			RT55
<u> </u>		LTH INSURANCE	3-4
	The next questions are about health insurance coverage.	 	5
	There are several government programs that provide medical care or help pay medical bills.	 	-
	People covered by Medicare have a card that looks like this.		
	SHOW MEDICARE CARD.	 	
1a.	In (month), were you covered by Medicare?	 1 □ Yes (<i>Go to 1b</i>) 2 □ No	
b.	How long have you been covered by Medicare?		6
	Read categories if necessary.	2 6 months, but less than 1 year	
	Mark (X) only one.	3 □ 1 year, but less than 2 years 4 □ 2 years or more 9 □ DK	
	There is a program called MEDICAID that pays for health care for persons in need. In this state, it is also called (<u>state name</u>).		7
2a.	In (month), were you covered by MEDICAID or (state name)?	1 Yes (Go 3) 2 No (S 3) 9 DK	
b.	How long have you had MEDICAID or (state name) coverage?	1 □ Less than 6 months	8
	Read categories if necessary.	2 ☐ 6 months, but less than 1 year	
	Mark (X) only one.	3 ☐ 1 year, but less than 2 years 4 ☐ 2 years, but less than 5 years	
		5 ☐ 5 years or more	
		6 ☐ On and off for less than 2 years 7 ☐ On and off for 2 years, but less than 5 years	
		8 ☐ On and off for 5 years or more	
_		9 L DK	
3.	In (month), were you covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is your ONLY source of care.	1	9
4a.	In (month), were you covered by military health care,	1 ☐ Yes (Go to 4b)	10
	including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?	2 No 2 No 9 DK } (Skip to 5)	
b.	Was this CHAMPUS, or CHAMP-VA?		11
	Read if necessary: CHAMPUS is a program of medical care for	1 □ Yes 2 □ No	
	dependents of active duty or retired military personnel. CHAMP-VA is medical	l 9□DK	
	insurance for dependents or survivors of disabled veterans.		
_			T
C.	In (month), were you covered by any other military health care, including armed forces retirement benefits, or the VA	l 1 □ Yes	12
	(Department of Veterans' Affairs)?	2 □ No 9 □ DK	
5.	In (month), were you covered by the Indian Health Service?		13
		ı 1 ☐ Yes ı 2 ☐ No	,
		9 □ DK	
6a.	(Not counting the government health programs we just mentioned), in <u>(month)</u> , were you covered by a private health insurance plan?	1 ☐ Yes (Go to 6b) 2 ☐ No } (Skip to Section H on page 35)	14
	Read if necessary: Besides government programs, people also get health insurance through their jobs or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including Health Maintenance Organizations or HMOs.	9 □ DK ∫ (Skip to Section in oil page 33)	
b.	Was any of this private health insurance obtained originally		15
	through the workplace, that is through a present or former employer or union?	2 ☐ Union	
	Mark (X) only one.	3 □ Through workplace, DK which 4 □ No 9 □ DK	

	Section	on H – ASSISTAN	CE WITH KEY ACTIVITIES	RT 56
	READ TO RESPONDENT: The next question	s are about how we		os.
	Ask 1a-j before asking 2 and 3.		Ask 2 and 3 for e	each "Yes" in 1a–j,
1.	By yourself and not using aids, do you have any difficulty —		How much difficulty do you have (activity), some, a lot, or are you unable to do it?	3. For how long have you [had some difficulty/had a lot of difficulty/been unable to] (activity)?
a	. Walking for a quarter of a mile, (that is about 2 or 3 blocks)?	1 Yes 2 No 9 NA/DK	1 Some 2 A lot 3 Unable 9 DK	00 Less than 1 year 99 DK Number of years
b	. Walking up 10 steps without resting?	1 Yes	1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	00 Less than 1 year 99 DK Number of years
C	Standing or being on your feet for about 2 hours?	1 Yes 2 No 9 NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	00 Less than 1 year 99 DKNumber of years
đ	Sitting for about 2 hours?	1 ☐ Yes 2 ☐ No 9 ☐ NA/DK	1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	00 Less than 1 year 99 DKNumber of years
_	By yourself and not using aids, do you have any difficulty —	1 ☐ Yes	1 ☐ Some 2 ☐ A lot	00 Less than 1 year 99 DK
е	. Stooping, crouching, or kneeling?	9 □ NA/DK	3 □ Unable 9 □ DK	Number of years
f.	Reaching up over your head?	1	1 Some 2 A lot 3 Unable 9 DK	00 Less than 1 year 99 DK Number of years
g	. Reaching out (as if to shake someone's hand)?	1	1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	00 ☐ Less than 1 year 99 ☐ DK Number of years
h	. Using your fingers to grasp or handle?	1	1 ☐ Some 2 ☐ A lot 3 ☐ Unable 9 ☐ DK	00 ☐ Less than 1 year 99 ☐ DK Number of years
i.	By yourself and not using any aids, do you have any difficulty — Lifting or carrying something as heavy as 25 pounds, (such as two full bags of	1 Yes (Go to j) 2 No (Skip to 9 NA/DK (Go	3 Citable	00 ☐ Less than 1 year 99 ☐ DK
j.	groceries)? Lifting or carrying something as heavy as 10 pounds?	1 Yes	9 □ DK 	Number of yearsNumber of years
		2 □ No 9 □ NA/DK	2 ☐ A lot 3 ☐ Unable 9 ☐ DK	99 DKNumber of years
Not	as 10 pounds?	1 ☐ Yes 2 ☐ No	1 ☐ Some 2 ☐ A lot 3 ☐ Unable	00 ☐ Less than 1 year 99 ☐ DK

		CCLI	on H – ASSISTANC			1 ACTIVITIES CONTAIN	icu		
	READ TO RESPONDENT: These do the	e que	stions are about some y yourself and withou	other a	ctivi speci	ties and how well you are al al equipment.	le to		
	Ask questions 4A-G before		(A) RT 57	3-4		(B) RT 58 3-4	T	(C) RT 59	3-4
	continuing to Item H1.		Bathing or showering	g?		Dressing?		Eating?	
4.	Because of a health or physical problem, do you have ANY difficulty —	4.	1 ☐ Yes	5	4.	1 Yes 5	4.	1 ☐ Yes	5
	Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem? If "Yes", mark box 1; if "No" mark box 3.		2 ☐ No 3 ☐ Doesn't do for d reason 9 ☐ DK	other		2 ☐ No 3 ☐ Doesn't do for other reason 9 ☐ DK		2 ☐ No 3 ☐ Doesn't do for o reason 9 ☐ DK	ther
		, S. 185		ing service of the	100		(a)		ที่ สุรไปที่
			(A) Bathing or showering	g		(B) Dressing		(C) Eating	
			86.	6		6			6
	ITEM H1	Н1	Refer to question 4. 1 ☐ "Yes" marked (Go to 11 : 2 ☐ All other (Go to H1 : activity)		Н1	Refer to question 4. 1 "Yes" marked (Go to 5) 2 All other (Go to H1 for next activity)	H1	Refer to question 4. 1 ☐ "Yes" marked (Go to 2 ☐ All other (Go to H1 finactivity)	
5.	By yourself and without	5.		7	5.	7	5.		7
	using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?		1 ☐ Some } (Go to 6) 2 ☐ A lot	activity)		1 ☐ Some } (Go to 6) 2 ☐ A lot 3 ☐ Unable (H1 for next activity 9 ☐ DK (Go to 6)		1 Some	activity)
6.	When you DO NOT HAVE HELP OR USE SPECIAL EQUIPMENT, is (activity) by yourself —	6.	0 ☐ Never do without help or special equipment (H1 for next activity,	8	6.	o Never do without help or special equipment (H1 for next activity)	6.	0 ☐ Never do without help or special equipment (H1 for next activity)	8
	(1) Very tiring?	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	9	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK ☐ 9	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	9
	(2) Does (activity) take a long time?	(2) (3)	1 ☐ Yes 2 ☐ No 9 ☐ DK 1 ☐ Yes 2 ☐ No 9 ☐ DK	1	(2) (3)	1 Yes 2 No 9 DK 10 1 Yes 2 No 9 DK 11	(2) (3)	1 ☐ Yes 2 ☐ No 9 ☐ DK 1 ☐ Yes 2 ☐ No 9 ☐ DK	
			(Go to H1 for next acti	ivity)		(Go to H1 for next activity)		(Go to H1 for next acti	vity)
1.,180		T	(A)	y May 1 - Wa		(B)	1		- 441 - 44
The arrive and the con- feed of the confeed of the factors			Bathing or showering			Dressing		(C) Eating	
	ITENA		Refer to guestion 4.	12		Refer to question 4.	-	Refer to question 4.	12
	ITEM			or next	H2	_ '	1		
	H2	H2	1 ☐ Box 3 marked (H2 fo activity) 2 ☐ All other (Go to 7)	, noxt		1 ☐ Box 3 marked (H2 for next activity) 2 ☐ All other (Go to 7)	H2	1 ☐ Box 3 marked (H2 fo activity) 2 ☐ All other (Go to 7)	r next
7a.	Do you use any special equipment or aids in (activity)?	н2 7а.	activity)	13	7a.	activity)	H2 -7a.	1 Box 3 marked (H2 fo activity)	13
	Do you use any special equipment or aids in		activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next active) 1 Stool, seat or chair	13 vity) — — —		activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Special clothes 14		1 ☐ Box 3 marked (H2 fo activity) 2 ☐ All other (Go to 7) 1 ☐ Yes (Go to 7b) 2 ☐ No (H2 for next activ	13
	Do you use any special equipment or aids in (activity)? What special equipment or	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next active) 1 Stool, seat or chair 2 Handbar or rail 3 Other	13 vity)	7a.	activity) 2 ☐ All other (Go to 7) 1 ☐ Yes (Go to 7b) 2 ☐ No (H2 for next activity) 1 ☐ Special clothes 2 ☐ Special fasteners 3 ☐ Cord, string, 16	7a.	1 Box 3 marked (H2 fo activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activ) 1 Oversized eating equipment 2 Bed or lap tray	13 (ity) 14 15
	Do you use any special equipment or aids in (activity)? What special equipment or aids do you use? Anything else?	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next active) 1 Stool, seat or chair 2 Handbar or rail	13 vity) 14 15	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull	7a.	1 Box 3 marked (H2 fo activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Oversized eating equipment	13 ity) 14
	Do you use any special equipment or aids in (activity)? What special equipment or aids do you use?	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next active) 1 Stool, seat or chair 2 Handbar or rail 3 Other	13 vity) 14 15 16	7a.	activity) 2 □ All other (Go to 7) 1 □ Yes (Go to 7b) 2 □ No (H2 for next activity) 1 □ Special clothes 2 □ Special fasteners 3 □ Cord, string, zipper pull 4 □ Orthopedic shoes 5 □ Other 18	7a.	1 Box 3 marked (H2 fo activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activ) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/modified bowl 4 Other	13 i(ty) 14 15 16
	Do you use any special equipment or aids in (activity)? What special equipment or aids do you use? Anything else?	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next active) 1 Stool, seat or chair 2 Handbar or rail 3 Other	13 vity)	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, 2ipper pull 4 Orthopedic shoes 17	7a.	1 Box 3 marked (H2 fo activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/modified bowl	13 (ity) 14 15 16
b.	Do you use any special equipment or aids in (activity)? What special equipment or aids do you use? Anything else? Mark (X) all that apply.	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other 9 DK	13 vity) 14 15 16 17	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 5 Other 9 DK 19	7a.	1 Box 3 marked (H2 fo activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/modified bowl 4 Other 9 DK	13 iity) 14 15 16 17 18
b.	Do you use any special equipment or aids in (activity)? What special equipment or aids do you use? Anything else? Mark (X) all that apply. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) — (1) Very tiring?	7a. b.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other 9 DK	13 vity) 14 15 16 17	7a.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 5 Other 9 DK 19 Never do without help (Go to H2 for next activity)	- 7a. b.	1	13 ity) 14 15 16 17 18
b.	Do you use any special equipment or aids in (activity)? What special equipment or aids do you use? Anything else? Mark (X) all that apply. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity)—	7a. b.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 3 Other 9 DK 0 Never do without help (Go to H2 for nactivity) 1 Yes 2 No 9 DK 1 Yes 2 No 9 DK	13 vity) 14 15 16 17 18 ext 19	7a. b.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 17 5 Other 9 DK 19 0 Never do without help (Go to H2 for next activity) 1 Yes 2 No 9 DK 22 1 Yes 2 No 9 DK 22	7a. b.	1	13 iity) 14 15 16 17 18 19 ext 20
b.	Do you use any special equipment or aids in (activity)? What special equipment or aids do you use? Anything else? Mark (X) all that apply. When you USE SPECIAL EQUIPMENT AND DO NOT HAVE HELP, is (activity) — (1) Very tiring? (2) Does (activity) take a long time?	7a. b.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Stool, seat or chair 2 Handbar or rail 3 Other 9 DK	13 vity) 14 15 16 17 18 ext 19 20 21	7a. b.	activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Special clothes 2 Special fasteners 3 Cord, string, zipper pull 4 Orthopedic shoes 5 Other 9 DK 19 Never do without help (Go to H2 for next activity) 1 Yes 2 No 9 DK 21 22 33 44 55 56 57 57 67 78 78 78 78 78 78 78 78 7	7a. b.	1 Box 3 marked (H2 fo activity) 2 All other (Go to 7) 1 Yes (Go to 7b) 2 No (H2 for next activ) 1 Oversized eating equipment 2 Bed or lap tray 3 Covered cup/modified bowl 4 Other 9 DK	13 ity) 14 15 16 17 18 19 ext 20 21 22

Company Comp	Using the toilet, including getting to the toilet? S S S S S S S S S			Section	on H - ASSISTANCE	WITH	KE	Y ACTIVITIES - Co	ntinue	d		
Conting in and out of bed or which with a conting in the collect. Conting to the conting to	Using the tollet, including getting to the tollet? S											
1	Yes	Ge	etting in and out of bed o		(-)	3-4	<u></u>	.,	3-4	ı	Jsing the toilet, includ	ing
Column C	(F) Getting outside Getting outside	4.	1 ☐ Yes	5 4.		5	4.	_	5	4.	1 ☐ Yes	
Setting in and out of bed or chairs Setting outside Setting	Setting outside		reason		reason	her	e distantant de esta de Granda	reason	ther		reason	ther
Setting in and out of bed or chairs Setting outside Setting	Setting outside			All the second								17
Refer to question 4.	Refer to question 4. 1 "Yes" marked (Go to 5) 2 All other (Go to H1 for next activity) 2 All other (Go to 6) 3 Unable (H1 for next activity) 9 DK (Go to 6) 3 Unable (H1 for next activity) 9 DK (Go to 6) 3 Unable (H1 for next activity) 9 DK (Go to 6) 0 Never do without 8 help or special equipment (H1 for next activity) 1 Yes 2 No 9 DK 9 1 Yes 2 No 9 DK 10 1 Yes 2 No 9 DK 11 (Go to H1 for next activity) 1 Yes 2 No 9 DK 11 (Go to H2 for activity (A)) 1 Yes 2 No 9 DK 10 No (Skip to H3 on page 38) 1 No (Skip to H3 on page 38) 1 No (Skip to H3 on page 38) 1 No (Skip to H3 on	Ge	etting in and out of bed o chairs		• •			7 7			Jsing the toilet, includ	
2 All other (Go to H1 for next activity) 5.	2			6	Refer to question 4.	- 6		Refer to question 4.	6		Refer to question 4.	6
Some Go to 6 Some Go	Some	H1	2 ☐ All other (Go to H1 for n		1 ☐ "Yes" marked (Go to 2 ☐ All other (Go to H1 fo		Н1	1 ☐ "Yes" marked (Go to 2 ☐ All other (Go to H1 f		H1	1 ☐ "Yes" marked (Go to 2 ☐ All other (Skip to H2	
2	2	5.	ı∏ Some Ì	⁷ 5.	1 Some	7	5.	1 ☐ Some]	7	5.	1 Some	7
help or special equipment	Never do without Never do wi		2 ☐ A lot ∫ (Go to b) 3 ☐ Unable (H1 for next activ	vity)	2 A lot	activity)		2 ☐ A lot ∫ (Go to b) 3 ☐ Unable (H1 for next)	activity)		2 ☐ A lot ∫ (Go to b) 3 ☐ Unable (H2 for active	ty (A))
(2)	1	6.	help or special equipment	6.	help or special equipment	8	6.	help or special equipment		6.	help or special equipment	8
(3)	1	(1)	1 Yes 2 No 9 DK	9 (1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	9	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	9	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	9
(D) Getting in and out of bed or chairs Refer to question 4. 12 Refer to questi	(F) Getting outside 12 Refer to question 4. 1 Box 3 marked (H2 for next activity) 2 All other (Go to 7) 13 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 No (H2 for next activity) 14-15 stick 02 Walker 16-17 03 Crutch or crutches 18-19 04 Wheelchair 20-21 05 Artificial leg 22-23 06 Brace 24-25 07 Guide dog 26-27 08 Oxygen/special breathing equipment 09 Other 99 DK 32-33 DK 38-39 DK 38-39 DK 38-39 DK 38-39 DK 38-39 DK 38-39 DK Series Cs. I2 Refer to question 4. 12 Refer to question 4. 12 Box 3 marked (Skip to H3 on page 38) 12 All other (Go to 7) 13				1							
Refer to question 4. 12 Refer to question 4. 12 Refer to question 4. 12 Refer to question 4. 13 Refer to question 4. 14 Refer to question 4. 16 Box 3 marked (H2 for next activity) 2 All other (Go to 7) 13 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 All other (Go to 7) 13 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 3 10 Yes (Go to 7b) 2 No (H2 for next activity) 4 Yes (Go to 7b) 2 No (H2 for next activity) 5 No (H2 for next activity) 5 No (H2 for next activity) 5 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 1 Yes (Go to H2 for next activity) 1 Ye	Setting outside 12 Refer to question 4. 1 Box 3 marked (H2 for next activity) 2 All other (Go to 7) 13 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 No (H2 for next activity) 14-15 15 No (Skip to H3 on page 38) 1 Yes (Go to 7b) 2 No (Skip to H3 on page 38) 1 Yes (Go to 7b)		(Go to H1 for next activity,)	(Go to H1 for next activ	rity)		(Go to H1 for next acti	vity)		(Go to H2 for activity	(A))
Refer to question 4. 12 Refer to question 4. 12 Refer to question 4. 12 Refer to question 4. 13 Refer to question 4. 14 Refer to question 4. 16 Box 3 marked (H2 for next activity) 2 All other (Go to 7) 13 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 All other (Go to 7) 13 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 3 10 Yes (Go to 7b) 2 No (H2 for next activity) 4 Yes (Go to 7b) 2 No (H2 for next activity) 5 No (H2 for next activity) 5 No (H2 for next activity) 5 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 7a. 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 1 Yes (Go to 7b) 1 Yes (Go to H2 for next activity) 1 Ye	Setting outside 12 Refer to question 4. 1 Box 3 marked (H2 for next activity) 2 All other (Go to 7) 13 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 No (H2 for next activity) 14-15 15 No (Skip to H3 on page 38) 1 Yes (Go to 7b) 2 No (Skip to H3 on page 38) 1 Yes (Go to 7b)	A075111	(D)		(E)		<u> </u>	(E)		<u> </u>	(G)	
Refer to question 4.	Refer to question 4. 1	Ge	etting in and out of bed o chairs		• •					•	Using the toilet, includ	
All other (Go to 7) Cane or walking Cativity Cane or walking Cativity Cane or walking Ca				12	Refer to question 4.	12		Refer to question 4.	12		Refer to question 4.	12
Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 No (Skip to Fixed Format activity) 1 Yes (Go to 7b) 2 No (Skip to Fixed Format activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 No (Skip to Fixed Format activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2	1	H2	activity)	H2	activit		H2	activi		H2	on pa	
Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 No (Skip to Fixed Format activity) 1 Yes (Go to 7b) 2 No (Skip to Fixed Format activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 2 No (Skip to Fixed Format activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2 No (H2 for next activity) 1 Yes (Go to 7b) 2	1	7a.		13 7 a		13	7a		13	7a		13
Stick Stic	stick 02				1 Yes (Go to 7b)	ity)						nge 38) — — —
2 Walker 15 02 Walker 16-17 03 Crutch or crutches 18-19 04 Wheelchair 20-21 05 Artificial leg 22-23 06 Brace 24-25 06 Brace 24-25 07 Guide dog 26-27 08 Oxygen/special 09 Other 9 DK 22 No 9 DK 25 No 9 DK 26 (3) 1 Yes 2 No 9 DK 26 (3) 1 Yes 2 No 9 DK 26 (3) 1 Yes 2 No 9 DK 37 (3) 1 Yes 2 No 9 DK 38 1 Yes 2 No 9 No 9 DK 38 1 Yes 2 No 9 DK 38 1 Yes	02	b.		14 b.	or and outro or wanting	14-15	b.		14-15	b.		14-15
Cushions	04 ☐ Wheelchair				02 Walker			02 Walker			02 Walker	
Seeat" chair/lift	06 ☐ Brace		cushions	16					-			
5 Hospital bed 18 6 Trapeze/sling 19 7 Ramp 20 8 Other 9 DK 22 No 9 DK 24 11 Yes 2 No 9 DK 25 No 9 DK 26 37 Guide dog 26-27 07 Guide dog 26-27 08 Oxygen/special 28-29 08 Oxygen/special 28-29 08 Dxygen/special 28-29 08 Bed pan 09 Raised toilet 10 Special toilet 10 Special toilet 10 Special toilet 12 Other 130-31 99 DK 32-33 09 DK 34 C. 0 Never do without 12 Other 12 Other 12 Other 130-31 09 DK 34 C. 0 Never do without 12 Other 130-31 09 DK 24 (1) 1 Yes 2 No 9 DK 35 (1) 1 Yes 2 No 9 DK 35 (1) 1 Yes 2 No 9 DK 36 (2) 1 Yes 2 No 9 DK 36 (2) 1 Yes 2 No 9 DK 37 (3) 1 Yes 2 No 9 DX 37	07 ☐ Guide dog 26-27 08 ☐ Oxygen/special breathing equipment 09 ☐ Other 30-31 99 ☐ DK 32-33 • O☐ Never do without 07 ☐ Guide dog 26-27 08 ☐ Bed pan 28-29 09 ☐ Raised toilet seat 10 ☐ Special toilet/ portable toilet 11 ☐ Hand holds/rails near toilet 12 ☐ Other 99 ☐ DK 36-37 99 ☐ DK 38-39		seat" chair/lift	17	,			_	$\overline{}$			
6	breathing equipment 09			18	l .							
equipment 9 Other 9 DK 21 9 DK 22 0 Never do without help (Go to H2 for next activity) 1 Yes 2 No 9 DK 24 1 Yes 2 No 9 DK 25 1 Yes 2 No 9 DK 26 1 Yes 2 No 9 DK 27 1 Yes 2 No 9 DK 28 1 Yes 2 No 9 DK 29 10 11 11 11 11 11 11 11 11 1	equipment op		6 Trapeze/sling	19	08 Oxygen/special breathing	28-29			28-29		'	
9 DK 22 99 DK 32-33 99 DK 32-33 99 DK 32-33 99 DK 1 Hand holds/r near toilet 12 Other 99 DK 12 Other 99 DK 12 Other 12 Other 13 Other 14 Other 15 Other 15 Other 15 Other 16 Other 16 Other 17 Other 17 Other 18 Other 19 Othe	99 DK 32-33 Hand holds/rails near toilet 12 Other 99 DK 36-37 99 DK 38-39 O Never do without 34 C. O Never do without 0 N				_ ` ` `	20.21			20.21		10 ☐ Special toilet/	
C.	near toilet 12 Other 36-37 99 DK 38-39 0 Never do without 0 Never do without		9 DK	22							11 🗌 Hand holds/rails	34-35
0 Never do without help (Go to H2 for next activity) 1 Yes 2 No 9 DK 25 (3) 1 Yes 2 No 9 DK 26 (3) 1 Yes 2 No 9 DK 37 (3) 1 Yes 2 No 9 DK 38 (3) 1 Yes 2 No 9 DK 38 (3) 1 Yes 2 No 9 DK 38	0 Never do without 0 Never do without										12 Other	36-37
(1) 1 Yes 2 No 9 DK 24 (1) 1 Yes 2 No 9 DK 35 (1) 1 Yes 2 No 9 DK 35 (1) 1 Yes 2 No 9 DK 35 (1) 1 Yes 2 No 9 DK 36 (2) 1 Yes 2 No 9 DK 25 (3) 1 Yes 2 No 9 DK 36 (3) 1 Yes 2 No 9 DK 37 (3) 1 Yes 2 No		C.	Never do without help (Go to H2 for	23 C.	help (Go to H2 for	34	C.	help (Go to H2 for	34	C.	help (Go to H3 on	40
(3) 1 Yes 2 No 9 DK 26 (3) 1 Yes 2 No 9 DK 37 (3) 1 Yes 2 No 9 DK 37 (3) 1 Yes 2 No		(1)		24 (1)	1 "	35	(1)	•	35	(1)		41
1 1 1 1 1 1 1 1 1 1												
(Go to H2 for next activity) (Go to H2 for next activity) (Go to H3 on	(Go to H2 for next activity) (Go to H3 on page 38)	Lati repose	(Go to H2 for next activity,)	(Go to H2 for next activ	/ity)		(Go to H2 for next acti	vity)		(Go to H3 on page 3	8)

	Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued											
				(A)	RT 57		(B)	RT 58			(C)	RT 59
		1	Bathing o	r showerin	g		Dressing			E	ating	
					22			24	 			23
	ITEM		Refer to que				Refer to question on page 36.		1	Refer to qu on page 3		
	Н3	НЗ	next a	marked (Go t octivity) ner (Go to 8)	to H3 for	НЗ	1 ☐ Box 3 marked next activity) 2 ☐ All other (Go		НЗ	next a	marked (Go t ctivity) er (Go to 8)	o H3 for
8a.	Do you receive help from	8a.			23	8a.		25	8a.			24
	another person in <u>(activity)</u> ?		1 Yes (6 2 No } 9 DK	io to 8b) (Skip to 8e)			1 ☐ Yes (Go to 8b 2 ☐ No 9 ☐ DK			1 Yes (G 2 No) 9 DK	io to 8b) (Skip to 8e)	
b.	Is this hands-on help?	b.	1 Yes (6 2 No) 9 DK	Go to 8c) (Skip to 8e)	24	b.	1 ☐ Yes (Go to 8c 2 ☐ No 9 ☐ DK } (Skip t	•	b.	1 Yes (G 2 No) 9 DK	io to 8c) (Skip to 8e)	25
c.	When you HAVE HANDS- ON HELP FROM ANOTHER PERSON, is (activity) —	c.	o □ Never (Go to	does activity <i>8e)</i>	25	C.	0 ☐ Never does a (Go to 8e)	ctivity 27	c.	o □ Never (Go to	does activity <i>8e)</i>	26
	(1) Very tiring?	(1)	1 ☐ Yes 2	□ No 9□ Di	26	(1)	1 ☐ Yes 2 ☐ No s	9 □ DK <u>28</u>	(1)	1 ☐ Yes 2	□ No 9□ DH	27
	long time?	(2) (3)		□ No 9□ DI □ No 9□ DI		(2) (3)	1 ☐ Yes 2 ☐ No s		(2) (3)		□ No 9 □ Dh □ No 9 □ Dh	
d.	How often do you have	d.	1 🗆 Alway		29	d.		31	d.			30
	hands-on help with (activity)? Would you say always, sometimes, or rarely?		2 Somet 3 Rarely 9 DK	times			1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK			1 Always 2 Somet 3 Rarely 9 DK	imes	
e.	Do you need (more) hands-on help with (activity)?	е.	1 Yes 2 No 9 DK	(Go to H3 fo next activity		e.		H3 for ctivity)	е.	1 Yes 2 No 9 DK	(Go to H3 fo next activity	
		47 Julija		Control of the control	75 de 85	F			PORT.			
			B 41.1	(A)			(B)				(C)	
		L	Batning o	r showerin	-		Dressing			E	ating	
1					31]	Dafa 4 - 112 1 01	33				
	ITEM H4	Н4	1 Box 1 to H4: 2 "Yes" i next a	and 8b above marked in H3 for next activi in 8b (Go to F ctivity) ier (Go to 9)	(Go ity)	Н4	Refer to H3 and 8b 1 Box 1 marked to H4 for next 2 "Yes" in 8b (C next activity) 3 All other (Go	above I in H3 (Go t activity) Go to H4 for	Н4	1 ☐ Box 1 to H4 i 2 ☐ "Yes" i next a	and 8b above marked in H3 for next activi n 8b (Go to F ctivity) er (Go to 9)	(Go ty)
		Н4	1 Box 1 to H4: 2 "Yes" i next a	marked in H3 for next activi in 8b (Go to F ctivity)	(Go ity)	Н4	1 ☐ Box 1 marked to H4 for next 2 ☐ "Yes" in 8b (G next activity)	above I in H3 (Go t activity) Go to H4 for	Н4	1 ☐ Box 1 to H4 i 2 ☐ "Yes" i next a	marked in H3 for next activi n 8b (Go to H	(Go ity) 14 for
	H4 READ ONCE - Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.		1 Box 1 to H4: 2 "Yes" i next a	marked in H3 for next activi in 8b (Go to F ctivity)	(Go ity) I4 for	H4	1 ☐ Box 1 marked to H4 for next 2 ☐ "Yes" in 8b (G next activity)	above. Go I in H3 (Go t activity) Go to H4 for to 9)	Н4	1 ☐ Box 1 to H4 i 2 ☐ "Yes" i next a	marked in H3 for next activi n 8b (Go to h ctivity)	(Go ty)
	READ ONCE – Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)?	9a.	1 Box 1 to H4: 2 "Yes" i next a	marked in H3 for next activi in 8b (Go to F ctivity) ier (Go to 9)	(Go ity) 14 for 32	9a.	1 ☐ Box 1 marked to H4 for next 2 ☐ "Yes" in 8b (G next activity)	in H3 (Go t activity) Go to H4 for to 9) 34	H4	1 ☐ Box 1 to H4; 2 ☐ "Yes" next a 3 ☐ All oth	marked in H3 for next activi n 8b (Go to F ctivity) er (Go to 9)	(Go ty) (4 for
	READ ONCE - Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)? Does this person provide —	9a. b.	1	marked in H3 for next activ, in 8b (Go to F ctivity) eer (Go to 9)	(Go ity) 14 for 32	9a. b.	1 Box 1 marked to H4 for next 2 "Yes" in 8b (G next activity) 3 All other (Go	in H3 (Go t activity) Go to H4 for to 9) 34	9a.	1 Box 1 to H4; 2 "Yes" i next a 3 All oth	marked in H3 for next activi n 8b (Go to h ctivity) er (Go to 9)	(Go ity) 14 for
	READ ONCE – Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)?	9a.	1	marked in H3 for next activ, in 8b (Go to F ctivity) eer (Go to 9)	(Go ity) 14 for 32	9a.	1 Box 1 marked to H4 for next 2 "Yes" in 8b (G next activity) 3 All other (Go	above. I in H3 (Go t activity) Go to H4 for to 9) 34 35	9a.	1 Box 1 to H4; 2 "Yes" i next a 3 All oth	marked in H3 for next activi n 8b (Go to h ctivity) er (Go to 9)	(Go ty) (4 for
b.	READ ONCE – Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)? Does this person provide — (1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)?	9a. b. (1)	1 Box 1 to H4 2 "Yes" All oth	marked in H3 for next activi in 8b (Go to F ctivity) eer (Go to 9) Go to 9b) (Skip to 11)	(Go ity) 14 for 32 33	9a. b. (1)	1 Box 1 marked to H4 for next 2 "Yes" in 8b (Go to 9b 2 No 9 DK) (Skip t	above. I in H3 (Go t activity) Go to H4 for to 9) 34 35	9a. b.	1 Box 1 to H4: 2 "Yes" i next a: 3 All oth	marked in H3 for next activi n 8b (Go to F ctivity) er (Go to 9) To to 9b) (Skip to 11)	(Go ty) 4 for 33
b.	READ ONCE – Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)? Does this person provide — (1) Supervisory help, such as making sure the activity is performed correctly when you are	9a. b.	1 Box 1 to H4 2 "Yes" All oth	marked in H3 for next activi in 8b (Go to F ctivity) eer (Go to 9) Go to 9b) (Skip to 11)	(Go ity) 14 for 32 33	9a. b.	1 Box 1 marked to H4 for next 2 "Yes" in 8b (Go to 9b 2 No 9 DK) (Skip t	36 36 36 36 36 36 36 36	9a.	1 Box 1 to H4: 2 "Yes" i next a: 3 All oth	marked in H3 for next activi n 8b (Go to F ctivity) er (Go to 9) To to 9b) (Skip to 11)	(Go ty) 44 for 33
b.	READ ONCE - Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)? Does this person provide — (1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)? (2) Standby help, such as observing to see if any help is needed when you are (activity)?	9a. b. (1)	1 Box 1 to H4 2 "Yes" next a 3 All oth	marked in H3 for next activi in 8b (Go to F ctivity) her (Go to 9) Go to 9b) (Skip to 11) 2 \[\] No 2 \[\] No	(Go ity) 14 for 32 9 DK	9a. b. (1)	Box 1 marked to H4 for next 2 "Yes" in 8b (S next activity) 3 All other (Go	36 36 36 36 36 36 36 36	9a. b.	1 Box 1 to H4: 2 "Yes" inext as 3 All oth 1 Yes (G 2 No 9 DK 1 Yes 1 Yes	marked in H3 for next activi n 8b (Go to Fetivity) er (Go to 9) fo to 9b) (Skip to 11) 2 \[\] No	(Go ty) 44 for 33 34
b.	READ ONCE - Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)? Does this person provide — (1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)? (2) Standby help, such as observing to see if any help is needed when you are (activity)?	9a. b. (1)	1	marked in H3 for next activi in 8b (Go to F ctivity) er (Go to 9) Go to 9b) (Skip to 11) 2 \(\text{No} \) 2 \(\text{No} \) s cimes	(Go ity) 14 for 32 33 9 DK	9a. b. (1)	Box 1 marked to H4 for next 2 "Yes" in 8b (6 next activity) 3 All other (Go 1 Yes (Go to 9b 2 No 9 DK) 9 DK (Skip t	36 No 9 DK	9a. b. (1)	1 Box 1 to H4: 2 "Yes" inext a: 3 All oth 1 Yes (G 2 No) 9 DK 1 Yes	marked in H3 for next activi n 8b (Go to F ctivity) er (Go to 9) so to 9b) (Skip to 11) 2 \[\] No 2 \[\] No	(Go ty) 4 for 33 34 9 □ DK - 35 9 □ DK
b.	READ ONCE - Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. Do you have someone who supervises you or stays nearby when you are (activity)? Does this person provide — (1) Supervisory help, such as making sure the activity is performed correctly when you are (activity)? (2) Standby help, such as observing to see if any help is needed when you are (activity)? How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or	9a. b. (1)	1	marked in H3 for next activi in 8b (Go to F ctivity) er (Go to 9) Go to 9b) (Skip to 11) 2 \(\text{No} \) 2 \(\text{No} \) s cimes	(Go ity) 44 for 32 33 34 9 DK 35 36 36	9a. b. (1)	Box 1 marked to H4 for next to H4 for next 2 "Yes" in 8b (Go to 9b 2 No 9 DK (Skip t 1 Yes 2 No 1 Always 2 Sometimes 3 Rarely 9 DK (Go to 1 Yes Go to 1 Yes Yes	36 No 9 DK	9a. b. (1)	1 Box 1 to H4: 2 "Yes" inext a: 3 All oth 1 Yes (G 2 No 9 DK 1 Yes 1 Yes 1 Always 2 Somet 3 Rarely	marked in H3 for next activi n 8b (Go to F ctivity) er (Go to 9) so to 9b) (Skip to 11) 2 \[\] No 2 \[\] No	(Go ty) 4 for 33 34 34 9 DK 36 37

		Secti	on H - ASSISTANC	E WITI	H KE	Y ACTIVITIES - Co	ontinu	ed		
	(D) RT 6		(E)	RT 61		(F)	RT 62		(G)	RT 63
G	etting in and out of bed or chairs		Walking			Getting outside		1	Jsing the toilet, inc getting to the to	
	27			38		· · · · · · · · · · · · · · · · · · ·	38		getting to the te	44
	Refer to question 4 on page 37.		Refer to question 4 on page 37.			Refer to question 4			Refer to question 4	
нз	1 ☐ Box 3 marked (Go to H3 fo	НЗ	1 Box 3 marked (Go to	- 112 6	НЗ	on page 37.	- 1/0 f	НЗ	on page 37.	C . 114
	next activity)	1113	next activity)	o H3 TOT	ПЗ	1 ☐ Box 3 marked (Go to next activity)	o H3 for	ПЭ	1 ☐ Box 3 marked (S for activity (A))	kip to H4
	2 ☐ All other (Go to 8)	1	2 ☐ All other (Go to 8)			2 All other (Go to 8)			2 ☐ All other (Go to	3)
8a.	28	8a.		39	8a.		39	8a.		45
	1 ☐ Yes (Go to 8b)		1 ☐ Yes (Go to 8b)			1 ☐ Yes (Go to 8b)			1 ☐ Yes (Go to 8b)	
	2 ☐ No 9 ☐ DK		2 No } (Skip to 8e)			2 ☐ No 9 ☐ DK } (Skip to 8e)			2 ☐ No 9 ☐ DK } (Skip to 8	e)
b.		ф.	 	40	b.					- - - -
~.	1 ☐ Yes (Go to 8c)	٦ ٣.	1 ☐ Yes (Go to 8c)		.	1 ☐ Yes (Go to 8c)		D.	1 ☐ Yes (Go to 8c)	
	2 ☐ No } (Skip to 8e)		2 No Skip to 8e)			2 No (Skip to 8e)			2 □ No 9 □ DK } (Skip to 8	e)
-		-		T	-		¬		9 L L N J	_I -
C.	0 ☐ Never does activity ☐	_ с.	0 ☐ Never does activity	41	C.	o ☐ Never does activity	41	C.	0 ☐ Never does activ	47 ity
	(Go to 8e)		(Go to 8e)			(Go to 8e)			(Go to 8e)	-
(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK ☐ 31	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	42	(1)	1 ☐ Yes 2 ☐ No 9 ☐ DK	42	(1)	1 ☐ Yes 2 ☐ No 9 ☐	DK 48
(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK ☐ 32	(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK	43	(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK	43	(2)	1 ☐ Yes 2 ☐ No 9 ☐	DK 49
(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK 33	(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK		(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK		(3)	1 ☐ Yes 2 ☐ No 9 ☐	
⊦÷¦		- 🕂 🚤 -	<u> </u>		├ ┤		¬			
d.	1 Always	d.	1 ☐ Always	45	d.	1 🔲 Always	45	d.	1 🗆 Always	51
	2 🔲 Sometimes		2 Sometimes			2 Sometimes			2 Sometimes	
	3 ∐ Rarely 9 ∏ DK		3 ☐ Rarely			3 ☐ Rarely			3 Rarely	
- -		- 🕹	9 DK	T= -	_	9 DK		[9 DK 	,
e.	1 ☐ Yes] (2	е.	1 ☐ Yes]	46	e.	1 ☐ Yes]	46	e.	1 ☐ Yes]	52
	2 □ No (Go to H3 for next activity)		2 No Go to H3 for			2 No (Go to H3 for			2 No Cactivity (A	
	9□ DK J		9 □ DK J			9 □ DK J "CAT GETTANY"			9 □ DK J SCHVILY I	177
					Mary.	Let Free Supple 1977 Sept.	Territor Inc			
_	(D)	Ì	(E)			(F)		١.	(G) Jsing the toilet, inc	landima.
l Gi	erring in and out of hed or									
G	etting in and out of bed or chairs		Walking		<u></u>	Getting outside		`	getting to the to	ilet
G	chairs Refer to H3 and 8b above. 36		Refer to H3 and 8b above.			Refer to H3 and 8b above			getting to the to Refer to H3 and 8b abo	i let ve. 53
	chairs	-		(Go			(Go		getting to the to Refer to H3 and 8b about 1 ☐ Box 1 marked in H	i let ve. 53
H4	chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for	H4	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H	(Go ty)	H4	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H	(Go ity)	H4	getting to the to Refer to H3 and 8b about 1 □ Box 1 marked in H H5 on page 40) 2 □ "Yes" in 8b (Skip	ilet ove. 53 3 (Skip to
	chairs Refer to H3 and 8b above. 36 1 □ Box 1 marked in H3 (Go to H4 for next activity)	H4	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit	(Go ty)	Н4	Refer to H3 and 8b above 1 ☐ Box 1 marked in H3 to H4 for next activi	(Go ity)		getting to the to Refer to H3 and 8b about 1 ☐ Box 1 marked in H5 on page 40)	ilet ove. 53 3 (Skip to to H5 on
	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity)	H4	Refer to H3 and 8b above. 1 Dox 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity)	(Go ty)	Н4	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity)	(Go ity)		getting to the to Refer to H3 and 8b about 1 □ Box 1 marked in H5 on page 40) 2 □ "Yes" in 8b (Skip page 40)	ilet ove. 53 3 (Skip to to H5 on
	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9)	H4	Refer to H3 and 8b above. 1 Dox 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity)	(Go ty) 4 for	H4	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity)	(Go ty) I4 for		getting to the to Refer to H3 and 8b about 1 □ Box 1 marked in H5 on page 40) 2 □ "Yes" in 8b (Skip page 40)	ilet Dive. 53 3 (Skip to to H5 on
	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9)	H4	Refer to H3 and 8b above. 1 Dox 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity)	(Go ty) 4 for	H4	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity)	(Go ty) I4 for		getting to the to Refer to H3 and 8b about 1 □ Box 1 marked in H5 on page 40) 2 □ "Yes" in 8b (Skip page 40)	ilet Dive. 53 3 (Skip to to H5 on
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	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9)	H4 9a.	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) 4 for	H4 9a.	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) I4 for		getting to the to Refer to H3 and 8b about Box 1 marked in H5 on page 40) "Yes" in 8b (Skip page 40) All other (Go to so	ilet ove. 53 3 (Skip to to H5 on 7) 54
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H4 9a.	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No S OK (Skip to 11)	9a.	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) 4 for 48	9a.	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) 14 for 48	H4	getting to the to Refer to H3 and 8b about Box 1 marked in H5 on page 40) "Yes" in 8b (Skip page 40) All other (Go to so	ilet ove. 53 3 (Skip to to H5 on)) 54
9a.	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9)	9a. b.	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) 4 for	9a. b.	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) I4 for	Н4 9а.	getting to the to Refer to H3 and 8b about Box 1 marked in H5 on page 40) "Yes" in 8b (Skip page 40) All other (Go to so	ilet ove. 53 3 (Skip to to H5 on 7) 54
H4 9a.	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No S OK (Skip to 11)	9a.	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) 4 for 48	9a.	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9)	(Go ty) 14 for 48	H4	getting to the to Refer to H3 and 8b about Box 1 marked in H5 on page 40) "Yes" in 8b (Skip page 40) All other (Go to so	ilet ove. 53 3 (Skip to to H5 on)) 54
9a.	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No Chip (Skip to 11) 9 DK 38	9a. b. (1)	Refer to H3 and 8b above.	(Go ty) 4 for 48	9a. b.	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No 9 DK (Skip to 11)	(Go ty) 14 for 48	Н4 9а.	getting to the to Refer to H3 and 8b about 1 Box 1 marked in H5 on page 40) 2 ""Yes" in 8b (Skip page 40) 3 All other (Go to state of the state o	ilet ove. 53 3 (Skip to to H5 on 0) 54 1)
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9a. - b.	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No (Skip to 11) 38 1 Yes 2 No 9 D	9a. b. (1)	Refer to H3 and 8b above.	(Go ty) 4 for 48 48	9a. b. (1)	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No 9 DK (Skip to 11)	(Go ty) 44 for 48 49	9a. b. (1)	getting to the to Refer to H3 and 8b about 1 Box 1 marked in H5 on page 40) 2 ""Yes" in 8b (Skip page 40) 3 All other (Go to state of the state o	
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9a. - b.	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No DK (Skip to 11) 9 DK (Skip to 11) 38	9a. b. (1)	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No 9 DK (Skip to 11)	(Go ty) 4 for 48 48 9 DK	9a. b. (1)	Refer to H3 and 8b above Box 1 marked in H3 to H4 for next activity	(Go ty) 14 for 48 49 9 DK	9a. b. (1)	getting to the to Refer to H3 and 8b abe 1	
9a. - b. (1)	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No (Skip to 11) 38 1 Yes 2 No 9 D	9a. b. (1)	Refer to H3 and 8b above. 1 Box 1 marked in H3 to H4 for next activit 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No 9 DK (Skip to 11)	(Go ty) 4 for 48 48	9a. b. (1)	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No 9 DK (Skip to 11)	(Go ty) 44 for 48 49	9a. b. (1)	getting to the to Refer to H3 and 8b about 1 Box 1 marked in H5 on page 40) 2 ""Yes" in 8b (Skip page 40) 3 All other (Go to state of the state o	
9a. - b.	Chairs Refer to H3 and 8b above. 36 1	9a. b. (1)	Refer to H3 and 8b above.	(Go ty) 4 for 48 48 9 DK	9a. b. (1)	Refer to H3 and 8b above Box 1 marked in H3 to H4 for next activi "Yes" in 8b (Go to H next activity) All other (Go to 9) Yes (Go to 9b) DK	(Go ty) 14 for 48 49 9 DK	9a. b. (1)	getting to the to Refer to H3 and 8b about Box 1 marked in H5 on page 40 2 ""Yes" in 8b (Skip page 40) 3 All other (Go to state of the state	
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9a. - b. (1)	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 37	9a. b. (1)	Refer to H3 and 8b above. Box 1 marked in H3 to H4 for next activit "Yes" in 8b (Go to H) next activity) All other (Go to 9b) Wes (Go to 9b) S DK	(Go ty) 4 for 48 9 □ DK 50 DK	9a. b. (1)	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No 9 DK (Skip to 11) 1 Yes 2 No 1 Yes 2 No 1 Always 2 Sometimes	(Go ty) 4 for 48 49 DK 50 DK	9a. b. (1)	getting to the to Refer to H3 and 8b abe 1	
9a. - b. (1)	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 37	9a. b. (1)	Refer to H3 and 8b above. Box 1 marked in H3 to H4 for next activit "Yes" in 8b (Go to H next activity) All other (Go to 9b) DK	(Go ty) 4 for 48 49 9 □ DK 50 9 □ DK	9a. b. (1)	Refer to H3 and 8b above 1 Box 1 marked in H3 to H4 for next activi 2 "Yes" in 8b (Go to H next activity) 3 All other (Go to 9) 1 Yes (Go to 9b) 2 No 9 DK (Skip to 11) 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Always 2 Sometimes 3 Rarely	(Go ty) 44 for 48 49 9	9a. b. (1)	getting to the to Refer to H3 and 8b abe 1	
9a. - b. (1)	Chairs Refer to H3 and 8b above. 36 1 Box 1 marked in H3 (Go to H4 for next activity) 2 "Yes" in 8b (Go to H4 for next activity) 3 All other (Go to 9) 37	9a. b. (1)	Refer to H3 and 8b above. Box 1 marked in H3 to H4 for next activit "Yes" in 8b (Go to H next activity) All other (Go to 9b) Wes (Go to 9b) Sometimes Always Sometimes Always DK	(Go by) 4 for 48 48 9 □ DK 50 9 □ DK	9a. b. (1)	Refer to H3 and 8b above 1	(Go ty) 44 for 48 48 49 9 DK 50 9 DK	9a. b. (1)	getting to the to Refer to H3 and 8b abe 1	
9a. - b. (1)	Chairs Refer to H3 and 8b above. 36	9a. b. (1)	Refer to H3 and 8b above. Box 1 marked in H3 to H4 for next activit "Yes" in 8b (Go to H next activity) All other (Go to 9) Wes (Go to 9b) Skip to 11) Yes No Always Sometimes Always Sometimes Always Go to H4 for Wes Wes Go to H4 for Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes Wes	(Go ty) 4 for 48 48 9 DK 50 DK 51 52	9a. b. (1)	Refer to H3 and 8b above Box 1 marked in H3 to H4 for next activi "Yes" in 8b (Go to Hanext activity) All other (Go to 9b) Sometimes Always Sometimes Rarely OG to H4 for the Hanext activity OK O	(Go ty) 4 for 48 48 49 DK 50 DK 51 52	9a. b. (1)	getting to the to Refer to H3 and 8b about 1 Box 1 marked in H5 on page 40) 2 ""Yes" in 8b (Skip page 40) 3 All other (Go to state of the state of	
9a. - b. (1)	Chairs Refer to H3 and 8b above. 36	9a. b. (1)	Refer to H3 and 8b above. Box 1 marked in H3 to H4 for next activity 1 m 8b (Go to H next activity) 3	(Go ty) 4 for 48 48 9 DK 50 DK 51 52	9a. b. (1)	Refer to H3 and 8b above Box 1 marked in H3 to H4 for next activity Yes in 8b (Go to H next activity) All other (Go to 9) Yes (Go to 9b) Skip to 11) Yes No Always Sometimes Rarely Yes (Go to H4 for the Hall of the	(Go ty) 4 for 48 48 49 DK 50 DK 51 52	9a. b. (1)	getting to the to Refer to H3 and 8b abe 1	

Se	ectio	n H – ASSISTANCE WITI	1 KE	Y ACTIVITIES - Continu	ed	
		(A) RT 57		(B) RT 58		(C) RT 59
		Bathing or showering		Dressing		Eating
ITEM	H5	Refer to 8a, 8e, 9a and 11 on page 38.	ue	Refer to 8a, 8e, 9a and 11 on page 38.		Refer to 8a, 8e, 9a and 11 on page 38.
H5	пэ	1 ☐ Any "Yes" (Go to 12) 2 ☐ All other (Go to H5 for activity (B))	H5	1 ☐ Any "Yes" <i>(Go to 12)</i> 2 ☐ All other <i>(Go to H5 for</i> activity <i>(C))</i>	H5	1 ☐ Any "Yes" (Go to 12) 2 ☐ All other (Go to H5 for activity (D))
	12a.	How often do you have a complete bath? This could be a tub bath, shower, sink bath or bed bath. Would you say — (Read categories) 1 □ Everyday, 38 2 □ 2-3 times per week, 3 □ Once a week, or 4 □ Less than once a week? 9 □ DK	12a.	Do you get dressed for the day — (Read categories) 1 Everyday, (Skip to 13) 2 2-3 times per week, 3 Once a week, or 4 Do you stay in night clothes? 9 DK	12a.	During the past month, were there times you were unable to eat when you were hungry because no one was available to help you eat? 1 Yes
	b.	How often do you have a partial bath? Would you say — (Read categories)	b.	How often do you change your night clothes? Would you	b.	During the past month, have you —
		1 Everyday, 39 2 2-3 times per week,		say — (Read categories) □ Everyday, 41		(1) Lost any weight because you were on a diet?
		3 ☐ Once a week, or 4 ☐ Less than once a week? 9 ☐ DK		2 2-3 times per week, 3 Once a week, or 4 Less than once a week? 9 DK		1
	13a.	During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked? If necessary: That can be either physical or	13.	During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked because you did not have help?		(2) Lost weight even though you were not on a diet? 1 Yes 41 2 No 9 DK
		emotional discomfort. 1 Yes 40		1 Yes 2 No 9 DK (Go to H5 for 42	-	(3) Been dehydrated, that is not had enough liquid in your diet?
	b.	9 DK During the past month,	-			1 ☐ Yes } (Go to
		did you experience a burn or scald caused by bathing with water that was too hot?				If necessary: If you were dehydrated, you might have been thirsty or lost body fluids.
		1 ☐ Yes 2 ☐ No 9 ☐ DK				
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Notes						

	S	ectio	n H – ASSISTANCE WIT	HKEY ACTIVITIES - Continu	ed	
G	(D) RT 60 etting in and out of bed or chairs		(E) RT 61 Walking		ι	(G) RT 63 Jsing the toilet, including getting to the toilet
	Refer to 8a, 8e, 9a 42 and 11 on page 39.		Refer to 8a, 8e, 9a 53 and 11 on page 39.			Refer to 8a, 8e, 9a 59
Н5	1 ☐ Any "Yes" (Go to 12) 2 ☐ All other (Go to H5 for activity (E))	H5	1 ☐ Any "Yes" (Go to 12) 2 ☐ All other (Go to H5 for activity (G))		Н5	and 11 on page 39. 1 ☐ Any "Yes" (Go to 12) 2 ☐ All other (Skip to H6 on page 42)
12a.	Because of a health or physical problem, do you usually stay in bed all or most of the time? 1 Yes (Go to H5 for activity (EI)	12a.	How often do you move around your [house/apartment/room]? Would you say — (Read categories)		12a.	During the past month, did you experience discomfort because you did not have help getting to the bathroom or changing soiled clothing
	2 ☐ No } (Go to 12b) 9 ☐ DK		want, 2 Often enough to stretch and have a change of scenery now and then,			as often as you needed to? If necessary: That can be
			3 Often enough to take care of toileting needs but not much more			either physical or emotional discomfort.
			than that, or 4 □ Not often enough even to use the bathroom?			1 Yes
			(Go to H5 for activity (G))			
b.	Because of a health or physical problem, do you usually stay in a chair all or most of the time?				b.	During the past month, did you wet or soil yourself because you did not have help getting to the bathroom, using a bed pan or using a commode?
	2					1 ☐ Yes (Go to 12c)
c.	How often do you get out of bed? Would you say — (Read categories) 1 □ Everyday, 45 2 □ 2-3 times per week,				c.	During the past month, did you experience skin problems such as a rash or irritation because of this?
	3 Once a week, or 4 Less than once a week? 9 DK (Go to H5 for activity (E))				<u>-</u>	1 Yes 62 2 No 9 DK
	(or to no or delivey 12)				d.	During the past month, did you use a commode or bed pan because no help was available?
				Carried Marie Control of Carried Marie Control		1
						(Go to H6 on page 42)
Note			A CONTROL OF THE CONTROL OF T			
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	Section H ASSISTANCE WIT	H KEY ACTIVITIES - Continued	RT 64
	Section H - ASSISTANCE WITH	RET ACTIVITIES - Continued	3-4
ITE H(and 37. marcate the activities marked res .	□ A. Bathing or showering □ B. Dressing □ C. Eating □ D. Getting in and out of bed or chairs □ E. Walking □ F. Getting outside □ G. Using the toilet, including getting to the toilet □ No activities marked (Skip to 16)	
In	sert activities marked in H6.		5-6
	hat (other) condition causes the trouble in (activities)? ecord conditions and ask 14b.	00 □ No condition <i>(Skip to 16)</i> 01 □ Old age <i>(Go to 14c)</i> 	7-8
Α	sk if operation:	(a)	9-10
F	or what condition did you have the operation?	(b)	11-12
R	ecord up to 5 conditions.	(c)	13-14
		(d)	15-16
. =		(e)	17-18
C	esides (condition), is there any other condition which auses this trouble in (activities)?	1 ☐ Yes (<i>Reask 14a and 14b</i>) 2 ☐ No } 9 ☐ DK } (Skip to 15)	19
C. Is	this trouble in <u>(activities)</u> caused by any specific ondition?	1 ☐ Yes (<i>Reask 14a and 14b</i>) 2 ☐ No } 9 ☐ DK } (<i>Go to 15</i>)	20
15. [V	Vas this/Were any of these] condition(s) a result of a otor vehicle accident?	1	21
ın	uring the past 12 months, did you receive training to crease your independence in daily living skills such as athing, eating, or toileting?	 1 □ Yes 2 □ No 9 □ DK	22
17a. D	o you have difficulty controlling your bowels?	1 ☐ Yes (<i>Go to 17b</i>) 2 ☐ No } (Skip to 17c)	23
TH	ow frequently do you have this difficulty — daily, several mes a week, once a week? Park (X) only one.	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week 4 ☐ Less than once a week 9 ☐ DK	24
c. Do	o you have a colostomy or a device to help control bowel ovements?	1 ☐ Yes (Go to 17d) 2 ☐ No	25
d. De	o you need help from another person in taking care of is device?	1	26
Notes			

	Section H – ASSISTANCE WITI	NITH KEY ACTIVITIES – Continued					
18a. Do you	have difficulty controlling urination?	1 ☐ Yes (Go to 18b) 2 ☐ No					
	equently do you have this difficulty — daily, several week, once a week? () only one.	28 1 □ Daily 2 □ Several times a week 3 □ Once a week 4 □ Less than once a week 9 □ DK					
c. Do you urinati	have a urinary catheter or a device to help control on?	1 ☐ Yes (Go to 18d) 2 ☐ No } 9 ☐ DK } (Skip to Item H8)					
d. Do you this de	need help from another person in taking care of vice?	1					
ITEM H8	Status of SP.	31 □ Institutionalized (Skip to 31 on page 50) 1 □ All others (Go to 19 on page 44)					
Notes							
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	Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued													
	READ TO RESPONDENT: These questions are abo doing them by yourself	out so	ome (other ac	tivitie	s. Pleas	e tell :	me abo	ut					
	Ask questions 19(H)–(O) before continuing		(H)	RT 65	3-4	1	(1)	RT 66	3-4	(J))	RT 67	3-4
	to Item H9.		Pre _l mea	paring ye ils?	our ov	/n	and such	pping f person as toi icines?	al iten let ite	ns,	such a	s kee	our meping to some or parts	rack
19.	Because of a health or physical problem, do you have ANY difficulty —	19.	10,			5	1□Y			5	1 ☐ Yes			5
	Ask if "Doesn't do": Is this because of a HEALTH or PHYSICAL problem?	2 ☐ No 3 ☐ Doesn't do for other reason ⊋				2 ☐ No 3 ☐ Doesn't do for other reason ⊋			r other	2 □ No 3 □ Doesn't do for o reason 🚁		other		
	If "Yes", mark box 1; if "No" mark box 3.			else i	some regula or you	rly do		else	some regula for you	rly do		else i	some regular or you	rly do
				4 □ Y€ 5 □ N€		6		4 □ Ye 5 □ N		6		4 □ Ye 5 □ Ne		6
E Party	etter en de la fig. De groupe en		W W								No. 441 Helita			
			Pre	(H) paring yels	our ov		Sho _l	pping f person	l) or gro al iten	ns	Mana		J) /our m	
			Refe	r to 19.		7	Refer	to 19.		7	Refer to	19.		7
	ITEM	Н9		Box 1 "Yes		ed		ox 1 "Ye:		∍d	1 ☐ Box	1 "Yes		ed
	Н9		2 🗆 .	All other (next activi	Go to H	9 for	2 🗆 A	II other (ext activi	Go to H	9 for	2 All		Go to H	9 for
20.	By yourself, how much difficulty do you have	20.	1 🗆 :	Some)		8	1 □ S	ome)		8	1 Son	ne] .		8
	(activity), — some, a lot, or are you unable to do it?		2 🗆	Some (A lot)	o to 21)		2 □ A	ome } lot }	io to 21)		2 🗆 A lo	t J'G		
	do it?		3 📙 🤾	Unable (G next activi	o to H9 'tv)	for	3∐ U	nable (G	o to H9	for	3 ☐ Una	ible (G t activi		for
			9 🗌 I	DK (Go to	ź1)			K (Go to			9 □ DK			
21.	When you DO NOT HAVE HELP, is (<u>activity</u>) by yourself —			Never do v help (Go t activity)			h	ever do s elp (Go t ctivity)					without o H9 for	next
			Yes	No	DK		Yes	No	DK		Yes	No	DK	
	.Very tiring?	21a.	1 🗆	2 🗌	9 🗌	10	1 🗆	2 🗌	9 🗌	10	1 🗆	2 🗌	9 🗌	10
b	Does <u>(activity)</u> take a long time?	b.	1 🗆	2 🔲	9 🗌	11	1 🗆	2 🗌	9 🗀	11	1 🗆	2 🗌	9 🗌	11
C	. Is it very painful?	c.	1 🗆	2 🗌	9 🗀	12	1 🗆	2 🗌	9 🗆	12	1 🗆	2 🗌	9 🗀	12
			(Go	o to H9 foi	r next a	ctivity)	(Go	to H9 fo	r next a	ctivity)	(Go to	H9 for	next ac	tivity)
Notes	3													
														I

	2.12. 14. 14.		Section H -	ASSISTA	NCE WITH	KEY ACTIV	ITIES – Co	ntinued			
	(K)	RT 68 3-4	(- /	RT 69 3-4	(M)	RT 70 3-4	(N)	RT 71 3-4	(O)	RT 72 3-4	
	Using the te	lephone?	Doing heav housework scrubbing f washing wi	, like loors, or	Doing light like doing o straighteni light cleani	ng up, or	Getting to post of walking	places outside distance?	Managing medication		
19.	1 ☐ Yes	5	1 ☐ Yes	5	1 ☐ Yes	5	1 ☐ Yes	5	1 ☐ Yes	5	
	reaso	-	2 □ No 3 □ Doesn't reason		2 ☐ No 3 ☐ Doesr reaso	n't do for other n 🍃		n't do for other on ⊋	2 ☐ No 3 ☐ Doesn't do for othe reason ⊋		
	else	s someone regularly do for you?	else re this fo		else this	s someone regularly do for you?	else this	s someone regularly do for you?	Does someone else regularly of this for you?		
	4 □ Y	0	4 ☐ Yes 5 ☐ No	6	4 □ Y 5 □ N	, ,	4□\ 5□N	, ,	4 □ Y 5 □ N	0	
1997		The second second second			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	worther the state of the	BL rights in the c		For Park State Comment	SECTION OF A PROPERTY OF THE	
	(K) Using the te	elephone	(L) Doing heavy I			M) housework			Managing medication	n	
	Refer to 19.	7	Refer to 19.	7	Refer to 19.	7	Refer to 19.	7	Refer to 19.	7	
Н9	1 ☐ Box 1 "Ye (Go to 20)		1 ☐ Box 1 "Yes" (Go to 20)	marked	1 ☐ Box 1 "Ye (Go to 20)		1 Box 1 "Ye		1 ☐ Box 1 "Ye		
	2 All other (2 All other (Go		2 All other inext activ		I	(Go to H9 for	2 All other	(Skip to H10	
20.	1 ☐ Some]	8	- ,			<u> </u>			1∏ Some]	8	
	1 Some		2 ☐ A lot ∫ (Go	to 21)	1 ☐ Some } (0		2 □ A lot ∫	Go to 21)	2 ☐ A lot ∫ (Go to 21)	
	3 ☐ Unable (G next activ	ity)	3 ☐ Unable (Go in next activity))	3 Unable (G	ity)	3 ☐ Unable (6 next activ	vity)	3 Unable (S on page 4	46)	
-	9 ☐ DK (Go to		9 ☐ DK (Go to 21		9 ☐ DK (Go to	0	9 □ DK (<i>Go to</i>		9 DK (Go to 21)		
	□ Never do without help (Go to H9 for next activity)		Never do with help (Go to I next activity).	H9 for	↑ I □ Never do without □ help (Go to H9 for next activity)		help (Go to H9 for next activity)		help (Skip to H10 on page 46)		
21a.	Yes No 1 □ 2 □	DK 9 ☐ 10		DK 9□ 10	Yes No 1 □ 2 □	DK 9	Yes No	DK 9 □ 10	Yes No 1□ 2□	9 10	
b.	1 2	9 11		9 11	1 2 2	9 11	1 2 2	9 10 9 11	1 2	9 11	
C.	1 2	9 12		9 12	1 2	9 12	1 2	9 12	1 2 2	9 12	
	(Go to H9 fo	r next activity)	(Go to H9 for n			r next activity)	_	or next activity)) on page 46)	
Not	es					,,,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on page 107	
Not	es										
FÖRM D	FS-2 (7-1-94)									Page 45	

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued										
	100	(H) RT 65	(1) RT 67							
		Preparing your own meals	(I) RT 66 Shopping for groceries and personal items	(J) RT 67 Managing your money						
ITEM		Refer to 19 on page 44. 13	Refer to 19 on page 44. 13	Refer to 19 on page 44. 13						
H10	H10	1 ☐ Box 3 marked (Go to H10 for next activity)	1 Box 3 marked (Go to H10 for next activity)	1 ☐ Box 3 marked (Go to H10 for next activity)						
ПО		2 ☐ All others (Go to 22)	2 ☐ All others (Go to 22)	2 ☐ All others (Go to 22)						
22a. Do you receive help from another person in	22a.	14	14	14						
(activity)?		1 ☐ Yes (<i>Go to 22b</i>) 2 ☐ No	1 ☐ Yes (Go to 22b) 2 ☐ No } 9 ☐ DK	1 ☐ Yes (Go to 22b) 2 ☐ No } 9 ☐ DK ∫ (Skip to 22e)						
b. Is this hands-on help?	b.	1 Yes (Go to 22c)	1 Yes (Go to 22c)	15						
.		2 No (Skip to 22e)	2 No (Skip to 22e)	1 ☐ Yes (Go to 22c) 2 ☐ No } 9 ☐ DK						
C. When you HAVE HANDS-ON HELP FROM ANOTHER PERSON, is (activity):	c.	0 ☐ Never does activity (Go to 22e)	0 ☐ Never does activity (Go to 22e)	□ Never does activity (Go to 22e)						
(1) Very tiring?	(1)	Yes No DK 1	Yes No DK 1 □ 2 □ 9 □ □ 17	Yes No DK 1 □ 2 □ 9 □ □ 17						
(2) Does (activity) take a long time?	(2)	1 2 9 18								
(3) Is it very painful?	(3)	1 2 9 19								
d. How often do you have hands-on help with	d.		1	1 2 9 19						
(activity)? Would you say always, sometimes, or rarely?	u.	1 ☐ Always 2 ☐ Sometimes	1 ☐ Always	1 Always						
or rarely:		3 ☐ Rarely	2 ☐ Sometimes 3 ☐ Rarely	2 ☐ Sometimes 3 ☐ Rarely						
	l	9 DK	9 DK	9 DK						
e. Do you need (more) hands-on help with (activity)?	e.	1 Yes (Go to H10 for	1 Yes 7 (Co. 1. 1/10 (1 Yes 21						
		2 No rext activity)	2 ☐ No (Go to H10 for next activity)	2 □ No (Go to H10 for next activity)						
	14.00 (50	(H) RT 65	(I) RT 66	(J) RT 67						
		Preparing your own meals	Shopping for groceries and personal items	Managing your money						
		Refer to H10 and 22h: 22	22	Potenta 1120 and 221, 22						
		Refer to H10 and 22b:	Refer to H10 and 22b:	Refer to H10 and 22b:						
ITEM		1 ☐ Box 1 marked in H10 (Go	1 ☐ Box 1 marked in H10 (Go	1 Box 1 marked in H10 (Go						
ITEM H11	H11	1 ☐ Box 1 marked in H10 (Go to H11 for next activity) 2 ☐ "Yes" marked in 22b (Go	1 ☐ Box 1 marked in H10 (Go to H11 for next activity) 2 ☐ "Yes" marked in 22b (Go	1 ☐ Box 1 marked in H10 (Go to H11 for next activity) 2 ☐ "Yes" marked in 22b (Go						
ITEM H11	H11	1 ☐ Box 1 marked in H10 (Go to H11 for next activity)	1 ☐ Box 1 marked in H10 (Go to H11 for next activity)	1 ☐ Box 1 marked in H10 (Go to H11 for next activity)						
ITEM H11 READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed.	H11	1 ☐ Box 1 marked in H10 (Go to H11 for next activity) 2 ☐ "Yes" marked in 22b (Go to H11 for next activity)	1 ☐ Box 1 marked in H10 (Go to H11 for next activity) 2 ☐ "Yes" marked in 22b (Go to H11 for next activity)	acie to Hio and 220: □ Box 1 marked in H10 (Go to H11 for next activity) □ "Yes" marked in 22b (Go to H11 for next activity)						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises	H11	1 ☐ Box 1 marked in H10 (Go to H11 for next activity) 2 ☐ "Yes" marked in 22b (Go to H11 for next activity) 3 ☐ Other (Go to 23) 23 1 ☐ Yes (Go to 23b)	1 ☐ Box 1 marked in H10 (Go to H11 for next activity) 2 ☐ "Yes" marked in 22b (Go to H11 for next activity) 3 ☐ Other (Go to 23) 23	and 22b: □ Box 1 marked in H10 (Go to H11 for next activity) □ "Yes" marked in 22b (Go to H11 for next activity) □ "Other (Go to 23)						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)?	23a.	Dox 1 marked in H10 (Go to H11 for next activity) Yes" marked in 22b (Go to H11 for next activity) Other (Go to 23) 23 Yes (Go to 23b) No	Description Description Description	Neer to His and 22b:						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are		Description of the control of the	1 □ Box 1 marked in H10 (Go to H11 for next activity) 2 □ "Yes" marked in 22b (Go to H11 for next activity) 3 □ Other (Go to 23) 23 1 □ Yes (Go to 23b) 2 □ No	Description of the content of the						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure	23a.	Skip to 25 Yes Go to 23b Yes Skip to 25 Yes To Yes To Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Y	1	1						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide —	23a.	Box 1 marked in H10 (Go to H11 for next activity)	Section Sect	1						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if	23a.	Skip to 25	Box 1 marked in H10 (Go to H11 for next activity)	Section Sect						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)?	23a. b.	Box 1 marked in H10 (Go to H11 for next activity)	1	1						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are	23a. b.	Skip to 25	Box 1 marked in H10 (Go to H11 for next activity)	Section Sect						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)?	23a. b.	Box 1 marked in H10 (Go to H11 for next activity)	Section Sect	1						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or	23a. b.	Sometimes Some	1	1						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)?	23a. b.	Box 1 marked in H10 (Go to H11 for next activity) "Yes" marked in 22b (Go to H11 for next activity) Other (Go to 23) 23 Yes (Go to 23b) DK (Skip to 25) 24 Yes No DK 25 No DK 25 DK 25 Always	Box 1 marked in H10 (Go to H11 for next activity)	1						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	23a. b. c.	Sometimes Some	1	1						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	23a. b.	Sometimes Some	Section Sect	The left to Hill and 22b.						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	23a. b. c.	Sometimes Some	Section Sect	No Section No						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	23a. b. c.	Sometimes Some	1	No No No No No No No No						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	23a. b. c.	Sometimes Some	1	There to Hill 22b.						
READ ONCE: Sometimes people just need to have someone supervise them or stay nearby in case any help is needed. 23a. Do you have someone who supervises you or stays nearby when you are (activity)? b. Does this person provide — Supervisory help, such as making sure the activity is performed correctly when you are (activity)? c. Stand-by help, such as observing to see if any help is needed when you are (activity)? 24. How often do you have supervision or standby help when you are (activity)? Would you say always, sometimes, or rarely?	23a. b. c.	Sometimes Some	1	The left to Hill 22b.						

	Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued								
	(K) RT 68	(L) RT 69	(M) RT 70	(N) RT 71	(O) RT 72				
	Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication				
	Refer to 19 on page 45.	Refer to 19 on page 45. 13	Refer to 19 on page 45. 13	Refer to 19 on page 45.	Refer to 19 on page 45. 13				
H10	1 ☐ Box 3 marked (Go to H10 for next activity) 2 ☐ All others (Go to 22)	1 ☐ Box 3 marked (Go to H10 for next activity) 2 ☐ All others (Go to 22)	1 ☐ Box 3 marked (Go to H10 for next activity) 2 ☐ All others (Go to 22)	1 ☐ Box 3 marked (Go to H10 for next activity) 2 ☐ All others (Go to 22)	1 ☐ Box 3 marked (Skip to H11 for activity (Hi)) 2 ☐ All others (Go to 22)				
22a.	1 Yes (Go to 22b)	14	14	14	14				
	2 No (Skip to 22e)	1	1 ☐ Yes (Go to 22b) 2 ☐ No	1 ☐ Yes (Go to 22b) 2 ☐ No } 9 ☐ DK	1				
b.	1 Yes (Go to 22c)	15 1 Yes (Go to 22c)	15 1 Yes (Go to 22c)	15 1 Yes (Go to 22c)	1 Yes (Go to 22c)				
	2 ☐ No 9 ☐ DK	2 ☐ No 9 ☐ DK	2 ☐ No } (Skip to 22e)	2 ☐ No } (Skip to 22e)	2 ☐ No } (Skip to 22e)				
c.	□ Never does activity 16	□ Never does activity 16	□ Never does activity 16	0 ☐ Never does activity 16	□ Never does activity 16				
l	(Go to 22e) Yes No DK	(<i>Go to 22e</i>) Yes No DK	(Go to 22e) Yes No DK	(Go to 22e) Yes No DK	(Go to 22e) Yes No DK				
(1)	1 2 9 17	1 2 9 17	1 2 9 17	1 2 9 17	1 2 9 17				
(2)	1 2 9 18	1 2 9 18	1 2 9 18	1 2 9 18	1 2 9 18				
(3)	1 2 9 19	1 2 9 19	1 2 9 19	1 2 9 19	1 2 9 19				
d.	1 ☐ Always	1 ☐ Always	1 ☐ Always	1 ☐ Always	1 ☐ Always				
	2 ☐ Sometimes 3 ☐ Rarely	2 ☐ Sometimes 3 ☐ Rarely							
L_	9 □ DK	9 □ DK	9 □ DK	9 □ DK	9 □ DK				
e.	1 Yes	1 Yes	1 Yes	1 Yes	1 Yes				
	2 No (Go to H10 for next activity)	2 □ No (Go to H10 for next activity)	2 □ No (Go to H10 for next activity)	2 □ No (Go to H10 for next activity)	2 No (Skip to H11 for activity (H))				
50° 21°	9 🗆 🗸	g□DK J	9□DK J	9 □ DK J	s□DK J				
	(K) RT 68	(L) RT 69	(M) RT 70	(N) RT 71	(O) RT 72				
	Using the telephone	Doing heavy housework	Doing light housework	Getting to places outside of walking distance	Managing your medication				
	Refer to H10 and 22b: 22	Refer to H10 and 22b: 22	Refer to H10 and 22b:	Refer to H10 and 22b: 22	Refer to H10 and 22b: 22				
	_ to H11 for next activity)	1 Box 1 marked in H10 (Go to H11 for next activity)	1 ☐ Box 1 marked in H10 (Go to H11 for next activity)	1 ☐ Box 1 marked in H10 (Go to H11 for next activity)	1 ☐ Box 1 marked in H10 (Skip to H12 on page 48)				
H11	to H11 for next activity)	2 ☐ "Yes" marked in 22b (Go to H11 for next activity)	2 ☐ "Yes" marked in 22b (Go to H11 for next activity)	² "Yes" marked in 22b (Go to H11 for next activity)	2 ☐ "Yes" marked in 22b (Skip to H12 on page 48)				
_	3 ☐ Other (Go to 23)	3 ☐ Other (<i>Go to 23</i>)	3 ☐ Other (Go to 23)	3 ☐ Other (Go to 23)	3 ☐ Other (Go to 23)				
					23				
23a.	1 ☐ Yes (Go to 23b)	1 ☐ Yes (<i>Go to 23b</i>)	1 ☐ Yes (<i>Go to 23b</i>)	1 ☐ Yes (Go to 23b)	1 ☐ Yes (<i>Go to 23b</i>)				
23a.	2 □ No } (Skip to 25)	2 ☐ No } (Skin to 25)	2 □ No } (Skin to 25)	2 No (Skin to 25)	2 □ No } (Skin to 25)				
L_	9 □ DK J	9 □ DK J (6///) 10 20/	9 DK J 10×10 23/	9 □ DK J (5 <i>k/p</i> 10 25)	9 □ DK J TOKAD TO 257				
b.	24	24	24	24	24				
	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes	1 ☐ Yes				
	2 □ No 9 □ DK	2	2 □ No 9 □ DK	2 □ No 9 □ DK	2 □ No 9 □ DK				
c.	25	25							
	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No							
	9 □ DK	9 □ DK	9 □ DK	9 □ DK	9 □ DK				
24.	1 Always	1 Always	1 ☐ Always	1 Always	1 Always				
		→ □ C	2 Sometimes	2 Sometimes	2 Sometimes				
1	2 ☐ Sometimes 3 ☐ Rarely	2 ☐ Sometimes			2 Rarely				
	2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	2 ☐ Sometimes 3 ☐ Rarely 9 ☐ DK	3 ☐ Rarely 9 ☐ DK	3 ☐ Rarely 9 ☐ DK	3 ☐ Rarely 9 ☐ DK				
25.	3 ☐ Rarely 9 ☐ DK	9 □ DK 27							
25.	3	3	3	3 Rarely 9 DK 1 Yes (Go to H11 for	9				
25.	3 ☐ Rarely 9 ☐ DK 27 1 ☐ Yes	3 ☐ Rarely 9 ☐ DK 1 ☐ Yes ☐ (Go to H11 for	3 ☐ Rarely 9 ☐ DK 1 ☐ Yes ☐ (Go to H11 for	3 \(\text{Rarely} \) 9 \(\text{DK} \) 1 \(\text{Yes} \) 2 \(\text{No} \) 9 \(\text{DK} \) 1 \(\text{Pressure} \) 1 \(\text{For next activity} \)	9 □ DK				
10 10 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm	3 Rarely 9 DK 1 Yes 2 No 9 DK (Go to H11 for next activity)	3	3	3 Rarely 9 DK 1 Yes (Go to H11 for	9 □ DK 1 □ Yes 2 □ No page 48) 9 □ DK				
25. Note	3 Rarely 9 DK 1 Yes 2 No 9 DK (Go to H11 for next activity)	3	3	3 \(\text{Rarely} \) 9 \(\text{DK} \) 1 \(\text{Yes} \) 2 \(\text{No} \) 9 \(\text{DK} \) 8 \(\text{DK} \) 1 \(\text{Pressure} \) 1 \(\text{Pressure} \) 1 \(\text{Pressure} \) 2 \(\text{Pressure} \) 1 \(\text{Pressure} \) 2 \(\text{Pressure} \) 2 \(\text{Pressure} \) 3 \(\text{Pressure} \) 1 \(\text{Pressure} \) 2 \(\text{Pressure} \) 3 \(\text{Pressure} \) 4 \(\text{Pressure} \) 5 \(\text{Pressure} \) 6 \(\text{Pressure} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 8 \(\text{Pressure} \) 9 \(\text{DK} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 8 \(\text{Pressure} \) 8 \(\text{Pressure} \) 9 \(\text{DK} \) 7 \(\text{Pressure} \) 8 \(\text{Pressure} \) 9 \(\text{Pressure} \	9 □ DK 1 □ Yes 2 □ No page 48) 9 □ DK				
10 10 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm	3 Rarely 9 DK 1 Yes 2 No 9 DK (Go to H11 for next activity)	3	3	3 \(\text{Rarely} \) 9 \(\text{DK} \) 1 \(\text{Yes} \) 2 \(\text{No} \) 9 \(\text{DK} \) 8 \(\text{DK} \) 1 \(\text{Pressure} \) 1 \(\text{Pressure} \) 1 \(\text{Pressure} \) 2 \(\text{Pressure} \) 1 \(\text{Pressure} \) 2 \(\text{Pressure} \) 2 \(\text{Pressure} \) 3 \(\text{Pressure} \) 1 \(\text{Pressure} \) 2 \(\text{Pressure} \) 3 \(\text{Pressure} \) 4 \(\text{Pressure} \) 5 \(\text{Pressure} \) 6 \(\text{Pressure} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 8 \(\text{Pressure} \) 9 \(\text{DK} \) 7 \(\text{Pressure} \) 7 \(\text{Pressure} \) 8 \(\text{Pressure} \) 8 \(\text{Pressure} \) 9 \(\text{DK} \) 7 \(\text{Pressure} \) 8 \(\text{Pressure} \) 9 \(\text{Pressure} \	9 □ DK 1 □ Yes 2 □ No page 48) 9 □ DK				

	<u>Section</u>	on H - ASSISTANCE WITH	A KI	EY ACTIVITIES - Continu	ed		
	107	(H) RT 65 Preparing your own meals		(I) RT 66 Shopping for groceries and personal items			12 dr 18 1 19 196 1 19 186 1 19 18 18
ITEM H12	H12	Refer to 22a, 22e, 23a, 28 and 25 on page 46. 1 ☐ Any "Yes" (Go to 26) 2 ☐ All other (Go to H12 for activity (I))	H12	Refer to 22a, 22e, 23a, and 25 on page 46.			
	26a.	During the past month, did you experience discomfort because you were unable to eat when you were hungry because no one was available to prepare food? 1 Yes 29 2 No	26a.	During the past month, were you unable to follow a special diet because you needed help shopping? 1 Yes 29 2 No 9 DK			
	b.	During the past month, were you unable to follow a special diet because you needed help cooking?	b.	During the past month, did you miss a meal because you were unable to shop? 1 Yes 2 No (Go to H12) 9 DK			
	C.	During the past month, were you unable to eat the kind of food you are used to and you prefer because you needed help cooking?					
		Go to H12 31 2 No for activity (II)				10 10 10 10 10 10 10 10 10 10 10 10 10 1	Market Market
			\$605 C		ereger-1 ereger-1	The second secon	POST THE PARTY OF
	F	(H) RT 65 Prepare your own meals	<u></u>	(I) RT 66 Shop for groceries and personal items		(J) Manage your money	RT 67
ITEM H13	H13	Refer to 19 on page 44. 1 Box 3 marked (Go to H13 for next activity) 2 All other (Go to 27)	H13	Refer to 19 on page 44. 1 □ Box 3 marked (Go to H13 for next activity) 2 □ All other (Go to 27)	H13	Refer to 19 on page 44. 1 Box 3 marked (Go to for activity (L)) 2 All other (Go to 27)	28 H13
27. In your household, how often do YOU (activity)? Would you say always, sometimes, rarely, or never?	27.	1 Always 2 Sometimes 3 Rarely 4 Never 9 DK	27.	1 ☐ Always 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK	27	1 Always 2 Sometimes 3 Rarely 4 Never 9 DK	
Notes							

Se	ctio	n H - ASSISTANCE WIT	ГН КЕ	Y ACTIVITIES - Continu	ed	
		(L) RT 69		(M) RT 70	J	(N) RT 7
	D	oing heavy housework		Doing light housework]	Getting to places outside of walking distance
		Refer to 22a, 22e, 23a, 28		Refer to 22a, 22e, 23a, 28		Refer to 22a, 22e, 23a, 28
		and 25 on page 47.		and 25 on page 47.		and 25 on page 47.
	H12	1	H12	1 ☐ Any "Yes" (Go to 26) 2 ☐ All other (Go to H12 for activity (N))	H12	1 ☐ Any "Yes" (Go to 26) 2 ☐ All other (Skip to H13 for activity (H))
	26.	During the past month, did you experience distress because you were not able to wash clothes or clean up around the house?	26.	During the past month, did you experience distress because you were not able to do dishes or straighten up around the house?	26a.	During the past month, did you miss a doctor's or other medical appointment because you were unable to get there?
		1 Yes (Go to H12 29 for next activity (M))		1 Yes (Go to H12 29 for next activity (N))		1
					b.	During the past month, were you unable to go places you wanted to for fun or recreation because you did not have transportation?
						1 ☐ Yes 2 ☐ No 9 ☐ DK
	The state of the s		Rep. 181 a 161		_ C.	During the past month, did you run out of food because you were unable to get to the store?
	10 (1 m) 10					1 ☐ Yes } (Go to H13 31 2 ☐ No for activity (H))
The second secon		Management for the second seco	Antonio (1907)	A Company of the Comp		The state of the s
	D	(L) RT 69 to heavy housework		(M) RT 70 Do light housework	111111111111111111111111111111111111111	
		Refer to 19 on page 30 45.	_	Refer to 19 on page 45. 30		The second secon
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H13	1 ☐ Box 3 marked (Go to H13 for activity (M)) 2 ☐ All other (Go to 27)	H13	1 ☐ Box 3 marked (Skip to H14 on page 50) 2 ☐ All other (Go to 27)		
	27.	1 Always	27.	31		All for the second seco
		Always 2 Sometimes 3 Rarely 4 Never 9 DK		1 Always 2 Sometimes 3 Rarely 4 Never 9 DK		
Notes						The state of the s
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				RT 73
		Section H - ASSISTANCE WIT	KEY ACTIVITIES - Continued	3-4
	EM 14	Refer to question 19 for activities H–O on pages 44 and 45. Indicate the activities marked "Yes". Insert these marked activities when asking 28.	 H. Preparing your own meals I. Shopping for groceries and personal i J. Managing your money K. Using the telephone L. Doing heavy housework M. Doing light housework N. Getting to places outside of walking d O. Managing your medication No activities marked (Skip to 30) 	
	Insert a	ctivities marked in H14.		5-6
28a.		other) condition causes the trouble in (activities)?	∞ □ No condition <i>(Skip to 30)</i> o1 □ Old age <i>(Skip to 28c)</i>	7-8
	Record	conditions and ask 28b.	(a)	9-10
	Ask if o	peration:	(b)	11-12
	For wh	at condition did you have the operation?	(c)	13-14
		up to 5 conditions.	(d)	15-16
			(e)	17-18
L	·			
D.	causes	s (condition), is there any other condition which this trouble in (activities)?	1 ☐ Yes (Reask 28a and b) 2 ☐ No } (Skip to 29)	[19
c.	Is this to	trouble in <u>(activities)</u> caused by any specific ion?	1 ☐ Yes (<i>Reask 28a and b</i>) 2 ☐ No } (<i>Go to 29</i>) 9 ☐ DK	
29.	[Was th	nis/Were any of these] condition(s) a result of a	. DV	21
	motor	vehicle accident?	1	
30.	increas	the past 12 months, did you receive training to se your independence in life skills such as managing , preparing meals, or doing housework?	1 □ Yes 2 □ No 9 □ DK	22
31a.	During year ag	the past 12 months, that is, since (today's date) a go, have you fallen?	1 ☐ Yes (Go to 31b) 2 ☐ No 9 ☐ DK } (Skip to Item H16 on page 51)	23
b.	Have y	ou fallen more than once in the past 12 months?	1 ☐ Yes 2 ☐ No 9 ☐ DK	24
c.	Were y	ou injured as a result of the fall(s)?	1 ☐ Yes (<i>Go to 31d</i>) 2 ☐ No 9 ☐ DK } (<i>Skip to 31e</i>)	25
d.	scrape	ind of injuries did you have — a fracture, bruise, or cut; did you lose consciousness, or did you have other injury?	1 ☐ Fracture 2 ☐ Bruise, cut, or scrape	26 27 28
	Mark (X	() all that apply.	3 ☐ Lost consciousness 4 ☐ Other 9 ☐ DK	29 30
e.	have he	ou fall/Were any of your falls] because you did not elp getting around or because your helper could not t you from falling?	1	31
f.	[Did yo dizzy?	ou fall/Were any of these falls] because you felt	1	32
Notes	S			

Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued						
ITEM H16	Status of SP.	1 ☐ Institutionalized (Skip to 55 on page 56) 2 ☐ All others (Go to 32)	33			
32a. During bedsor	the past three months, did you experience es or pressure sores?	1 ☐ Yes (<i>Go to 32</i>) 2 ☐ No } 9 ☐ DK } (Skip to 33)	34			
b. Were a	ny of these NEW bedsores or pressure sores?	1 ☐ Yes 2 ☐ No 9 ☐ DK	35			
33a. During contract	the past three months, did you experience ctures, that is, joints that won't straighten out?	1 ☐ Yes (Go to 33b) 2 ☐ No } (Skip to Item H17) 9 ☐ DK }	36			
b. Were a	ny of these NEW contractures?	1	37			
ITEM H17	Refer to question 8a on pages 38 and 39, columns A, D, and G. (Receives help) Mark (X) all that apply.	1 □ "Yes" in 8a for A. Bathing 2 □ "Yes" in 8a for D. Getting in/out of bed/chairs 3 □ "Yes" in 8a for G. Using the toilet 4 □ All others (Skip to 35)	38 39 40 41			
in or ou person strong	id that you receive help with [bathing/(and) getting ut of a bed or chair/(and) using the toilet]. Is the who helps you most with [this/these activities] enough to give you the help you need or is helping ally difficult for him or her?	1 ☐ Yes, strong enough 2 ☐ No, physically difficult 9 ☐ DK	42			
35. Does (s	respondent, ask; otherwise, skip to H18. sample person) need supervision to ensure [his/her] al safety or the safety of others?	1	43			
ITEM H18	Refer to questions 8a and 9a on pages 38 and 39 and questions 22a and 23a on pages 46 and 47. (Receives help and/or supervision) Mark (X) all that apply.	□ "Yes" in 8a or 9a for A. Bathing □ "Yes" in 8a or 9a for B. Dressing □ "Yes" in 8a or 9a for C. Eating □ "Yes" in 8a or 9a for D. Getting in/out of bed/chairs □ "Yes" in 8a or 9a for E. Walking □ "Yes" in 8a or 9a for F. Getting outside □ "Yes" in 8a or 9a for G. Using the toilet □ "Yes" in 22a or 23a for H. Preparing your own meals □ "Yes" in 22a or 23a for I. Shopping □ "Yes" in 22a or 23a for J. Managing your money □ "Yes" in 22a or 23a for K. Using the telephone □ "Yes" in 22a or 23a for L. Doing heavy housework □ "Yes" in 22a or 23a for M. Doing light housework □ "Yes" in 22a or 23a for N. Getting places □ "Yes" in 22a or 23a for O. Managing your medication □ All others (Skip to Item H20 on page 55)	en			
Notes						

		C4: II ACCICTANCE WITH VEV ACTIVITIES			RT 74
26	100	Section H – ASSISTANCE WITH KEY ACTIVITIES		ntinued	
36.		ually helps you with (activities marked in H18)?	36.	40.4)	5-6
	Anyone	else? Enter the name or description of each helper in separate columns.		(01)First helper	-
. A. 191	- 134.2				61, 201 H
	Ask 37-	11 for each helper in 36.		01 ☐ Bathing or showering	7-8
	ASK OR	VERIFY:		02 Dressing	9-10
37.	Which a	activities does (Helper) help you with?	37.	03 ☐ Eating 04 ☐ Getting in or out of bed/chairs	11-12
) all that apply,		05 Walking	15-16
	Walk (X	тап тас арргу.		06 ☐ Getting outside 07 ☐ Using or getting to the toilet	17-18 19-20
				08 🏻 Preparing your own meals	21-22
				09 Shopping for groceries	23-24
				10 ☐ Managing your money 11 ☐ Using the telephone	25-26 27-28
				12 Doing heavy housework	29-30
				13 Doing light housework 14 Getting to places	31-32 33-34
				15 Managing your medications	35-36
				99 DK	37-38
	ASK OR	VERIFY:		01 ☐ Spouse]	39-40
	HAND C	ARD A5. Read answers if telephone interview.		02 ☐ Child	
38a.	Which	of these best describes (Helper)?	38a.	03 ☐ Parent	-
-			30a.	05 Child Not in household	
	iviark (X	only one.		06 ☐ Parent J	-
				07 ☐ Other HH relative 08 ☐ Non-HH relative	
				09 HH non-relative	
				10 🗌 Friend/Neighbor 11 🔲 Unpaid volunteer from	İ
				organization/business	
				12 ☐ Paid employee of organization/business	
				13 🗌 Paid employee of yours	1
				14 ☐ Other 99 ☐ DK	
	ASK OR	- 			- - -
h				1 ☐ Male 2 ☐ Female	
D.	тs <u>(пеір</u>	er) male or female?	b.	9 DK	
	If paren	c, child, spouse, or unpaid volunteer in 38a, skip to 40; otherwise ask:			42
39a.	Is (Help	er) paid?	39a.	1 ☐ Yes (Go to 39b) 2 ☐ No (Skip to 40)	1
	HAND C	ARD A1. Read answers if telephone interview.		01 🗌 Self or family in household	43-44
b.	Who pa	ys for this help?		02 Family NOT in household 03 Private health insurance	45-46 47-48
	(Anyon	e else?)	b.	04 🗌 Medicare	49-50
	Mark (X	all that apply.		05 ☐ Medicaid 06 ☐ Rehabilitation program	51-52 53-54
		,,,,		06 ☐ Renabilitation program 07 ☐ Employer	55-56
				08 🗌 School system	57-58
				09 ☐ VA program 10 ☐ Other military	59-60 61-62
				11 Other private source	63-64
				12 Other public source	65-66 67-68
				13 ☐ No one/Free 99 ☐ DK	69-70
40.	DURING	G THE PAST 2 WEEKS, how many days did (Helper) help you?	40.		71-72
		The state of the s	7.	00 ☐ None in past 2 weeks	
				Days (Number)	
				99 DK	İ
41.	On the	days you receive help from (<u>Helper)</u> , about how many hours per day does	41.		73-74
	[he/she	usually help you?		(Number) Hours/day	for next
				99 □ DK ∫ helper, or	
	n Pinang	The control of the co			Sees the chest
17		And the second s			
	EM	Refer to 36 above. (Number of helpers)	H19	☐ Only one helper (Skip to 43 on p ☐ More than one helper (Go to 42	
Н	19	· • · · ·		on page 54)	

	0 .: 11 .0010743107111						RT 75
42.	Section H - ASSISTANCE WIT You said that (Read all helpers) assist you. Who helps you	H KEY AC	HVITIES -	- Continu	ed		5-6
	the most? If 2 or more equally, ask the respondent to specify who he/she considers the main helper.	Helper	No				
	The hojoria constacts the main helper.	Name :					
43a.	During the past 12 months, has someone other than (main	 -		****			7
	helper) stayed with you or assisted you so that (main helper) could go out for a while, take a break, or go on vacation?	1 Yes (2 No 8 DK	Go to 43b) (Skip to 44)				
b.	How many days in the past 12 months?	<u> </u>			-		8-10
		 (Days) 999					
44	Ask 44 about only helper in 36 or main helper in 42. How satisfied are you with —	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	DK	
	(Helper's) scheduled hours or availability when you need					11	The Control of the Control
	[him/her]? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	l _ 1□	2	3□	4□	9 	
b.	The amount of assistance (helper) provides? (Would you say — (Read categories)?)	 _ 1	2 🗆	3	4□	9 🗆	
C.	(Helper's) willingness to do what you ask? (Would you say — (Read categories)?)	i └ ┌ _ 1 □	2	3	4□	- 9	
d.	(Helper's) ability to do what you need [him/her] to do? (Would you say — (Read categories)?) If helper is present or related to SP, skip to 45; otherwise, ask:	 1 1	2□	3	4□	9□	
		į				15	
ө.	How satisfied are you with — (Helper's) reliability? (Would you say — (Read categories)?)	 	2 🗆 _	3	4	9 <u> </u>	
f.	(Helper's) trustworthiness? (Would you say — (Read categories)?)	 _ <u> </u>	2	3□	4□	9	
g.	How (helper) treats you? (Would you say — (Read categories)?)	 1	2 🗌	з 🗌	4 🗆	17 ₉ 🗀	
45.	Are you EVER home alone for more than two hours at a time?	 1 □ Yes (2 □ No	Skip to 47) (Go to 46)				18
46.	Would it be a problem for you to be alone at home for more than two hours at a time because you would need help or feel afraid?	l 1 ☐ Yes l 2 ☐ No l 9 ☐ DK	Skip to 48)			19
47.	If it could be arranged, would it be better if you did not have to stay alone for as long as two hours?	1 Yes 2 No 9 DK					20
48a.	Including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few DAYS, if necessary?	1 Yes (2 No 9 DK	Go to 48b) (Skip to Iten	n H20 on pag	ne 55)		21
b.	Who is this person?	↓	– – – – – nember – rela				
	Probe for description if necessary.	2 🗆 HH m	nember – unr	elated			
	Mark (X) only one.		HH member - HH member -				
49a.	Again, including the other persons living here, is there a friend, relative, or neighbor who would take care of you for a few WEEKS, if necessary?		Go to 49b) (Skip to Iten	n H20 on pag	ne 55)		23
b.	Who is this person?	1	- — — — — nember – rela	 ted			
	Probe for description if necessary.	2 ☐ HH m	nember – unr	elated			
	Mark (X) only one.		HH member - HH member -				

		Section H - ASSISTANCE WITH	H KEY ACTIVITIES – Continued	
	EM 20	Refer to questions 8e and 11 for activities A–G on pages 38 and 39. (Need [more] help or supervision)	l 1 ☐ Any "Yes" in questions 8e or 11 (Skip to 50) 2 ☐ All other (Go to Item H21)	25
i .	EM 21	Refer to questions 22e for activities H–O on pages 46 and 47. (Need [more] help)	l 1 ☐ Any "Yes" in question 22e (Skip to 50) 2 ☐ All other (Go to Item H22)	26
	EM 22	Refer to question 25 for activities H–O on pages 46 and 47. (Need [more] supervision)	l	27
50a.	with ce	entioned earlier that you need help or more help ertain activities. Have you or someone else ever hire help or get someone from a program or to help you?	1 ☐ Yes (Skip to 51) 2 ☐ No (Go to 50b) 3 ☐ DK (Skip to 52)	28
b.	Read ca	ot? ng else? Itegories if necessary. I) all that apply.	oı □ Did not want stranger for helper o₂ □ Too expensive/can't afford o₃ □ Not sick enough to get help from agency o₄ □ Income too high to get help from agency o₅ □ Type of help needed probably not available o₅ □ Quality help not available or □ Did not know where to look for help oв □ Too sick to look for help oв □ Other sp □ DK	29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46 47-48
51.	Anythin	roblems have you had in trying to find help? ng else? tegories if necessary. () all that apply.	o ☐ No problems 1 ☐ Too expensive 2 ☐ Can't locate right type of help 3 ☐ Can't locate adequately trained helper 4 ☐ Can't locate helper who is available when needed 5 ☐ Not sick enough to get help from agency 6 ☐ Income is too high to get help from agency 7 ☐ Other 9 ☐ DK	49 50 51 52 53 54 55 56 57
52.	Has and help yo	y agency or organization tried to find someone to u?	│	58
53.	Have yo	ou ever hired someone or received help from a agency or a non-profit agency?	1	59
54a.		stop getting help from the person or agency even you still needed it?	1 ☐ Yes (<i>Skip to 54b</i>) 2 ☐ No	60
b.	Any ot	d you stop getting help? her reason? tegories if necessary. () all that apply.		61 62 63 64 65 66 67 68 69
Notes	,			

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	Section H - ASSISTANCE WITH KEY ACTIVITIES - Continued					
55a.	[In the past 12 months/In the 12 months prior to moving to this (type of institution)], did you experience problems of any kind because you were home by yourself?			(Go to 5 } (Skip t		70
b	What kind of problems did you have?	† [–]	 ı □ Fall			
	Anything else?	02	□ Oth	er accide	ent or injury	71-72
	Read categories if necessary.				e – no reminders e – unable to get to toilet	75-76
	Mark (X) all that apply.	05	5 🗌 Con	finement	t to bed or chairs	77-78 79-80
		06	₃ ∐ Hur ≀ □ Fire	ger or th	nirst e/left stove on	81-82 83-84
		08	∃ Fell	asleep w	vhile smoking	85-86
				iost/wan got medi	ndered off cations	87-88 89-90
			ı 🔲 Too ₂ 🔲 Fea		dose of medication (too much/little)	91-92
		13	₃ 🗆 Oth			93-94 95-96
		99	DK			97-98
56.	Because of YOUR health, did anyone in your family EVER —	! !	Yes	No	DK	
a.	Quit a job or retire early?	a.	1 🗆	2 🔲	9 🗆	99
b.	Change jobs?	 b.	1 🗆	2 🔲	9 □	100
C.	Change or reduce work hours?	C.	1 🗌	2 🗌	9 🗆	101
d.	Not take a job in order to care for you?	d.	1 🗆	2 🗌	9 🗔	102
Notes						
			•			
1						

	0 1 1 0		RT 76
	Section I - O	THER SERVICES	<u> </u>
	Status of SP.	1 ☐ Institutionalized (Skip to Section K on page 78) 2 ☐ All others (Go to 1)	5
	The next questions are about medical care received at home. DURING THE PAST 3 MONTHS, did you get any medical treatments at home such as injections, therapy, blood or urine testing, or catheter care?	1 ☐ Yes (Go to 2) 2 ☐ No	6
2.	Do you need more help or a different kind of help with your medical treatments at home?	1 ☐ Yes (Go to 3) 2 ☐ No } 9 ☐ DK } (Skip to 4)	7
3.	Have you experienced any problems because you did not have enough help or the right kind of help with home medical treatments?	1	8
4.	Do family members or friends help you with medical treatments at home?	1 ☐ Yes (<i>Go to 5</i>) 2 ☐ No 9 ☐ DK } (<i>Skip to 7</i>)	9
5.	Have these friends or family members been trained by a health care professional to administer these medical treatments?	1 ☐ Yes, all have been trained 2 ☐ Yes, some have been trained 3 ☐ No, none have been trained 9 ☐ DK	10
6a.	Do you receive any home medical treatments from friends or relatives that you feel should be administered by a health professional?	1 ☐ Yes (Go to 6b) 2 ☐ No } 9 ☐ DK } (Skip to 7)	11
b.	Why aren't you getting this help from a health professional? Any other reason? Mark (X) all that apply.	1 □ Don't know where to go for help 2 □ Looked for help, help not available 3 □ No insurance coverage 4 □ Cannot afford, even with insurance coverage 5 □ Don't want the treatment 6 □ Getting new helper/in between helpers 7 □ Other 9 □ DK	12 13 14 15 16 17 18
7.	Are there any home medical treatments that have been prescribed for you but you are not getting?	1 Yes (Go to 8) 2 No 9 DK (Skip to 9)	20
8.	Why aren't you getting this treatment? Any other reason? Mark (X) all that apply.	1 □ Don't know where to go for help 2 □ Looked for help, help not available 3 □ No insurance coverage 4 □ Cannot afford, even with insurance coverage 5 □ Don't want the treatment 6 □ Getting new helper/in between helpers 7 □ Other 9 □ DK	21 22 23 24 25 26 27 28
9.	Now I would like to ask about prescription medicines. How many different prescription medicines are you supposed to use? Please count ones you should use each day and those that you use regularly but not every day. Include injections, eye drops, suppositories, creams, ointments, and skin patches, but not vitamins, oxygen, or medicines you get through an IV. Mark (X) only one.	0 ☐ None (Skip to 17 on page 58) 1 ☐ One or two 2 ☐ Three–five 3 ☐ Six–nine 4 ☐ Ten or more 9 ☐ DK	29
10.	The next questions are about these prescription medicines. Would you say that you use medicine(s) as prescribed by the doctor — (Read all categories) Mark (X) only one.	1 ☐ All of the time, (Skip to 14 on page 58) 2 ☐ Most of the time, 3 ☐ Some of the time, 4 ☐ Rarely, or, 5 ☐ Never? 9 ☐ DK	30

	Section I - OTHER SERVICES - Continued								
11.	Are there any prescription medicines that you are								
	supposed to use, but —	Yes No DK							
-	did not get when first prescribed because of the cost?	a. 1 2 9 9	31						
b	did not get the entire prescription filled because of the cost?	b. 1 2 9 9	32						
C	did not refill when you ran out because of the cost?	C. 1 2 9 9	33						
d	use less often than prescribed in order to stretch them out because of the cost?	 d. 1	34						
е	sometimes forget to use?	e. 1 2 9 9	35						
f	don't use as prescribed because of the side effects?	f. 1 2 9 9	36						
g	cannot pick up from the drug store or get delivered?	g. 1 2 9 9	37						
	don't use because you think you don't need it?	h. 1 2 9 9	38						
12.	Have you experienced any problems because you forgot to use your medicine or didn't use your medicine as prescribed?	1 ☐ Yes (Go to 13) 2 ☐ No 9 ☐ DK } (Skip to 14)	39						
13.	What problems did you experience?	01 ☐ Pain/Discomfort	40-41						
	Anything else?	02 Dizziness/Fainting	42-43						
	Mark (X) all that apply.	04 ☐ Overdose/Withdrawal 05 ☐ Change in blood pressure, breathing, or other vital signs 06 ☐ Condition for which medicine prescribed got worse 07 ☐ Other condition(s) got worse 08 ☐ Had to be admitted to hospital 09 ☐ Had to go to doctor/emergency room 10 ☐ Drug reaction 11 ☐ Other	44-45 46-47 48-49 50-51 52-53 54-55 56-57 58-59 60-61 62-63						
14.	Do you receive help using your medications? This includes reminding you or measuring the medicines, and setting them up for you, OR do you use ALL of your medicine completely by yourself? Mark (X) only one.	I □ Receive help I 2 □ All by self I 9 □ DK	64						
15.			65						
	your medicine?	1 ☐ Yes (Go to 16) 2 ☐ No 9 ☐ DK (Skip to 17)							
16.	What do you NEED (more) help with?	I □ Ordering/Shopping for/Getting							
	Anything else?	I medicines from pharmacy	66						
	Mark (X) all that apply.	I 2 ☐ Reminder/Monitoring/Measuring/ Setting up/Taking medicines	67						
		3	68 69						
	These next questions are about your sources of medical care.		70						
17.	Do you have a general practitioner, internist, or family doctor whom you see regularly?	" 1							
12	Which do you see most often — a general practitioner, an		71						
10.	internist, or family doctor?	1 ☐ General practitioner 2 ☐ Internist							
	Mark (X) only one.	₃ ☐ Family doctor							
		4 ☐ DK specialty/title 9 ☐ DK which seen most often							
19.	Have you seen this [(provider in 18) doctor] in the past 12		72						
10.	months?	1 ☐ Yes (Go to 20) 2 ☐ No 9 ☐ DK (Skip to 25 on page 59)							
20.	In the past 3 months, how many times have you seen this [(provider in 18) doctor]?	I ∞ None (Skip to 22 on page 59)	73-74						
		Times							
		(Number) (Go to 21 on page 59) y □ DK							

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			RVICES - Continued	3-4
21.	Did thi	s [(provider in 18) doctor] ask to see you for more	ı∏Yes	5
	tman t	he <u>(number in 20)</u> visit(s)/visits]?	l 2□No	
			9 □ DK	
22.	In the r	past 3 months, did this [(provider in 18)/doctor] refer		6
	you to	another doctor, therapist, or medical professional,	1 ☐ Yes (Go to 23)	<u> </u>
	or send	i you for tests or x-rays?	2 □ No	
			9 DK J	
23.	Did you	u or will you go for all, some, or none of the visits or ecommended by this [(provider in 18) doctor]?	l 1 ☐ All (Go to Item I2)	7
			2 ☐ Some] (QL + QL)	
	Mark (X	() only one.	3 INORE J	
			l 9 □ DK (Go to Item I2)	
				8
	EM	Refer to question 21. (Additional visits recommended)	1 ☐ "Yes" in 21 (Go to 24)	
	2	(Additional Visits recommended)	l 2 ☐ All others <i>(Skip to 25)</i>	
	HAND (CARD A6. Read categories if telephone interview.		
24		- '	01 ☐ Waiting for upcoming appointment	9-10
24.	Why di- tests?	d you not go for (all) your recommended visits or	o₂ ☐ Did not like doctor or doctor's advice o₃ ☐ Went to another doctor instead	11-12
		ing also 3)	os \square went to another doctor instead os \square Problems at place — long wait, no bathroom,	13-14 15-16
	капути	ing else?)	not accessible	
	Mark (X	() all that apply.	l o₅ ☐ Clinic/Office in unsafe neighborhood l o₅ ☐ No insurance	17-18 19-20
			or ☐ Insurance did not cover	21-22
			os ☐ Can't afford it	23-24
			□ □ Transportation problem	25-26
			10 ☐ Could not get convenient appointment 11 ☐ Thought problem would go away, or problem went aw	27-28 29-30
			12 Used home remedy	31-32
			13 🗌 Health got worse	33-34
			14 🗆 Health of other family member interfered	35-36 37-38
			99 DK	39-40
25.		ould you rate this [(provider in 18) doctor] in terms of quality of care and services? Would you say	1 ☐ Excellent	41
		nt, good, fair, or poor?	2	
	Mark (X	() only one.	3 Pail 4 Poor	
			9 □ DK	RT 78
	Now, I'	d like to ask about the (other) types of doctors you		3-4
		st often.	26a. Regularly	6b. Most
26a.	What t	ypes of specialists do you see regularly?	<u> </u>	_ often
	Any ot	here?	00 ☐ None (Skip to 35 on page 61) 5-6	53-54
	. •		o₁ ☐ Allergist/Immunologist (Allergy doctor) o₂ ☐ Cardiologist (Heart doctor) 7-8 9-10	
	кеаа са	ntegories if necessary.	03 Dermatologist (Skin doctor)	
	Mark (X	() all that apply.	13-14	Specialist
	Ask onl	— — — — — — — — — — — — — — — — — — —	05 ☐ Gastroenterologist (Stomach doctor) 15-16 06 ☐ Hematologist (Blood doctor) 17-18	
	the nun	y if more than one specialist in 26a. It only one, transcribe her of the box in 26b without asking.	07 ☐ Nephrologist (Kidney doctor) 19-20	
h	Which	of these specialists have you seen most often?	08 Neurologist/Neuropathologist (Nervous 21-22	
.,.			system doctor) 99 Neurosurgeon (Nervous system surgeon) 23-24	
	Wark (X	() only one.	10 Obstetrician/Gynecologist (OB/GYN) 25-26	
			11 ☐ Oncologist (Cancer doctor) 27-28	
			12 Ophthalmologist (Eye doctor) 29-30 13 Orthopedist/Orthopedic surgeon (Bone 31-32	
			and Muscle doctor)	
			14 Otolaryngologist/Otorhinolaryngologist (Ear, nose, throat doctor)	
			15 Physical medicine/Rehabilitation specialist 35-36	
			(Physical therapy)	
			I 16 ☐ Podiatrist (Foot doctor) 37-38 I 17 ☐ Psychiatrist (Mental health doctor) 39-40	
			18 Pulmonary/Lung specialist (Respiratory 41-42	
			doctor)	
			19 Radiologist (X-Ray/Nuclear medicine 43-44 doctor)	
			20 ☐ Rheumatologist (Joint doctor) 45-46	
			21 Urologist (Urinary tract doctor) 47-48	
			22 ☐ Other 49-50 99 ☐ Specialist – DK type 51-52	
			39 Li Specialist – DK type	

_				RT 79
		Section I - OTHER SI	ERVICES - Continued	3-4
27.	Have yo	u seen this [(specialist in 26b) doctor] in the past 12		5
	months		1 ☐ Yes (Go to 28)	
			│ 2 ☐ No	
			ן אם בא	
28.	In the pa	ast 3 months, how many times have you seen this		6-7
	(speciali	st in 26b)/doctor]? Do not count times while an	00 ☐ None (Skip to 30)	
	overnigi	nt patient in a hospital.	01 ☐ Only while overnight patient	
			Times (Go to 20)	
			(Number) (Go to 29)	
			1 _	
			99 □ DK	
29	Did this	[(specialist in 26b)/doctor] ask to see you for more		1 8
	[than the	e (number in 28) visit(s)/visits]?	1 ☐ Yes	
			¹ 2 □ No	
			' 9 □ DK	
30.	In the pa	ast 3 months, did this [(specialist in 26b)/doctor]	I	9
	refer you	u to another doctor, therapist, or medical	1 ☐ Yes (Go to 31)	
	professi	onal, or send you for tests or x-rays?	2 No } (Skip to Item I3)	
			9 □ DK } (Skip to item is)	
31.	Did you	or will you go for all, some, or none of the visits or	I	10
	tests rec	commended by this [(specialist in 26b)/doctor]?	1 ☐ All (Go to Item I3)	<u></u>
		· 	2 Some (Skip to 32)	
	iviark (X)	only one.	1 3 - Notice)	
			9 ☐ DK (Go to Item I3)	
				11
Ш	ΓEΜ	Refer to question 29.	1 ☐ "Yes" in 29 (Go to 32)	
	13	(Additional visits recommended)	2 ☐ All others (Skip to 33)	
	HAND CA	ARD A6. Read categories if telephone interview.		
32	Why did	you not go for (all) your recommended visits or	01 Waiting for upcoming appointment	12-13
٠	tests?	you not go for (an) your recommended visits or	02 ☐ Did not like doctor or doctor's advice 03 ☐ Went to another doctor instead	14-15 16-17
	/ 6 m - 4 h 1 -	and the Di	out Problems at place — long wait, no bathroom,	18-19
	(Anythir	ig eise?)	not accessible	10.10
	Mark (X)	all that apply.	os 🔲 Clinic/Office in unsafe neighborhood	20-21
			06 No insurance	22-23
			on ☐ Insurance did not cover	24-25
			08 ☐ Can't afford it 09 ☐ Transportation problem	26-27 28-29
			10 Could not get convenient appointment	30-31
			11 Thought problem would go away, or problem went away	32-33
			12 ☐ Used home remedy	34-35
			l 13 🔲 Health got worse	36-37
			i 14 ☐ Health of other family member interfered	38-39
			I 15 ☐ Other reason	40-41
			! 99 □ DK	42-43
33	Howwa	uld you rate this [(specialist in 26b)/doctor] in terms		44
5 5.	of overa	Il quality of care and services? Would you say	l □ Excellent	
	excellen	t, good, fair, or poor?	2 ☐ Good	
	Mark (X)	only one.	3 ☐ Fair	
	1110/16 (24)	only one.	4 □ Poor	
			! 9 □ DK !	
	Refer to d	questions 19 and 27, then ASK or VERIFY:		45
24	D		1 Neither seen in past 12 months (Skip to 37 on page 62)	
54 .	the mos	he past 12 months, which doctor have you seen t often — the (provider in 18) or the (specialist in	2 GP/Internist/Family doctor	
	26b)?	t orten — the <u>iprovider in 16)</u> or the <u>ispecialist in</u>	3 Specialist (Go to 35 on page 61)	
	-		! 9 □ DK }	
NI - ·				
Note	es			
				j

	Section I - OTHER SERVICES - Continued								
35.	Now, I'm going to read you a list of items which concern visits to the doctor you see most often.								
	For each item, tell me if you would rate it as excellent, good, fair, or poor.	Excellent	Good	Fair	Poor	NA	DK		
а	The thoroughness of the examination. Would you say excellent, good, fair, or poor?	i a. ₁□ _	2	3	4	5 🗆	- 9		
b	Their respect and attention to your privacy. (Would you say excellent, good, fair, or poor?)	 b . 1□ _	2□	3□	4□	5	9 48		
С	Their personal interest in you and your condition. (Would you say excellent, good, fair, or poor?)	C. 1 🗆	2	3 🗆	4□	5 🗆	9 🗆 –		
d	Availability in an emergency. (Would you say excellent, good, fair, or poor?)	d. 10 _	2 🔲	3 □	4□	_ 5 🗆	9 <u> </u>		
е	Office hours for appointments. (Would you say excellent, good, fair, or poor?)	e. 10	2	3 🔲	4□	_ 5	9 🗆 –		
f	Being able to receive answers to questions over the telephone. (Would you say excellent, good, fair, or poor?)	f. 1		3	4□	5 🔲	- 9 <u>- 52</u>		
	Being able to make appointments over the telephone. (Would you say excellent, good, fair, or poor?)	i g. _ ₁□ '	2	3□	4□	5 🔲 _	9 <u></u>		
	Wait time for an appointment. (Would you say excellent, good, fair, or poor?)	 h. _1□	2	3□	4□	5 🗆	9 🗌		
_	Wait time to see the doctor. (Would you say excellent, good, fair, or poor?)	 i. 1	2	3 🗆	4□	5 🔲	9 <u></u>		
	The location of the office or clinic. (Would you say excellent, good, fair, or poor?)	j. 10	2□	3□	4□	5	9 <u></u>		
	The accessibility of transportation to the office. (Would you say excellent, good, fair, or poor?)	. 1□ 1 - 1□	2	3□	4	5	9 □ 57		
ı	Their handling of insurance claims. (Would you say excellent, good, fair, or poor?)	 . 1	2 🗌	з 🗌	4 🗆	5 🗆	9 🔲		
36. a	not have follow-up care —		lo DK						
	You need to be hospitalized?	1	9				58		
	You need more medical care?	1					59		
Note		C. 1 2	e				60		

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				RT 80			RT 80
	Section I – OTHER SERVICES – Continued		A	3-4		В	3-4
	The next questions are about other services you may have received.	01	A physical therapist	5-6	02	An occupational therapist	5-6
37a.	During the past 12 months, did you receive any services from ?	37a.	1 ☐ Yes (Skip to 38) 2 ☐ No } 9 ☐ DK } (Go to 37b)	7	37a.	1 ☐ Yes (<i>Skip to 38</i>) 2 ☐ No } 9 ☐ DK	7
b.	Did you need the services of in the past 12 months?	b.	1 ☐ Yes (Skip to 41) 2 ☐ No	for e)	b.	1 ☐ Yes (Skip to 41) 2 ☐ No	for e)
38a.	During the past 12 months, in how many months did you receive services from?	38a.	(Number) Months	9-10	38a.	(Number) Months	9-10
b.	What was the total number of times you received services from during [that/those] month(s)?	b.	Times (Number)	11-12	b.	(Number) Times	11-12
	HAND CARD A1. Read categories if telephone interview.		01 ☐ Self or family	13-14		01 ☐ Self or family	13-14
39a.	Who paid or will pay for the services received from in the past 12 months? (Anyone else?)	39a.	in household 02 ☐ Family NOT in household 03 ☐ Private health	15-16	39a.	in household 02 □ Family NOT in household 03 □ Private heałth	15-16
	Mark (X) all that apply. Ask if more than one source in 39a. If only one, transcribe number of box marked without asking.		insurance 04	19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40		insurance 04	19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40
b.	Who paid most of the cost for the services received from in the past 12 months? Record number of main source.	b.	(Number) 99	43-47	b. 	(Number) 99	I
C.	Ask only if box 01 marked in 39a; otherwise, skip to 40. During the past 12 months, about how much did you or your family pay for the services received from ? Do not count any money that has been or will be reimbursed by insurance or any other source.	c.	99999 □ DK	00	c.	00000 □ None \$	43-47
40.	During (month), did you receive services from?	40.	1 ☐ Yes (Skip to 37a for next service) 2 ☐ No (Go to 41) 9 ☐ DK (Skip to 37a for next service)		40.	1 ☐ Yes (Skip to 37a fo next service) 2 ☐ No (Go to 41) 9 ☐ DK (Skip to 37a fo next service)	
	HAND CARD A7. Read categories if telephone interview.		oo Didn't need services	49-50		00 Didn't need services	49-50
41.	Why didn't you receive services from [in (month)] in the past 12 months]?	41.	01 Provider thinks no longer needed 02 Too expensive/ can't afford	51-52 53-54	41.	on ☐ Provider thinks no longer needed op ☐ Too expensive/	51-52 53-54
	(Anything else?) Mark (X) all that apply.		oant allord o3	55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72		can't afford can't afford insurance doesn't cover Insurance no longer covers Insurance no longer covers Figure 10	57-58 59-60 61-62

		RT 80			RT 80			RT 80			RT 80
	СС	3-4		D	3-4	-	E	3-4		F	3-4
03	An audiologist	5-6	04	A speech therapist or pathologist	5-6	05	A recreational therapist	5-6	06	A visiting nurse	5-6
37a.	1 ☐ Yes (Skip to 38) 2 ☐ No 9 ☐ DK	7	37a.	1 ☐ Yes (Skip to 38) 2 ☐ No 9 ☐ DK } (Go to 37b)	7	37a.	1 ☐ Yes (Skip to 38) 2 ☐ No 9 ☐ DK	7	37a.	1 ☐ Yes (Skip to 38) 2 ☐ No } 9 ☐ DK	7
b.	1 ☐ Yes (Skip to 41) 2 ☐ No	e)	b.	1 ☐ Yes (Skip to 41) 2 ☐ No	e)	b.	1 ☐ Yes (Skip to 41) 2 ☐ No		b.	1 ☐ Yes (Skip to 41) 2 ☐ No	or next page 64)
38a.	(Number) Months	9-10	38a.	(Number) Months	9-10	38a.	(Number) 99 DK	9-10	38a.	(Number) Months	9-10
b.	(Number) 99 □ DK	11-12	b.	Times (Number)	11-12	b.	Times (Number) 99 □ DK	11-12	b.	(Number) Times	11-12
39a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system 09 VA program 10 Other military 11 Other private source 12 Other public source 13 No one/	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36	39a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system 09 VA program 10 Other military 11 Other private source 12 Other public source	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36	39a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system 09 VA program 10 Other military 11 Other private source 12 Other public source	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34	39a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system 09 VA program 10 Other military 11 Other private source 12 Other public source	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34
 b.	Free (Skip to 40) Paid most (Number)	37-38 39-40 41-42	b.	13 No one/ Free (Skip 99 DK to 40)	37-38 39-40 41-42	b.	13 ☐ No one/ Free	37-38 39-40 41-42		13 No one/ Free (Skip 99 DK to 40)	37-38 39-40 41-42
с.	99 □ DK 00000 □ None \$	43-47	c.	99	43-47	с.	99	43-47	с.	99	43-47
40.	1 ☐ Yes (Skip to 37a for next service) 2 ☐ No (Go to 41) 9 ☐ DK (Skip to 37a for next service)		40.	1 ☐ Yes (Skip 37a for next service) 2 ☐ No (Go to 41) 9 ☐ DK (Skip 37a for next service)	48	40.	1 ☐ Yes (Skip 37a for next service) 2 ☐ No (Go to 41) 9 ☐ DK (Skip to 37a for next service)	48 r	40.	1 ☐ Yes (Skip 37a for r service on page 6- 2 ☐ No (Go to 41) 9 ☐ DK (Skip 37a for n service on page 6-	t) ext
41.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other	51-52 53-54 55-56 57-58 59-60 61-62	41.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72	41.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other 99 DK	51-52 53-54 55-56 57-58 59-60 61-62	41.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other 99 DK	51-52 53-54 55-56 57-58 59-60 61-62

_		RT 80			RT 80		
	Section I - OTHER SERVICES - Continued		G	3-4		Н	3-4
		07	A personal care attendant (other than family or a friend)	5-6	08	A reader or interpreter	5-6
37a.	During the past 12 months, did you receive any services	37a.	1 ☐ Yes (Skip to 38)	7	37a.	1 ☐ Yes (Skip to 38)	, 7
	from 7		2 No Go to 37b)			2 No Go to 37b)	,
b.	Did you need the services of in the past 12 months?	b.	1 ☐ Yes (Skip to 41) 2 ☐ No		b.	1 ☐ Yes (Skip to 41) 2 ☐ No	for e)
38a.	During the past 12 months, in how many months did you	38a.		9-10	38a.		9-10
	receive services from?	Joa.	(Number) 99 DK		30a.	(Number) Months 99 □ DK	
b.	What was the total number of times you received services from during [that/those] month(s)?	b.	Times (Number)	11-12	b.	Times (Number)	11-12
	HAND CARD A1. Read categories if telephone interview.		01 ☐ Self or family	13-14		01 ☐ Self or family	13-14
39a.	Who paid or will pay for the services received from in	39a.	in household	15-16	39a.	in household	
	the past 12 months? (Anyone else?)		household os Private health insurance	17-18		household o3 Private health insurance	15-16
	Mark (X) all that apply.		04 🗆 Medicare	19-20		04 Medicare	19-20
			05 ☐ Medicald 06 ☐ Rehabilitation	21-22 23-24		05 ☐ Medicaid 06 ☐ Rehabilitation	21-22 23-24
			program 07 🗆 Employer			_ program	
			08 School system	25-26 27-28		07 ☐ Employer 08 ☐ School system	25-26 27-28
			09 □ VA program 10 □ Other military	29-30		09 □ VA program 10 □ Other military	29-30
			11 Other private	31-32 33-34		11 Other private	31-32 33-34
			source 12 🗆 Other public	35-36		source 12 🗌 Other public	35-36
			source 13 🗆 No one/	37-38		source 13 🗌 No one/	37-38
			Free Skip to 40)	39-40		Free	39-40
	Ask if more than one source in 39a. If only one, transcribe number of box marked without asking.			41-42			41-42
b.	Who paid most of the cost for the services received from in the past 12 months? Record number of main source.	b.	└──┴── Paid most (Number) 99 ☐ DK		b.	Paid most (Number)	
	Ask only if box 01 marked in 39a; otherwise, skip to 40.		00000 □ None	43-47		00000 None	43-47
C.	During the past 12 months, about how much did you or your family pay for the services received from ? Do	C.		00	c.	F	00
	not count any money that has been or will be reimbursed by insurance or any other source.		\$ L 99999			\$ L 99999	
40.	During (month), did you receive services from?	40.	1 ☐ Yes (Skip to 37a fo	48 r	40.	1 ☐ Yes (Skip to 37a fo	48 or
			next service) 2 No (Go to 41)			next service) 2 \sum No (Go to 41)	
			9 ☐ DK (Skip 37a for next service)			9 DK (Skip to 37a for next service)	r
	HAND CARD A7. Read categories if telephone interview.		oo Didn't need services	49-50		oo Didn't need services	49-50
41.	Why didn't you receive services from [in _(month)] in the past 12 months]?	41.	01 Provider thinks no longer needed 02 Too expensive/	51-52 53-54	41.	01 Provider thinks no longer needed 02 Too expensive/	51-52 53-54
	(Anything else?)		can't afford		,	can't afford	
	Mark (X) all that apply.		cover	55-56		cover	55-50
			04 ∐ Insurance no longer covers	57-58		04 Insurance no longer covers	57-58
			05 □ No longer on Medicaid	59-60		05 ☐ No longer on Medicaid	59-60
			o6 ☐ Provider not available	61-62		06 Provider not available	61-62
			07 🔲 Didn't like provider	63-64		07 🔲 Didn't like provider	
			08 LJ Transportation problems	65-66		08 Transportation problems	65-66
			09 Could not take time off from work	67-68		09 Could not take time off from work	67-68
			10 □ Other 99 □ DK	69-70 71-72		10 ☐ Other 99 ☐ DK	69-70
		1	33 L DK	/1-/2		23 L DK	71-72

		RT 80	
L	<u> </u>	3-4	Notes
09	An adult day care	5-6	
	center or day activity center		
37a.		7	
3/d.	1 Yes (Skip to 38)		
	2 □ No 9 □ DK } (Go to 37b))	
	- 		
b.	1 ☐ Yes (Skip to 41)	8	
	2 ☐ No	r next	
	9 ☐ DK] service on p	age 66)	
38a.	Mantha	9-10	
	(Number) Months		
	99 🔲 DK		
b.	Times	11-12	
	(Number)		
	99 🗌 DK		
	** [] C-15 5 11		
	01 Self or family in household	13-14	
39a.	02 Family NOT in household	15-16	
	household 03 🗌 Private health		
	insurance	17-18	
	04 🔲 Medicare	19-20	
	05 Medicaid	21-22	
	os 🗌 Rehabilitation program	23-24	
	07 🗆 Employer	25-26	
	08 🔲 School system	27-28	
	09 ☐ VA program	29-30	
	10 ☐ Other military 11 ☐ Other private	31-32 33-34	
	source	33-34	
	12 Other public	35-36	
	source 13 🗆 No one/	37-38	
	Free > (Skip	37-30	
	99 DK J 10 40)	39-40	
		41-42	
b.	Paid most (Number)		
	99 DK		
L			
		43-47	
C.	00000 None		
	\$	00	·
	99999 DK		·
40.	1 Ves (Skin to 12 for	48	-
	1 ☐ Yes (Skip to 42 for service on page 6	6)	
	2 No (Go to 41)		,
	9 DK (Skip to 42 for service on page 6	next 6)	
<u> </u>			
	oo 🗌 Didn't need services	49-50	
41.	01 Provider thinks no	51-52	
	longer needed	53-54	
	can't afford		†
	03 🗆 Insurance doesn't cover	55-56	
	04 Insurance no	57-58	
	longer covers		
	05 ☐ No longer on Medicaid	59-60	
	06 Provider not	61-62	
	available		
	07 Didn't like provider		
	08 Transportation problems	65-66	
	os Could not take time off from work	67-68]
	time off from work		
	99 DK	69-70 71-72	1
L		/ 1-/2	1

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				RT 80			RT 80
	Section I – OTHER SERVICES – Continued		J	3-4		К	3-4
		10	Services for alcohol or drug abuse	5-6	11	Services from a center for independent living	5-6
42a.	During the past 12 months, did you receive?	42a.	1 ☐ Yes (Skip to 43) 2 ☐ No 9 ☐ DK ☐ (Go to 42b)	7	42a.	1 ☐ Yes (Skip to 43) 2 ☐ No 9 ☐ DK	7
b.	Did you need in the past 12 months?	b.	1 ☐ Yes (Skip to 46) 2 ☐ No	for e)	b.	1 ☐ Yes (Skip to 46) 2 ☐ No	
43a.	During the past 12 months in how many months did you receive?	43a.	(Number) Months	9-10	43a.	(Number) Months	9-10
b.	What was the total number of times you received during [that/those] month(s)?	b.	(Number) Times	11-12	b.	Times (Number) 99 □ DK	11-12
44a.	HAND CARD A1. Read categories if telephone interview. Who paid or will pay for in the past 12 months? (Anyone else?) Mark (X) all that apply.	44a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system 09 VA program 10 Other military 11 Other private source 12 Other public source 13 No one/ Free 99 DK	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38	44 a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system 09 VA program 10 Other military 11 Other private source 12 Other public source 13 No one/ Free 99 DK (Skip free / 675)	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38
b.	Ask if more than one source in 44a. If only one, transcribe number of box marked without asking. Who paid most of the cost for in the past 12 months? Record number of main source.	b.	Paid most (Number)	41-42		Paid most (Number)	41-42
c.	Ask only if box 01 marked in 44a; otherwise, skip to 45. During the past 12 months, about how much did you or your family pay for? Do not count any money that has been or will be reimbursed by insurance or any other source.	c.	00000 None	43-47	с.		43-47
45.	During (month), did you receive?	45.	1 ☐ Yes (Skip to 42a fo next service) 2 ☐ No (Go to 46) 9 ☐ DK (Skip to 42a fo next service)		45.	1 ☐ Yes (Skip to 42a fo next service) 2 ☐ No (Go to 46) 9 ☐ DK (Skip to 42a fo next service)	
46.	HAND CARD A7. Read categories if telephone interview. Why didn't you receive [in {month}] in the past 12 months]? (Anything else?) Mark (X) all that apply.	46.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other	51-52 53-54 55-56 57-58 59-60 61-62	46.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other 99 DK	51-52 53-54 55-56 57-58 59-60 61-62

		RT 80			RT 80			RT 80	
	L	3-4		M	3-4		N	3-4	Notes
12	Respiratory therapy services	5-6	13	Social work services	5-6	14	Transportation services	5-6	
42a.	1 ☐ Yes (Skip to 43) 2 ☐ No 9 ☐ DK	7	42a.	1 ☐ Yes (Skip to 43) 2 ☐ No 9 ☐ DK		42a.	1 ☐ Yes (Skip to 43) 2 ☐ No 9 ☐ DK	7	
b.	1 ☐ Yes (Skip to 46) 2 ☐ No	8 for e)	b.	1 ☐ Yes (Skip to 46) 2 ☐ No	for ee)	b.	1 ☐ Yes (<i>Skip to 46</i>) 2 ☐ No	8 on	
43a.	(Number) Months	9-10	43a.	(Number) Months	9-10	43a.	(Number) Months	9-10	
b.	Times (Number) 99 □ DK	11-12	b.	Times (Number) 99 □ DK	11-12	b.	Times (Number)	11-12	
44a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28	44 a.	01 ☐ Self or family in household 02 ☐ Family NOT in household 03 ☐ Private health insurance 04 ☐ Medicare 05 ☐ Medicaid 06 ☐ Rehabilitation program 07 ☐ Employer 08 ☐ School system	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28	44a.	01 Self or family in household 02 Family NOT in household 03 Private health insurance 04 Medicare 05 Medicaid 06 Rehabilitation program 07 Employer 08 School system	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28	
	09 ☐ VA program 10 ☐ Other military 11 ☐ Other private source 12 ☐ Other public source 13 ☐ No one/ Free	29-30 31-32 33-34 35-36 37-38		09 ☐ VA program 10 ☐ Other military 11 ☐ Other private source 12 ☐ Other public source 13 ☐ No one/ Free	29-30 31-32 33-34 35-36 37-38		09 ☐ VA program 10 ☐ Other military 11 ☐ Other private source 12 ☐ Other public source 13 ☐ No one/ Free	29-30 31-32 33-34 35-36 37-38	
b.	Paid most (Number) 99 🗆 DK	41-42	b.	Paid most (Number) 99 DK	41-42	b.	Paid most (Number) 99 DK	41-42	
c.	00000 ☐ None \$ 99999 ☐ DK	43-47	C.	00000 □ None \$	43-47	C.	00000 □ None \$	43-47	
45.	1 ☐ Yes (Skip to 42a for next service) 2 ☐ No (Go to 46) 9 ☐ DK (Skip to 42a for next service)		45.	1 ☐ Yes (Skip to 42a fo next service) 2 ☐ No (Go to 46) 9 ☐ DK (Skip to 42a fo next service)		45.	1 ☐ Yes (Skip to 47 on page 68) 2 ☐ No (Go to 46) 9 ☐ DK (Skip to 47 on page 68)	48	
46.	00 ☐ Didn't need services 01 ☐ Provider thinks no longer needed 02 ☐ Too expensive/ can't afford 03 ☐ Insurance doesn't cover 04 ☐ Insurance no longer covers 05 ☐ No longer on Medicaid 06 ☐ Provider not available 07 ☐ Didn't like provider 08 ☐ Transportation problems 09 ☐ Could not take time off from work 10 ☐ Other 99 ☐ DK	51-52 53-54 55-56 57-58 59-60 61-62	46.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other 99 DK	51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68	46.	00 Didn't need services 01 Provider thinks no longer needed 02 Too expensive/ can't afford 03 Insurance doesn't cover 04 Insurance no longer covers 05 No longer on Medicaid 06 Provider not available 07 Didn't like provider 08 Transportation problems 09 Could not take time off from work 10 Other	51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68	
[95 DR	, 1-/2		30 <u>2</u> 5 K	/ 1-/2			11-12	Pag

		Section I – OTHER SE	EDVICES Continued	RT 81			
	HAND	ARD A8.	:NVICES - Continued	5			
4 7a.	Are vou	I currently on a waiting list for any of these s? Read categories in 47b if telephone interview.	1 ☐ Yes (<i>Go to 47b</i>) 2 ☐ No } (Skip to 48)				
	(Any ot Mark (X) all that apply.	o1 ☐ A physical therapist o2 ☐ An occupational therapist o3 ☐ An audiologist o4 ☐ A speech therapist or pathologist o5 ☐ A recreational therapist o6 ☐ A visiting nurse o7 ☐ A personal care attendant, other than a family member or friend o8 ☐ A reader or interpreter o9 ☐ An adult day care center or day activity center 10 ☐ Services for alcohol or drug abuse 11 ☐ Services from a center for independent living 12 ☐ Respiratory therapy services 13 ☐ Social work services 14 ☐ Transportation services 99 ☐ DK	6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35			
48a.	During hospita Do not	the past 12 months, did you stay OVERNIGHT in a I or other facility to receive mental health services? include treatment for substance abuse.	1 ☐ Yes (<i>Go to 48b</i>) 2 ☐ No } 9 ☐ DK } (<i>Skip to 52 on page 69</i>)	36			
b.	Where of the pas	ARD A9. Read categories if telephone interview. did you receive inpatient mental health services in t 12 months? nere else?) all that apply.	1				
49a.	During were yo care?	the past 12 months, how many times altogether ou admitted to <i>(place(s) in 48b)</i> for mental health	Times admitted (Number) . 99 □ DK	43-44			
b.	During did you	the past 12 months, how many nights altogether spend in the (place(s) in 48b)?	Nights (Number)	45-47			
_	EM 4	Refer to question 49a. (Number of admissions)	1 ☐ 1 admission (Go to 50a) 2 ☐ 2 or more admissions (Skip to 50b) 3 ☐ All other (Skip to 50c)	48			
50a.	Was tha	at admission on an emergency basis?	1 ☐ Yes 2 ☐ No 3 (Skip to 51 on page 69) 9 ☐ DK	49			
b.		any of the <i>(number in 49a)</i> admissions were on an ency basis?	00 None (Skip to 51 on page 69) 99 DK	50-51			
C.		ny of the admissions in the past 12 months on an ncy basis?	1	52			
d.	How m	any admissions were on an emergency basis?	Emergency admissions (Number) 99 DK	53-54			

	Section I - OTHER SI	ERVICES – Continued	
	HAND CARD A1. Read categories if telephone interview.		
E10		on ☐ Self or family in household	55-56
οıa.	Who paid or will pay for the inpatient mental health services you received during the past 12 months?	02 Family NOT in household	57-58
İ	services you received during the past 12 months?	03 Private health insurance	59-60
	(Anyone else?)	l 04 ☐ Medicare 05 ☐ Medicaid	61-62
	BA-I (M) Hall and		63-64
	Mark (X) all that apply.	oc∏Rehabilitation program or∏Employer	65-66
		08 ☐ School system	67-68
		o9 □ VA program	69-70
		10 Other military	71-72
		11 Other private source	73-74
ļ		12 Other public source	75-76
		In No ana/Franci	77-78 79-80
		99	81-82
	Ask if more than one source in 51a. If only one source, transcribe number of box marked without asking.	 	83-84
b.	Who paid most of the cost for the inpatient mental health services?	Paid most	
		(Number)	
	Record number of main source.		
		99 □ DK	
	Ask only if box 01 marked in 51a; otherwise, skip to 52.		85-89
_		00000 None	
с.	During the past 12 months, about how much did you or your family pay for your inpatient mental health services?		
	Do not count any money that has been or will be	00	
	reimbursed by insurance or any other source.		
	•	99999 DK	
52a.	During the past 12 months, did you receive any outpatient		90
	mental health services, including mental health services	1 ☐ Yes (Go to 52b)	
	received from a general practitioner? Do not include treatment for substance abuse or smoking cessation.	l 2 □ No 9 □ DK } (Skip to 56 on page 70)	
1	treatment for substance abuse of smoking cessation.		
	HAND CARD A10. Read categories if telephone interview.	<u>'</u>	
	The total Parts. Head categories it telephone interview.	1 ☐ Psychiatrist	91
b.	From whom did you receive outpatient mental health	2 Psychologist	92
	services during the past 12 months?] ₃ □ Nurse	93
	(Anyone else?)	} 4 □ Social worker	94
	(Anyone elser)	5 🖸 Other mental health counselor or therapist	95
l	Mark (X) all that apply.	6 🔲 General practitioner or other medical doctor	96
l		7 Other health professional	97
		l 9 □ DK	98
	HAND CARD A11. Read categories if telephone interview.	 	
	TIAND CAND ATT. Head categories if telephone interview.	1 ☐ Doctor's/Other health professional's office, NOT a clinic	99
c.	Where did you receive outpatient mental health services	2 Outpatient mental health clinic, such as a community	100
	during the past 12 months?	mental health center	
ĺ	(Anywhere else?)	3 🗆 Outpatient medical clinic	101
	(Milywilete else!)	4 □ HMO	102
	Mark (X) all that apply.	5 Other place	103
	,	9 □ DK	104
53a.	During the past 12 months, in how many months did you		105-106
	receive outpatient mental health services?	Month(s)	
		(Number)	
		99 □ DK	
b.	Altogether, how many outpatient mental health visits did	+	107-109
~.	you make during [that/those] (number in 53a) month(s)?	United States Outpatient visit(s)	
		(Number)	
		1	
		999 🗆 DK	
	EM .	1 ☐ 1 visit (Go to 54a on page 70)	110
	Refer to question 52h	$ \begin{array}{c c} 1 & 1 & 1 & 1 & 1 \\ 2 & 2 & 2 & 0 \\ \end{array} $ 2 or more visits (Skip to 54b on page 70)	
	(Number of visits)	9 All other (Skip to 54c on page 70)	
		SETATIONIC TONIP to STO ON Page 707	
Notes			

			RT 82
	Section I – OTHER SI	ERVICES - Continued	3-4
54a.	Was that visit on an emergency basis?	1	5
b.	How many of the (number in 53b) visits were on an emergency basis?	000	6-8
c.	Were any of the visits in the past 12 months on an emergency basis?	1 □ Yes (Go to 54d) 2 □ No } (Skip to 55)	9
d.	How many visits were on an emergency basis?	Emergency visits (Number)	10-12
55a.	Who paid or will pay for the outpatient mental health services you received during the past 12 months? (Anyone else?) Mark (X) all that apply.	o1 Self or family in household o2 Family NOT in household o3 Private health insurance o4 Medicare o5 Medicaid o6 Rehabilitation program o7 Employer o8 School system o9 VA program 10 Other military 11 Other private source 12 Other public source 13 No one/Free	13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38
b.	Ask if more than one source in 55a. If only one source, transcribe the number of the box marked without asking. Who paid for most of the cost of the outpatient mental health services? Record number of the main source.	Paid most (Number)	41-42
c.	Ask only if box 01 marked in 55a; otherwise, skip to 56. During the past 12 months, about how much did you or your family pay for the outpatient mental health services? Do not count any money that has been or will be reimbursed by insurance or any other source.	00000 □ None \$	43-47
56.	During the past 12 months, did you receive any services from a mental health community support program? Read if necessary: A community support program for clients with mental or emotional problems makes available mental health, health, social and support services based on individual need.	1	48
57.	During the past 12 months, were you on a waiting list for outpatient mental health services?	1	49
1	Refer to questions 48a on page 68, 52a on page 69, and question 56 above. (Any mental health services)	l 1 □ "Yes" in 48a, 52a, or 56 (<i>Go to 58 on page 71</i>) 2 □ All other (<i>Skip to 59 on page 71</i>)	50
Notes			

	Section I - OTHER SE	RVICES - Continued	
58a.	Did you receive any mental health services during (month)? Do not include treatment for substance abuse or smoking cessation.	1 ☐ Yes (Skip to 59) 2 ☐ No (Go to 58b) 9 ☐ DK (Skip to 59)	51
b	HAND CARD A7. Read categories if telephone interview. Why didn't you get mental health services during (month)? (Any other reason?)	00 □ Didn't need services 01 □ Provider thinks no longer needed 02 □ Too expensive/can't afford	52-53 54-55 56-57
	Mark (X) all that apply.	os ☐ Insurance does not cover ot ☐ Insurance no longer covers os ☐ No longer on Medicaid os ☐ Provider not available or ☐ Didn't like provider os ☐ Transportation problems os ☐ Could not take time off from work o ☐ Other reasons os ☐ DK	58-59 60-61 62-63 64-65 66-67 68-69 70-71 72-73 74-75
59a.	During the past 12 months, have you needed any mental health services or counseling that you have not received?	1 □ Yes (<i>Go to 59b</i>) 2 □ No 9 □ DK } (<i>Skip to 60</i>)	76
b	HAND CARD A12. Read categories if telephone interview. Which of these statements explain why you did not receive the mental health services you needed? (Any other reason?)	oo ☐ Did not try to get mental health services during the past 12 months oı ☐ Too expensive/can't afford	77-78
	Mark (X) all that apply.	o2 ☐ Didn't know where to go to get services o3 ☐ No mental health services nearby o4 ☐ No nearby provider who accepts Medicaid o5 ☐ Private insurance does not cover the services o6 ☐ Did not have insurance o7 ☐ Transportation problems o8 ☐ Trouble finding the right kind of mental health professional o9 ☐ Language barrier 10 ☐ Could not take time off from work 11 ☐ Other reasons 99 ☐ DK	81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96 97-98 99-100
60.	Because of a physical, mental or emotional problem, did you receive any training during the past 12 months in social skills, such as making and keeping friends or how to interact with other people?	1	103
	The next questions are about the coordination of services.		104
61a.	Is there any one doctor who you think of as the one who coordinates your overall medical care? By coordinating, I mean one who keeps in touch with the different doctors or therapists whom you see, who knows the results of all tests and treatments that you have, and who is aware of your different prescription medicines?	1 ☐ Yes 2 ☐ No 9 ☐ DK	
b	Do your doctors talk to each other about your health and the care you get, including any tests or medications?	1 ☐ Yes 2 ☐ No 3 ☐ Only one doctor 9 ☐ DK	105
62a	. Is there anyone who is not a doctor who coordinates your medical care?	1 ☐ Yes (<i>Go to 62b</i>) 2 ☐ No 3 ☐ Does by self 9 ☐ DK	106
b	. Who does this for you?	 	107
	Anyone else? Mark (X) all that apply.	1 Friend/Family member 2 Nurse 3 Therapist 4 Social worker 5 Hospital discharge planner 6 Case manager 7 Other	107 108 109 110 111 112 113 114 115
		5 □ Hospital discharge planner 6 □ Case manager 7 □ Other	1

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		Section I OTHER SE	ERVICES - Continued	RT 83
63a	Does a	ny physician or someone in a physician's office help	ENVICES - Continued	5
oou.	you wi	th arranging non-medical care, like social services	1 ☐ Yes (Go to 63b)	
	ana pe	rsonal care?	2 ☐ No 3 ☐ Does by self	
			9 ☐ DK	
b.	ls this	person or does this person work for a general care		6
	physic	an or a specialist?	1 ☐ General care physician 2 ☐ Specialist	
	Mark (X	() only one.	₃ ☐ Someone else	
			9	
C.	Is this	person a — (Read each category)	ı □ Physician?	
	Mark (X	() all that apply.	1 ☐ Physician? 2 ☐ Therapist?	7
		, ,	3 Nurse?	9
			4 □ Social worker? 5 □ Hospital discharge planner?	10
			6 ☐ Case manager?	12
			7 □ Something else? 9 □ DK	13
				14
64a.	Does a	nyone NOT in a physician's office help you withing non-medical services?	1 ☐ Yes (<i>Go to 64b</i>)	15
	arrany	ing non-medical services?	2 No	
			3 ☐ Does by self } (Skip to Item I7) 9 ☐ DK	
			9 L DK	
b.	Who do	pes this for you?	₀□Self	16
	Anyone	e else?	₁ ☐ Friend/Family member	17
	Mark (X	() all that apply.	2 □ Nurse 3 □ Therapist	18
			4 ☐ Social worker	19
			5 ☐ Hospital discharge planner 6 ☐ Case manager	21
			7 ☐ Other	22
			9 ☐ DK	24
				25
	EM	Refer to questions 61a and 62a on page 71, 63a and 64a above. (Service coordinator)	1 ☐ "Yes" marked in 61a and/or 63a <i>(Skip to 65)</i> 2 ☐ "Yes" marked in 62a and/or 64a <i>(Go to Item I8)</i>	
	7	osa and o4a above. (Service coordinator)	3 ☐ All others (Skip to 69 on page 73)	
11-12-1				26
	EM	Refer to questions 62b on page 71 and 64b above. (Who arranges services)	1 Anyone other than "Self" marked in 62b or 64b (Go to 65)	
	8	(with attailiges services)	2 🗆 "Self" only in 62b and 64b (Skip to 70 on page 73)	
	HAND (CARD A13. Read categories if telephone interview.		
65.	What k	inds of medical or non-medical services are	01 \square Helps make medical appointments with (other) doctors	27-28
	provide	ed for you?	o2 □ Makes appointments with nurses/therapists/dieticians o3 □ Follows up to be sure appointments are kept	29-30
	(Anyth	ing else?)	o₄ ☐ Arranges transportation to appointments	31-32 33-34
	Mark (X	() all that apply.	05 Makes referrals to doctors	35-36
			06 ☐ Makes referrals to nurses/therapists/dieticians 07 ☐ Checks to see if needs or conditions have changed	37-38 39-40
			08 🔲 Makes sure I am doing exercises or following diet	41-42
			o∍ ☐ Reviews medications 10 ☐ Explains medical procedures or terms	43-44
			11 Helps with insurance or other benefits	45-46 47-48
			12 ☐ Arranges for home care 13 ☐ Arranges for vocational rehabilitation services	49-50
			14 ☐ Helps develop a personal care plan	51-52 53-54
			15 Evaluates need for services	55-56
		!	16 ☐ Arranges special education services 17 ☐ Tries to find volunteers to help me	57-58 59-60
			18 🗌 Tries to find workers/agencies to help me	61-62
		İ	19 ☐ Arranges for home delivered meals 20 ☐ Makes sure friends/family are able to help me	63-64
			21 □ Other	65-66 67-68
		i	99 DK	69-70
				71
	EM	Refer to questions 64b above.	1 ☐ Any of boxes 2–9 marked (Go to 66 on page 73)	
	9	(Who arranges services)	² ☐ All others (<i>Skip to 70 on page 73</i>)	

	Section I – OTHER SI	ERVICES - Continued	
66a.	You said that someone not in a physician's office helps you with arranging non-medical services. Was any of this help paid for?	1 ☐ Yes (Go to 66b) 2 ☐ No } (Skip to 68) 9 ☐ DK }	72
	HAND CARD A1. Read categories if telephone interview.	+	
b.	. Who paid or will pay for this help?	o1 ☐ Self or family in household color ☐ Family NOT in household	73-74
	(Anyone else?)	₀₃ ☐ Private health insurance	75-76 77-78
}	Mark (X) all that apply.	o4 ☐ Medicare o5 ☐ Medicaid	79-80
	want py an old apply.	06 🗆 Rehabilitation program	81-82 83-84
		07 □ Employer 08 □ School system	85-86
		□ VA program	87-88 89-90
		l 10 ☐ Other military l 11 ☐ Other private source	91-92
		12 Other public source 99 DK (<i>Skip to 67</i>)	93-94 95-96
			97-98
	Ask if more than one source in 66b. If only one source, transcribe the number of the box marked without asking.		99-100
c.	Who paid for most of the cost of this help?	Land Paid most (Number)	
	Record number of the main source.	, 99	
67.	In the past 6 months, about how many times did you see or talk to the person or persons who help arrange your non-medical services?	000 ☐ None	101-103
		/Number }	
		3 ☐ Per six months	
68.	Overall, how satisfied are you with the job the person or persons have done to help with arranging your non-medical services? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	1 ☐ Very satisfied 2 ☐ Somewhat satisfied 3 ☐ Somewhat dissatisfied 4 ☐ Very dissatisfied	104
	Mark (X) only one.	9 □ DK J	
69.	During the past 12 months, have you felt that you NEEDED someone to arrange or coordinate personal care or social services?	1 ☐ Yes 2 ☐ No 3 ☐ Never thought about it 9 ☐ DK	105
70a.	Do you NEED help filling out insurance forms or benefit		106
	applications? Mark (X) only one.	1 ☐ Yes } 2 ☐ No } (Go to 70b) 3 ☐ Never filled forms/applications (Skip to Item I10 on page 7 9 ☐ DK (Go to 70b)	(4)
b.	Who helps you fill out insurance forms or applications for public programs or benefits?	□ No one	107
	Mark (X) all that apply.	1 🗆 Household member	108
	mark (74) an that apply.	2 ☐ Friend/Other relative not in household 3 ☐ Paid caregiver	109 110
		4 □ Volunteer from organization 5 □ Other	111
	į	9 □ DK	112 113
Notes			

	Section I OTHER SI		· ·		RT 84
	Section I - OTHER SI	EKVICE	S - Co	ntinued	5
ITEM I10	Refer to question 42a, Service K on page 66, (Center for Independent Living)			12a for K (Go to 71) s (Skip to Item I11)	
71. Did you Center	u receive any of the following services from the for Independent Living —	1			
	punseling?	¦ Yes	No ₂□	DK 9 □	6
	yment counseling, training, or referral?	ĺ	2 🗆	9 🗆	
	ith accommodations at home?	ì	2 🗆	9 🗆	7
_	ith accommodations at work?	İ			8
		i –	2 🗆	9 🗆	9
	ith accommodations in transportation?	i	2 🗆	9 🗆	10
	ights counseling?		2 🗆	9 🗆	11
	ant referral or personal assistant services?	ı T	2 🔲	9 🗌	12
	tional services?	I	2 🗌	- □ e	13
	ortation services?	1	2 🗌	□ e	14
j. Getting	g assistive technology?	j. 1□	2 🗌	□ e	15
k. Advoca	acy services?	k. 1 □	2 🗌	П е	16
·TENA		 			17
ITEM I11	Refer to 37a, Service I on page 65. (Adult Day Care)			37a for I (Go to 72) is (Skip to Section J on page 75)	
72. Which center (Anyth	CARD A14. Read categories if telephone interview. services did you receive from an adult day care or day activities center? ing else?) (1) all that apply.	02 3 03 04 04 05 05 05 05 05 05	Recreation Speech t Physical Occupati Social se Nutrition Meals Counseli Referrals Nursing Monitori Coordina Personal Vocation Other None	ntion onal activities onal therapy therapy therapy ional therapy ervices al services ing for participants or families is to outside services	18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55

	Continu 1 6	SELF DIRECTION	RT 8!
	<u> </u>		
		ized, skip to Section K on page 78.	
a. Do you g someon	give your own consent for medical care, or does e else do that for you?	1 ☐ Gives own consent (Skip to Item J1) 2 ☐ Someone else gives consent 3 ☐ It varies 9 ☐ DK (Skip to Item J1)	5
	nerally gives medical consent for you? only one.	1 ☐ Family member 2 ☐ Legal guardian 3 ☐ Agency or school staff member 4 ☐ Someone else 9 ☐ DK	6
ITEM J1	Refer to SP's age.	1 ☐ Under 21 (Go to 2) 2 ☐ Age 21 and over (Skip to Section K on page 78)	7
. Do you	now have an Individual Education Plan or IEP?	1 ☐ Yes 2 ☐ No 9 ☐ DK	8
. Do you o	currently have an Individual Written Rehabilitation IWRP?	1 □ Yes 2 □ No 9 □ DK	9

	Section J – SELF DIR	ECTION - Continued	
	Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.		10
4a.	DURING THE PAST 12 MONTHS, have you received any type of services or benefits through special education? Do not include gifted or talented programs.	1 \square Yes (Go to 4b) 2 \square No 9 \square DK (Skip to 5 on page 77)	
	HAND CARD A15. Read categories if telephone interview.		11.12
b.	DURING THE PAST 12 MONTHS, which of these services or benefits did you receive through special education programs? (Anything else?) Mark (X) all that apply.	o1 ☐ Transportation services o2 ☐ Speech/Language therapy o3 ☐ Audiology services for hearing problems (such as testing, evaluation, and training) o4 ☐ Mental health or counseling services o5 ☐ Developmental testing o6 ☐ Physical therapy o7 ☐ Occupational therapy o8 ☐ Recreational therapy o9 ☐ Respiratory therapy 10 ☐ Social work services 11 ☐ Eyeglasses 12 ☐ Hearing aids 13 ☐ Wheelchair 14 ☐ Other assistive devices and training in their use 15 ☐ Medical services for diagnostic and evaluation purposes 16 ☐ Communication services (such as a reader, interpreter, or writer) 17 ☐ Nursing services 18 ☐ Other	11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-46
c.	HAND CARD A16. Read categories if telephone interview. DURING THE PAST 12 MONTHS, have you received special education for any of these conditions? (Anything else?) Mark (X) all that apply.	oı □ Learning disabilities oz □ Speech or language problems os □ Mental retardation o4 □ Emotional disturbances o5 □ Deaf and blind o6 □ Hearing, including deafness or hard of hearing or □ Visual, including blindness and other problems os □ Orthopedic problems os □ Autism 10 □ Traumatic brain injury 11 □ Developmental delay 12 □ Multiple disabilities 13 □ Other health problem 14 □ Not a specific condition 99 □ DK	49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74 75-76
	HAND CARD A17. Read categories if telephone interview.	on Regular classroom setting	79-80
d	During the past 12 months, where did you receive these special education services? Mark (X) all that apply.	02	81-82 83-84 85-86 87-88 89-90 91-92 93-94 95-96
е.	Have you received any of these special education services during the past month?	1 □ Yes (Skip to 5 on page 77) 2 □ No (Go to 4f) 9 □ DK (Skip to 5 on page 77)	99
f.	Why haven't you received any special education services in the past month? Any other reason? Mark (X) all that apply.	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	100 101 102 103 104 105 106 107 108

			RT 86
	Section J – SELF DIR	ECTION - Continued	3-4
5.	DURING THE PAST 12 MONTHS, did you receive any		5
	instruction through special education about how to	¹ □ Yes	<u> </u>
	get and keep a job?	1 2 □ No	
		9 □ DK	
6a	DURING THE PAST 12 MONTHS, have you tried to get any		6
	(additional) special education services?	1 ☐ Yes (Go to 6b)	
		Skip to 7)	
		9 □ DK J · · · · · · ·	
	HAND CARD ASE D. A. S. S. S. S. S. S. S. S. S. S. S. S. S.		
	HAND CARD A15. Read categories if telephone interview.	on Transportation services	7-8
b	. What (additional) special education services did you try to	02 Speech/Language therapy	9-10
	get?	os Audiology services for hearing problems	11-12
		(such as testing, evaluation, and training)	
	(Anything else?)	04 Mental health or counseling services	13-14
		05 🗆 Developmental testing	15-16
	Mark (X) all that apply.	06 Physical therapy	17-18
	· ·	07 ☐ Occupational therapy	19-20
	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	os 🗆 Recreational therapy	21-22
		09 Respiratory therapy	23-24
	·	10 Social work services	25-26
	ı	11 ☐ Eyeglasses	27-28
		12 ☐ Hearing aids	29-30
		13 Wheelchair	31-32
		14 🗌 Other assistive devices and training in their use	33-34
		15 Medical services for diagnostic and evaluation purposes	35-36
		16 Communication services (such as reader,	37-38
		interpreter, writer)	
		17 Nursing services	39-40
	· ·	18 🗆 Other	41-42
		! 99 □ DK	43-44
_		+ -	¬ - <u>-</u> -
C.	During the past 12 months were you on a waiting list for any	l ı 1□Yes	45
	special education services?	2 No	
	•	. a □ DK	
	HAND CARD A18. Read categories if telephone interview.		46
	SAITS OF THE PARTY	l o □ No problem getting services	46
u	. What problems did you have trying to get (additional) special education services during the past 12 months?	1 ☐ Service is not available	47
	oddoution scrotos during the past 12 months:	2 ☐ Had trouble finding the right kind of service	48
	(Anything else?)	3 ☐ Services available are inadequate	49
	Mante (M) all that a set	₄ ☐ School did not think services were needed	50
	Mark (X) all that apply.	5 🗆 School would not test for disabilities	51
	·	6 ☐ School would not help in finding services	52
		7 □ Could not take time off from work to arrange it	53
		8 🔲 Other problems	54
	· ·	」	55
_			
7.	Overall, how satisfied are you with the educational services	Does not receive any advectional convices	56
	that you receive? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	o □ Does not receive any educational services Very satisfied	i
	somewhat dissatisfied, of very dissatisfied!	2 ☐ Somewhat satisfied	
		3 ☐ Somewhat dissatisfied	
		4 □ Very dissatisfied	
	1	y or y dissultaned	ļ
		1	
Not	es		
			ļ
			ļ

					RT 87
		Section K - FAMILY STRUCTURE, RELAT	IONSHIPS	, AND LIVING ARRANGEMENTS	3-4
1.	Are you	now married, widowed, divorced, separated, or have			5
	-	er been married?		ied – spouse in HH ied – spouse not in HH	
	it married current h	d, probe as necessary to determine if the spouse is a ousehold member.	3 Wido	owed)	
	Mark (X)	only one.	□ 5 □ Sepa	rated	
			6 ☐ Neve	r married (Skip to Item K1)	
			9 □ DK	J ·	
2a.	How Ion	g have you been married to your current spouse?	l oo □ Less	than 1 year	6-7
				Years (Skip to Item K1)	
			 99 □ DK		
			-	- -	
D.	How lon	g have you been [widowed/divorced/separated]?	00 ☐ Less	than 1 year	8-9
			1	Years	
			(Numb		
			99 🗆 DK		
				-	10
	ΓEM	Status of SP.		utionalized (Skip to 5 on page 79)	
	K1		2 □ All of	thers (Go to 3)	
3.	Including	g yourself, how many people altogether live	T an □ SP an	nly (Skip to 5 on page 79)	11-12
	in this h	ousehold?		my (Skip to 5 on page 75)	
			(Numb	Household members (Go to 4)	
			1		
			99 DK ((o to 4a)	
		e the names of all persons living in your household?			
	Entor CD.				
		on line 1, all others on subsequent lines.			
		on line 1, all others on subsequent lines. an 9 household members, continue listing in the Notes spa	ce.		
	If more th		ce.		
b.	If more th	an 9 household members, continue listing in the Notes spa		e person.	
b. c.	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex?		e person.	RT 88
b.	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex?		e person. C. Relationship to SP	RT 88
b. c. Line No.	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations	b. Sex		RT 88
b. c. Line No. 3-4 5-6	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	b. Sex	c. Relationship to SP	
b. c. Line No.	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	b. Sex 58 1 M 2 F		59-60
b. c. Line No. 3-4 5-6 01 3-4 5-6	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	b. Sex 58 1	c. Relationship to SP	
b. c. Line No. 3-4 5-6 01 3-4 5-6	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57	b. Sex	c. Relationship to SP	59-60
b. c. Line No. 3-4 5-6 01 3-4 5-6	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last)	b. Sex 58 1 M 2 F 58 1 M 2 F 58	c. Relationship to SP	59-60
b. c. Line No. 3-4 5-6 01 3-4 5-6 02 3-4	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57	b. Sex	c. Relationship to SP	59-60
b. c. Linee No 3-4 5-6 02 3-4 5-6 03 3-4	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (<u>name's</u>) sex? ary, ask: How is (<u>name</u>) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57	b. Sex 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58	c. Relationship to SP	59-60
b. c. Line No 3-4 5-6 01 3-4 5-6 02 3-4 5-6 03	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57	b. Sex 58 1	c. Relationship to SP	59-60 59-60
b. c. Linee No 3-4 5-6 02 3-4 5-6 03 3-4 5-6	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57	b. Sex 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58	c. Relationship to SP	59-60 59-60
b. C. Line No. 3-4 5-6 01 3-4 5-6 03 3-4 5-6 04 3-4	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57	b. Sex 58 1	c. Relationship to SP	59-60 59-60 59-60
b. C. Lines No 3-4 5-6 02 3-4 5-6 04 5-6 05	If more th	an 9 household members, continue listing in the Notes spacery, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57	b. Sex 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F	c. Relationship to SP	59-60 59-60 59-60
b. C. Line No. 3-4 5-6 01 3-4 5-6 03 3-4 5-6 04 3-4	If more th	an 9 household members, continue listing in the Notes spa ary, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57	b. Sex 58 1	c. Relationship to SP	59-60 59-60 59-60
b. C. Lines No. 3-4 5-6 01 3-4 5-6 03 3-4 5-6 04 3-4 5-6 05 3-4	If more th	an 9 household members, continue listing in the Notes spacery, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57	b. Sex 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F	c. Relationship to SP	59-60 59-60 59-60
b. c. Lines No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 04 5-6 05 3-4 5-6 06 3-4	If more th	an 9 household members, continue listing in the Notes spacery, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57	b. Sex 58	c. Relationship to SP	59-60 59-60 59-60
b. c. Lines No 3-4 5-6 01 3-4 5-6 03 3-4 5-6 05 3-4 5-6 06 3-4 5-6	If more th	an 9 household members, continue listing in the Notes spacery, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57	b. Sex 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 1 M 2 F 58 1 M 1 M 2 F 58 1 M 1 M 2 F 58 1 M 1 M 2 F	c. Relationship to SP	59-60 59-60 59-60 59-60
b. c. Lines No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 04 5-6 05 3-4 5-6 06 3-4	If more th	an 9 household members, continue listing in the Notes spacery, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57	b. Sex 58	c. Relationship to SP	59-60 59-60 59-60 59-60
b. C. Lines No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 04 3-4 5-6 05 3-4 5-6 06 3-4 5-6 07 3-4 5-6 07	If more th	an 9 household members, continue listing in the Notes spannery, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57	b. Sex 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F	c. Relationship to SP	59-60 59-60 59-60 59-60
b. c. Lines No. 3-4 5-6 01 3-4 5-6 03 3-4 5-6 05 3-4 5-6 06 3-4 5-6 07 3-4 5-6 08	If more th	an 9 household members, continue listing in the Notes spatary, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57 7-57	b. Sex 58 1	c. Relationship to SP	59-60 59-60 59-60 59-60 59-60
b. C. Lines No. 3-4 5-6 01 3-4 5-6 02 3-4 5-6 04 3-4 5-6 05 3-4 5-6 06 3-4 5-6 07 3-4 5-6 07	If more th	an 9 household members, continue listing in the Notes spannery, ask: What is (name's) sex? ary, ask: How is (name) related TO YOU? Record relations 4a. Name (First/Middle initial/Last) 7-57 7-57 7-57 7-57	b. Sex 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F 58 1 M 2 F	c. Relationship to SP	59-60 59-60 59-60 59-60

Section K - FAMILY STRUCTURE, RELATIONSHIPS, AND LIVING ARRANGEMENTS - Continued 5a. Including step and adopted children, how many LIVING SONS do you have?	3-4
5a. Including step and adopted children, how many LIVING SONS do you have? □ None	3-4
1	5-6
l Sons	
(Number)	
99 □ DK	
b. Including step and adopted children, how many LIVING DAUGHTERS do you have? 00 □ None	7-8
LIVING DAOGHTENS do you nave?	
Daughters (Number)	
99 □ DK	
	9
Refer to 5a and 5b above.	
(Living children) 2 All others (Skip to Item K4 on page 80)	
ITERA	10
### Refer to question 4 on page 78. ### Any of SP's child(ren) in HH (Skip to 7) ### (Household composition) ### Any of SP's child(ren) in HH (Skip to 7)	
(Household composition) 2 All others (Go to 6)	
6a. How quickly can [any of your children/your son/your daughter] get here?	11-13
If asked, "Here" means where the SP resides. (Number) 2 Hours 3 Days	
999 □ DK	
b. How often do you see [any of your children/your	14-16
sonyour daughters:	
I	
l (Times) 3 ☐ Per month	
 999	
C. How often do you talk on the telephone with [any of	
your children/your son/your daughter]?	L
∫ 1 ☐ Per day ∫ 2 ☐ Per week	
(Times) 3 ☐ Per month	
999 □ DK	
L	
d. How often do you get mail from [any of your children/your son/your daughter]?	20-22
l (Times) ₃ ☐ Per month	
l	
999 □ DK	
7. [Do your children/Does your son/Does your daughter] routinely give you money to help with your living	23
expenses or pay your bills? 2 \sum No 3 \sum DK	
Notes	
Notes	

	Se	ction K - FAMILY STRUCTURE, RELATIONSH	IPS, AND LIVING ARRANGEMENTS - Continued	
	EM (4	Refer to question 4 on page 78. (Household composition) Mark (X) first appropriate box.	1☐ SP is institutionalized 2☐ SP lives alone 3☐ SP lives w/spouse only 4☐ Other (<i>Go to 8</i>)	24
8.	living with you 18 years of age or older?		1⊡ Yes (<i>Go to 9</i>) 2⊡ No) 9⊡ DK∫ (<i>Skip to 11</i>)	25
	becaus	live with [these people/this person] NOW a YOU need to share living expenses?	1	26
10.	Do you becaus	live with [these people/this person] NOW e of a health or physical problem YOU have?	1 Yes 2 No 9 DK	27
11.	Includii LIVING	ng step and adopted brothers, how many brothers do you have?	∞ □ None Brothers	28-29
			(Number)	
12.	includii LIVING	ng step and adopted sisters, how many sisters do you have?	oo □ None	30-31
			Sisters (Number) 99 □ DK	
13a.		VERIFY: mother still living?	1 Yes 2 No 9 DK	32
b.	ls your	father still living?	1	33
Notes				
	_			

	Se	ction K - FAMILY STRUCTURE, RELATIONSH	IPS, AND LIVING ARRANGEMENTS - Continued	
	EM (5	Refer to Item K4. (SP's living arrangements)	 1 □ Box 1, 2, or 3 marked (<i>Go to 14</i>) 2 □ Box 4 marked (<i>Skip to 15</i>)	34
14a.	How qu	xt few questions are about contact you have with members (other than your spouse or children). uickly can any member of your family (other pour spouse or children) get here? I, "Here" means where the SP resides.		35-37
b.	How of (other	ten do you see any member of your family than your spouse or children)?	ggg	38-40
c.	How of	ften do you talk on the telephone with any member r family (other than your spouse or children)?	Ooo	41-43
d.	How of family	ften do you get mail from any member of your (other than your spouse or children)?	999	44-46
15.	Do any spouse with ye	members of your family (other than your or children) routinely give you money to help our living expenses or pay your bills?	1	47
Notes				

FORM DFS-2 (7-1-94)

		Secti	on O – UPD	ATE CO	NTAC	F PERSON INFORMATION	RT 93 3-4
The National Center for Health Statistics may wish to contact you again to obtain additional health							
related in	formation.	or mountin o	tatistics may	WISH to Co	omact y	ou again to obtain additional health	
ITEM O1	Refer to CF	on label.				l 1 □ CP on label <i>(Ask 1a)</i> 2 □ No CP on label <i>(Ask 1b)</i>	5
your fami know how you agair	ily, we were	told that <u>(C</u> ouch with y bel) still the	terviewer tall P on label) wil ou if we want best person	l always	•		6
name, ad friend wh case we r but canno someone	dress, and te no would kno need addition	elephone number where you where you where you wall health in Please give currently live	tatistics wou imber of a rel ou could be re nformation in e me the nam ring in the hou	ative or eached in the future			
2. Contact Pe				The street of the street	om arais. Antonio		
Last name	7-26	First name	27	-41 MI	42		
		<u> </u>		1			
Number and st	treet				43-67		
City		68-8	7 State 88-89	ZIP Code	90-98		
	_			1			
Telephone							i energia de Los destros Los destros
Area code 99	9-101 Number	r 102-108	1 □ None 7 □ Refused	9□ DK	109		
Notes							7, 77 - 177 - 177

							RT 94
		Section P – INTERVIE	WE	R OBS	ERVATIO	DNS	
	P1	Mark (X) the one that best represents this interview.	1 	2 Self		vithout assistance (Skip to Item P2) vith assistance (Go to 1a) 1b)	5
ASK OR VERIFY: 1a. How is (assistant) related to you? If more than one assistant, indicate the relationship of the one you consider to be the main assistant. b. How are you related to (sample person)? If more than one proxy, direct this question to the one you consider to be the main proxy.			00				6-7
				07	ner-in-law/\$ /Uncle/Cou e/Nephew r relative	nd/Neighbor	
	ASK OR I	/ERIFY: ou/ <u>(assistant/)</u> live here?		1 □ Yes 2 □ No 9 □ DK			10
		n to indicate why a proxy/assistant was needed.	 	Yes	No		
2a.	Sample p	person hospitalized	a.	1 🔲	2 🗌		11
b.	Sample p	person institutionalized	b.	1 🗆	2 🗀		12
C.	Sample p	person's hearing problem	c.	1 🗌	2 🗆		13
d.	Sample p	person's speech problem	d.	1 🔲	2 🗆		14
e.	Sample p	erson's language problem	e.	1 🗆	2 🗌		15
f.	Sample p	erson's poor memory, senility, or confusion	f.	1 🗆 .	2 🗌		16
g.	Sample p	erson's Alzheimer's disease	g.	1 🗆	2 🗆		17
h.	Sample p	erson's other mental condition	h.	1 🔲	2 🗌		18
i.	Sample p	erson's other physical illness and/or disability	i.	1 🗆	2 🗌		19
j.	Other no	n-health related reason	j.	1 🗆	2 🗌		20
	TEM P2	Refer to SP's age.	 	1 □ 70+ (2 □ Unde	Go to 3) er 70 (END	interview)	21
	person if	ondent" in the following items refers to the sample he/she answered questions with or without e, or to the proxy if the sample person was not ed.	,				
3.	Do you fe	eel the —	i I	Yes	No	DK	
a.	Responde	ent was intellectually capable of responding?	a.	1 🗆	2 🗌	9 🗆	22
b.	Responde	ent's answers were reasonably accurate?	b.	1 🗆	2 🗌	9 🗆	23
c.	Responde	ent understood the questions?	 C. 	1 🗌	2 🗍	9 □	24

Section P - INTERVIEWER OBSERVATIONS - Continued								
4a.	Was there a section which seemed to be particularly upsetting or problematic to the respondent?	1 ☐ Yes (Go to 4b) 2 ☐ No (Skip to 5)	25					
b.	Which section(s)? Mark (X) all that apply.	o1 A. Housing and long-term care services o2 B. Transportation o3 C. Social activity o4 D. Work history/employment o5 E. Vocational rehabilitation o6 F. Assistive devices and technologies o7 G. Health insurance o8 H. Assistance with key activities o9 L. Other services o9 L. Self direction 11 K. Family structure, relationships, and living arrangements 12 L. Conditions and impairments 13 M. Health opinions and behaviors 14 N. Community services 15 O. Contact person	26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53 54-55					
5.	How tiring did the interview seem to be for the respondent?	1 ☐ Very tiring 2 ☐ A little tiring 3 ☐ Not tiring	56					
6.	Did the respondent have difficulty hearing you during the interview?	1 ☐ Yes (Go to 7) 2 ☐ No 9 ☐ DK (END interview)	57					
7.	Do you feel the respondent's hearing difficulty affected the interview?	1 ☐ Yes 2 ☐ No	58					
	\$2 (7-194)							