

## MAIN STUDY - ROUND 4

## COMMUNITY COMPONENT

## HHS. HOME HEALTH UTILIZATION SUMMARY

*The HHS Section immediately precedes HH1.*

HHS1 will be asked for each home health provider of Type 8 reported as having provided services at home to the SP in the previous round's reference period.

|             |   |
|-------------|---|
| BOX<br>HHS1 | IF ANY HOME HEALTH UTILIZATION REPORTED AT HH1, HH17, HHS1, ST10 (TYPE 8), NS7 (TYPE 8) OR UTS FOR PREVIOUS ROUND, GO TO HHS1. OTHERWISE, SKIP TO <b>BOX HHS2</b> . |
|-------------|---|

HHS1. We recorded that (you/SP) had been helped at home by (someone from) (READ PROVIDER BELOW) between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND END DATE). Has (anyone from) (READ PROVIDER BELOW) helped (you/SP) **at home** (since CURRENT ROUND REFERENCE DATE/between CURRENT ROUND REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?

[HH5/ST9 PROVIDER (HH2/ST9 PROVIDER)]

[HH2/ST9 PROVIDER]

|                 |  |    |                 |
|-----------------|--|----|-----------------|
| <b>PROFPROB</b> | YES .....  | 1  | <b>BOX HHS3</b> |
|                 | NO .....   | 2  | <b>BOX HHS5</b> |
|                 | REFUSED .....  | -7 | <b>BOX HHS5</b> |
|                 | DON'T KNOW .....                                       | -8 | <b>BOX HHS5</b> |
|                 | HOME HEALTH ENTERED IN ERROR<br>IN PREVIOUS ROUND..... | 3  | <b>BOX HHS5</b> |

|             |   |
|-------------|---|
| BOX<br>HHS2 | IF ANY HOME HEALTH UTILIZATION REPORTED AT HH18, HH29, HHS2, ST10 (TYPE 9), NS7 (TYPE 9) OR UTS FOR PREVIOUS ROUND, GO TO HHS2. OTHERWISE, SKIP TO HH1. |
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HHS2 will be asked for each home health provider of Type 9 reported as having provided services at home to the SP in the previous round's reference period.

HHS2. We recorded that (you/SP) had received personal care or help with daily needs at home from (someone from) (READ PROVIDER BELOW) between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND END DATE). (Have you/Has SP) received personal care or help with daily needs at home from (anyone from) (READ PROVIDER BELOW) (since CURRENT ROUND REFERENCE DATE/between CURRENT ROUND REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?

[HH24/ST9 PROVIDER (HH19/ST9 PROVIDER)]

[HH19/ST9 PROVIDER]

|                 |                              |    |                 |
|-----------------|------------------------------|----|-----------------|
| <b>FRNDPROB</b> | YES .....                    | 1  | <b>BOX HHS3</b> |
|                 | NO .....                     | 2  | <b>BOX HHS5</b> |
|                 | REFUSED .....                | -7 | <b>BOX HHS5</b> |
|                 | DON'T KNOW .....             | -8 | <b>BOX HHS5</b> |
|                 | HOME HEALTH ENTERED IN ERROR |    |                 |
|                 | IN PREVIOUS ROUND.....       | 3  | <b>BOX HHS5</b> |

|             |  |
|-------------|--|
| BOX<br>HHS3 | IF HH6/HH25 = 2 IN PREVIOUS ROUND, ASK HHS3.<br>OTHERWISE, SKIP TO <b>BOX HHS4</b> . |
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HHS3. Since (CURRENT ROUND REFERENCE DATE), has (PROVIDER) provided any services to (you/SP) other than delivering meals?

|                 |                  |    |                 |
|-----------------|------------------|----|-----------------|
| <b>OTHMEALS</b> | YES .....        | 1  | <b>BOX HHS4</b> |
|                 | NO .....         | 2  | <b>BOX HHS5</b> |
|                 | REFUSED .....    | -7 | <b>BOX HHS5</b> |
|                 | DON'T KNOW ..... | -8 | <b>BOX HHS5</b> |

|             |   |
|-------------|---|
| BOX<br>HHS4 | ASK HH11-HH15 FOR CURRENT ROUND REFERENCE PERIOD,<br>THEN GO TO <b>BOX HHS5</b> . |
|-------------|---|

|             |   |
|-------------|---|
| BOX<br>HHS5 | IF COMING FROM HHS1: RETURN TO HHS1 FOR NEXT ELIGIBLE HOME HEALTH PROVIDER, ELSE GO TO <b>BOX HHS2</b> .<br>IF COMING FROM HHS2: RETURN TO HHS2 FOR NEXT ELIGIBLE HOME HEALTH PROVIDER, ELSE GO TO HH1. |
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