MODULE B:

SURVEY MODULES TO MEASURE ASSISTIVE TECHNOLOGY AND THE HOME ENVIRONMENT: RECOMMENDED 2-3 MINUTE MODULES

Survey Modules to Measure
Assistive Technology and the Home Environment

Recommended 2-3 Minute Module

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Instructions to Train Interviewers

Read only response options in lower case. If the responses to a question are typed in upper case letters, they should not be read to the respondent.

Offer the interviewer the option of not reading repetitive response choices. Several of the modules involve sequences of questions with repetitive response choices. We recommend offering interviewers the option of not reading response options once respondent have demonstrated learning the response pattern, generally not before the third time.

Provide definition if needed. Definitions for items that may be unfamiliar to some respondents are provided. These are intended to be read only as needed. Interviewers should be trained to read definitions only if the respondent asks for clarification or definition of a term or if the respondent conveys confusion about the meaning of the question.

Read introductory phrases in parentheses as needed for clarity. In several cases, questions in a series use a similar introductory phrase. When a respondent is routed into a detailed follow-up sequence the introduction should not appear in parentheses and should be read. Where the questions are moving rapidly in a sequence (for example, where the respondent is saying "no" to all device use questions and skips past the detailed use items) the introductory phrase should appear parenthetically and may be included as needed for clarity.

Instructions for new construction and home improvement (HE module). When respondents have made improvements (e.g., upgraded a grab bar) or renovations to an existing home (e.g., remodeled a bathroom), they should code the upgraded features as "added (or upgraded)." If respondents have difficulty separating out the cost of these features from the rest of the renovation/building costs, interviewers should repeat the list of items that were added and ask them to focus on the cost of only those features. If the respondent is unable to separate the cost of the feature from the larger project then mark 'don't know'.

Note on Conventions Used in Instrument

CATI instructions appear in white text boxes. Notes about question interdependencies across sections appear in yellow text boxes. Definitions appear in grey text boxes. Variable names used in the pilot study appear in red.

HOME ENVIRONMENT MODULE

We are interested in features of your home and items you have to make your daily activities easier, safer, or so you can do them on your own. First I have some questions about the inside of your home.

HE-1. Is your home part of a building that has two or more apartments or units with a common or shared entrance?
BLDGUNIT
> 1.   YES
> 2.   NO
> -7.   REFUSED
> -8.   DON'T KNOW

> **NOTE TO USER**
> HE-1 is used to fill items in the Mobility and Other Devices Module (MO-2.1b, MO-2.2b, MO-2.3b, MO-2.4b, MO-2.1c, MO-2.2c, MO-2.3c, and MO-2.4c).

HE-11. Is your living space on more than one floor?
HOMELVL
> 1. YES   [GO TO HE-12]
> 2. NO
> -7. REFUSED   READ INTRO **"Whether or not you use them, does**
> -8. DON'T KNOW   **your home have..."** AND GO TO HE-12.5]

HE-12. Whether or not you use it, does your home have…

HE-12.1 a bedroom, kitchen, and bath on the same floor? **FLORHOME** 1. YES 2. NO -7. REFUSED -8. DON'T KNOW		
HE-12.3 [Whether or not you use it, does your home have…] **a chair lift or stair glide?** **LIFTHOME** 1. YES [GO TO HE-12.3a] 2. NO [GO TO -7. REFUSED HE-12.4] -8. DON'T KNOW **DEFINITION (IF NEEDED):** A chair lift or stair glide is a motorized chair that runs up and down a staircase. You ride on a seat and get on and off at the top and bottom of the stairs.	**HE-12.3a Was it there when you moved in or was it added?** **LIFTADD** 1. THERE WHEN MOVED IN 2. ADDED (OR UPGRADED) -7. REFUSED -8. DON'T KNOW	**HE-12.3b In the last 30 days when you went upstairs or downstairs, did you use the chair lift or stair glide …** **LIFT30** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** 6. DIDN'T GO UPSTAIRS OR DOWNSTAIRS -7. REFUSED -8. DON'T KNOW [READ INTRO **"Whether or not you use it, does your home have …"** AND FILL IN BLANK WITH ITEM IN HE-12.4]

HE-12.4 [Whether or not you use them, does your home have…] **handrails in any of the staircases?**
 	
1. YES   [GO TO HE-12.4a]
 	
2. NO   [GO TO
-7. REFUSED   HE-12.5]
-8. DON'T KNOW
	HE-12.4a Were these rails there when you moved in or were any of them added?
	  1. THERE WHEN MOVED IN
	  2. ADDED (OR UPGRADED)
	-7. REFUSED
	-8. DON'T KNOW
		HE-12.4b In the last 30 days when you went upstairs or downstairs, did you use the handrails…
		1. **every time**
		2. **most times**
		3. **sometimes**
		4. **rarely, or**
		5. **never?**
		6. DIDN'T GO UPSTAIRS OR DOWNSTAIRS
		-7. REFUSED
		-8. DON'T KNOW
		[READ INTRO **"Whether or not you use it, does your home have …"** AND FILL IN BLANK WITH ITEM IN HE-12.5]

HE-12.5 [Whether or not you use them, does your home have...] **handrails in any of the hallways?**
RAILIHOM
1. YES   [GO TO HE-12.5a]
 	
2. NO   [GO TO
-7. REFUSED   HE-12.6]
-8. DON'T KNOW
	HE-12.5a Were these rails there when you moved in or were any of them added?
	RAILIADD
	  1. THERE WHEN MOVED IN
	  2. ADDED (OR UPGRADED)
	-7. REFUSED
	-8. DON'T KNOW
		HE-12.5b In the last 30 days, when you went down the hallway, did you use the handrails …
		RAILI30
		1. **every time**
		2. **most times**
		3. **sometimes**
		4. **rarely, or**
		5. **never?**
		-7. REFUSED
		-8. DON'T KNOW
		[READ INTRO **"Whether or not you have use it, does your home have …"** AND FILL IN BLANK WITH ITEM IN HE-12.6]

HE-12.6 [Whether or not you use them, does your home have...] **an emergency call or personal response system to help if you fall?**
EMERHOME
1. YES (1) [GO TO HE-12.6a]

2. NO (2)
-7. REFUSED
-8. DON'T KNOW ⎫ [GO TO HE-13]

DEFINITION (IF NEEDED):
This is a system you use to call someone to come if you fall or need help. You can wear it around your neck or it can be attached to the wall.

HE-12.6a Was this system there when you moved in or was it added?
EMERADD
1. THERE WHEN MOVED IN
2. ADDED (OR UPGRADED)
-7. REFUSED
-8. DON'T KNOW

HE-12.6b In the last 30 days, have you used this system to call for help?
EMER30
1. YES
2. NO
-7. REFUSED
-8. DON'T KNOW

HE-13. Whether or not you use it, does your home have…

HE-13.1 a stall shower separate from a tub?
SHOWBATH
1. YES
2. NO
-7. REFUSED
-8. DON'T KNOW

HE-13.2 Whether or not you use them, does your home have any grab bars in the shower or tub area?
BARBATH
1. YES [GO TO HE-13.2a]
2. NO ⎫
-7. REFUSED ⎬ [GO TO HE-13.3]
-8. DON'T KNOW ⎭

DEFINITION (IF NEEDED):
A grab bar is designed to help you steady yourself. It may be attached to the wall or built in to the tub or shower. Do not include

HE-13.2a   Were these grab bar there when you moved in or were any of them added?
BARADD
1. THERE WHEN MOVED IN
2. ADDED (OR UPGRADED)
-7. REFUSED
-8. DON'T KNOW

HE-13.2b In the last 30 days, when you bathed or showered, did you use the grab bars …
BAR30
1. **every time**
2. **most times**
3. **sometimes**
4. **rarely, or**
5. **never?**
-7. REFUSED
-8. DON'T KNOW
[READ INTRO **"Whether or not you use it, does your home have …"** AND FILL IN BLANK WITH ITEM IN HE-13.3]

HE-13.3 [Whether or not you use it, does your home have...] **a seat for the shower or tub?**
SEATBATH
1. YES [GO TO HE-13.3a]
2. NO   [GO TO
-7. REFUSED   HE -14]
-8. DON'T KNOW

DEFINITION (IF NEEDED):
This includes a chair, bench, or stool that you put in the shower or tub, or a seat that is built in.

HE-13.3a Was this seat there when you moved in or was it added?
1. THERE WHEN MOVED IN
2. ADDED (OR UPGRADED)
-7. REFUSED
-8. DON'T KNOW

HE-13.3b In the last 30 days, when you bathed or showered, did you use the seat…
SEAT30
1. **every time**
2. **most times**
3. **sometimes**
4. **rarely, or**
5. **never?**
-7. REFUSED
-8. DON'T KNOW
[READ INTRO **"Whether or not you use them, does your home have…"** AND FILL IN BLANK WITH ITEM IN HE-14.1]

HE-14.1 [Whether or not you use them, does your home have…] **grab bars around any of the toilets?**
TOILBAR
1. YES   [GO TO HE-14.1a]

2. NO   [GO TO
-7. REFUSED   HE-14.2]
-8. DON'T KNOW

DEFINITION (IF NEEDED):
A grab bar is designed to help you steady yourself. It may be attached to the wall or part of a frame that goes over the toilet. Do not include towel racks.

HE-14.1a Were these grab bars there when you moved in or were any of them added?
TOILADD
1. THERE WHEN MOVED IN
2. ADDED (OR UPGRADED)
-7. REFUSED
-8. DON'T KNOW

HE-14.1b In the last 30 days, when you used the toilet, did you use the grab bars …
TOIL30
1. **every time**
2. **most times**
3. **sometimes**
4. **rarely, or**
5. **never?**
-7. REFUSED
-8. DON'T KNOW
[READ INTRO **"Does your home have…"** AND FILL IN BLANK WITH ITEM IN HE-14.2]

HE-14.2 [Does your home have…] **a raised or modified toilet seat?**
MODSEAT
  1. YES   [GO TO HE-14.2a]
  2. NO
-7. REFUED   [GO TO
-8. DON'T KNOW HE-15-INTRO]

> **DEFINITION (IF NEEDED):**
> This includes a seat that is up higher than usual, either because the toilet or seat is raised, or a chair that fits over the toilet. Do not include portable urinals, commodes,

HE-14.2a Was the raised or modified seat there when you moved in or was it added?
  1. THERE WHEN MOVED IN
  2. ADDED (OR UPGRADED)
-7. REFUSED
-8. DON'T KNOW

MOBILITY AND OTHER DEVICES MODULE

The next questions are about getting around both outside and inside your home.

MO-1. In the last 30 days, have you used a cane, walker, wheelchair, or scooter, yes or no?
USECANE
  1. YES [GO TO MO-2]
  2. NO   [GO TO MO-2.5]
-7. REFUSED   [GO TO MO-2]
-8. DON'T KNOW [GO TO MO-2]

MO-2 CATI FILL INSTRUCTIONS

  IF (HE-1=1) THEN display **"home or building"** in MO-2.1b, MO-2.2b, MO-2.3b, MO-2.4b and **"building"** in MO-2.1c, MO-2.2c, MO-2.3c, and MO-2.4c
  ELSE IF (HE-1=2, -7, or -8) THEN display **"home"** in MO-2.1b, MO-2.2b, MO-2.3b, MO-2.4b, MO-2.1c, MO-2.2c, MO-2.3c, and MO-2.4c

  IF (MO-1=1) THEN display **"Okay, I'd like to ask you a few more questions about these items."**

MO-2. In the last 30 days, did you use …

MO-2.1 a cane? **CANEUSE** 1. YES [GO TO MO-2.1 a] 2. NO -7. REFUSED [GO TO MO-2.2] -8. DON'T KNOW DEFINITION (IF NEEDED): Include here straight canes, walking sticks, and multi-pronged canes. Do not include white canes to help you walk if you are blind, since we'll ask about vision aids like that later.	**MO-2.1a In the last 30 days, when you got out of a bed or chair, how often did you use your cane to help? Would you say …** **CANEBED** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW	**MO-2.1b In the last 30 days, when you walked around <u>inside</u> your {home/ home or building}, how often did you use your cane?** **CANEWALK** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW	**MO-2.1c In the last 30 days, when you <u>left</u> your {home/ building} how often did you use your cane?** **CANEOUT** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW [READ INTRO **"In the last 30 days, did you use …"** AND FILL IN BLANK WITH ITEM IN MO-2.2]
MO-2.2 [In the last 30 days, did you use] **a walker?** **WALKUSE** 1. YES [GO TO MO-2.2 a] 2. NO -7. REFUSED [GO TO MO-2.3] -8. DON'T KNOW	**MO-2.2a In the last 30 days, when you got out of a bed or chair, how often did you use your walker to help? Would you say …** **WALKBED** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW	**MO-2.2b In the last 30 days, when you walked around <u>inside</u> your {home/ home or building}, how often did you use your walker?** **WALKWALK** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW	**MO-2.2c In the last 30 days, when you <u>left</u> your {home/ building} how often did you use your walker?** **WALKOUT** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW [READ INTRO **"In the last 30 days, did you use …"** AND FILL IN BLANK WITH ITEM IN MO-2.3]

MO-2.3 [In the last 30 days, did you use] **a wheelchair?** **WHELUSE** 1. YES [GO TO MO-2.3 a] 2. NO -7. REFUSED }[GO TO MO-2.4] -8. DON'T KNOW	MO-2.3a **In the last 30 days, when you got out of a bed or chair, how often did you use your wheelchair to help? Would you say …** **WHELBED** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW	MO-2.3b **In the last 30 days, when you went around** <u>**inside**</u> **your {home/ home or building}, how often did you use your wheelchair?** **WHELWALK** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW	MO-2.3c **In the last 30 days, when you** <u>**left**</u> **your {home/ building}, how often did you use your wheelchair?** **WHELOUT** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW [READ **INTRO "In the last 30 days, did you use …"** AND FILL IN BLANK WITH ITEM IN MO-2.4]
MO-2.4 [In the last 30 days, did you use] **a scooter?** **SCTRUSE** 1. YES [GO TO MO-2.4a] 2. NO -7. REFUSED }[GO TO MO-2.5] -8. DON'T KNOW	MO-2.4a **Do you own or rent this scooter?** 1. YES [GO TO MO-2.4b] 2. NO -7. REFUSED }[GO TO -8. DON'T KNOW MO-2.5]	MO-2.4b **In the last 30 days, when you went around** <u>**inside**</u> **your {home/home or building}, how often did you use your scooter? Would you say …** **SCTRWALK** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW	MO-2.4c **In the last 30 days, when you** <u>**left**</u> **your {home/ building}, how often did you use your scooter?** **SCTROUT** 1. **every time** 2. **most times** 3. **sometimes** 4. **rarely, or** 5. **never?** -7. REFUSED -8. DON'T KNOW

MO-2.5 [In the last 30 days, have you used] **a motorized cart or electric scooter at the store?**
MOTGROC
1. YES
2. NO
-7. REFUSED
-8. DON'T KNOW

MO-3. The next questions are about some other items that you may use to make your daily activities easier, safer, or so that you can do them on your own.   In the last 30 days, have you used …

MO-3.1 a hearing aid or other hearing device? **HEARAID**	1. YES 2. NO -7. REFUSED -8. DON'T KNOW
MO-3.2 [In the last 30 days, have you used …] **glasses or contacts?** **GLASSES**	1. YES 2. NO -7. REFUSED -8. DON'T KNOW
MO-3.3 [In the last 30 days, have you used …] **vision aids other than glasses?** **VISION**	1. YES 2. NO -7. REFUSED -8. DON'T KNOW **DEFINITION (IF NEEDED):** Vision aids include things like a magnifying glass or a white cane to help you walk if you are blind.
MO-3.4 [In the last 30 days, have you used …] **a reacher or grabber?** **REACHER**	1. YES 2. NO -7. REFUSED -8. DON'T KNOW **DEFINITION (IF NEEDED):** A reacher or grabber is used to help reach or grasp objects.

END

DEVELOPMENT OF AN ASSISTIVE TECHNOLOGY AND ENVIRONMENTAL ASSESSMENT INSTRUMENT FOR NATIONAL SURVEYS: FINAL REPORT

Files Available for This Report

Part I: Recommended Modules and Instrument Development Process
HTML: http://aspe.hhs.gov/daltcp/reports/ATEAdevI.htm
PDF: http://aspe.hhs.gov/daltcp/reports/ATEAdevI.pdf

Also available separately:
Module A. Survey Modules to Measure Assistive Technology and the Home Environment: Recommended 8-10 Minute Modules
http://aspe.hhs.gov/daltcp/reports/ATEAdevI-A.pdf

Module B. Survey Modules to Measure Assistive Technology and the Home Environment: Recommended 2-3 Minute Module
http://aspe.hhs.gov/daltcp/reports/ATEAdevI-B.pdf

Part II: Pilot Study Results for Recommended Items
HTML: http://aspe.hhs.gov/daltcp/reports/ATEAdevII.htm
PDF: http://aspe.hhs.gov/daltcp/reports/ATEAdevII.pdf

Also available separately:
Module A. Home Environment Module
http://aspe.hhs.gov/daltcp/reports/ATEAdevII-A.pdf

Module B. Mobility and Other Devices Module
http://aspe.hhs.gov/daltcp/reports/ATEAdevII-B.pdf

Module C. Effectiveness/Participation Module
http://aspe.hhs.gov/daltcp/reports/ATEAdevII-C.pdf

Module D. Communication Technology Module
http://aspe.hhs.gov/daltcp/reports/ATEAdevII-D.pdf

Module E. Residual ADL and IADL Difficulty Module
http://aspe.hhs.gov/daltcp/reports/ATEAdevII-E.pdf

Appendix I. Crosswalk of Question Numbers from Pilot Test and Final Recommended Modules
http://aspe.hhs.gov/daltcp/reports/ATEAdevII-apI.pdf

Appendix II. Technology and Aging Pilot Survey: Instrument for the Pilot Study
http://aspe.hhs.gov/daltcp/reports/ATEAdevII-apII.pdf