

Home Health (HH) Section

BOX\_00

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IF EVENT MONTH IS INTERVIEW MONTH, GO TO BOX\_05

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OTHERWISE, CONTINUE WITH BOX\_01

BOX\_01

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| IF PROVIDER IS FLAGGED AS 'AGENCY', CONTINUE WITH |  
HH01

-----  
OTHERWISE, GO TO HH03

HH01  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

SHOW CARD HH-1.

Please look at this card. During (VISIT MONTH), what types of  
health care workers from (PROVIDER) provided home care services  
for (PERSON)?

CODE ALL THAT APPLY.

CERTIFIED NURSING ASSISTANT (CNA) .....	1
COMPANION .....	2
DIETICIAN/NUTRITIONIST .....	3
HOME HEALTH/HOME CARE AIDE .....	4
HOSPICE WORKER .....	5
HOMEMAKER .....	6
I.V. OR INFUSION THERAPIST .....	7
MEDICAL DOCTOR .....	8
NURSE/NURSE PRACTITIONER .....	9
NURSE'S AIDE .....	10
OCCUPATIONAL THERAPIST .....	11
PERSONAL CARE ATTENDANT .....	12
PHYSICAL THERAPIST .....	13
RESPIRATORY THERAPIST .....	14
SOCIAL WORKER .....	15
SPEECH THERAPIST .....	16
SOME OTHER TYPE OF HEALTH CARE WORKER .	91
REF .....	-7
DK .....	-8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

-----  
| IF '-7' (REFUSED) OR '-8' (DON'T KNOW) ENTERED IN |  
| OTHER THAN FIRST FIELD, DISPLAY THE FOLLOWING |  
| MESSAGE AT THE BOTTOM OF THE SCREEN: 'RESPONSE |  
ALLOWED ON FIRST FIELD ONLY. PLEASE RE-ENTER.'

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| NOTE: 'SOME OTHER TYPE OF HEALTHCARE WORKER' NOT |  
DISPLAYED ON SHOW CARD.

-----  
| IF CODED '91' (ALONE OR IN COMBINATION WITH ANY |  
OTHER CODE), CONTINUE WITH HH02

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| IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) |  
ALONE, GO TO HH03

-----  
OTHERWISE, GO TO HH03

HH02  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

What type of health care worker was it?

CODE ALL THAT APPLY.

NONSKILLED WORKER (ANY TYPE OF WORKER  
WHO PROVIDES HOME CARE SERVICES  
WHICH GENERALLY FALL INTO COMPANION,  
HOMEMAKER, PERSONAL CARE CATEGORIES.  
THESE WORKERS MAY ALSO PERFORM MINOR  
HEALTH CARE ACTIVITIES SUCH AS  
ADMINISTERING MEDICATIONS) ..... 1  
SKILLED WORKER ..... 2  
OTHER TYPE OF HEALTH CARE WORKER ..... 91  
REF ..... -7  
DK ..... -8

[Code All That Apply]

-----  
| IF '-7' (REFUSED) OR '-8' (DON'T KNOW) ENTERED IN |  
| OTHER THAN FIRST FIELD, DISPLAY THE FOLLOWING |  
| MESSAGE AT THE BOTTOM OF THE SCREEN: 'RESPONSE |  
ALLOWED ON FIRST FIELD ONLY. PLEASE RE-ENTER.'

-----  
| IF CODED '1' (NONSKILLED WORKER) ALONE, OR IF |  
| CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) ALONE, |  
GO TO HH03

-----  
| IF CODED '2' (SKILLED WORKER) ALONE OR IN |  
| COMBINATION WITH ANY OTHER CODE, CONTINUE WITH |  
HH02OV1

-----  
| IF NOT CODED '2' BUT CODED '91' (ALONE OR IN |  
| COMBINATION WITH ANY CODE EXCEPT '2'), GO TO |  
HH02OV2

HH02OV1  
=====

SPECIFY TYPE OF SKILLED WORKER:

[Enter Other Specify].....  
REF..... -7  
DK..... -8

-----  
IF HH02 INCLUDES CODE '91', CONTINUE WITH HH02OV2

-----  
OTHERWISE, GO TO HH03

HH02OV2  
=====

SPECIFY OTHER TYPE OF HEALTH CARE WORKER:

[Enter Other Specify].....  
REF..... -7  
DK..... -8

HH03  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

Thinking about the home care services (PERSON) (have/has)  
received from {someone from} (PROVIDER) during (VISIT MONTH),  
were any of these home care services because of a  
hospitalization, either before or after {PERSON'S STR-DT}?

- YES ..... 1
- NO ..... 2
- REF ..... -7
- DK ..... -8

PRESS F1 FOR DEFINITION OF HOSPITALIZATION.

[Code One]

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

-----  
| DISPLAY THE REFERENCE PERIOD START DATE FOR THE |  
PERSON BEING ASKED ABOUT FOR 'PERSON'S STR-DT'.

HH04  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

Thinking about all of the home care services (PERSON) (have/has)  
received from {someone from} (PROVIDER) during (VISIT MONTH),  
were any of these home care services related to any specific  
health problem?

IF OLD AGE MENTIONED, CODE 1 FOR YES AND ENTER 'OLD AGE' AS  
CONDITION.

YES ..... 1  
NO ..... 2 {BOX\_02}  
REF ..... -7 {BOX\_02}  
DK ..... -8 {BOX\_02}

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

[Code One]

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

HH05

====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

What health condition led (PERSON) to receive home health care  
services from {someone from} (PROVIDER) during (VISIT MONTH)?

PROBE: Any **other** health condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same  
(NAME OF CONDITION) that we have already talked about before?  
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.  
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.

TO LEAVE, PRESS ESC.

- [1. Medical Condition]
- [2. Medical Condition]
- [3. Medical Condition]

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| ROSTER DEFINITION: THIS ITEMS DISPLAYS |  
PERSON'S-MEDICAL-CONDITIONS ROSTER.

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

**ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'
4. ANY CONDITION ADDED TO THE CONDITION ROSTER SHOULD BE FLAGGED AS 'CREATED' THIS ROUND (WITH THE ROUND STATUS). ANY CONDITION SELECTED AT THE CONDITION ROSTER SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND (WITH THE ROUND STATUS). THIS FLAGGING SHOULD OCCUR, AT ALL CONDITION ROSTERS THROUGHOUT THE INSTRUMENT, THE FIRST TIME THE CONDITION IS ADDED OR SELECTED DURING THE ROUND. FOR EXAMPLE, IF IT IS ROUND 1, ALL CONDITIONS ON THE ROSTER WOULD HAVE THE FLAG 'CREATED - ROUND 1'. IF A CONDITION IS CREATED IN CE, BUT SELECTED IN MV, ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG 'CREATED- ROUND 1'. THUS, FOR ANY ONE ROUND, A CONDITION CAN ONLY BE FLAGGED AS 'CREATED' OR 'SELECTED'. IF IT IS ROUND 2 AND A CONDITION THAT WAS CREATED IN ROUND 1 IS SELECTED, IT SHOULD BE FLAGGED AS 'SELECTED - ROUND 2'. THIS FLAG IS IN ADDITION TO THE ORIGINAL 'CREATED - ROUND 1' FLAG.

BOX\_02  
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| IF PROVIDER FLAGGED AS 'INFORMAL', GO TO HH08 |  
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| OTHERWISE, CONTINUE WITH HH06 |  
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HH06  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

SHOW CARD HH-2.

Please look at the top of this card.

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON)  
by providing **medical treatments** or any type of **therapy**?

PROBE: Medical treatments include things like changing bandages,  
wound care, giving medication, taking blood pressure, or giving  
shots or injections. Therapy includes physical, occupational,  
and speech therapy.

- YES, AT LEAST ONCE ..... 1
- NO ..... 2
- REF ..... -7
- DK ..... -8

[Code One]

PRESS F1 FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

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-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
| 'AGENCY'. |  
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HH07  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

SHOW CARD HH-2.

Now look at the **gray** area in the middle of the card.

During (VISIT MONTH), did {someone from} (PROVIDER) provide or teach (PERSON) or a friend or relative how to use any **medical equipment** or **assistive device**, such as the items listed on this card?

PROBE: For example, an oxygen tank, a wheelchair, a walker, a hospital bed, a tub seat, or a special railing or commode.

YES, AT LEAST ONCE ..... 1  
NO ..... 2  
REF ..... -7  
DK ..... -8

[Code One]

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

HH08  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

{SHOW CARD HH-2. Now look at the bottom of this card./SHOW  
CARD HH-3.}

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON)  
with **daily activities or personal care tasks**, such as those listed  
on this card?

PROBE: For example, using the telephone, paying bills, shopping,  
driving, doing housework, preparing meals, bathing, dressing,  
using the toilet, getting in or out of a bed or chair, walking or  
eating.

YES, AT LEAST ONCE .....	1
NO .....	2
REF .....	-7
DK .....	-8

[Code One]

-----  
| DISPLAY 'SHOW CARD HH-2.' AND 'Now look at the |  
| bottom of this card.' IF PROVIDER IS FLAGGED AS |  
'AGENCY' OR 'PAID INDEPENDENT'.

-----  
| DISPLAY 'SHOW CARD HH-3.' IF PROVIDER IS FLAGGED |  
AS 'INFORMAL'.

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

HH09  
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

During (VISIT MONTH), did {someone from} (PROVIDER) provide  
**companionship** or company for (PERSON)?

PROBE: For example, reading, watching T.V., playing games, going  
for a walk or to a restaurant, or just being together.

YES, AT LEAST ONCE ..... 1  
NO ..... 2  
REF ..... -7  
DK ..... -8

[Code One]

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

HH10  
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

Did {someone from} (PROVIDER) provide (PERSON) with any **other home  
care services** we have not yet talked about?

YES, AT LEAST ONCE ..... 1  
NO ..... 2 {HH11}  
REF ..... -7 {HH11}  
DK ..... -8 {HH11}

[Code One]

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

HH10OV  
=====

What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B TO HH06 TO BE SURE CODE 1 IS ENTERED.  
IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, CTRL/B TO HH07 TO BE SURE CODE 1 IS ENTERED.}  
IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, CTRL/B TO HH08 TO BE SURE CODE 1 IS ENTERED.  
IF COMPANIONSHIP MENTIONED, CTRL/B TO HH09 TO BE SURE CODE 1 IS ENTERED.

[Enter Other Specify] .....  
REF ..... -7  
DK ..... -8

-----  
| DISPLAY 'IF MEDICAL TREATMENT OR THERAPY |  
| MENTIONED, CTRL/B...' IF PROVIDER IS FLAGGED AS |  
'AGENCY' OR 'PAID INDEPENDENT'.

HH11  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-MO}

Generally speaking, during (VISIT MONTH), did {someone from} (PROVIDER) come to the home to help (PERSON) **every week** or only during **some weeks**?

EVERY WEEK ..... 1  
SOME WEEKS ..... 2 {HH13}  
ONLY CAME ONCE ..... 3 {HH16}  
REF ..... -7 {BOX\_03}  
DK ..... -8 {BOX\_03}

[Code One]

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

HH12  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

During (VISIT MONTH), about how many days **per week** did {someone  
from} (PROVIDER) come?

PROBE: We just need to know **in general**.

[Enter Number of Days Per Week] ..... {HH14}  
REF ..... -7 {BOX\_03}  
DK ..... -8 {BOX\_03}

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

-----  
RANGE CHECK: 1-7 FOR NUMBER OF DAYS.

HH13  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

About how many days **during (VISIT MONTH)** did {someone from}  
(PROVIDER) come?

PROBE: We just need to know **in general**.

[Enter Number of Days Per Month] .....  
REF ..... -7 {BOX\_03}  
DK ..... -8 {BOX\_03}

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

-----  
| RANGE CHECK: |  
| IF (VISIT MONTH) IS: JANUARY, MARCH, MAY, JULY, |  
| AUGUST, OCTOBER OR DECEMBER: 1-31 FOR |  
| NUMBER OF DAYS. |  
| IF (VISIT MONTH) IS: APRIL, JUNE, SEPTEMBER OR |  
| NOVEMBER: 1-30 FOR NUMBER OF DAYS. |  
| IF (VISIT MONTH) IS: FEBRUARY: 1-29 FOR NUMBER |  
OF DAYS.

HH14  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

During (VISIT MONTH), did {someone from} (PROVIDER) come **once** per  
day or **more than once** per day?

PROBE: We just need to know **in general**.

ONCE PER DAY ..... 1 {HH16}  
MORE THAN ONCE PER DAY ..... 2  
24 HOURS PER DAY ..... 3 {BOX\_03}  
REF ..... -7 {BOX\_03}  
DK ..... -8 {BOX\_03}

[Code One]

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

HH15  
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

During (VISIT MONTH), how many **times per day** did {someone from}  
(PROVIDER) come to the home to help (PERSON)?

PROBE: We just need to know in **general**.

[Enter Number of Times Per Day] .....

REF ..... -7 {BOX\_03}

DK ..... -8 {BOX\_03}

-----  
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |  
'AGENCY'.

-----  
RANGE CHECK: 2-6 FOR NUMBER OF TIMES.

HH16  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

How **long** did {each visit usually/the visit} last?

PROBE: We just need to know **in general**.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER '0' FOR HOURS.

HH16\_01  
=====

HOURS:  
[Enter Hours] .....  
REF ..... -7 {BOX\_03}  
DK ..... -8 {BOX\_03}

-----  
IF 24 ENTERED FOR HOURS AT HH16\_01, GO TO BOX\_03

HH16\_02  
=====

MINUTES:  
[Enter Minutes] .....  
REF ..... -7  
DK ..... -8

-----  
| DISPLAY 'each visit usually' IF HH11 IS **NOT** CODED |  
| '3' (ONLY CAME ONCE). DISPLAY 'the visit' IF HH11 |  
IS CODED '3' (ONLY CAME ONCE).

-----  
| RANGE CHECK: 0-24 IF NUMBER OF HOURS. |  
0-59 IF NUMBER OF MINUTES.

-----  
| EDIT CHECK: IF '0' ENTERED IN BOTH HH16\_01 AND |  
| HH16\_02 DISPLAY MESSAGE: NUMBER MUST BE ENTERED |  
IN EITHER HOURS OR MINUTES.



-----  
DISPLAY 'the same number of times' IF HH12 AND  
HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED)  
OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ  
FREQUENCY BELOW)'.  
-----

IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7'  
(REFUSED), OR '-8' (DON'T KNOW), OR ANY  
COMBINATION OF ONLY THESE CODES, DISPLAY 'the same  
services'. OTHERWISE, DISPLAY '(READ SERVICES  
BELOW)'.  
-----

-----  
**FREQUENCY =**

DISPLAY NUMBER AND 'DAYS PER WEEK' IF A  
RESPONSE WAS RECORDED AT HH12.  
DISPLAY NUMBER AND 'DAYS PER MONTH' IF A  
RESPONSE WAS RECORDED AT HH13.  
DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND  
HH13 WERE NOT ASKED OR WERE CODED '-7'  
(REFUSED) OR '-8' (DON'T KNOW).  
-----

-----  
**SERVICES =**

FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08,  
HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE  
ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':  
  
IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR  
THERAPY'  
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR  
ASSISTIVE DEVICE INSTRUCTION.'  
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES  
OR PERSONAL CARE'  
IF HH09 = 1, DISPLAY 'COMPANIONSHIP'  
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV  
IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7'  
(REFUSED), OR '-8' (DON'T KNOW), OR ANY  
COMBINATION OF ONLY THESE CODES, DISPLAY 'THE  
SAME SERVICES'.  
-----

HH18  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-MO}

During which of the following months did (PROVIDER) visit {the  
same number of times/(READ FREQUENCY BELOW)} and provide {the  
same services/(READ SERVICES BELOW)}?

PROBE: Any other months with the same number of visits and the  
same services?

**FREQUENCY**

**SERVICES**

{FREQUENCY OF SERVICES...} {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}  
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

- [1. Month, Year-4]
- [2. Month, Year-4]
- [3. Month, Year-4]

-----  
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS |  
| (MONTHS) IN PERSON'S-MEDICAL-EVENTS-ROSTER THAT |  
| WERE CREATED THIS ROUND, EXCLUDING INTERVIEW |  
| MONTH, HAVE NOT YET BEEN PROCESSED THROUGH |  
| UTILIZATION, HAVE EVENT TYPE 'HH', AND ARE |  
| ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT |  
BEING ASKED ABOUT DURING THIS ROUND.

-----  
| DISPLAY 'the same number of times' IF HH12 AND |  
| HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) |  
| OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ |  
| FREQUENCY BELOW)'. |  
| IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW), OR ANY |  
| COMBINATION OF ONLY THESE CODES, DISPLAY 'the same |  
| services'. OTHERWISE, DISPLAY '(READ SERVICES |  
BELOW)'.

**FREQUENCY =**

DISPLAY NUMBER AND 'DAYS PER WEEK' IF A  
RESPONSE WAS RECORDED AT HH12.  
DISPLAY NUMBER AND 'DAYS PER MONTH' IF A  
RESPONSE WAS RECORDED AT HH13.  
DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND  
HH13 WERE NOT ASKED OR WERE CODED '-7'  
(REFUSED) OR '-8' (DON'T KNOW).

**SERVICES =**

FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08,  
HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE  
ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':

IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR  
THERAPY'  
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR  
ASSISTIVE DEVICE INSTRUCTION.'  
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES  
OR PERSONAL CARE'  
IF HH09 = 1, DISPLAY 'COMPANIONSHIP'  
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV  
IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7'  
(REFUSED), OR '-8' (DON'T KNOW), OR ANY  
COMBINATION OF ONLY THESE CODES, DISPLAY 'THE  
SAME SERVICES'.

FLAG EACH MONTH SELECTED AT HH18 AS A REPEAT  
VISIT RELATED TO THE EVENT BEING ASKED ABOUT.  
FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT  
VISIT AS 'PROCESSED.'

LINK FREQUENCY AND SERVICE(S) ASSOCIATED WITH THE  
EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.  
FLAG EVENT AS PROCESSED SO THAT THE EVENT DRIVER  
WILL NOT SERVE THESE REPEAT VISITS FOR THE  
HH SECTION.

HH19  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS  
SELECTED IN PREVIOUS QUESTION.

[Enter Repeat Month Group]

BOX\_04  
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| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT |  
| COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE |  
CHARGE/PAYMENT (CP) SECTION

-----  
OTHERWISE, CONTINUE WITH BOX\_05

BOX\_05  
=====

-----  
GO TO THE EVENT DRIVER (ED) SECTION

