

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| | | | HHS SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C004, C009 SPAISTATUS=ALL SEASON=ALL SPPROXY=SP or PROXY Other: HH events reported in previous round <u>PLACEMENT</u> Administer after IUQ. | | |
| | BOX HHS1 | routing | IF SP RECEIVED CARE FROM AT LEAST ONE HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A. ELSE GO TO BOX HHS2 | | |
| | BOX HHS1A | routing | CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT GO TO HHS1 - PROFPROB. | | |
| PROFPROB | HHS1 | yes/no | We recorded that [you/(SP)] had been helped at home by (someone from) [READ PROVIDER BELOW] between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). Has (anyone from) [READ PROVIDER BELOW] helped [you/(SP)] at home [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH)/ (DATE OF INSTITUTIONALIZATION)]? [IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.] | (01) YES (02) NO (03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND (-8) Don't Know (-9) Refused | (01) BOX HHS3 (02) BOX HHS5 (03) BOX HHS5 (-8) BOX HHS5 (-9) BOX HHS5 |
| | BOX HHS2 | routing | IF SP RECEIVED HOME HEALTH CARE FROM AT LEAST ONE FRIEND OR RELATIVE DURING THE PREVIOUS ROUND, GO TO BOX HHS2A. ELSE GO TO BOX HHS6. | | |
| | BOX HHS2A | routing | CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT GO TO HHS2 - FRNDPROB. | | |

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|---------------|----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| FRNDPROB | HHS2 | yes/no | We recorded that [you/(SP)] had received personal care or help with daily needs at home from (someone from) [READ PROVIDER BELOW] between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [Have you/Has (SP)] received personal care or help with daily needs at home from (anyone from) [READ PROVIDER BELOW] [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH)/ (DATE OF INSTITUTIONALIZATION)]? [IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.] | (01) YES (02) NO (03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND (-8) Don't Know (-9) Refused | BOX HHS3 |
| | BOX HHS3 | routing | IF TYPE OF HOME HEALTH PROVIDER ORGANIZATION IS A MEAL PROGRAM, GO TO HHS3 - OTHMEALS. ELSE GO TO BOX HH1BB | | |
| OTHMEALS | HHS3 | yes/no | Since (REFERENCE DATE), has (PROVIDER NAME) provided any services to [you/(SP)] other than delivering meals? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HH1BB (02) BOX HHS5 (-8) BOX HHS5 (-9) BOX HHS5 |
| | BOX HHS5 | routing | IF ASKING ABOUT HOME HEALTH PROFESSIONALS FROM THE PREVIOUS ROUND, THEN IF SP RECEIVED CARE FROM ANOTHER HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A. ELSE GO TO BOX HHS2. ELSE IF ASKING ABOUT HOME HEALTH CARE FROM A FRIEND OR RELATIVE FROM THE PREVIOUS ROUND, THEN IF SP RECEIVED HOME HEALTH CARE FROM ANOTHER FRIEND OR RELATIVE DURING THE PREVIOUS ROUND, GO TO BOX HHS2A. ELSE GO TO BOX HHS6. ELSE GO TO BOX HHS6. | | |
| | BOX HHS6 | routing | Go to HHQ. | | |