<table>
<thead>
<tr>
<th>Item Type: Route</th>
<th>Type Class: If Then</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOX_00</strong></td>
<td><strong>HH1000</strong></td>
</tr>
</tbody>
</table>

**Route Details:**

01 Box = BOX_00, BOX_10, BOX_20, BOX_30, BOX_40, BOX_50, BOX_60, BOX_70

04 Single Select = HH40, HH50, HH60, HH70, HH90, HH120

08 Multiple Select = HH10, HH20

09 Multiple Select with Display Roster = HH130

11 Multiple Select with Add/Edit/Delete = HH80

19 Numeric Field = HH30, HH100, HH110

23 Text Field = HH140

Roster 2 = HH130

Roster 3 = HH80

---

<table>
<thead>
<tr>
<th>Item Type: Route</th>
<th>Type Class: If Then</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOX_10</strong></td>
<td><strong>HH1001</strong></td>
</tr>
</tbody>
</table>

**Route Details:**

Context header display instructions: display EVNT.EVNTBEGM as three letters.

---

<table>
<thead>
<tr>
<th>Item Type: Route</th>
<th>Type Class: If Then</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOX_20</strong></td>
<td><strong>HH1010</strong></td>
</tr>
</tbody>
</table>

**Route Details:**

If provider is flagged as ‘AGENCY’, in the current round or prior round (preload.HHType=1), continue with HH10.

If provider is flagged as ‘INFORMAL’ in the current round or prior round (preload.HHType=2) and it is Round 1, go to BOX_40.

If provider is flagged as ‘PAID INDEPENDENT’, in the current round or prior round (preload.HHType=3), go to BOX_30.

Otherwise, go to HH70.
Please look at card HH-1. During {VISIT MONTH}, what types of health care workers from {PROVIDER} provided home care services for {you/{PERSON}}?

ENTER ALL THAT APPLY.

HELP: F1

<table>
<thead>
<tr>
<th>Responses</th>
<th>HH10</th>
<th>HH1015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERTIFIED NURSING ASSISTANT (CNA)</td>
<td>1</td>
<td>HH20</td>
</tr>
<tr>
<td>DIETITIAN/NUTRITIONIST</td>
<td>2</td>
<td>HH20</td>
</tr>
<tr>
<td>I.V. OR INFUSION THERAPIST</td>
<td>3</td>
<td>HH20</td>
</tr>
<tr>
<td>MEDICAL DOCTOR</td>
<td>4</td>
<td>HH20</td>
</tr>
<tr>
<td>NURSE/NURSE PRACTITIONER</td>
<td>5</td>
<td>HH20</td>
</tr>
<tr>
<td>OCCUPATIONAL THERAPIST</td>
<td>6</td>
<td>HH20</td>
</tr>
<tr>
<td>PHYSICAL THERAPIST</td>
<td>7</td>
<td>HH20</td>
</tr>
<tr>
<td>RESPIRATORY THERAPIST</td>
<td>8</td>
<td>HH20</td>
</tr>
<tr>
<td>SOCIAL WORKER</td>
<td>9</td>
<td>HH20</td>
</tr>
<tr>
<td>SPEECH THERAPIST</td>
<td>10</td>
<td>HH20</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td>95</td>
<td>HH20</td>
</tr>
<tr>
<td>REFUSED</td>
<td>RF</td>
<td>HH20</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
<td>HH20</td>
</tr>
</tbody>
</table>

HELP: F1
For specifications purposes only (this check is automatic): CAPI does not allow ‘95’ (NONE OF THESE), ‘RF’ (REFUSED) or ‘DK’ (DON’T KNOW) in combination with any other code.

Display the following message if these codes are selected in combination with any other code “THIS CODE CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER.”

MHOP NOTE: Codes 1-10 represented providers who are skilled.
Please look at card HH-2. Which/Other than what we have discussed, which of these types of health care workers from \{PROVIDER\} provided home care services for \{you/PERSON\} during \{VISIT MONTH\}? Enter all that apply.

HELP: F1

<table>
<thead>
<tr>
<th>Responses</th>
<th>HH20</th>
<th>(HH1020)</th>
<th>HH30</th>
<th>(HH1025)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPANION</td>
<td></td>
<td></td>
<td>1</td>
<td>HH30</td>
</tr>
<tr>
<td>HOMEMAKER/HOUSE CLEANER</td>
<td></td>
<td></td>
<td>2</td>
<td>HH30</td>
</tr>
<tr>
<td>HOME HEALTH AIDE/HOME CARE AIDE</td>
<td></td>
<td></td>
<td>3</td>
<td>HH30</td>
</tr>
<tr>
<td>HOSPICE WORKER</td>
<td></td>
<td></td>
<td>4</td>
<td>HH30</td>
</tr>
<tr>
<td>NURSE'S AIDE</td>
<td></td>
<td></td>
<td>5</td>
<td>HH30</td>
</tr>
<tr>
<td>PERSONAL CARE ATTENDANT</td>
<td></td>
<td></td>
<td>6</td>
<td>HH30</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td></td>
<td></td>
<td>95</td>
<td>HH30</td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td></td>
<td>RF</td>
<td>HH30</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td></td>
<td>DK</td>
<td>HH30</td>
</tr>
</tbody>
</table>
Home Health (HH) Section

**Programmer Instructions:**
For specifications purposes only (this check is automatic); CAPI does not allow ‘95’ (NONE OF THESE), ‘RF’ (REFUSED) or ‘DK’ (DON’T KNOW) in combination with any other code.

Display the following message if these codes are selected in combination with any other code “THIS CODE CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER.”

MHOP NOTE: Codes 1-6 represented providers who are unskilled. If HH10 and HH20 are only some combination of codes ‘95’ (NONE OF THESE), ‘RF’ (REFUSED), and ‘DK’ (DON’T KNOW), the provider is also unskilled.

**Display Instructions:**
Display “Which” if HH10 is coded ‘95’ (NONE OF THESE), ‘RF’ (REFUSED) or ‘DK’ (DON’T KNOW). Otherwise, display “Other than what we have discussed, which”.

---

**HH30** (HH1025) **BLAISE NAME: HHMPNum**

<table>
<thead>
<tr>
<th>Item Type:</th>
<th>Question</th>
<th>Field kind:</th>
<th>Datafield</th>
<th>ArrayMin:</th>
<th>Min value: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Class:</td>
<td>Integer</td>
<td>Field Size:</td>
<td>2</td>
<td>ArrayMax:</td>
<td>Max value: 99</td>
</tr>
<tr>
<td>Answer Type:</td>
<td>{Continuous Answer.}</td>
<td>Answers allowed:</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Help Available ( )
- [ ] Show Card ( )
- [ ] Look Up File ( )

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

**Question Text:**
How many people from {PROVIDER} provided home care services for {you/{PERSON}}?

**Responses:**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
</tr>
</tbody>
</table>
If Round 1, go to BOX_40.
Otherwise, go to HH70.

If provider is HHType=3 and HH40 is coded 1-10, or RF or HH50 is coded 1-6, or RF in this round for this provider, or preload.HHProvType<> empty for this provider, go to BOX_40.
Otherwise, continue with HH40.
**Home Health (HH) Section**

**Item Type:** Question  
**Field kind:** Datafield  
**ArrayMin:** Min value:  
**Field Size:**  
**ArrayMax:** Max value:  

<table>
<thead>
<tr>
<th>HH40</th>
<th>(HH1027)</th>
<th>BLAISE NAME: HHProfTp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Type:</td>
<td>Question</td>
<td>Field kind: Datafield</td>
</tr>
<tr>
<td>Type Class:</td>
<td>Enumerated</td>
<td>Field Size:</td>
</tr>
<tr>
<td>Answer Type:</td>
<td>THHPROFPR</td>
<td>Answers allowed: 1</td>
</tr>
</tbody>
</table>

☑ Help Available (HcarWrkrProfHelp)  
☑ Show Card (HH-1)  
☐ Look Up File ( )  

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

**Question Text:**  
☐ HH-1  

Please look at card HH-1. What type of health care worker is {PROVIDER} who provided home care services for {you/{PERSON}} during {VISIT MONTH} ?  

HELP: F1  

**Responses:**  
CERTIFIED NURSING ASSISTANT (CNA) ...... 1  
DIETITIAN/NUTRITIONIST ................. 2  
I.V. OR INFUSION THERAPIST ............... 3  
MEDICAL DOCTOR ......................... 4  
NURSE/NURSE PRACTITIONER ............... 5  
OCCUPATIONAL THERAPIST ................. 6  
PHYSICAL THERAPIST ...................... 7  
RESPIRATORY THERAPIST ................... 8  
SOCIAL WORKER ............................ 9  
SPEECH THERAPIST ....................... 10  
NONE OF THESE ........................... 95  
REFUSED ................................... RF  
DON'T KNOW .............................. DK  

**Programmer Instructions:**  
If coded 95, ‘NONE OF THESE’ or ‘DK’ (DON’T KNOW), go to HH50.  
If round 1, and coded 1-10, RF go to BOX_40.  
Otherwise, go to HH70  

**Display Instructions:**
Please look at card HH-2. Which of these types of health care workers, if any, is {PROVIDER} who provided home care services for {you/{PERSON}} during {VISIT MONTH}?

HELP:F1

<table>
<thead>
<tr>
<th>Responses:</th>
<th>HH50</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPANION</td>
<td>1</td>
</tr>
<tr>
<td>HOMEMAKER/HOUSE CLEANER</td>
<td>2</td>
</tr>
<tr>
<td>HOME HEALTH AIDE/HOME CARE AIDE</td>
<td>3</td>
</tr>
<tr>
<td>HOSPICE WORKER</td>
<td>4</td>
</tr>
<tr>
<td>NURSE'S AIDE</td>
<td>5</td>
</tr>
<tr>
<td>PERSONAL CARE ATTENDANT</td>
<td>6</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td>95</td>
</tr>
<tr>
<td>REFUSED</td>
<td>RF</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
</tr>
</tbody>
</table>

Programmer Instructions: If round 1, go to BOX_40. Otherwise, go to HH70.
**Route Details:**

If HH60 was already asked for this same RU member-provider pair, go to HH70.

Otherwise, continue with HH60.

<table>
<thead>
<tr>
<th>HH60</th>
<th>(HH1033)</th>
<th><strong>BLAISE NAME:</strong> HHCareBefYr</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item Type:</strong></td>
<td>Question</td>
<td><strong>Field kind:</strong> Datafield</td>
</tr>
<tr>
<td><strong>Type Class:</strong></td>
<td>Enumerated</td>
<td><strong>ArrayMin:</strong> Min value:</td>
</tr>
<tr>
<td><strong>Answer Type:</strong></td>
<td>TYESNO</td>
<td><strong>Answers allowed:</strong> 1</td>
</tr>
</tbody>
</table>

| Field Size: | **ArrayMax:** Max value: |

- **Help Available:** ( )
- **Show Card:** ( )
- **Look Up File:** ( )

**Context Header:**

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

**Question Text:**

Did {someone from} {PROVIDER} ever provide home care services for {you/{PERSON}} before January 1, {YEAR}?  

**Responses:**

- **YES** .................................................. 1 HH70 (HH1040)
- **NO** .................................................. 2 HH70 (HH1040)
- **REFUSED** ........................................... RF HH70 (HH1040)
- **DON'T KNOW** ....................................... DK HH70 (HH1040)

**Display Instructions:**

Display ‘someone from’ if provider is flagged as 'AGENCY'. Otherwise, use a null display.

For specifications purposes only; CAPI handles automatically: ‘YEAR’ in question text is first calendar year of panel.
Home Health (HH) Section

<table>
<thead>
<tr>
<th>underline</th>
<th>HH70</th>
<th>(HH1040)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item Type:</strong></td>
<td>Question</td>
<td><strong>Field kind:</strong> Datafield</td>
</tr>
<tr>
<td><strong>Type Class:</strong></td>
<td>Enumerated</td>
<td><strong>ArrayMin:</strong> Min value:</td>
</tr>
<tr>
<td><strong>Answer Type:</strong></td>
<td>TYESNO</td>
<td><strong>Field Size:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>ArrayMax:</strong> Max value:</td>
</tr>
</tbody>
</table>

☑ Help Available (SpecCondHelp) ☐ Show Card ( ) ☐ Look Up File ( )

**Context Header:**
{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

**Question Text:**
Thinking about all of the home care services {you/ {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, SELECT ‘YES’ AND ENTER ‘OLD AGE’ AS CONDITION

HELP: F1

<table>
<thead>
<tr>
<th>Responses</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>………………………………………. 1</td>
<td>HH80 (HH1045)</td>
</tr>
<tr>
<td>NO</td>
<td>………………………………………. 2</td>
<td>HH90 (HH1085)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>………………………………………. RF</td>
<td>HH90 (HH1085)</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>………………………………………. DK</td>
<td>HH90 (HH1085)</td>
</tr>
</tbody>
</table>

**Display Instructions:**
Display ‘someone from’ if provider is flagged as ‘AGENCY’.
What health condition led {you/{PERSON}} to receive home health care services from {someone from} {PROVIDER} during {VISIT MONTH}?

PROBE: Any other health condition?

ENTER ALL THAT APPLY.

HELP Available (CondHelp) ☑ Show Card (  ) ☑ Look Up File (  )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}
Programmer Instructions:

Roster Behavior:
1. Multiple select allowed.
2. Multiple add allowed.
3. Limited delete allowed. Interviewer may delete a condition added at this item until CAPI creates the link between this condition and the event. The link is created when the collection of utilization and/or charge/payment data is complete.
4. Limited edit allowed. Interviewer may edit a condition name newly added at this item until CAPI creates the link between this condition and the event.
The link is created when the collection of utilization and/or charge/payment data is complete.

Display Instructions:

Roster 3 – Add/Edit/Delete Allowed

Roster Definition:
Display the Person's-Medical-Conditions Roster for the selection and/or addition of one or more medical condition(s) associated with this event. Display name of medical condition (COND.CONDNAM).

Roster Filter:
Display all conditions on person's roster; no filter.
Display ‘someone from’ if provider is flagged as ‘AGENCY’.
During [VISIT MONTH], did [someone from] [PROVIDER] usually come to the home to help [you/ {PERSON}] every week, only some weeks, or did they come only once during [VISIT MONTH]?

Responses:

- EVERY WEEK .......................... 1 HH100 (HH1090)
- SOME WEEKS .......................... 2 HH110 (HH1095)
- ONLY CAME ONCE .................... 3 BOX_50 (HH1125)
- REFUSED ................................ RF BOX_50 (HH1125)
- DON'T KNOW ............................ DK BOX_50 (HH1125)

Display Instructions: Display 'someone from' if provider is flagged as ‘AGENCY’.
During {VISIT MONTH}, about how many days per week did {someone from} {PROVIDER} come?

PROBE: We just need to know in general.

ENTER DAYS PER WEEK

Responses:

<table>
<thead>
<tr>
<th>Response</th>
<th>Help Available</th>
<th>Show Card</th>
<th>Look Up File</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td></td>
<td>BOX_50</td>
<td>(HH1125)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td>BOX_50</td>
<td>(HH1125)</td>
</tr>
</tbody>
</table>

Programmer Instructions:


Display the following message if an out of range response is entered: “THE VALUE MUST BE BETWEEN 1 AND 7. VERIFY WITH RESPONDENT AND RE-ENTER.”

Display ‘someone from’ if provider is flagged as ‘AGENCY’.
HH - Page 15 of 20

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

PROBE: We just need to know in general.

ENTER 1-31 DAYS PER MONTH

Display ‘someone from’ if provider is flagged as ‘AGENCY’.

Display ‘28’ if HH visit month is February and event year is not a leap year.
Display ‘29’ if HH visit month is February and event year is a leap year.
Display ‘30’ if HH visit month is April, June, September or November.
Display ‘31’ if HH visit month is January, March, May, July, August, October or December.
If 2 or more months, excluding interview month, for this provider for this person have not completed the Home Health (HH) utilization section and if this event is not part of a flat fee group, continue with HH120.

Otherwise, go to BOX_60.

**HH120 (HH1130)**

**BLAISE NAME:** HHFreqOthMth

<table>
<thead>
<tr>
<th>Item Type:</th>
<th>Question</th>
<th>Field kind:</th>
<th>Datafield</th>
<th>ArrayMin:</th>
<th>Min value:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Class:</td>
<td>Enumerated</td>
<td>Field Size:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer Type:</td>
<td>TYESNO</td>
<td>Answers allowed:</td>
<td>1</td>
<td>ArrayMax:</td>
<td>Max value:</td>
</tr>
</tbody>
</table>

☐ Help Available ( )  ☐ Show Card ( )  ☐ Look Up File ( )

**Context Header:**

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

**Question Text:**

I have recorded that {you/[PERSON] } received services from {PROVIDER} during other months. In the other months, did {PROVIDER} visit {only once/the same number of times/[FREQUENCY OF SERVICES…]}?

**Responses:**

- YES ........................................ 1 HH130 (HH1135)
- NO ........................................... 2 BOX_60 (HH1145)
- REFUSED .................................... RF BOX_60 (HH1145)
- DON'T KNOW ................................. DK BOX_60 (HH1145)
Display Instructions:

Display ‘only once’ if HH90 was coded ‘3’ (ONLY CAME ONCE). Display ‘the same number of times’ if HH90, HH100 or HH110 was coded ‘RF’ (REFUSED) or ‘DK’ (DON’T KNOW). Otherwise, display ‘{FREQUENCY OF SERVICES}’.

For ‘FREQUENCY OF SERVICES’:
Display number entered at HH100 and the phrase ‘days per week’ if a response was recorded at HH100.
Display number entered at HH110 and the phrase ‘days per month’ if a response was recorded at HH110.

<table>
<thead>
<tr>
<th>HH130</th>
<th>(HH1135)</th>
<th>BLAISE NAME: HHMthRoster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Type:</td>
<td>Question</td>
<td>Field kind: Datafield</td>
</tr>
<tr>
<td>Type Class:</td>
<td>Enumerated</td>
<td>ArrayMin:</td>
</tr>
<tr>
<td>Answer Type:</td>
<td>TMONTHYEAR</td>
<td>Min value:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Help Available ( )
- Show Card ( )
- Look Up File ( )

Context Header: {PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Question Text:

During which of the following months did {PROVIDER} visit {only once/the same number of times/[FREQUENCY OF SERVICES]}?

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

ENTER ALL THAT APPLY.

Responses:

{SELECT ALL EVENTS} .......................... 0 HH140 (HH1140)
{MONTH,YEAR}1 .............................. 1 HH140 (HH1140)
{MONTH,YEAR}2 .............................. 2 HH140 (HH1140)
{MONTH,YEAR}3 .............................. 3 HH140 (HH1140)
{MONTH,YEAR}4 .............................. 4 HH140 (HH1140)
{MONTH,YEAR}N .............................. 5 HH140 (HH1140)
Display Instructions:

Roster 2 – no add/edit/delete

Roster definition:
Display the person's Medical-Events-Roster for selection.

Roster filter:
Display only those events that meet the following criteria:
- Have event type 'HH'.
- Created this round, excluding the interview month. (If round 5, do not exclude Dec.)
- Are associated with the same provider as the event asked about during this round.
- Have not been processed through utilization.

Display 'only once' if HH90 was coded '3' (ONLY CAME ONCE). Display 'the same number of times' if HH90, HH100 or HH110 was coded 'RF' (REFUSED) or 'DK' (DON'T KNOW). Otherwise, display '{FREQUENCY OF SERVICES}'.

For 'FREQUENCY OF SERVICES':
Display number entered at HH100 and the phrase 'days per week' if a response was recorded at HH100.
Display number entered at HH110 and the phrase 'days per month' if a response was recorded at HH110.

For "MONTH,YEAR" in the response option area, display visit dates as "MON, YYYY". Abbreviate the month name as three letters.

Display the response option '0' SELECT ALL EVENTS when there is more than one event to display on the roster, otherwise use a null display.
INTERVIEWER: RECORD ‘NAME OF REPEAT VISIT GROUP’ FOR MONTHS SELECTED IN PREVIOUS QUESTION.

Responses: ................................................................. 1 BOX_60 (HH1145)

Route Details: Go to the Charge/Payment (CP) section if it needs to be asked for this home health event, i.e. its status wasn’t set to ‘Completed’ because it was part of a Flat Fee situation where the charges were collected in the CP section for another event in that Flat Fee group.

Otherwise, continue with BOX_70.

Route Details: Go to the Event Driver (ED) section.
[End of HH]