

MAIN STUDY - ROUND 7

COMMUNITY COMPONENT

HH. HOME HEALTH UTILIZATION AND EVENTS

HH1. (Other than what we just talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], (have you been/has SP been/was SP) helped **at home** by any (other) health or medical professionals, such as those listed on this card? [Health professionals include nurse (visiting nurse, private duty nurse, etc.), doctor, social worker, therapist, and hospice worker.]

SHOW CARD HH1
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<b>HHPROF</b>	YES .....	1 (HH2)
	NO .....	2 (HH18)
	REFUSED .....	-7 (HH18)
	DON'T KNOW .....	-8 (HH18)

HH2. What is the name of the health professional who helped (you/SP) at home [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? [ENTER ONLY ONE PROVIDER.]

**PROVNAME**

HH3. What kind of health professional is (PROVIDER)?

**PROVSPEC**

HH4. Who does (HH2 PROVIDER) work for, that is, for what place or organization?

[PROBE: Or does (HH2 PROVIDER) work for herself/himself?]

<b>WORKSFOR</b>	NAME OF ORGANIZATION GIVEN .....	1 (HH5)
	WORKS FOR SELF .....	2 <b>BOX HH1</b>
	REFUSED .....	-7 <b>BOX HH1</b>
	DON'T KNOW .....	-8 <b>BOX HH1</b>

HH5. [Who does (HH2 PROVIDER) work for, that is, what place or organization?]

[PROBE: Who would (you/SP) call if (HH2 PROVIDER) did not show up?]

[ENTER OR SELECT ONLY ONE PROVIDER.]

**PROVNAME**

**SUBPROV**

HH6. What kind of place or organization is (HH5 PROVIDER)?

<b>HHPLACE</b>	HMO .....	1	<b>BOX HH1</b>
	MEAL PROGRAM (SUCH AS MEALS ON WHEELS) .....	2	(HH7)
	VISITING NURSE ASSOCIATION .....	3	<b>BOX HH1</b>
	HOME HEALTH AGENCY .....	4	<b>BOX HH1</b>
	HOSPITAL .....	5	<b>BOX HH1</b>
	PRIVATE PHYSICIAN/GROUP PRACTICE .....	6	<b>BOX HH1</b>
	HOSPICE .....	7	<b>BOX HH1</b>
	REHABILITATION OR SPORTS MEDICINE THERAPY .....	8	<b>BOX HH1</b>
	LOCAL GOVERNMENT ORGANIZATION .....	9	(HH11)
	CHURCH OR COMMUNITY ORGANIZATION .....	10	(HH11)
	OTHER (SPECIFY) _____		
<b>HHPLACOS</b>	_____	91	<b>BOX HH1</b>

HH7. Between (PREV. ROUND INT. DATE/INT. DATE FROM ST10a, NS7a, CT72a) and (TODAY/DATE OF DEATH/DATE OF INSTITUTIONALIZATION/INT. DATE FROM ST10a, NS7a, CT72a), did (HH5 PROVIDER) provide any services to (you/SP) other than delivering meals?

<b>OTHMEALS</b>	YES .....	1	<b>BOX HH1</b>
	NO .....	2	<b>BOX HH3</b>
	REFUSED .....	-7	<b>BOX HH3</b>
	DON'T KNOW .....	-8	<b>BOX HH3</b>

HH8. Is (HH2/HH5 PROVIDER) associated with a facility of the Veterans Administration?

<b>VAPLACE</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

HH9, and HH10 omitted.

HH11. Between (PREV. ROUND INT. DATE/INT. DATE FROM ST10a, NS7a, CT72a) and (TODAY/DATE OF DEATH/DATE OF INSTITUTIONALIZATION/INT. DATE FROM ST10a, NS7a, CT72a), how many times (has/did) (HH2 OR HH19 PROVIDER/someone from HH5 OR HH24 PROVIDER) come to the home to help (you/SP)? [Remember to include all home health providers from (HH5 OR HH24 PROVIDER).]

TOTAL NUMBER OF TIMES .....	1	TOTAL NUMBER OF TIMES: _____
NUMBER OF TIMES PER DAY .....	2	NUMBER OF TIMES PER DAY: _____
NUMBER OF TIMES PER WEEK .....	3	NUMBER OF TIMES PER WEEK: _____
NUMBER OF TIMES PER MONTH .....	4	NUMBER OF TIMES PER MONTH: .....
REFUSED .....	-7	(HH12)
DON'T KNOW .....	-8	(HH12)

**HELPUNIT**

**HELPNUM**

HH12. (Generally speaking, how long (does/did)/How long did) (HH2 OR HH19 PROVIDER/someone from HH5 OR HH24 PROVIDER) stay with (you/SP)?

[PROBE: We just need to know in general.]

HOURS ONLY .....	1	NUMBER OF HOURS: _____
MINUTES ONLY .....	2	NUMBER OF MINUTES: _____
HOURS AND MINUTES .....	3	
REFUSED .....	-7 (HH13)	
DON'T KNOW .....	-8 (HH13)	
<b>STAYUNIT</b>		<b>STAYHOUR</b>
		<b>STAYMIN</b>

HH13. (Generally speaking, (does/did)/Did) (HH2 OR HH19 PROVIDER/someone from HH5 OR HH24 PROVIDER) help (you/SP) by giving any medical or nursing treatment, such as the things shown on this card? ["MEDICAL OR NURSING TREATMENT" MEANS SUCH THINGS AS APPLYING STERILE BANDAGES OR DRESSINGS, GIVING MEDICATIONS, TAKING BLOOD PRESSURE, GIVING SHOTS OR INJECTIONS.]

[PROBE: We just need to know in general.]

SHOW CARD HH2	<b>NEEDNURS</b>	YES, AT LEAST ONE .....	1
		NO .....	2
		REFUSED .....	-7
		DON'T KNOW .....	-8

HH14. (Generally speaking, (does/did)/Did) (HH2 OR HH19 PROVIDER/someone from HH5 OR HH24 PROVIDER) help with (your/SP's) daily needs by doing things, such as the ones shown on this card? [HELP WITH DAILY NEEDS MEANS HELP IN USING THE TELEPHONE, DOING HOUSEWORK, PREPARING MEALS.]

[PROBE: We just need to know in general.]

SHOW CARD HH3	<b>NEEDMEAL</b>	YES, AT LEAST ONE .....	1
		NO .....	2
		REFUSED .....	-7
		DON'T KNOW .....	-8

HH15. (Generally speaking, (does/did)/Did) (HH2 OR HH19 PROVIDER/someone from HH5 OR HH24 PROVIDER) help with (your/SP's) personal care by doing things such as those shown on this card? [HELP WITH PERSONAL CARE MEANS HELP WITH BATHING, SHOWERING, DRESSING, EATING, WALKING, USING THE TOILET.]

[PROBE: We just need to know in general.]

SHOW CARD HH4	<b>NEEDCARE</b>	YES, AT LEAST ONE .....	1
		NO .....	2
		REFUSED .....	-7
		DON'T KNOW .....	-8

BOX HH3	<p>a. IF COMING FROM HHS1 OR HHS2, GO TO <b>BOX HHS5</b>.</p> <p>b. IF THIS VISIT ADDED THROUGH HH1 AND: PROVIDER WORKED FOR SELF (HH4 = 2), GO TO HH16; PROVIDER WORKS FOR SOMEONE ELSE (HH4 = 1), GO TO HH17.</p> <p>c. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC.</p> <p>d. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO <b>BOX ST12</b>.</p> <p>e. IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b>.</p>
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HH16. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], (have you been/has SP been/was SP) helped at home by any other health professionals?

- YES ..... 1 (HH2)
- NO ..... 2 (HH18)
- REFUSED ..... -7 (HH18)
- DON'T KNOW ..... -8 (HH18)

HH17. Other than the persons who (have) visited (you/SP) from (HH5 PROVIDER) [or from the other(s) we've talked about], (have you been/has SP been/was SP) helped at home by any other health professionals [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

- YES ..... 1 (HH2)
- NO ..... 2 (HH18)
- REFUSED ..... -7 (HH18)
- DON'T KNOW ..... -8 (HH18)

HH18. [Besides what you have already mentioned,] [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], because of health problems (have you received/has SP received/did SP receive) any personal care or help at home with daily needs from (any other) persons who (do/did) not live with (you/him/her), including home health aides, homemakers, friends, neighbors, or relatives?

SHOW CARD HH5
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- HHPFRND**
- YES, AT LEAST ONE ..... 1 (HH19)
  - NO ..... 2 **BOX MP1**
  - REFUSED ..... -7 **BOX MP1**
  - DON'T KNOW ..... -8 **BOX MP1**

HH19. Who helped (you/SP)? What is the name of the person who helped (you/him/her)?  
[ENTER ONLY ONE PERSON. DO NOT ENTER A PERSON WHO LIVES WITH SP.]  
PROVNAME

HH20. Is (HH19 PROVIDER) a friend or neighbor, a relative, or some other type of home health provider?

<b>HHFTYPE</b>	FRIEND OR NEIGHBOR .....	1	<b>BOX HH5</b>
	RELATIVE .....	2	(HH21)
	OTHER TYPE OF HOME HEALTH PROVIDER .....	3	(HH22)
	REFUSED .....	-7	(HH23)
	DON'T KNOW .....	-8	(HH23)

HH21. How is (HH19 PROVIDER) related to (you/SP)?

**BOX HH5**

**HHFRELAT**  
**HHFRELOS**

HH22. What kind of home health provider is (HH19 PROVIDER)?

HH23. Who does (HH19 PROVIDER) work for, that is, for what place or organization?

[PROBE: Or does (HH19 PROVIDER) work for herself/himself?]

<b>WORKSFOR</b>	NAME OF ORGANIZATION GIVEN .....	1	(HH24)
	WORKS FOR SELF .....	2	<b>BOX HH4</b>
	REFUSED .....	-7	<b>BOX HH4</b>
	DON'T KNOW .....	-8	<b>BOX HH4</b>

HH24. [Who does (HH19 PROVIDER) work for, that is, what place or organization?]

[PROBE: Who would (you/SP) call if (HH19 PROVIDER) did not show up?]

[ENTER ONLY ONE PROVIDER.]

**PROVNAME**  
**SUBPROV**

HH25. What kind of place or organization is (HH24 PROVIDER)?

<b>HHPLACE</b>	HMO .....	1	<b>BOX HH4</b>
	MEAL PROGRAM (SUCH AS MEALS ON WHEELS) .....	2	(HH26)
	VISITING NURSE ASSOCIATION .....	3	<b>BOX HH1</b>
	HOME HEALTH AGENCY .....	4	<b>BOX HH1</b>
	HOSPITAL .....	5	<b>BOX HH1</b>
	PRIVATE PHYSICIAN/GROUP PRACTICE .....	6	<b>BOX HH1</b>
	HOSPICE .....	7	<b>BOX HH1</b>
	REHABILITATION OR SPORTS MEDICINE THERAPY .....	8	<b>BOX HH1</b>
	LOCAL GOVERNMENT ORGANIZATION .....	9	<b>BOX HH5</b>
	CHURCH OR COMMUNITY ORGANIZATION .....	10	<b>BOX HH5</b>
	REFUSED .....	-7	<b>BOX HH4</b>
	DON'T KNOW .....	-8	<b>BOX HH4</b>
	OTHER (SPECIFY) _____		
<b>HHPLACOS</b>	_____	91	<b>BOX HH4</b>

HH26. Between (PREV. ROUND INT. DATE/INT. DATE FROM ST10a, NS7a, CT72a) and (TODAY/DATE OF DEATH/DATE OF INSTITUTIONALIZATION/DATE FROM ST10a, NS7a, CT72a), did (HH24 PROVIDER) provide any services to (you/SP) other than delivering meals?

- OTHMEALS**
- YES ..... 1 **BOX HH4**
  - NO ..... 2 (HH29)
  - REFUSED ..... -7 (HH29)
  - DON'T KNOW ..... -8 (HH29)

BOX HH4	a.	SP HAS USED V.A. FACILITIES (HI36=1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING) .....	2 <b>BOX HH5</b>
	b.	"V.A. FLAG" SET FOR HH19/HH24 PROVIDER .....	1 <b>BOX HH5</b>
		"V.A. FLAG" NOT SET FOR HH19/HH24 PROVIDER .....	2 (HH27)

HH27. Is (HH19/HH24 PROVIDER) associated with a facility of the Veterans Administration?

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

BOX HH5	ASK HH11 - HH15 FOR (HH19/HH24) PROVIDER. THEN GO TO <b>BOX HH6</b> .
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BOX HH6	<p>IF HH19 PROVIDER IS A FRIEND OR RELATIVE (HH20 = 1 OR 2) OR WORKS FOR SELF (HH23 = 2), GO TO HH28.</p> <p>IF HH19 PROVIDER WORKS FOR SOMEONE ELSE (HH23 = 1), GO TO HH29.</p> <p>IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC.</p> <p>IF THIS VISIT ADDED THROUGH CRTL/1 OR ST, GO TO <b>BOX ST12</b>.</p> <p>IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b>.</p>
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HH28. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], (have you received/has SP received/did SP receive) personal care or help (at home) with daily needs from any other persons who (do/did) not live with (you/him/her)?

- YES ..... 1 (HH19)
- NO ..... 2 **BOX MP1**
- REFUSED ..... -7 **BOX MP1**
- DON'T KNOW ..... -8 **BOX MP1**

HH29. Other than the persons who have visited (you/SP) from (HH24 PROVIDER) [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], (have you received/has SP received/did SP receive) personal care or help (at home) with daily needs from any other persons who (do/did) not live with (you/him/her) ?

- YES ..... 1 (HH19)
- NO ..... 2 **BOX MP1**
- REFUSED ..... -7 **BOX MP1**
- DON'T KNOW ..... -8 **BOX MP1**

HH1. HOME HEALTH UTILIZATION AND EVENTS

MEDICAL PROVIDER SPECIALTY CODE LIST

- 1 DENTIST/DENTAL PROVIDER
- 2 MEDICAL DOCTOR
- 3 AUDIOLOGIST
- 4 CHIROPRACTOR
- 5 CLINICAL SOCIAL WORKER
- 6 DIETITIAN-NUTRITIONIST
- 7 HEARING THERAPIST
- 8 HOME HEALTH/HEALTH AIDE
- 9 HOMEMAKER
- 10 HOSPICE WORKER
- 11 I.V. THERAPIST
- 12 NURSE (RN)
- 13 NURSE PRACTITIONER (LPN)
- 14 NURSE'S AIDE
- 15 OCCUPATIONAL THERAPIST (OT)
- 16 OPTOMETRIST
- 17 OSTEOPATH (DO)
- 18 PARAMEDIC
- 19 PHYSICAL THERAPIST (PT)
- 20 PHYSICIAN'S ASSISTANT
- 21 PODIATRIST (FOOT DOCTOR)
- 22 PSYCHOLOGIST
- 23 RESPIRATORY THERAPIST
- 24 SOCIAL/CASE WORKER
- 25 SPEECH THERAPIST
- 26 THERAPIST (MENTAL HEALTH)
- 27 X-RAY TECHNICIAN
- 91 OTHER MEDICAL PROVIDER SPECIALTY (SPECIFY)