Health Status (HE) Section

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CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY {HOME.RUSTRTMM, HOME.RUSTRTDD, HOME.RUSTRTYY, HOME.RUENDMM, HOME.RUENDDD, HOME.RUENDYY/PERS.FULLNAME, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY}

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NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK THIS SECTION FOR DECEASED PERSONS.

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NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY ROUND.

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NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS FOLLOWS:

1 = LESS THAN 1 YEAR OLD
2 = 1-4
3 = 5-15
4 = 16-23
5 = 24-34
6 = 35-44
7 = 45-54
8 = 55-64
9 = 65 YEARS OLD OR OLDER

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HE01
====

{STR-DT}
{END-DT}

The next few questions are about difficulties people may have with everyday activities such as getting around, bathing or taking medications. We are interested in difficulties due to an impairment or a physical or mental health problem.

{Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).}

Does anyone in the family receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping?

YES .................................... 1
NO ..................................... 2 {HE04}
REF ................................... -7 {HE04}
DK .................................... -8 {HE04}

HELP AVAILABLE FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.
Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities [such as using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping]?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
ROSTER FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

LOOP_01
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FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK BOX_01A - END_LP01

LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (I.E., PERSON SELECTED AT HE02)

BOX_01A
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IF RU MEMBER BEING LOOPED ON IS < 13 YEARS OF AGE OR IN CATEGORIES 1-3, CONTINUE WITH HE03

OTHERWISE, GO TO HE03A
HE03
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping because of an impairment or a physical or mental health problem?

YES .................................... 1 {HE03A}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

<p>| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC |</p>
<table>
<thead>
<tr>
<th>SUPPLEMENT: IADL SECTION.</th>
</tr>
</thead>
</table>

HE03A
====

{PERSON’S FIRST NAME AND LAST NAME}  {STR-DT}
{END-DT}

Do you expect that (PERSON) will need help or supervision with these activities for at least three more months?

YES .................................... 1 {END_LP01}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}
Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?

YES .................................... 1
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION.

IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS ‘RECEIVES HELP’ AT HE05 BY CAPI.

IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, GO TO LOOP_02

IF CODED ‘1’ (YES) AND MULTI-PERSON RU, CONTINUE WITH HE05
Who is that?

PROBE: Does anyone else receive help or supervision with personal care [such as bathing, dressing, or getting around the house]?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
ROSTER FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

LOOP_02
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FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_01B - END_LP02

LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS RECEIVE HELP OR SUPERVISION WITH PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP OR SUPERVISION WITH PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING, THAT IS, THE PERSON IS SELECTED AT HE05)

BOX_01B
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IF THE RU MEMBER BEING LOOPED ON IS < 13 YEARS OF AGE OR IN AGE CATEGORIES 1-3, CONTINUE WITH HE06

OTHERWISE, GO TO HE06A
HE06
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

(Do/Does) (PERSON) receive help or supervision with personal care such as bathing, dressing or getting around the house because of an impairment or a physical or mental health problem?

YES .................................... 1 {HE06A}
NO ..................................... 2 {END_LP02}
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

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| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC       |
| SUPPLEMENT: ADL SECTION.                         |
----------------------------------------------------

HE06A
====

{PERSON’S FIRST NAME AND LAST NAME}  {STR-DT}
{END-DT}

Do you expect that (PERSON) will need help or supervision with personal care for at least three more months?

YES .................................... 1 {END_LP02}
NO ..................................... 2 {END_LP02}
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}
END_LP02
========
----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_02 AND CONTINUE WITH BOX_02              |
----------------------------------------------------

BOX_02
======
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| IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH   |
| HE07                                              |
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| IF ROUND 2 OR ROUND 4, GO TO HE26                  |
----------------------------------------------------
Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?

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

HELP AVAILABLE FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

| IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, | AUTOMATICALLY CODE PERSON AS ‘USES AIDS’ AT HE08 | BY CAPI. |
Who is that?

PROBE: Does anyone else use any aids [such as a walker, grab bars in the bathtub or any other special equipment] for personal care or everyday activities?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
HE09
====

{STR-DT}
{END-DT}

Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

YES ....................................  1
NO .....................................  2 {HE19}
REF ................................... -7 {HE19}
DK .................................... -8 {HE19}

------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' |
| AT HE10 BY CAPI.                           |
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------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_03                                             |
------------------------------------------

------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE10                                           |
------------------------------------------
Who is that?

PROBE: Does anyone else have difficulties [walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time]?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
| ROSTER FILTER: DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

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LOOP_03

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FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE11 - END_LP03

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LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON SELECTED AT HE10)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE CATEGORIES 4-9

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OMITTED.
HE11
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

SHOW CARD HE-1.

{For these next questions, I would like you to think about the
time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}

Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1 {HE12}
SOME DIFFICULTY ........................ 2 {HE12}
A LOT OF DIFFICULTY .................... 3 {HE12}
COMPLETELY UNABLE TO DO IT .......... 4 {HE12}
REF ................................... -7 {HE12}
DK .................................... -8 {HE12}

[Code One]

DISPLAY 'For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.' IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU, USE A NULL DISPLAY.
HE12
====
{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking up 10 steps without resting?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO WALK, SELECT ‘COMPLETELY UNABLE TO WALK’.

| NO DIFFICULTY ......................... 1 {HE13} |
| SOME DIFFICULTY ...................... 2 {HE13} |
| A LOT OF DIFFICULTY ................. 3 {HE13} |
| COMPLETELY UNABLE TO DO IT .......... 4 {HE13} |
| COMPLETELY UNABLE TO WALK .......... 5 {HE17} |
| REF .................................. -7 {HE13} |
| DK .................................. -8 {HE13} |

[Code One]
HE13
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking about 3 city blocks or about a quarter of a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1 {HE14}
SOME DIFFICULTY ...................... 2 {HE14}
A LOT OF DIFFICULTY ................. 3 {HE14}
COMPLETELY UNABLE TO DO IT ........ 4 {HE15}
REF ...................................... -7 {HE14}
DK ....................................... -8 {HE14}

[Code One]

| IF CODED ‘4’ (COMPLETELY UNABLE TO DO IT), |
| AUTOMATICALLY CODE HE14 AS ‘4’ (COMPLETELY UNABLE |
| TO DO IT) BY CAPI. |
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1 {HE15}
SOME DIFFICULTY ....................... 2 {HE15}
A LOT OF DIFFICULTY ................... 3 {HE15}
COMPLETELY UNABLE TO DO IT .......... 4 {HE15}
REF ..................................... -7 {HE15}
DK ....................................... -8 {HE15}

[Code One]

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have standing for about 20 minutes?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1 {HE16}
SOME DIFFICULTY ....................... 2 {HE16}
A LOT OF DIFFICULTY ................... 3 {HE16}
COMPLETELY UNABLE TO DO IT .......... 4 {HE16}
REF ..................................... -7 {HE16}
DK ....................................... -8 {HE16}

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have bending down or stooping from a standing position to pick up an object from the floor or tie a shoe?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1 {HE17}
SOME DIFFICULTY ....................... 2 {HE17}
A LOT OF DIFFICULTY ................... 3 {HE17}
COMPLETELY UNABLE TO DO IT .......... 4 {HE17}
REF ..................................... -7 {HE17}
DK ....................................... -8 {HE17}

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

- NO DIFFICULTY ...................................... 1 {HE18A}
- SOME DIFFICULTY ................................. 2 {HE18A}
- A LOT OF DIFFICULTY .............................. 3 {HE18A}
- COMPLETELY UNABLE TO DO IT ................. 4 {HE18A}
- REF .................................................. -7 {HE18A}
- DK .................................................... -8 {HE18A}

(Are/Is) (PERSON) expected to have difficulty with any of these activities for at least three more months?

- YES ............................................... 1 {END_LP03}
- NO .................................................. 2 {END_LP03}
- REF .................................................. -7 {END_LP03}
- DK .................................................... -8 {END_LP03}
Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

YES .............................. 1
NO ................................. 2 {HE22}
REF ............................... -7 {HE22}
DK ................................. -8 {HE22}

HELP AVAILABLE FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,         |
| AUTOMATICALLY CODE PERSON AS ‘LIMITED ABILITY’ AT   |
| HE20 BY CAPI.                                      |
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| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO   |
| LOOP_04                                           |
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| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE20                                          |
----------------------------------------------------
Who is that?

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

LOOP_04
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FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE20A - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ON WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

OMITTED.
HE20A

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Which activities (are/is) (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

CHECK ALL THAT APPLY.

WORKING AT A JOB ....................... 1 {HE21}
DOING HOUSEWORK ....................... 2 {HE21}
GOING TO SCHOOL ....................... 3 {HE21}
REF ..................................... -7 {HE21}
DK ...................................... -8 {HE21}

[Code All That Apply]
HE21
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{At the time (PERSON) entered the institution, was/(Are/Is)}
(PERSON) completely unable to {work at a job}{,/ and}
{ do housework}{ and}{ go to school}?

YES .................................... 1 {END_LP04}
NO ..................................... 2 {END_LP04}
REF ................................... -7 {END_LP04}
DK .................................... -8 {END_LP04}

----------------------------------------------------
| DISPLAY 'At the time (PERSON) entered the         |
| institution, was'. IF PERSON BEING ASKED ABOUT   |
| CODED AS BEING INSTITUTIONALIZED AT END DATE.     |
| DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS |
| A CURRENT RU MEMBER LIVING IN THE RU.             |
|                                                    |
| DISPLAY 'work at a job' IF HE20A IS CODED '1'     |
| (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION|
| WITH OTHER CODES OR IF HE20A IS CODED '-7'        |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT   |
| CODED '1', '-7', OR '-8', USE A NULL DISPLAY.     |
|                                                    |
| DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR|
| IF HE20A IS CODED EITHER '-7' OR '-8'.            |
| DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER   |
| '2' OR '3'. OTHERWISE, USE A NULL DISPLAY.        |
|                                                    |
| DISPLAY ' do housework' IF HE20A IS CODED '2'     |
| (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION|
| WITH OTHER CODES OR IF HE20A IS CODED '-7'        |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT   |
| CODED '2', '-7', OR '-8', USE A NULL DISPLAY.     |
|                                                    |
| DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE      |
| SELECTED AT HE20A OR IF CODES '1', '2', AND '3'   |
| ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7'|
| OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY. |
|                                                    |
| DISPLAY ' go to school' IF HE20A IS CODED '3'     |
| (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION|
| WITH OTHER CODES OR IF HE20A IS CODED '-7'        |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT   |
| CODED '3', '-7', OR '-8', USE A NULL DISPLAY.     |
|----------------------------------------------------
Besides the limitations we just talked about, is anyone in the family limited in participating in social, recreational, or family activities **because of an impairment or a physical or mental health problem**?

- **YES** .................................... 1
- **NO** .................................... 2 {HE24}
- **REF** .................................... -7 {HE24}
- **DK** .................................... -8 {HE24}

HELP AVAILABLE FOR DEFINITION OF LIMITED IN PARTICIPATING.
Who is that?

**PROBE:** Is anyone else limited in participating in social, recreational, or family activities **because of an impairment or a physical or mental health problem?**

- First Name, [Middle Name], Last Name
- First Name, [Middle Name], Last Name
- First Name, [Middle Name], Last Name

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**FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: SOCIAL LIMITATIONS SECTION.**

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**CONTINUE WITH HE24**

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**ROSTER DETAILS:**

- **TITLE:** RU_MEMBERS_1
- **COL # 1 HEADER:** NAME
- **INSTRUCTIONS:** DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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**ROSTER DEFINITION:**

- THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.

---

**ROSTER BEHAVIOR:**

- 1. MULTIPLE SELECT ALLOWED.
- 2. ADD, DELETE, AND EDIT DISALLOWED.
HE24
====

Yes No

HE24_01
======

Experience confusion or memory loss such that it interferes with daily activities? 1 2

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |

HE24_02
======

Have problems making decisions to the point that it interferes with daily activities? 1 2

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |
HE24_03
========

Require supervision
for their own safety?  1     2

----------------------------------------------------
| REFUSED (-7) AND DON’T KNOW (-8) ALLOWED.         |
----------------------------------------------------

----------------------------------------------------
| IF HE24_01, HE24_02, OR HE24_03 IS CODED ‘1’ (YES)|
| AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS     |
| ‘EXPERIENCES CONFUSION’ AT HE25 BY CAPI.          |
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----------------------------------------------------
| IF HE24_01, HE24_02, OR HE24_03 IS CODED ‘1’ (YES)|
| AND A SINGLE-PERSON RU, GO TO BOX_10              |
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----------------------------------------------------
| IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED ‘2’|
| (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO |
| BOX_10                                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HE25                     |
----------------------------------------------------
Who is that?

PROBE: Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {(or )have problems making decisions to the point that it interferes with daily activities} {(or )require supervision for their own safety}?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

DISPLAY 'experience confusion or memory loss such that it interferes with daily activities' IF HE24_01 CODED '1' (YES).

DISPLAY '{or }have problems making decisions to the point that it interferes with daily activities' IF HE24_02 CODED '1' (YES). DISPLAY THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{or }require supervision for their own safety' IF HE24_03 IS CODED '1' (YES). DISPLAY 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.

GO TO BOX_10

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.
HE26
====

{STR-DT}
{END-DT}

Does anyone in the family wear eyeglasses or contact lenses?

YES ........................................ 1 (HE27)
NO .......................................... 2 (HE28)
REF ........................................ -7 (HE28)
DK ........................................... -8 (HE28)

----------------------------------------------------
| IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AT HE27 BY CAPI.         |
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----------------------------------------------------
| IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, GO TO  |
| HE28                                              |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (YES) AND A MULTI-PERSON RU,         |
| CONTINUE WITH HE27                                |
----------------------------------------------------
Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

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| CONTINUE WITH HE28                             |
----------------------------------------------------

| ROSTER DETAILS:                              |
| TITLE: RU_MEMBERS_1                         |
| COL # 1 HEADER: NAME                        |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)              |

| ROSTER DEFINITION:                         |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR    |
| SELECTION.                                 |

| ROSTER BEHAVIOR:                           |
| 1. MULTIPLE SELECT ALLOWED.               |
| 2. ADD, DELETE, AND EDIT DISALLOWED.      |

| ROSTER FILTER:                             |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU |
| MEMBERS.                                  |
HE28
====

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty seeing{[with glasses or contacts, if they use them]}?

YES ....................................  1
NO .....................................  2 {HE33}
REF ..................................... -7 {HE33}
DK ..................................... -8 {HE33}

----------------------------------------------------
<p>| DISPLAY ' [with glasses or contacts, if they use |
| them]' IF HE26 IS CODED '1' (YES). OTHERWISE, |</p>
<table>
<thead>
<tr>
<th>USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '1' (YES) AND A SINGLE-PERSON RU,         |
| AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT |</p>
<table>
<thead>
<tr>
<th>HE29 BY CAPI.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO   |</p>
<table>
<thead>
<tr>
<th>LOOP_05</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '1' (YES) AND A MULTI-PERSON RU,          |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH HE29</th>
</tr>
</thead>
</table>
Who is that?

PROBE: Does anyone else have any difficulty seeing{[with
glasses or contacts, if they use them]}?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

Display ‘[with glasses or contacts, if they use them]’ IF HE26 IS CODED ‘1’ (YES). OTHERWISE, USE
A NULL DISPLAY.

CONTINUE WITH LOOP_05

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,
AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR
SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.

2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU
MEMBERS.
LOOP_05
========

<p>| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |</p>
<table>
<thead>
<tr>
<th>ASK HE30 - END_LP05</th>
</tr>
</thead>
</table>

-------------------------------------------------------
<p>| LOOP DEFINITION: LOOP_05 COLLECTS VISION              |
| IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY     |
| SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET      |
| THE FOLLOWING CONDITIONS:                            |
| - PERSON IS NOT DECEASED                            |
| - PERSON HAS DIFFICULTY SEEING (I.E., PERSON        |</p>
<table>
<thead>
<tr>
<th>SELECTED AT HE29)</th>
</tr>
</thead>
</table>

HE30
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?

YES ................................... 1 {END_LP05}
NO .................................... 2 {HE31}
REF ................................... -7 {HE31}
DK .................................... -8 {HE31}

HELP AVAILABLE FOR DEFINITION OF BLIND.

-------------------------------------------------------
<p>| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC           |</p>
<table>
<thead>
<tr>
<th>SUPPLEMENT: VISION SECTION.</th>
</tr>
</thead>
</table>
HE31
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

(With glasses or contacts, can/Can) (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?

YES ................................... 1 {END_LP05}
NO .................................... 2 {HE32}
REF ................................... -7 {HE32}
DK .................................... -8 {HE32}

----------------------------------
| DISPLAY 'With glasses or contacts, can’ IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE |
| (PERSON NOT SELECTED AT HE27), DISPLAY ‘Can’. |
----------------------------------

HE32
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

(With glasses or contacts, can/Can) (PERSON) see well enough to recognize familiar people if they are two or three feet away?

YES ................................... 1 {END_LP05}
NO .................................... 2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

----------------------------------
| DISPLAY ‘With glasses or contacts, can’ IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE |
| (PERSON NOT SELECTED AT HE27), DISPLAY ‘Can’. |
----------------------------------

| IF CODED ‘2’ (NO), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: VISION SECTION. |

----------------------------------
END_LP05
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_05 AND CONTINUE WITH HE33 |
----------------------------------------------------

HE33
====

{STR-DT}
{END-DT}

Does anyone in the family wear a hearing aid?

YES ................................... 1
NO .................................... 2 {HE35}
REF ................................... -7 {HE35}
DK .................................... -8 {HE35}

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AT HE34 BY CAPI. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| HE35 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE34 |
----------------------------------------------------
Who is that?

PROBE: Does anyone else wear a hearing aid?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
Does anyone in the family have any difficulty hearing{[with a hearing aid, if they use one]}?  

YYE5 ..................................  1
NO ....................................  2 {BOX_10}
REP .................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

| DISPLAY ‘[with a hearing aid, if they use one]’ |
| IF HE33 IS CODED ‘1’ (YES). OTHERWISE, USE A NULL |
| DISPLAY. |

| IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘HEARING IMPAIRED’ AT |
| HE36 BY CAPl. |

| IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_06 |

| IF CODED ‘1’ (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE36 |
HE36
====

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else have any difficulty hearing ([with a hearing aid, if they use one])?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

------------------------------------------------------------------
<p>| DISPLAY ’[WITH A HEARING AID, IF THEY USE ONE]’ IF |
| HE33 IS CODED ’1’ (YES). OTHERWISE USE A NULL |</p>
<table>
<thead>
<tr>
<th>DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTINUE WITH LOOP_06</td>
</tr>
</tbody>
</table>
------------------------------------------------------------------
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER DETAILS:</td>
</tr>
<tr>
<td>TITLE: RU_MEMBERS_1</td>
</tr>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,</td>
</tr>
<tr>
<td>AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>ROSTER DEFINITION:</td>
</tr>
<tr>
<td>THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR</td>
</tr>
<tr>
<td>SELECTION.</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>ROSTER BEHAVIOR:</td>
</tr>
<tr>
<td>1. MULTIPLE SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>ROSTER FILTER:</td>
</tr>
<tr>
<td>DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU</td>
</tr>
<tr>
<td>MEMBERS.</td>
</tr>
</tbody>
</table>
LOOP_06

-------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE37 - END_LP06 |
-------------------------------

-------------------------------
| LOOP DEFINITION: LOOP_06 COLLECTS HEARING |
| IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY |
| HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET |
| THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON HAS DIFFICULTY HEARING (I.E., PERSON |
| SELECTED AT HE36) |
-------------------------------

HE37

----

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Can (PERSON) not hear any speech at all, that is, (are/is) (PERSON) deaf?

YES ................................... 1 {END_LP06}
NO .................................... 2 {HE38}
REF .................................... -7 {HE38}
DK .................................... -8 {HE38}

HELP AVAILABLE FOR DEFINITION OF DEAF.

-------------------------------
| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: HEARING SECTION. |
-------------------------------
HE38

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{With a hearing aid, can/Can} (PERSON) hear most of the things people say?

YES ................................... 1 {END_LP06}
NO .................................... 2 {HE39}
REF .................................... -7 {HE39}
DK .................................... -8 {HE39}

----------------------------------------------------
<p>| DISPLAY ‘With a hearing aid, can’ IF PERSON       |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE|</p>
<table>
<thead>
<tr>
<th>(PERSON NOT SELECTED AT HE34), DISPLAY ‘Can’.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| IF CODED ‘2’ (NO), FLAG PERSON FOR THE LTC       |
| SUPPLEMENT: HEARING SECTION.                     |

----------------------------------------------------

HE39

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{With a hearing aid, can/Can} (PERSON) hear some of the things people say?

YES ................................... 1 {END_LP06}
NO .................................... 2 {END_LP06}
REF .................................... -7 {END_LP06}
DK .................................... -8 {END_LP06}

----------------------------------------------------
<p>| DISPLAY ‘With a hearing aid, can’ IF PERSON       |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE|</p>
<table>
<thead>
<tr>
<th>(PERSON NOT SELECTED AT HE34), DISPLAY ‘Can’.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| IF CODED ‘2’ (NO), FLAG PERSON FOR THE LTC       |
| SUPPLEMENT: HEARING SECTION.                     |

----------------------------------------------------
END_LP06
=======

-------------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |                     |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |                     |
-------------------------------------------------------------------------

-------------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |                     |
| END LOOP_06 AND GO TO BOX_10                     |                     |
-------------------------------------------------------------------------

BOX_06A
=======
OMITTED.

BOX_06
=======
OMITTED.

HE40
=====
OMITTED.

HE41
=====
OMITTED.

LOOP_07
=======
OMITTED.

HE42
=====
OMITTED.

HE43
=====
OMITTED.

HE44
=====
OMITTED.

HE44OV
======
OMITTED.

END_LP07
=======
OMITTED.
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.
HE52OV ====== OMITTED.
HE52A ====== OMITTED.
HE52B ====== OMITTED.
HE52BOV ====== OMITTED.
HE53 ===== OMITTED.
HE54 ===== OMITTED.
HE54OV ===== OMITTED.
END_LP09 ===== OMITTED.
BOX_09 ===== OMITTED.
LOOP_10 ===== OMITTED.
HE55 ===== OMITTED.
HE55_01 ===== OMITTED.
HE55_02 ===== OMITTED.
HE55_03 ===== OMITTED.
HE56
====
OMITTED.

HE56_01
======
OMITTED.

HE56_02
======
OMITTED.

HE57
====
OMITTED.

HE57_01
======
OMITTED.

HE57_02
======
OMITTED.

END_LP10
=======
OMITTED.

BOX_10
=====

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
</tr>
</thead>
</table>

----------------------------------------------------