? [IF NEEDED: CONSUMABLE SUPPLIES ARE THINGS THAT YOU USE ONCE AND THROW AWAY]	1	2	-7	-8
f. Money or a stipend?	1	2	-7	-8
g. Anything else? (SPECIFY:_____)	1	2	-7	-8

FENCEPOST

CG10. As a result of the caregiver services {you have/NAME OF CAREGIVER has} received, {do you/does s/he}...
(CGAFECA-CGAFECE)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Have more time for personal activities?	1	2	-7	-8
b. Feel less stress?	1	2	-7	-8
c. Find it easier to care for {CARE RECIPIENT}?	1	2	-7	-8
d. Have a clearer understanding of how to get the services {you/ NAME OF CAREGIVER} and {CARE RECIPIENT} need?	1	2	-7	-8
e. Know more about {CARE RECIPIENT's} condition or illness?	1	2	-7	-8

CG11. Have these caregiver services helped you to be a better caregiver?
(CGHELP)

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

FENCEPOST

CG12. Have these caregiver services enabled {you/NAME OF CAREGIVER} to provide care for {CARE RECIPIENT} for a longer time than would have been possible without these services?

(CGCARLG)

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

CG13. Overall, how would {you/ NAME OF CAREGIVER} rate the caregiver support services {you have/s/he has} received? 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

FENCEPOST

CG14. Has it been difficult for {you/ NAME OF CAREGIVER} to get services from agencies for {CARE RECIPIENT}?

(CGDIFF)

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

CGINTRO4. Now, I would like to ask you a few questions about {your/NAME OF CAREGIVER's} employment.

CG15. Are you currently employed?

(CAREMP)

YES	1	[GO TO CG15a]
NO	2	[GO TO CG16]
REFUSED	-7	[GO TO CG16]
DON'T KNOW	-8	[GO TO CG16]

CG15a. Has providing care for {CARE RECIPIENT} interfered with {your/NAME OF CAREGIVER's} job?

(CGINTER)

YES	1	[GO TO CG15b]
NO	2	[GO TO CGINTRO5]
REFUSED	-7	[GO TO CGINTRO5]
DON'T KNOW	-8	[GO TO CGINTRO5]

CG15b. As a result of caregiving-related changes in your employment or expenses, have you had to quit your job?

(CGFINNEW)

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

CGINTRO5. The following questions are about {your/his/her} situation as a caregiver.

CG16. How much satisfaction do you gain from performing your care tasks? Would you say...

(CGSATISA)

No satisfaction	1
Some satisfaction	2
A lot of satisfaction	3
REFUSED	-7
DON'T KNOW	-8

CG17. In the last year have you paid for [CARE RECIPIENT'S NAME]...

(CGPAIDA-CGPAIDF)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Medications or medical care?	1	2	-7	-8
b. Insurance premiums or copayments?	1	2	-7	-8
c. Mobility devices, such as walkers, canes, or wheelchairs?	1	2	-7	-8
d. Features that have made [CARE RECIPIENT'S NAME] home safer, such as a railing or ramp, grab bars in the bathroom, a seat for the shower or tub or an emergency response system?	1	2	-7	-8
e. Any other assistive devices that make it easier or safer to do activities or do them on his/her own?	1	2	-7	-8
f. Other?..... (SPECIFY:_____)	1	2	-7	-8

CG18. Now, I am going to ask you about how you feel these days. How much of the time during the past four weeks have you...

(CGFEELA-CGFEELC)

	<u>All of the Time</u>	<u>Most of the Time</u>	<u>Some of the Time</u>	<u>A little of the Time</u>	<u>None of the Time</u>	<u>RF</u>	<u>DK</u>
a. Felt calm and peaceful? ..	1	2	3	4	5	-7	-8
b. Have a lot of energy?.....	1	2	3	4	5	-7	-8
c. Felt downhearted and depressed?	1	2	3	4	5	-7	-8

CG19. How often does caregiving prevent you from having enough time for yourself?

(CGTIME)

Always	1
Usually.....	2
Sometimes	3
Rarely	4
Never	5
REFUSED	-7
DON'T KNOW	-8

CG20. How often does caregiving prevent you from having enough time for your family?

(CGFAMILY)

Always	1
Usually	2
Sometimes	3
Rarely	4
Never	5
REFUSED	-7
DON'T KNOW	-8

CG21. How often does caregiving conflict with your social life?

(CGSOCIAL)

Always	1
Usually	2
Sometimes	3
Rarely	4
Never	5
REFUSED	-7
DON'T KNOW	-8

CG22. How often does being a caregiver for the person you care for give you the joy of spending time with someone you care about?

(CGJOY)

Always	1
Usually	2
Sometimes	3
Rarely	4
Never	5
REFUSED	-7
DON'T KNOW	-8

CG23. How often does being a caregiver provide you with a sense of accomplishment?

(CGACOMP)

Always	1
Usually	2
Sometimes	3
Rarely	4
Never	5
REFUSED	-7
DON'T KNOW	-8

- CG24.** How often does providing care for the person you care for give you the satisfaction of knowing that they are receiving the care and attention they need?

(CGATTION)

Always 1
Usually..... 2
Sometimes 3
Rarely 4
Never 5
REFUSED-7
DON'T KNOW-8

- CG25.** How often do you feel that the person you care for appreciates the care that you are providing to [CARE RECIPIENT'S NAME]?

(CRAPREC)

Always 1
Usually..... 2
Sometimes 3
Rarely 4
Never 5
REFUSED-7
DON'T KNOW-8

- CG26.** As a caregiver, how often do you feel you are fulfilling your duty by caring for the [CARE RECIPIENTS NAME]?

(CGDUTY)

Always 1
Usually..... 2
Sometimes 3
Rarely 4
Never 5
REFUSED-7
DON'T KNOW-8

- CG27.** You are confident that you could deal efficiently with unexpected events. Would you say...

(CGEFF)

Not at all true 1
Hardly true 2
Moderately true 3
Exactly true..... 4
REFUSED-7
DON'T KNOW-8

CG28. When you are confronted with a problem you can usually find several solutions. Would you say...

(CGCONFRNT)

Not at all true	1
Hardly true	2
Moderately true	3
Exactly true.....	4
REFUSED	-7
DON'T KNOW	-8

CG29. You can usually handle whatever comes your way. Would you say...

(CGHANDL)

Not at all true	1
Hardly true	2
Moderately true	3
Exactly true.....	4
REFUSED	-7
DON'T KNOW	-8

CGINTRO6. The next set of questions are about {your/NAME OF CAREGIVER's} health.

CG30. Compared to one year ago, how would {you/ NAME OF CAREGIVER} rate your health in general now? Would {you/s/he} say:

(CGHEALTH)

Much better,	1
Somewhat better,	2
About the same,	3
Somewhat worse.....	4
Much worse	5
REFUSED	-7
DON'T KNOW	-8

CG31. In the past month, have you been bothered by pain?

(CGPAIN)

YES	1	[GO TO CG31a]
NO	2	[GO TO CG32]
REFUSED	-7	[GO TO CG32]
DON'T KNOW	-8	[GO TO CG32]

CG31a. [IF YES] in the last month how often has pain limited your activities?

(CGLIMIT)

Every day..... 1
Most days 2
Some days..... 3
Rarely 4
Never 5
REFUSED.....-7
DON'T KNOW-8

CG32. In the past 12 months, have you been to a hospital emergency department?

(CGER)

YES 1 [GO TO CG32a]
NO 2 [GO TO CG33]
REFUSED-7 [GO TO CG33]
DON'T KNOW-8 [GO TO CG33]

CG32a. In the past 12 months, how many times did you go to a hospital emergency department?

(CGERNUMB)

|_|_|_| TIMES

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

CG33. In the past 12 months did you have to stay overnight in a hospital?

(CGHOSP)

YES 1 [GO TO CG33a]
NO 2 [GO TO CG34]
REFUSED-7 [GO TO CG34]
DON'T KNOW-8 [GO TO CG34]

CG33a. If YES, in the past 12 months, how many times were you hospitalized for one night or longer?

(CGHOSPN)

|_|_|_| TIMES

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

CG33b. If YES, how many total nights did you spend in the hospital?

(CGHOSPNN)

|_|_|_| NIGHTS

REFUSED.....-7

DON'T KNOW-8

CG34. In the past 12 months, did you have to stay overnight in a nursing home or rehabilitation center?

(CGREHAB)

YES 1 [GO TO CG34a]

NO 2 [GO TO CG35]

REFUSED-7 [GO TO CG35]

DON'T KNOW-8 [GO TO CG35]

CG34a. IF YES, in the past 12 months, how many times have you stayed in a nursing home or live in a rehabilitation center?

(CGREHABN)

|_|_|_| TIMES

REFUSED.....-7

DON'T KNOW-8

CG35. Thinking about all the family members or friends who provide help, care, or supervision for [NAME OF CARE RECIPIENT], what proportion of the care do you provide during a typical week? Would you say...

(CGPORT)

Less than one-quarter 1

About one-quarter 2

About one-half 3

About three-quarters 4

All or almost all of the care 5

REFUSED-7

DON'T KNOW-8

The next questions ask about any thoughts you have had about alternative types of care.

CG36. In the past six months, have you ever considered a nursing home, boarding home, or assisted living for [NAME OF CARE RECIPIENT]?

(CGNH)

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

CG37 In the past six months, have you felt that [NAME OF CARE RECIPIENT] would be better off in a nursing home, boarding home, or assisted living facility?

(CGNHBTR)

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

CG38. In the past six months, have you discussed the possibility of a nursing home, boarding home, or assisted living with family members or others excluding [NAME OF CARE RECIPIENT]?

(NHCRDIS)

YES 1 [GO TO CG38a]
NO 2 [GO TO CG39]
REFUSED-7 [GO TO CG39]
DON'T KNOW-8 [GO TO CG39]

CG38a. If YES, in the past six months have you discussed that possibility with the [NAME OF CARE RECIPIENT]?

(NHDISCR)

YES..... 1 [GO TO CG38b]
NO 2 [GO TO CG39]
REFUSED.....-7 [GO TO CG39]
DON'T KNOW-8 [GO TO CG39]

CG38b. If YES, in the past six months, have you taken any steps toward placement?

(CGNHSTPS)

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

CG39. Are you responsible for providing help or supervision to [NAME OF CARE RECIPIENT] on a 24-hour basis?

(CGBASIS)

YES	1	[GO TO CG39a]
NO	2	[GO TO CG40]
REFUSED	-7	[GO TO CG40]
DON'T KNOW	-8	[GO TO CG40]

CG39a. [IF YES] Since you say you provide 24-hour care, let me ask you a question about the intensity of care provided. On a scale from 1 to 5 where 1 is not very intense and 5 is very intense, how intense is the care you provide?

(CGINSTY)

Not Very Intense 2 3 4 Very Intense

1 2 3 4 5

CG40. Would you recommend the caregiving support services to a friend?

(CGREMND)

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

CG41. Do you have any recommendations to improve the caregiver support service?

(CGRECMND)

YES	1	[GO TO CG41a]
NO	2	[GO TO CG42]
REFUSED	-7	[GO TO CG42]
DON'T KNOW	-8	[GO TO CG42]

CG41a. IF YES, what recommendations do you have for improving the service?

(IMPRVSVC)

CG42. In the past 12 months since COVID, have you been able to communicate with people in a virtual way? Examples are Zoom, Skype FaceTime, a GrandPad, or some other type of meeting over a computer or phone?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGCOMM)

YES	1	GO TO CG43
NO	2	GO TO CG42a
REFUSED	-7	GO TO CG43
DON'T KNOW	-8	GO TO CG43

Question above added for 2021 COVID module.

CG42a. [IF NO] I am going to read a list of possible reasons why you were unable to communicate with people in a virtual way. Please tell me if any of these reasons apply.

[CODE ALL THAT APPLY]

[PROBE: Anything else?]

(CGNOCO[1]-[7])

No computer, tablet, or cell phone	1
No internet.....	2
Internet, but poor connection	3
Don't know how	4
Don't want to	5
No one to meet or socialize with	6
OTHER.....	7
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

- CG43.** Including activities like walking, exercising, or working in the yard, in the past 12 months, would (you/s/he) say that since COVID you/s/he move around...

[IF NEEDED: We want to know about your (his/her) experiences in the last year and how they may differ when compared to before COVID.]

(CGMOVE)

much less,	1
a little bit less,	2
about the same,	3
a little bit more, or	4
a lot more?	5
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

- CG44.** In the past 12 months, have you lost or gained weight without trying to lose or gain weight? Would you say...

(CGWEIGHT)

Yes, I gained 10 pounds or more,	1
Yes, I gained less than 10 pounds,	2
No, I stayed the same,	3
Yes, I lost less than 10 pounds	4
Yes, I lost 10 pounds or more?	5
YES, BUT I TRIED TO LOSE OR GAIN WEIGHT	6
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

- CG45.** I am going to read you two statements that people have made about their food situation at home. Thinking about you and your household, please tell me if each statement is often true sometimes true, or never true.

Since COVID, I worry whether food would run out before more can be bought or more can be delivered or picked up from a meals program.

(CGRUN)

OFTEN TRUE,	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CG46. [Thinking about you and your household, please tell me if each statement is often true, sometimes true, or never true.]

Since COVID, the food that I had just didn't last, and I didn't have money to get more.

(CGMONEY)

OFTEN TRUE,	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CG47. In the past 12 months since COVID, have you tried to get meals, food, or groceries from {Service Provider} but were unable to?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGACCESS)

YES	1	[GO TO CG47a]
NO	2	[GO TO CG48]
REFUSED	-7	[GO TO CG48]
DON'T KNOW	-8	[GO TO CG48]

Question above added for 2021 COVID module.

CG47a. I am going to give a list of possible reasons why you were unable to get meals, food, or groceries from {Service Provider}. Please tell me if any of these apply.

[CODE ALL THAT APPLY.]

(CGUN[1]-[7] CGUNOT)

No response from {provider/agency}	1
You were put on a waiting list	2
You were told that you could not have more meals or food	3
You were told there was no more food available	4
You were told there was not enough staff	5
You were unable to pick up meals or get to the meal pick up place	6
OTHER, SPECIFY	91
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CG48. In the past 12 months since COVID, did you need health care but were not able to get it because of the coronavirus pandemic?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGHC)

YES	1	[GO TO CG48a]
NO	2	[GO TO CG49]
NOT APPLICABLE	3	[GO TO CG49]
REFUSED	-7	[GO TO CG49]
DON'T KNOW	-8	[GO TO CG49]

Question above added for 2021 COVID module.

CG48a. Were you unable to get any of the following types of care?

(CGNOHC[1]-[10])

[CODE ALL THAT APPLY]

Urgent care for an accident or illness.....	1
A surgical procedure	2
Diagnostic or medical screening test,	3
Treatment for an ongoing illness.....	4
A regular check-up	5
Prescription drugs or medication.....	6
Dental care	7
Vision care.....	8
Hearing care.....	9
Mental health care.....	10
EMPTY	-1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CG49. In the past 12 months since COVID, have you felt more stressed or anxious, less stressed or anxious, or about the same?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGSTRESS)

MORE STRESSED OR ANXIOUS	1
LESS STRESSED OR ANXIOUS	2
ABOUT THE SAME.....	3
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CG50. Caregiver support organizations offer help to family caregivers through services such as caregiver education, training, counseling, respite care from a home health aide help finding resources, home equipment, or a daycare program. Thinking about these services, as a caregiver, are you receiving all the help you need?

(CGNEED)

YES	1	[GO TO CG51]
NO	2	[GO TO CG50a]
REFUSED	-7	[GO TO CG51]
DON'T KNOW	-8	[GO TO CG51]

Question above added for 2021 COVID module.

CG50a. [F NO TO CGNEED] What is the one main need that is not being met?

(CGMAIN)

EDUCATION AND INFORMATION	1
TRAINING	2
COUNSELING.....	3
SUPPORT GROUPS	4
RESPIRE CARE (I.E., GETTING A BREAK)	5
HELP FINDING RESOURCES	6
HOME EQUIPMENT	7
DAY CARE FOR CARE RECIPIENT	8
OTHER, SPECIFY	91
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CG51. In the past 12 months, compared to before COVID, would you say that how much you use caregiver support has...

(CGSERV)

Increased.....	1
Stayed the same, or	2
Decreased?	1
REFUSED	-7
DON'T KNOW	-8

Question above added for 2021 COVID module.

CG52. In the past 12 months, since COVID, have you used any of the following caregiver support services that were provided by phone, online, also called “virtual”, or in a socially distant manner?

Virtual support groups?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGVIRTA)

YES	1	[GO TO CG52a]
NO	2	[GO TO CG53]
REFUSED	-7	[GO TO CG53]
DON'T KNOW	-8	[GO TO CG53]

Question above added for 2021 COVID module.

CG52a. [VIRTUAL SUPPORT GROUPS?] Would you like for this to continue to be available to you after the pandemic is over?

(CGCONTA)

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

Question above added for 2021 COVID module.

CG53. [In the past 12 months, since COVID, have you used any of the following caregiver support services that were provided by phone, online, also called “virtual”, or in a socially distant manner?]

Education or training class or program?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGVIRTB)

YES	1	[GO TO CG53a]
NO	2	[GO TO CG54]
REFUSED	-7	[GO TO CG54]
DON'T KNOW	-8	[GO TO CG54]

Question above added for 2021 COVID module.

CG53a. [Education or training class or program?]

Would you like for this to continue to be available to you after the pandemic is over?

(CGCONTB)

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

Question above added for 2021 COVID module.

CG54. [In the past 12 months, since COVID, have you used any of the following caregiver support services that were provided by phone, online, also called “virtual”, or in a socially distant manner?]

Fun activity online or socially distant?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGVIRT)

YES	1	[GO TO CG54a]
NO	2	[GO TO CG55]
REFUSED	-7	[GO TO CG55]
DON'T KNOW	-8	[GO TO CG55]

Question above added for 2021 COVID module.

CG54a. [Fun activity online or socially distant?]

Would you like for this to continue to be available to you after the pandemic is over?

(CGCONTC)

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

Question above added for 2021 COVID module.

CG55. [In the past 12 months, since COVID, have you used any of the following caregiver support services that were provided by phone, online, also called “virtual”, or in a socially distant manner?]

Package or fun activity mailed or dropped off?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGVIRTD)

YES	1	[GO TO CG55a]
NO	2	[GO TO CG56]
REFUSED	-7	[GO TO CG56]
DON'T KNOW	-8	[GO TO CG56]

Question above added for 2021 COVID module.

CG55a. [Package or fun activity mailed or dropped off?]

Would you like for this to continue to be available to you after the pandemic is over?

(CGCONTD)

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

Question above added for 2021 COVID module.

CG56. [In the past 12 months, since COVID, have you used any of the following caregiver support services that were provided by phone, online, also called “virtual”, or in a socially distant manner?]

Class or program with {NAME OF CARE RECIPIENT}, for example, memory cafe?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGVIRTE)

YES	1	GO TO CG56a
NO	2	GO TO CG57
REFUSED	-7	GO TO CG57
DON'T KNOW	-8	GO TO CG57

Question above added for 2021 COVID module.

CG56a. [Class or program with {NAME OF CARE RECIIENT}, for example, memory cafe?]

Would you like for this to continue to be available to you after the pandemic is over?

(CGCONTE)

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

Question above added for 2021 COVID module.

CG57. [In the past 12 months, since COVID, have you used any of the following caregiver support services that were provided by phone, online, also called “virtual”, or in a socially distant manner?]

Fun activity with {NAME OF CARE RECIIENT}, either online or social distant?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGVIRTF)

YES	1	[GO TO CG57a]
NO	2	[GO TO CG58]
REFUSED	-7	[GO TO CG58]
DON'T KNOW	-8	[GO TO CG58]

Question above added for 2021 COVID module.

CG57a. [Fun activity with {NAME OF CARE RECIIENT}, either online or socially distant?]

Would you like for this to continue to be available to you after the pandemic is over?

(CGCONTF)

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

Question above added for 2021 COVID module.

CG58. [In the past 12 months, since COVID, have you used any of the following caregiver support services that were provided by phone, online, also called “virtual”, or in a socially distant manner?]

Some other kind of support service?

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGVIRTG)

YES	1	[GO TO CG58a]
NO	2	[GO TO CG59]
REFUSED	-7	[GO TO CG59]
DON'T KNOW	-8	[GO TO CG59]

Question above added for 2021 COVID module.

CG58a. [Some other kind of support service?]

Would you like for this to continue to be available to you after the pandemic is over?

(CGCONTG)

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

Question above added for 2021 COVID module.

CG59. In the past 12 months, since COVID, have you used any support services that allowed for you to have a break in caregiving, such as respite care, which allows you a brief period of rest or relief while temporary care is provided to {NAME OF CARE RECIPIENT} either in your home, her/his home, or someplace else? This does not include visits from family members or friends.

[IF NEEDED: We want to know about your experiences in the last year and how they may differ when compared to before COVID.]

(CGRESPA)

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

Question above added for 2021 COVID module.

CG60. What type of support services did you use? Would you say...

[CODE ALL THAT APPLY; PROBE: Anything else?]

(CGRES[1]-[5])

In-home respite, where someone comes into the home to care for {CARE RECIPIENT/the person you care for} and you feel comfortable enough that you could take a nap or leave the home while the person is there 1
Adult daycare, where {CARE RECIPIENT/the person you care for} goes to a facility during the day 2
Overnight respite care in a facility 3
Overnight respite care in the home 4
Some other kind of respite care 5
REFUSED -7
DON'T KNOW -8

Question above added for 2021 COVID module.

PROGRAMMER NOTE: GO TO ADDITIONAL SERVICE LIST MODULE.

CG61. In your judgment, if the services that you and {CARE RECIPIENT} have received had not been available, would {CARE RECIPIENT} be able to continue to live in the same residence?

(CGDFPLC)

YES	1	[GO TO CG62]
NO	2	[GO TO CG61a]
REFUSED	-7	[GO TO CG61a]
DON'T KNOW	-8	[GO TO CG61a]

CG61a. Where would {CARE RECIPIENT} be living?

(CGWHERE AND CGWHEREOS)

INTERVIEWER NOTE: CHOOSE ONLY ONE ANSWER, DO NOT READ LIST.

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

CGINTRO9. The next few questions are about {CARE RECIPIENT'S} health.

CG62. In general, would you say {CARE RECIPIENT'S} health is...

(CGCRHL)

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

CG63. Has a doctor ever told you that {CARE RECIPIENT} has...

(CGPFDSA - CGPFDSU AND CGPFDSOS)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
a. Arthritis or rheumatism?	1	2	-7	-8	-9
b. High blood pressure or hypertension?	1	2	-7	-8	-9
c. A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?	1	2	-7	-8	-9
d. High cholesterol?	1	2	-7	-8	-9
e. Diabetes or high blood sugar?	1	2	-7	-8	-9
f. Allergies/asthma/emphysema/chronic bronchitis/other breathing and lung problems?	1	2	-7	-8	-9
g. Cancer or a malignant tumor, excluding minor skin cancer?	1	2	-7	-8	-9
h. Stroke?	1	2	-7	-8	-9
i. Anemia?	1	2	-7	-8	-9
j. Osteoporosis?	1	2	-7	-8	-9
k. Kidney disease?	1	2	-7	-8	-9
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions?	1	2	-7	-8	-9
[INTERVIEWER NOTE: THIS DOES NOT INCLUDE ONLY WEARS GLASSES OR CONTACTS]					
m. Hearing problems?	1	2	-7	-8	-9
n. Emotional, nervous or psychiatric problems?	1	2	-7	-8	-9
o. Memory related disease such as Alzheimer's or dementia?	1	2	-7	-8	-9
p. Seizures or epilepsy?	1	2	-7	-8	-9
q. Parkinson's?	1	2	-7	-8	-9
r. Persistent pain, aching, stiffness or swelling around a joint?	1	2	7	-8	-9
[INTERVIEWER NOTE: INCLUDES BROKEN BONES; SPRAINED MUSCLES; AND BAD BACKS, KNEES, SHOULDERS, ETC.]					
s. Multiple sclerosis?	1	2	-7	-8	-9
t. A serious problem with urinary incontinence?	1	2	-7	-8	-9
u. Something else?	1	2	-7	-8	-9
(SPECIFY: _____)					

FENCEPOST

- CG64.** Now we would like to ask about the care recipient's oral or dental health (that is, the health of the care recipient's teeth and gums). About how long has it been since the care recipient last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

(CGOHQ1)

6 months or less	1
More than 6 months, but not more than 1 year ago.....	2
More than 1 year, but not more than 2 years ago.....	3
More than 2 years, but not more than 3 years ago.....	4
More than 3 years, but not more than 5 years ago.....	5
More than 5 years ago	6
Never have been	7
REFUSED	-7
DON'T KNOW	-8

- CG65.** During the past 12 months, was there a time when the care recipient needed dental care but could not get it at that time?

(CGOHQ2)

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

- CG66.** Overall, how would you rate the health of the care recipient's teeth and gums?

(CGOHQ4)

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

FENCEPOST

CG67. We would like to ask about {CARE RECIPIENT's} abilities to perform some common activities of everyday life and whether {CARE RECIPIENT} needs assistance performing these activities. We are only interested in long-term conditions, not temporary conditions.

Does {CARE RECIPIENT} have difficulty getting around inside the home?

(PFDFINC)

YES	1	[GO TO CG67a]
NO	2	[GO TO CG68]
REFUSED	-7	[GO TO CG68]
DON'T KNOW	-8	[GO TO CG68]

CG67a. Does s/he need the help of another person to perform this activity?

(PFDFINBC)

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

FENCEPOST

CG68. Does {s/he} have difficulty going outside the home, for example to shop or visit a doctor's office?

(PFDFOUC)

YES	1	[GO TO CG68a]
NO	2	[GO TO CG69]
REFUSED	-7	[GO TO CG69]
DON'T KNOW	-8	[GO TO CG69]

CG68a. Does s/he need the help of another person to perform this activity?

(PFDFOUBC)

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

FENCEPOST

CG69. Does {CARE RECIPIENT} have difficulty getting in or out of bed or a chair?

(PFBEDC)

YES	1	[GO TO CG69a]
NO	2	[GO TO CG70]
REFUSED	-7	[GO TO CG70]
DON'T KNOW	-8	[GO TO CG70]

CG69a. Does {s/he} need the help of another person to perform this activity?
(PFBEDBC)

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

FENCEPOST

CG70. Does {s/he} have difficulty when taking a bath or shower?
(PFBATHC)

YES	1	[GO TO CG70a]
NO	2	[GO TO CG71]
REFUSED	-7	[GO TO CG71]
DON'T KNOW	-8	[GO TO CG71]

CG70a. Does {s/he} need the help of another person to perform this activity?
(PFBATHBC)

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

FENCEPOST

CG71. Does {CARE RECIPIENT} have difficulty when dressing?
(PFDRESC)

YES	1	[GO TO CG71a]
NO	2	[GO TO CG72]
REFUSED	-7	[GO TO CG72]
DON'T KNOW	-8	[GO TO CG72]

CG71a. Does {s/he} need the help of another person to perform this activity?
(PFDRESBC)

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

FENCEPOST

CG72. Does {s/he} have difficulty when walking?

(PFWALKC)

YES	1	[GO TO CG72a]
NO	2	[GO TO CG73]
REFUSED	-7	[GO TO CG73]
DON'T KNOW	-8	[GO TO CG73]

CG72a. Does {s/he} need the help of another person to perform this activity?

(PFWALKBC)

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

FENCEPOST

CG73. Does {CARE RECIPIENT} have difficulty eating?

(PFEATC)

YES	1	[GO TO CG73a]
NO	2	[GO TO CG74]
REFUSED	-7	[GO TO CG74]
DON'T KNOW	-8	[GO TO CG74]

CG73a. Does {s/he} need the help of another person to perform this activity?

(PFEATBC)

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

FENCEPOST

CG74. Does {s/he} have difficulty using the toilet or getting to the toilet?

(PFWCC)

YES	1	[GO TO CG74a]
NO	2	[GO TO CG75]
REFUSED	-7	[GO TO CG75]
DON'T KNOW	-8	[GO TO CG75]

CG74a. Does {s/he} need the help of another person to perform this activity?
(PFWCBC)

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

FENCEPOST

CG75. Does {CARE RECIPIENT} have difficulty keeping track of money or bills?
(PFDLRC)

YES	1	[GO TO CG75a]
NO	2	[GO TO CG76]
REFUSED	-7	[GO TO CG76]
DON'T KNOW	-8	[GO TO CG76]

CG75a. Does {s/he} need the help of another person to perform this activity?
(PFDLRBC)

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

FENCEPOST

CG76. Does {s/he} have difficulty preparing meals?
(PFMEALC)

YES	1	[GO TO CG76a]
NO	2	[GO TO CG77]
REFUSED	-7	[GO TO CG77]
DON'T KNOW	-8	[GO TO CG76]

CG76a. Does {s/he} need the help of another person to perform this activity?
(PFMEALBC)

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

FENCEPOST

CG77. Does {CARE RECIPIENT} have difficulty doing light housework, such as washing dishes or sweeping a floor?

(PFCLENC)

YES	1	[GO TO CG77a]
NO	2	[GO TO CG78]
REFUSED	-7	[GO TO CG78]
DON'T KNOW	-8	[GO TO CG78]

CG77a. Does {s/he} need the help of another person to perform this activity?

(PFCLNBC)

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

FENCEPOST

CG78. Does {s/he} have difficulty doing heavy housework, such as scrubbing floors or washing windows?

(PFHCLNC)

YES	1	[GO TO CG78a]
NO	2	[GO TO CG79]
REFUSED	-7	[GO TO CG79]
DON'T KNOW	-8	[GO TO CG79]

CG78a. Does {s/he} need the help of another person to perform this activity?

(PFHCLNBC)

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

FENCEPOST

CG79. Does {s/he} have difficulty taking the right amount of prescribed medicine at the right time?

(PFTKDGC)

YES	1	[GO TO CG79a]
NO	2	[GO TO CG80]
REFUSED	-7	[GO TO CG80]
DON'T KNOW	-8	[GO TO CG80]

CG79a. Does {s/he} need the help of another person to perform this activity?

(PFTKDGBBC)

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

FENCEPOST

CG80. Does {CARE RECIPIENT} have difficulty using the telephone?

(PFFONEC)

YES	1	[GO TO CG80a]
NO	2	[GO TO CG81]
REFUSED	-7	[GO TO CG81]
DON'T KNOW	-8	[GO TO CG81]

CG80a. Does {s/he} need the help of another person to perform this activity?

(PFFONEBC)

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

CG81. Is there a car or personal motor vehicle in working condition in {CARE RECIPIENT's} household?

(CGISCAR)

YES	1	[GO TO CG81a]
NO	2	[GO TO CG82]
REFUSED	-7	[GO TO CG82]
DON'T KNOW	-8	[GO TO CG82]

CG81a. Does {s/he} have difficulty driving a car or other personal motor vehicle?

(PFDRIVEC)

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

CG82. Is there a public bus or transit stop within three-quarters of a mile from {his/her} home?

(PFBUSC)

YES	1	[GO TO CG82a
NO	2	[GO TO CGINTRO10]
REFUSED	-7	[GO TO CGINTRO10]
DON'T KNOW	-8	[GO TO CGINTRO10]

CG82a. Does {s/he} have difficulty using this transportation?

(PFUSBSC)

YES	1	[GO TO CG82b
NO	2	[GO TO CGINTRO10]
REFUSED	-7	[GO TO CGINTRO10]
DON'T KNOW	-8	[GO TO CGINTRO10]

CCG82b. Does {s/he} need the help of another person to perform this activity?

(PFUSBSBC)

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

FENCEPOST

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

CG83. What is {CARE RECIPIENT's} date of birth?

(CGPMM, CGPDD, CGPYYYY)

____/____/____
MM DD YYYY

REFUSED	-7
DON'T KNOW	-8

PROGRAMMER NOTE: PLEASE COMPUTE AGE BASED ON DATE OF INTERVIEW AND STORE AS CONSTRUCTED VARIABLE NAME: CGPAGE

PROGRAMMER NOTE: FOR CGDE3, SOFT RANGE = 0-5. HARD RANGE = 0-50. IF RESPONSE IS ZERO (0), -7 OR -8, SKIP TO MODULE 4. IF CGDE3 IS 1 OR MORE, ASK CGDE4.

CG84. How many persons total {are you/is NAME OF CAREGIVER} caring for not counting {CARE RECIPIENT}?

(CGMANY)

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

CG85. And not counting {CARE RECIPIENT}, how are the other people you care for related to you?

INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: Anyone else?

(CGWHO1-8, CGWHO01-08 AND CGWHOOS)

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

FENCEPOST

GO TO DEMOGRAPHIC INTAKE MODULE

ADDITIONAL SERVICE LIST MODULE

CASE MANAGEMENT IS CS16 (CSKNOW).
 CONGREGATE MEALS IS CNR29 (CMENUF).
 HOME DELIVERED MEALS QUESTION JUST PRIOR TO THIS MODULE IS HNR33 (HMSKP).
 HOMEMAKER IS HC9 (HCSTAYHM).
 TRANSPORTATION QUESTION JUST PRIOR TO THIS MODULE IS TR22 (TRDRIVE).
 FAMILY CAREGIVER QUESTION JUST PRIOR TO THIS MODULE IS CG36 (CGINF09).

PROGRAMMER NOTE: FOR QUESTION SVC1,
 SKIP QUESTION A FOR CONGREGATE MEALS.
 SKIP QUESTION B FOR HOME DELIVERED MEALS RESPONDENTS.
 SKIP QUESTION C FOR HOMEMAKER.
 SKIP QUESTION D FOR CASE MANAGEMENT RESPONDENTS.
 SKIP QUESTION E FOR TRANSPORTATION RESPONDENTS.

FOR HOME DELIVERED MEALS, CONGREGATE MEALS, HOMEMAKER, CASE MANAGEMENT
 AND TRANSPORTATION CLIENTS, USE FIRST DISPLAY.

**FOR FAMILY CAREGIVER RESPONDENTS, USE CARE RECIPIENT NAME (OR RELATION)
 DISPLAY IN SVC1, SVC2, SVC3 AND SVC4. WE ARE NOT INTERESTED IN INFORMATION ON
 SERVICES THE CAREGIVER RECEIVES. FOR CAREGIVERS, WE WANT TO KNOW ONLY ABOUT
 THE SERVICES THEIR CARE RECIPIENT RECEIVES.**

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

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
b. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received meals from the meals program? [NOT ASKED OF CONG MEALS CLIENTS, AS IT IS ADDRESSED IN QUESTIONS ON GRAB AND GO AND CMMEALS DELIVERED] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHDM)	1	2	-7	-8
c. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received Homemaker or Housekeeping services? [IF NEEDED: Homemaker or Housekeeping Services are services that may include help with doing light housework, laundry, preparing meals or shopping.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHOUSE)	1	2	-7	-8

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
<p>d. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received case management services? [IF NEEDED: When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCCSEMG)</p>	1	2	-7	-8
<p>e. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received transportation services? [IF NEEDED: Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center, or shopping.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCTTRAN)</p>	1	2	-7	-8
<p>g. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received personal care services? [IF NEEDED: Personal care services are help with care like dressing or bathing.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCPCR)</p>	1	2	-7	-8
<p>h. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received chore services? [IF NEEDED: Chore Services help with heavier housecleaning and yard work.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCHORE)</p>	1	2	-7	-8
<p>i. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received legal assistance? [IF NEEDED: Legal Assistance may help with making a will or understanding a bill and other legal matters.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCLGL)</p>	1	2	-7	-8
FENCEPOST				

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
j. In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received information and assistance services? [IF NEEDED: Information and Assistance helps people find out about services that are available to them.] [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (SVCIAA)	1	2	-7	-8
k. {Do you/Does NAME OF PARTICIPANT} {Does s/he} have a nutrition counselor who gives {you/him/her} {him/her} individual advice on what {you/s/he} {s/he} should eat based on {your/his/her} {his/her} general health, chronic conditions, medications, and {your/his/her} {his/her} usual food choices? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (HNREDUYN)	1	2	-7	-8
o. {Have you/Has NAME OF PARTICIPANT} {Has CARE RECIPIENT} received assistance in administering or monitoring the side effects of medicine? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (MEDS)	1	2	-7	-8
p. {Have you/Has NAME OF PARTICIPANT} {Has CARE RECIPIENT} received help getting benefits like SNAP or Food Stamps and other public assistance? [IF NEEDED: Remember, we are talking about services received from {PROVIDER NAME} or {AGENCY NAME}.] (BENEFITS)	1	2	-7	-8

PROGRAMMER NOTE: DO NOT ASK SVC2 IF ALL OF SVC1A THROUGH SVC1Q ARE ALL 2, -7 AND/OR -8. SKIP TO SVC3.

SVC2. Overall, how would {you/s/he} {you/s/he} rate the group of services {you receive/s/he receives} {CARE RECIPIENT RECEIVES}? Would {you/NAME OF PARTICIPANT} {you/NAME OF CAREGIVER} say...

(SVCRATE)

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

PROGRAMMER NOTE: FOR CAREGIVER, SKIP TO SVC4

INTRO: Now, I would like to ask about how these services help {you/him/her}.

SVC3. [RESPONDENT SHOULD CONSIDER THE SAMPLED SERVICE AS WELL AS ANY ADDITIONAL SERVICES JUST DISCUSSED.]

(SVC3A TO SVC3D)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. As a result of the services {you receive/s/he receives} {are you/is s/he} able to live independently? (SVCIND)	1	2	-7	-8
b. As a result of the services {you receive/s/he receives} {do you/does s/he} feel more secure? (SVCSECUR)	1	2	-7	-8
c. As a result of the services {you receive/s/he receives} {are you/is s/he} better able to care for {yourself/himself/herself}? (SVCSELFC)	1	2	-7	-8
d. Since you started receiving services, {do you/does s/he} have a better idea of how to get any additional help that {you need/s/he needs}? (SVCIDEA)	1	2	-7	-8

SVC4. Thinking about {your/NAME OF PARTICIPANT's} {CARE RECIPIENT's} services in general, please tell me if {you s/he} agree or disagree with these statements.

(SVC4A TO SVC4B)	<u>Agree</u>	<u>Disagree</u>	<u>RF</u>	<u>DK</u>
a. The people who give these services are generally courteous. Would {you/s/he} {s/he} ... (SVCCURT)	1	2	-7	-8
b. The people who give these services do the things they are supposed to do. Would {you/s/he} {s/he} ... (SVCSUPOS)	1	2	-7	-8

FENCEPOST

SVC5. {Are you/Is NAME OF PARTICIPANT/Is CARE RECIPIENT} receiving any other types of assistance, such as...

(SVC5A TO SVC5D)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. SNAP or Food Stamps? (SVC5A)	1	2	-7	-8
b. Energy Assistance? (SVC5B)	1	2	-7	-8
c. Medicaid? (SVC5C)	1	2	-7	-8
d. Housing Assistance? (SVC5D)	1	2	-7	-8

SVC6. {Do your/his/her} family or friends help arrange for the services {you receive/s/he receives}? **(CSARRNG)**

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

SVC7. {Do your/his/her} family or friends provide assistance that helps {you/NAME OF PARTICIPANT} live independently?

(CSHOME)

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

FENCEPOST

PROGRAMMER NOTE:

IF CASE MANAGEMENT, GO TO FALLS
IF CONGREGATE MEALS, GO TO FALLS
IF HOME-DELIVERED MEALS, GO TO FALLS
IF HOMEMAKER, GO TO FALLS
IF TRANSPORTATION, GO TO FALLS

THEN GO TO LIFECHANGES; SOCIAL INTEGRATION; PHYSICAL, SOCIAL, EMOTIONAL WELLBEING; DEMOGRAPHIC INTAKE MODULE.

NEED TO ASK UNLESS:

IF HMDAYS=5, GO TO DEMOGRAPHIC INTAKE MODULE.
IF HCDAYS=5 AND/OR HCMOFT=L, GO DEMOGRAPHIC INTAKE MODULE.
IF TROFTEN=6 AND/OR TRDAYS=5, GO TO DEMOGRAPHIC INTAKE MODULE.
IF CMDAYS=5, GO TO DEMOGRAPHIC INTAKE MODULE.

IF FAMILY CAREGIVER, GO TO CGDFPLC.

FALLS

The next few questions are about falling down. By falling down, we mean any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.

HC14. In the last month, have you fallen down?

(NHATSHC14)

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

HC15. In the last month, did you worry about falling down?

(NHATSHC15)

YES 1 [GO TO HC16]
 NO 2 [GO TO HC17]
 REFUSED-7 [GO TO HC17]
 DON'T KNOW-8 [GO TO HC17]

HC16. In the last month, did this worry ever limit your activities?

(NHATSHC16)

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

PROGRAMMER NOTE: IF HC14=YES; GO TO HC18.

HC17. In the last 12 months, since {MONTH, YEAR}, have you fallen down?

IF NEEDED: By falling down we mean any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.

(NHATSHC17)

YES 1 [GO TO HC18]
 NO 2 [GO TO LIFECHNG1]
 REFUSED-7 [GO TO LIFECHNG1]
 DON'T KNOW-8 [GO TO LIFECHNG1]

HC18. In the last 12 months/Since {LAST INT MONTH AND YEAR}, have you fallen down more than one time?

(NHATSHC18)

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

LIFE CHANGES

We are interested in why you initially sought services from [NAME OF AGENCY]

LIFECHNG1. What was going on in your life that led you to seek services?

(LIFECHANGE)

ILLNESS.....	1
ILLNESS OF A PERSON CLOSE TO YOU.....	2
DEATH OF A SPOUSE.....	3
PROBLEMS WITH MOBILITY	4
COULD NO LONGER TAKE CARE OF MYSELF	5
COULD NO LONGER TAKE CARE OF MY HOME	6
WANT SOCIALIZATION	7
SEEKING OTHER SERVICES	8
ACCOMPANIED FRIEND/FAMILY OR REFERRED.....	9
AGE/FINANCIAL/MEDICAL NEED	4
OTHER.....	91
(SPECIFY:_____)	
REFUSED	-7
DON'T KNOW	-8

SOCIAL INTEGRATION

The next few questions are about your contact with other people.

UCLA1. First, how often do you feel that you lack companionship? Would you say...

(SIUCLA1)

Hardly ever 1
Some of the time 2
Often..... 3
REFUSED-7
DON'T KNOW-8

UCLA2. How often do you feel left out? Would you say...

(SIUCLA2)

Hardly ever 1
Some of the time 2
Often..... 3
REFUSED-7
DON'T KNOW-8

UCLA3. How often do you feel isolated from others?

(SIUCLA3)

Hardly ever 1
Some of the time 2
Often..... 3
REFUSED-7
DON'T KNOW-8

HRS1. How often do you feel alone?

(SIHRS1)

Hardly ever 1
Some of the time 2
Often..... 3
REFUSED-7
DON'T KNOW-8

PHYSICAL, SOCIAL, AND EMOTIONAL WELL-BEING MODULE

PROGRAMMER NOTE: THIS MODULE IS FOR CASE MANAGEMENT, CONGREGATE MEALS, HOME-DELIVERED MEALS, HOMEMAKER, AND TRANSPORTATION RESPONDENTS.

UNLESS:

IF HMDAYS=5, GO TO MODULE 4, DEMOGRAPHIC INTAKE.

IF CMDAYS=5, GO TO MODULE 4, DEMOGRAPHIC INTAKE.

IF HCDAYS=5 AND/OR HCMOFT=L, GO TO MODULE 4, DEMOGRAPHIC INTAKE.

IF TROFTEN=6 AND/OR TRDAYS=5, GO TO MODULE 4, DEMOGRAPHIC INTAKE.

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 THIS MODULE.

PFINTRO1. The next question is about {your/PARTICIPANT'S NAME} health. Please try to answer as accurately as you can.

SF1. In general, would you say {your/his/her} health is . . . [READ RESPONSE OPTIONS]

(PFHLTH)

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

Now I'm going to read a list of activities that {you/s/he} might do during a typical day. As I read each item, please tell me if {your/his/her} health now limits {you/him/her} you a lot, limits {you/him/her} a little, or does not limit {you/him/her} at all in these activities.

SF2a. How about moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does {your/his/her} health now limit {you/him/her} a lot, limit {you/him/her} a little, or not limit {you/him/her} at all?

(SFMODACT)

YES, LIMITED A LOT.....	1
YES, LIMITED A LITTLE.....	2
NO, NOT LIMITED AT ALL	3
REFUSED	-7
DON'T KNOW	-8

How about...

- SF2b.** How about climbing several flights of stairs. Does {your/his/her} health now limit {you/him/her} a lot, limit {you/him/her} a little, or not limit {you/him/her} at all? [READ RESPONSE OPTIONS]

(SFCLIMB)

YES, LIMITED A LOT.....	1
YES, LIMITED A LITTLE.....	2
NO, NOT LIMITED AT ALL.....	3
REFUSED.....	-7
DON'T KNOW.....	-8

The following two questions ask you about {your/his/her} physical health and {your/his/her} daily activities.

- SF3a.** During the past four weeks, how much of the time {have you/has s/he} accomplished less than {you/s/he} would like as a result of {your/his/her} physical health? [READ RESPONSE OPTIONS]

(SFACCOMP)

All of the time.....	1
Most of the time.....	2
Some of the time.....	3
A little of the time, or.....	4
None of the time?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

- SF3b.** During the past four weeks, how much of the time {were you/was s/he} limited in the kind of work or other regular daily activities {you/she/he} did as a result of your physical health?

(SFLIMITD)

All of the time.....	1
Most of the time.....	2
Some of the time.....	3
A little of the time, or.....	4
None of the time?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

- SF4a.** During the past four weeks, how much of the time {have you/has s/he} accomplished less than {you/he/she} would like as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE OPTIONS]

(SFEMOT)

All of the time.....	1
Most of the time.....	2
Some of the time.....	3
A little of the time, or.....	4
None of the time?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

SF4b. During the past four weeks, how much of the time did {you/he/she} do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE OPTIONS]

(SFCAREFL)

All of the time.....	1
Most of the time.....	2
Some of the time	3
A little of the time, or.....	4
None of the time?	5
REFUSED	-7
DON'T KNOW	-8

SF5a. During the past four weeks, how much did pain interfere with {your/his/her} normal work (including both work outside the home and housework)? [READ RESPONSE OPTIONS]

(SFPAIN)

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

The next few questions are about how {you feel/he feels/she feels} and how things have been with {you/him/her} during the past four weeks.

As I read each statement, please give me the one answer that comes closest to the way {you have/he has/she has} been feeling-

SF6a. How much of the time during the past four weeks {have you/has s/he} felt calm and peaceful? Would you say...

(SFCALM)

All of the time.....	1
Most of the time.....	2
Some of the time	3
A little of the time, or.....	4
None of the time?	5
REFUSED	-7
DON'T KNOW	-8

SF6b. How much of the time during the past four weeks . . . did {you/s/he} have a lot of energy?
Would you say...

(SFENERGY)

All of the time.....	1
Most of the time.....	2
Some of the time	3
A little of the time, or.....	4
None of the time?	5
REFUSED	-7
DON'T KNOW	-8

SF6c. How much of the time during the past four weeks . . . {have you/has he/has she} felt
downhearted and depressed? Would you say...

(SFDOWN)

All of the time.....	1
Most of the time.....	2
Some of the time	3
A little of the time, or.....	4
None of the time?	5
REFUSED	-7
DON'T KNOW	-8

SF8. Compared with {your/his/her} health one year ago, would you say {your/his/her} health is...

(SFHEALTH)

Much better than one year ago,	1
A little better than one year ago,	2
About the same as one year ago,	3
A little worse than one, or.....	4
Worse than one year ago?	5
REFUSED	-7
DON'T KNOW	-8

FENCEPOST

PF1a6. Now I would like to ask about medical conditions {you/NAME OF PARTICIPANT} may have.
Has a doctor ever told {you/NAME OF PARTICIPANT} that {you have/s/he has} have:

(PFDISA - PFDISU)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>	<u>N/A</u>
a. Arthritis or rheumatism?	1	2	-7	-8	-9
b. High blood pressure or hypertension?	1	2	-7	-8	-9
c. A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?	1	2	-7	-8	-9
d. High cholesterol?	1	2	-7	-8	-9
e. Diabetes or high blood sugar?	1	2	-7	-8	-9
f. Allergies/asthma/emphysema/chronic bronchitis/other breathing or lung problems?	1	2	-7	-8	-9
g. Cancer or a malignant tumor, excluding minor skin cancer?	1	2	-7	-8	-9
h. Stroke?	1	2	-7	-8	-9
i. Anemia?	1	2	-7	-8	-9
j. Osteoporosis?	1	2	-7	-8	-9
k. Kidney disease?	1	2	-7	-8	-9
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions?	1	2	-7	-8	-9
[INTERVIEWER NOTE: THIS DOES NOT INCLUDE ONLY WEARS GLASSES OR CONTACTS]					
m. Hearing problems?	1	2	-7	-8	-9
n. Emotional, nervous or psychiatric problems?	1	2	-7	-8	-9
o. Memory related disease such as Alzheimer's or dementia?	1	2	-7	-8	-9
p. Seizures or epilepsy?	1	2	-7	-8	-9
q. Parkinson's disease?	1	2	-7	-8	-9
r. Persistent pain, aching, stiffness or swelling around a joint?	1	2	-7	-8	-9
[INTERVIEWER NOTE: INCLUDES BROKEN BONES; SPRAINED MUSCLES; BAD BACKS, KNEES, SHOULDERS, ETC]					
s. Multiple sclerosis?	1	2	-7	-8	-9
t. A serious problem with urinary incontinence?	1	2	-7	-8	-9
u. Something else?	1	2	-7	-8	-9
(SPECIFY:_____)					

FENCEPOST

PF1a6-1. During the last 12 months, have you learned how to take care of {any or all of} your chronic {illness/illnesses} or medical {condition/conditions}?

(PFTKCARE)

YES	1	[GO TO PF1a6-2]
NO	2	[GO TO PF1a6-3]
REFUSED	-7	[GO TO PF1a6-3]
DON'T KNOW	-8	[GO TO PF1a6-3]

PF1a6-2. During the last 12 months, how did you learn about taking care of {your/any or all of your} chronic {illness/illnesses} or medical {condition/conditions}? Did you... **[CHECK ALL THAT APPLY]**

(PFPCARE - PFLRN)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Talk in person to a doctor/health professional within your primary care practice? (PFPCARE)	1	2	-7	-8
b. Talk in person to a doctor/health professional not in your primary care practice? (PFNCARE)	1	2	-7	-8
c. Speak on the telephone with a health professional? (PFPHON)	1	2	-7	-8
d. Read about it on the Internet? (PFWEB)	1	2	-7	-8
e. Take a group class? (PFCLASS)	1	2	-7	-8
f. Read printed materials? (PFREAD)	1	2	-7	-8
g. Learn from TV/radio/newspapers? (PFMEDIA)	1	2	-7	-8
h. You or someone in your family in the medical field? (PFMEDF)	1	2	-7	-8
i. Learn in some other way? (PFLRN) (SPECIFY:_____)	1	2	-7	-8

PF1a6-3. Having {an illness/one or more illnesses} often means doing different tasks and activities to manage your {condition/conditions}. How confident are you that you can do all the things necessary to manage your chronic {illness/illnesses} or medical {condition/conditions} on a regular basis? Would you say you are... **[READ RESPONSE OPTIONS]**

(PFCONF)

Not at all confident,.....	1
A little confident,	2
Moderately confident, or.....	3
Very confident?	4
REFUSED	-7
DON'T KNOW	-8

PF1a7. Because of a physical, mental or emotional condition lasting 6 months or more, {do you/does NAME OF PARTICIPANT} have any difficulty learning, remembering, or concentrating?

(PFLEARN)

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

PROGRAMMER NOTE: SOFT RANGE FOR HLM4 = 0 TO 10. IF MORE THAN 10, HAVE INTERVIEWER PROBE: You told me {you take/s/he takes} {INSERT NUMBER OVER 10} prescription medications per day. Is that correct?

HLM1. About how many different prescription medications {do you/does s/he} take every day?

(HLMDRUGS)

[INTERVIEWER NOTE: IF NONE, ENTER 0]

NUMBER OF PRESCRIPTION MEDICINES	
PER DAY	_ _
REFUSED	-7
DON'T KNOW	-8

HLM1-OV. You told me {you take/NAME OF PARTICIPANT takes} {INSERT NUMBER OVER 10} prescription medications per day. Is that correct?

(HMDRCHK)

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

HLM2. In the past 12 months, did {you/NAME OF PARTICIPANT} have to stay overnight in a hospital?

(HLMHOSP)

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

HLM3. In the past 12 months, did {you/NAME OF PARTICIPANT} have to stay overnight in a nursing home or rehabilitation center?

(HLMNH)

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

OHINTRO. Now we would like to ask about your oral or dental health (that is, the health of your teeth and gums)...

OHQ.030 About how long has it been since you last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

(OHQ030)

6 months or less	1
More than 6 months, but not more than 1 year ago	2
More than 1 year, but not more than 2 years ago	3
More than 2 years, but not more than 3 years ago	4
More than 3 years, but not more than 5 years ago	5
More than 5 years ago	6
Never have been	7
REFUSED	-7
DON'T KNOW	-8

OHQ.770 During the past 12 months, was there a time when you needed dental care but could not get it at that time?

(OHQ770)

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

OHQ.845 Overall, how would you rate the health of your teeth and gums?

(OHQ845)

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

FENCEPOST

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.

PF1. {Do you/Does NAME OF PARTICIPANT} have difficulty getting around inside the home?

(PFDFIN)

YES	1	GO TO PF1b]
NO	2	[GO TO PF2]
REFUSED	-7	[GO TO PF2]
DON'T KNOW	-8	[GO TO PF2]

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

(PFDFOU)

YES	1	GO TO PF2b]
NO	2	[GO TO PF3]
REFUSED	-7	[GO TO PF3]
DON'T KNOW	-8	[GO TO PF3]

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. {Do you/Does name of participant} have difficulty getting in or out of bed or a chair?

(PFBED)

YES	1	[GO TO PF3b]
NO	2	[GO TO PF4]
REFUSED	-7	[GO TO PF4]
DON'T KNOW	-8	[GO TO PF4]

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. {Do you/Does s/he} have difficulty when taking a bath or shower?

(PFBATH)

YES	1	[GO TO PF4b]
NO	2	[GO TO PF5]
REFUSED	-7	[GO TO PF5]
DON'T KNOW	-8	[GO TO PF5]

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. {Do you/Does NAME OF PARTICIPANT} have difficulty when dressing?

(PFDRES)

YES	1	[GO TO PF5b]
NO	2	[GO TO PF6]
REFUSED	-7	[GO TO PF6]
DON'T KNOW	-8	[GO TO PF6]

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. {Do you/Does s/he} have difficulty when walking?

(PFWALK)

YES	1	[GO TO PF6b]
NO	2	[GO TO PF7]
REFUSED	-7	[GO TO PF7]
DON'T KNOW	-8	[GO TO PF7]

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. {Do you/Does NAME OF PARTICIPANT} have difficulty eating?

(PFEAT)

YES	1	[GO TO PF7b]
NO	2	[GO TO PF8]
REFUSED	-7	[GO TO PF8]
DON'T KNOW	-8	[GO TO PF8]

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. {Do you/Does s/he} have difficulty using the toilet or getting to the toilet?

(PFWC)

YES	1	[GO TO PF8b]
NO	2	[GO TO PF9]
REFUSED	-7	[GO TO PF9]
DON'T KNOW	-8	[GO TO PF9]

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. {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. {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. {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. {Do you/Does NAME OF PARTICIPANT} have difficulty doing heavy housework, such as scrubbing floors or washing windows?

(PFHCLEN)

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?

(PFHCLENB)

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

FENCEPOST

PF13. {Do you/Does s/he} have difficulty taking the right amount of prescribed medicine at the right time?

(PFTKDG)

YES	1	[GO TO PF13b]
NO	2	[GO TO PF14]
REFUSED	-7	[GO TO PF14]
DON'T KNOW	-8	[GO TO PF14]
SKIP PF13b]		

PF13b. {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 PF14 ONLY IF PROXY OR INTERPRETER INTERVIEW. IF RESPONDENT ON PHONE, DO NOT ASK. IF RESPONDENT ON PHONE, AUTOCODE AS 2 (NO).

PF14. {Does NAME OF PARTICIPANT} have difficulty using the telephone?

(PFFONE)

YES	1	
NO	2	[GO TO PF15]
REFUSED	-7	[GO TO PF15]
DON'T KNOW	-8	[GO TO PF15]

PF14b. {Does s/he} need the help of another person to perform this activity?

(PFFONEB)

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

PF15-A Is there a car or personal motor vehicle in working condition in your {his/her} household?

(PFISCAR)

YES	1	
NO	2	[GO TO PF16]
REFUSED	-7	[GO TO PF16]
DON'T KNOW	-8	[GO TO PF16]

PF15-B. {Do you/Does s/he} have difficulty driving a car or personal motor vehicle?

(PFDRIVE)

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

PF16. Is there a public bus or transit stop within three-quarters of a mile from {your/his/her} home?

(PFBUS)

YES	1	[GO TO PF16b]
NO	2	[GO TO DEMOG. MOD.]
REFUSED	-7	[GO TO DEMOG. MOD.]
DON'T KNOW	-8	[GO TO DEMOG. MOD.]

PF16B. {Do you/Does s/he} have difficulty using this transportation?

(PFUSEBUS)

YES	1	[GO TO PF16BOV]
NO	2	[GO TO PF17A.]
NEVER USES BUS.....	3	[GO TO PF17A]
REFUSED	-7	
DON'T KNOW	-8	

PF16BOV. {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

FENCEPOST

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, PF12B, PF13B, PF14B AND/OR PF16C, GO TO PF17A.

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 1,2,3,4,5,6,7,8,9,10,11,11A, 12,13,15B) AND "YES, THEY RECEIVE HELP." (PF1B, PF2B, PF3B, PF4B, PF5B, PF6B, PF7B, PF8B, PF9B, PF10B, PF11B, PF13B, PF13B, PF14B AND/OR PF16C). 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
PF12B DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS
PF13 DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME
PF14 DIFFICULTY USING THE TELEPHONE
PF16B DIFFICULTY USING PUBLIC TRANSPORTATION

IF NOT, GO TO DEMOGRAPHIC INTAKE MODULE.

PF17A. You have said that {you need/NAME OF PARTICIPANT needs} the help of another person with ... **[READ LIST OF ACTIVITIES PARTICULAR TO THIS CLIENT].**

PF17B. We would like to know if family or friends provide help with these activities. If so, who provides the most help with these activities? Was it...

(FAMFRND)

Family, or.....	1	
Someone else, like a friend, neighbor or other person?.....	2	GO TO DEINTRO
DID NOT RECEIVE HELP FROM FAMILY/FRIENDS.....	3	GO TO DEINTRO

PF17C. Which family member helps the most with these activities?

[INTERVIEWER NOTE: MARK ONLY ONE]

(WHOHELPS)

HUSBAND.....	1
WIFE	2
SON,.....	3
SON-IN-LAW	4
DAUGHTER,	5
DAUGHTER-IN-LAW	6
FATHER,	7
MOTHER,.....	8
BROTHER,.....	9
SISTER,	10
GRANDSON,.....	11
GRANDDAUGHTER,	12
NEPHEW,.....	13
NIECE,	14
OTHER RELATIVE	91
REFUSED	-7
DON'T KNOW	-8

GO TO DEMOGRAPHIC INTAKE MODULE
--

DEMOGRAPHIC INTAKE MODULE

NOTE: THIS MODULE IS FOR CASE MANAGEMENT, CONGREGATE MEALS, HOME-DELIVERED MEALS, HOMEMAKER, TRANSPORTATION, AND FAMILY CAREGIVER.

PROGRAMMER NOTE: SKIP DEINTRO IF CAREGIVER. REPEATS CGINTRO1.

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. Your answers will be used only for the purposes of this research. The reports prepared for this study will summarize information provided by participants and will not associate responses with a specific individual. We will not provide information that identifies any individuals to anyone outside the study team, except as required by law. Remember your answers are private and you don't have to answer any question you don't want to.

DE1. [ASK OF ALL]: What is {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} sex?

(DEGENDR)

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

DE1a. Which of the following best represents how you think of yourself?

(DETHINK)

Lesbian or gay*	1
Straight, that is, not lesbian or gay**	2
Bisexual	3
Something else	4
REFUSED	-7
DON'T KNOW	-8

*For men, the category reads "gay"

**For men, the category reads "straight, that is, not gay"

DE2. We have {your/NAME OF PARTICIPANT/ NAME OF CAREGIVER's} date of birth as {DISPLAY DATE}, is that correct?

(DEBDAY1)

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

DE2UPDT. What is {your/NAME OF PARTICIPANT/NAME OF CAREGIVER} date of birth?
(DEBMM-DEBDD-DEBYYYY)

____/____/____
 MM DD YYYY

REFUSED -7
 DON'T KNOW -8

FENCEPOST

PROGRAMMER NOTE: CONSTRUCTED VARIABLE-AGEC — PLEASE CONVERT DATE OF BIRTH TO AGE AS OF INTERVIEW DATE. KEEP ORIGINAL RESPAGE AS WELL.

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

(DEEDUC)

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

DE4. {Are you/Is NAME OF PARTICIPANT/NAME OF CAREGIVER} Hispanic or Latino?

(DEHISP)

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

FENCEPOST

DE5. Which one or more of the following best describes {your/NAME OF PARTICIPANT's} race?
Would (you/s/he) say... (CODE ALL THAT APPLY)

(DERAC01-06 DERACOS)

White,	1
Black or African American,	2
Asian,	3
American Indian or Alaska Native, or	4
Native Hawaiian or other Pacific Islander	5
Some other race? [OTHER, Specify]	91
REFUSED	-7
DON'T KNOW	-8

FENCEPOST

DE5a. {Have you/Did NAME OF PARTICIPANT/NAME OF CAREGIVER} ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.

(DEVET)

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

DE6. Is {your/ his/her} home located 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

FENCEPOST

PROGRAMMER NOTE: IF CAREGIVER ANSWERS CG21—CGMINUT—1-LIVES IN SAME HOUSE, AUTOCODE DE8 "2," AND GO TO DE8A.

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 DE8b.]
 REFUSED -7 [GO TO DE8a]
 DON'T KNOW -8 [GO TO DE8a]

DE8a. Do you/Does {NAME OF PARTICIPANT/NAME OF CAREGIVER}

	<u>Yes</u>	<u>No</u>	<u>RF</u>	<u>DK</u>
1. Live with {your/his/her} spouse?..... (DELVSP1)	1	2	-7	-8
2. Live with {your/his/her} children?..... (DELVKID2)	1	2	-7	-8
3. Live with other relatives? (DELVREL3)	1	2	-7	-8
4. Live with non-relatives? (DELVNRL4)	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 OR CAREGIVER ANSWERS CG21—CGMINUT—1-LIVES IN SAME HOUSE), 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.

IF CAREGIVER AND CGMINUT=1, AND INTERVIEWER ENTERS 0 OR 1 IN DE8B, PROMPT, "You told me {you live/s/he lives} with {CARE RECIPIENT}. Please include {him/her} when you tell me how many live in the household."

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

FENCEPOST

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

(DEHBM)

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

FENCEPOST

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

(DEMARST)

Married,	1
Living with a partner,	2
Widowed,.....	3
Divorced,	4
Separated, or.....	5
Never Married?.....	6
REFUSED	-7
DON'T KNOW	-8

FENCEPOST

PROGRAMMER NOTE: IF DE8B (DEHHM) = 1, IN DE10, DE10A AND DE10B, USE FIRST DISPLAY (YOUR/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S). IF DEHHM IS GREATER THAN 1, USE 2ND DISPLAY, "YOUR/NAME OF PARTICIPANT'S/NAME OF CAREGIVER'S TOTAL COMBINED FAMILY" DISPLAY.

ASK ALL RESPONDENTS THE INCOME QUESTIONS.

DE10. Thinking about the total combined income from all sources for all persons in this household, including income from jobs, Social Security, retirement income, public assistance, and all other sources was {your/ NAME OF PARTICIPANT's/NAME OF CAREGIVER'S} total household annual income during the year 2020 above or below \$20,000?

(DEINAB)

At or below \$20,000 {\$1,666 PER MONTH OR LESS}, or	1	[GO TO DE10A (SEE PROGRAMMER NOTE, ABOVE)]
Above \$20,000 {\$1,667 PER MONTH OR MORE}?.....	2	[GO TO DE10B (SEE PROGRAMMER NOTE ABOVE)]
REFUSED	-7	[GO TO CLOSING]
DON'T KNOW	-8	[GO TO CLOSING]

DE10A. Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2020? Would {you/s(he)} say...

(INCOMEC)

\$5,000 or less [\$417 OR LESS PER MONTH],	1
\$5,001 - \$10,000 [\$418 - \$833 PER MONTH],	2
\$10,001 - \$15,000, [\$834 TO \$1,250 PER MONTH,	3
\$15,001 - \$20,000, [\$1,251 TO \$1,666 PER MONTH]?	4
REFUSED	-7
DON'T KNOW	-8

GO TO CLOSING

DE10B. Which category best describes {your/NAME OF PARTICIPANT's/NAME OF CAREGIVER's} total household annual income during the year 2020? Would {you/NAME OF PARTICIPANT/NAME OF CAREGIVER} say...

(DEINABOV)

\$20,001 - \$25,000 [\$1,667 TO \$2,083 PER MONTH]	1
\$25,001 - \$30,000 [\$2,084 TO \$2,500 PER MONTH]	2
\$30,001 - \$35,000 [\$2,501 TO \$2,917]	3
\$35,001 - 40,000 [\$2,918 TO \$3,333]	4
\$40,001 - \$50,000, or \$3,334 TO \$4,167 PER MONTH], or.....	5
Over \$50,000? [\$4,168 PER MONTH OR MORE]?	6
REFUSED	-7
DON'T KNOW	-8

GO TO CLOSING

CLOSING

CLOSE1. Those are all the questions I have for you today. We appreciate your answering the questions that we've asked you in this interview. We understand that some of those questions may have been quite personal. However, your answers will help us better evaluate the services provided by the Older American s Act. Thank you for your time.