

E1. (Since WAVE 2 MONTH/YEAR / In the last two years), have you been a patient in a hospital overnight?

INAP.....BLANK
 YES.....1
 NO.....5 ØE5
 DK.....8
 RF.....9

E2. How many different times were you a patient in a hospital overnight (since Wave 2 month, year/in the last two years)?

BLANK INAP
 1-20 NUMBER OF TIMES
 98 DK
 99 RF

E3. (Altogether) How many nights were you a patient in the hospital (since Wave 2 month, year/in the last two years)?

BLANK INAP
 1-996 NUMBER OF TIMES
 998 DK
 999 RF

E4. Were the costs for your hospital stay(s) completely covered by

IF R'S AGE IS 65 OR OLDER:
 Medicare, Medicaid, or other

health insurance, partly covered by insurance, or not covered at all by insurance?

INAP.....BLANK
 FULLY COVERED.....1
 PARTLY COVERED (OR COVERED WITH A COPAY).....3
 NOT COVERED AT ALL.....5
 COSTS NOT SETTLED YET.....7
 DK.....8
 RF.....9

BRANCHPOINT: IF R IS CURRENTLY LIVING IN A NURSING HOME (CS11=1), GO TO E6.

E5. (Since WAVE 2 MONTH/YEAR / In the last two years), have you been a patient overnight in a nursing home, convalescent home, or other long-term health care facility?

INAP.....BLANK
 YES.....1
 NO.....5 ØE10
 DK.....8 ØE10
 RF.....9 ØE10

E6. How many times

IF R NOW IN NURSING HOME:
including now, have you been a patient in a nursing home

OTHERWISE:
were you a patient in a nursing home

or other long-term care facility (since WAVE 2 MONTH/YEAR / in the last two years)?

E7. (Altogether) How many nights were you a patient in a nursing home (since WAVE 2 MONTH/YEAR / in the last two years)?

USE 996 FOR CONTINUOUS SINCE ENTERED

NIGHTS:

BLANK	INAP
1-995	NUMBER OF NIGHTS
996	CONTINUOUSLY
998	DK
999	RF

OR

MONTHS:

BLANK	INAP
1-36	NUMBER OF MONTHS
98	DK
99	RF

E8. IF R NOW IN NURSING HOME:
Are the costs for your nursing home stay(s) completely covered by

OTHERWISE:
Were the costs for your nursing home stay(s) completely covered by

IF R'S AGE IS CURRENTLY 65 OR OLDER:
Medicare, Medicaid, or other

health insurance, partly covered by insurance, or not covered at all by insurance?

INAP.....	BLANK
FULLY COVERED.....	1
PARTLY COVERED (OR COVERED WITH A COPAY).....	3
NOT COVERED AT ALL.....	5
COSTS NOT SETTLED YET.....	7
DK.....	8
RF.....	9

BRANCHPOINT: IF R DID NOT HAVE OUT-OF-POCKET EXPENSES FROM NURSING HOME STAY (E8 NOT = 3,5,7) OR FROM HOSPITAL STAY (E4 NOT = 3,5,7), GO TO E11.

E10. About how much did you pay out-of-pocket for (nursing home/hospital/nursing home, hospital) bills (since WAVE 2 MONTH/YEAR / in the last two years)?

DO NOT PROBE DK/RF

AMOUNT:

BLANK INAP
 0-50000 DOLLARS
 999998 DK
 999999 RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E10 (ANSWER OTHER THAN DK/RF), GO TO E11.

E10a. Did it amount to \$10,000 or more?

INAP.....BLANK
 YES.....1
 NO.....5 ØE10d
 DK.....8 ØE11
 RF.....9 ØE11

E10b. (Did it amount to) \$20,000 or more?

INAP.....BLANK
 YES.....1
 NO.....5 ØE11
 DK.....8 ØE11
 RF.....9 ØE11

E10c. (Did it amount to) \$50,000 or more?

INAP.....BLANK ØE11
 YES.....1 ØE11
 NO.....5 ØE11
 DK.....8 ØE11
 RF.....9 ØE11

E10d. (Did it amount to) \$5,000 or more?

INAP.....BLANK
 YES.....1 ØE11
 NO.....5
 DK.....8 ØE11
 RF.....9 ØE11

E10e. (Did it amount to) \$500 or more?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E11. IF R HAS STAYED OVERNIGHT IN A HOSPITAL SINCE WAVE 2/DURING LAST TWO YEARS (E1=1):
 Aside from any hospital stays,

How many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits (since WAVE 2 MONTH/YEAR / in the last two years)?

USE ZERO FOR NONE

BLANK	INAP
0	NONE ØE14
1-50	NUMBER OF TIMES
98	DK ØE14
99	RF ØE14

E13. Were the costs for your doctor visit(s) completely covered by

IF R'S AGE IS CURRENTLY 65 OR OLDER:
 Medicare, Medicaid, or other

health insurance, partly covered by insurance, or not covered at all by insurance?

INAP.....	BLANK
FULLY COVERED.....	1
PARTLY COVERED (OR COVERED WITH A COPAY).....	3
NOT COVERED AT ALL.....	5
[VOL] COSTS NOT SETTLED YET.....	7
DK.....	8
RF.....	9

E14. IF R HAS STAYED OVERNIGHT IN A HOSPITAL SINCE WAVE 2/DURING LAST TWO YEARS (E1=1):
 (Since WAVE 2 MONTH/YEAR / In the last two years),

OTHERWISE:

Not counting overnight hospital stays, (since WAVE 2 MONTH/YEAR / in the last two years),

have you had outpatient surgery?

INAP.....	BLANK
YES.....	1
NO.....	5 ØE17
DK.....	8 ØE17
RF.....	9 ØE17

E16. Were your expenses for your outpatient surgery completely covered by

IF R'S AGE IS CURRENTLY 65 OR OLDER:
 Medicare, Medicaid, or other

health insurance, partly covered by insurance, or not covered at all by insurance?

INAP.....	BLANK
FULLY COVERED.....	1
PARTLY COVERED (OR COVERED WITH A COPAY).....	3
NOT COVERED AT ALL.....	5
[VOL] COSTS NOT SETTLED YET.....	7
DK.....	8
RF.....	9

E17. (Since WAVE 2 MONTH/YEAR / In the last two years) have you seen a dentist for dental care, including dentures?

INAP.....BLANK
 YES.....1
 NO.....5 ØE18a
 DK.....8 ØE18a
 RF.....9 ØE18a

E18. Were your dental expenses completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

INAP.....BLANK
 FULLY COVERED.....1
 PARTLY COVERED (OR COVERED WITH A COPAY).....3
 NOT COVERED AT ALL.....5
 [VOL] COSTS NOT SETTLED YET.....7
 DK.....8
 RF.....9

BRANCHPOINT: IF R DID NOT HAVE OUT-OF-POCKET EXPENSES FROM DENTAL CARE (E18 NOT = 3,5,7) OR FROM DOCTOR VISITS (E13 NOT = 3,5,7) OR FROM OUTPATIENT SURGERY (E16 NOT = 3,5,7), GO TO E20.

E18a. About how much did you pay out-of-pocket for (doctor/outpatient surgery/dental) bills (since WAVE 2 MONTH/YEAR / in the last two years)?

(Except any payments you told me about.)

DO NOT PROBE DK/RF

AMOUNT:

BLANK	INAP
0	NONE
1-50000	DOLLAR AMOUNT
99998	DK
99999	RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E18a (ANSWER OTHER THAN DK/RF), GO TO E20.

E18b. Did it amount to \$1,000 or more?

INAP.....BLANK
 YES.....1
 NO.....5 ØE18e
 DK.....8 ØE20
 RF.....9 ØE20

E18c. (Did it amount to) \$5,000 or more?

INAP.....BLANK
 YES.....1
 NO.....5 ØE20
 DK.....8 ØE20
 RF.....9 ØE20

E18d. (Did it amount to) \$20,000 or more?

INAP.....BLANK ØE20
 YES.....1 ØE20
 NO.....5 ØE20
 DK.....8 ØE20
 RF.....9 ØE20

E18e. (Did it amount to) \$500 or more?

INAP.....BLANK
 YES.....1 ØE20
 NO.....5
 DK.....8 ØE20
 RF.....9 ØE20

E18f. (Did it amount to) \$200 or more?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E20. Do you regularly take prescription medications?

INAP.....BLANK
 YES.....1
 NO.....5 ØE21g
 DK.....8 ØE21g
 RF.....9 ØE21g

E21. Were the costs of your prescription medications completely covered by

IF R'S AGE IS CURRENTLY 65 OR OLDER:
 Medicare, Medicaid, or other

health insurance, partly covered by insurance, or not covered at all by health insurance?

INAP.....BLANK
 FULLY COVERED.....1 ØE21g
 PARTLY COVERED (OR COVERED WITH A COPAY).....3
 NOT COVERED AT ALL.....5
 COSTS NOT SETTLED YET.....7 ØE21g
 DK.....8 ØE21g
 RF.....9 ØE21g

E21a. On the average, about how much have you paid out-of-pocket per month for these prescriptions (since WAVE 2 MONTH/YEAR / in the last two years)?

DO NOT PROBE DK/RF

AMOUNT PER MONTH:

BLANK	INAP
0	NONE
1-99996	DOLLAR AMOUNT
99998	DK
99999	RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E21a (ANSWER OTHER THAN DK/RF), GO TO E21g.

E21b. Does it amount to \$20 or more per month?

INAP.....	BLANK
YES.....	1
NO.....	5 ØE21e
DK.....	8 ØE21g
RF.....	9 ØE21g

E21c. (Does it amount to) \$100 or more?

INAP.....	BLANK
YES.....	1
NO.....	5 ØE21g
DK.....	8 ØE21g
RF.....	9 ØE21g

E21d. (Does it amount to) \$500 or more?

INAP.....	BLANK	ØE21g
YES.....	1	ØE21g
NO.....	5	ØE21g
DK.....	8	ØE21g
RF.....	9	ØE21g

E21e. (Does it amount to) \$10 or more?

INAP.....	BLANK
YES.....	1 ØE21g
NO.....	5
DK.....	8 ØE21g
RF.....	9 ØE21g

E21f. (Does it amount to) \$5 or more?

INAP.....	BLANK
YES.....	1
NO.....	5
DK.....	8
RF.....	9

E21g. Sometimes people delay taking medication or filling prescriptions because of the cost. At any time (since WAVE 2 MONTH/YEAR / in the last two years) have you ended up taking less medication than was prescribed for you because of the cost?

- INAP.....BLANK
YES.....1
NO.....5
DK.....8
RF.....9

BRANCHPOINT: IF R CURRENTLY LIVING IN NURSING HOME (CS11=1), GO TO E26.

E22. (Since WAVE 2 MONTH/YEAR / In the last two years), has any medically-trained person come to your home to help you?

- INAP.....BLANK
YES.....1
NO.....5 ØE24
DK.....8 ØE24
RF.....9 ØE24

E23. Were the costs of your home medical care completely covered by

IF R'S AGE IS CURRENTLY 65 OR OLDER: Medicare, Medicaid, or other

health insurance, partly covered by insurance, or not covered at all by insurance?

- INAP.....BLANK
FULLY COVERED.....1
PARTLY COVERED (OR COVERED WITH A COPAY).....3
NOT COVERED AT ALL.....5
[VOL] COSTS NOT SETTLED YET.....7
DK.....8
RF.....9

E24. READ SLOWLY

(Since WAVE 2 MONTH/YEAR / In the last two years), did you use any special facility or service which we haven't talked about, such as: an adult care center, a social worker, an outpatient rehabilitation program, or transportation or meals for the elderly or disabled?

- INAP.....BLANK
YES.....1
NO.....5
DK.....8
RF.....9

BRANCHPOINT: IF R DID NOT HAVE OUT-OF-POCKET EXPENSES FROM HOME MEDICAL CARE (E23 NOT = 3,5,7) OR FROM OTHER SPECIAL HEALTH CARE FACILITY OR SERVICE (E24 NOT = 3,5,7), GO TO E26.

E24a. About how much did you pay out-of-pocket for (prescriptions/in-home medical care/special facilities or services/) (since WAVE 2 MONTH/YEAR / in the last two years)?

DO NOT PROBE DK/RF

AMOUNT:

BLANK	INAP
0	NONE
1-99996	DOLLAR AMOUNT
99998	DK
99999	RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E24a (ANSWER OTHER THAN DK/RF), GO TO E26.

E24b. Did it amount to \$5,000 or more?

INAP.....	BLANK	
YES.....	1	
NO.....	5	ØE24e
DK.....	8	ØBRANCHPOINT BEFORE E26
RF.....	9	ØBRANCHPOINT BEFORE E26

E24c. (Did it amount to) \$10,000 or more?

INAP.....	BLANK	
YES.....	1	
NO.....	5	ØBRANCHPOINT BEFORE E26
DK.....	8	ØBRANCHPOINT BEFORE E26
RF.....	9	ØBRANCHPOINT BEFORE E26

E24d. (Did it amount to) \$20,000 or more?

INAP.....	BLANK	ØBRANCHPOINT BEFORE E26
YES.....	1	ØBRANCHPOINT BEFORE E26
NO.....	5	ØBRANCHPOINT BEFORE E26
DK.....	8	ØBRANCHPOINT BEFORE E26
RF.....	9	ØBRANCHPOINT BEFORE E26

E24e. (Did it amount to) \$1,000 or more?

INAP.....	BLANK	
YES.....	1	ØBRANCHPOINT BEFORE E26
NO.....	5	
DK.....	8	
RF.....	9	

E24f. (Did it amount to) \$500 or more?

INAP.....	BLANK
YES.....	1
NO.....	5
DK.....	8
RF.....	9

BRANCHPOINT: IF R HAS NOT USED ANY OF THE TYPES OF MEDICAL CARE MENTIONED EARLIER IN THIS SECTION (E1 NOT = 1 AND E5 NOT = 1 AND E11=0,8,9 AND E14 NOT =1 AND E17 NOT = 1 AND E20 NOT = 1 AND E22 NOT = 1 AND E24 NOT = 1) OR R NOT LIVING IN NURSING HOME (CS11 NOT =1), GO TO E31.

E26. Could you give me a rough idea of the total cost of your

IF R HAS STAYED OVERNIGHT IN A HOSPITAL SINCE WAVE 2/DURING LAST TWO YEARS:
hospital stays

IF R HAS STAYED IN A NURSING HOME SINCE WAVE 2/DURING LAST TWO YEARS:
nursing home stays

IF R HAS HAD ONE OR MORE DOCTOR VISITS SINCE WAVE 2/DURING LAST TWO YEARS:
doctor and clinic visits

IF R HAS HAD OUTPATIENT SURGERY SINCE WAVE 2/DURING LAST TWO YEARS:
outpatient surgery

IF R HAS SEEN A DENTIST SINCE WAVE 2/DURING LAST TWO YEARS:
dental visits

IF R REGULARLY TAKES PRESCRIPTION MEDICATIONS:
prescriptions

IF A MEDICALLY-TRAINED PERSON HAS HELPED R IN HOME SINCE WAVE 2/DURING LAST TWO YEARS:
in-home-medical care

(and) all other medical costs for you (since WAVE 2 MONTH/YEAR / in the last two years), including costs covered by

IF R'S AGE IS CURRENTLY 65 OR OLDER:
Medicare, Medicaid, or other

health insurance?

DO NOT PROBE DK/RF

AMOUNT:

BLANK	INAP
0	NONE
1-9999996	DOLLAR AMOUNT
9999998	DK
9999999	RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E26 (ANSWER OTHER THAN DK/RF), GO TO E27.

E26a. Did it amount to \$5,000 or more?

INAP.....	BLANK
YES.....1	ØE26c
NO.....5	
DK.....8	ØE27
RF.....9	ØE27

E26b. (Did it amount to) \$1,000 or more?

INAP.....BLANK ØE27
 YES.....1 ØE27
 NO.....5 ØE27
 DK.....8 ØE27
 RF.....9 ØE27

E26c. (Did it amount to) \$25,000 or more?

INAP.....BLANK ØE27
 YES.....1 ØE27
 NO.....5 ØE27
 DK.....8 ØE27
 RF.....9 ØE27

E26d. (Did it amount to) \$100,000 or more?

INAP.....BLANK ØE27
 YES.....1 ØE27
 NO.....5 ØE27
 DK.....8 ØE27
 RF.....9 ØE27

E26e. (Did it amount to) \$500,000 or more?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E27. Besides any costs covered by insurance, has anyone helped you (and your (husband/wife/partner)) pay for your health care costs (since WAVE 2 MONTH/YEAR / in the last two years)?

INAP.....BLANK
 YES.....1
 NO.....5 ØE31
 DK.....8 ØE31
 RF.....9 ØE31

E28. Is that a (child or other) relative of yours (and your (husband's/wife's/partner's)), or is that someone else?

INAP.....BLANK ØE30
 CHILD/CHILD-IN-LAW/GRANDCHILD.....1
 OTHER RELATIVE.....2 ØE30
 SOMEONE ELSE.....3 ØE30
 DK.....8 ØE30
 RF.....9 ØE30

E29. (Which child is that?)

CHOOSE ALL THAT APPLY

ACCEPT MORE THAN 1 CHILD ONLY AFTER PROBE:
Which child helps the most?

IF GRANDCHILD:
(Which of your children is the parent of that grandchild?)

INAP.....BLANK,
DECEASED CHILD.....010,
ALL MY CHILDREN.....011,

CATI APPLICATION PROVIDES LIST OF CHILDREN WITH ASSOCIATED CODES.

E30. Altogether, about how much money did that help amount to?

AMOUNT:

BLANK	INAP
0	NONE
1-99996	DOLLAR AMOUNT
99998	DK
99999	RF

E31. IF R HAS HAD HOSPITAL AND NURSING HOME STAYS SINCE WAVE 2/DURING LAST TWO YEARS:

(Aside from any hospital or nursing home stays,)

IF R HAS HAD HOSPITAL BUT NOT NURSING HOME STAYS SINCE WAVE 2/DURING LAST TWO YEARS:

(Aside from any hospital stays,)

IF R HAS HAD NURSING HOME BUT NOT HOSPITAL STAYS SINCE WAVE 2/DURING LAST TWO YEARS:

(Aside from any nursing home stays,)

About how many days did you stay in bed more than half the day because of illness or injury during the last month?

USE ZERO FOR NONE

BLANK	INAP
0	NONE
1-31	NUMBER OF DAYS
98	DK
99	RF

E59. We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether you have any difficulty doing each of the everyday activities that I read to you. Exclude any difficulties that you expect to last less than three months.

E60. Because of a health problem do you have any difficulty with walking several blocks?

INAP.....BLANK ØE62
 YES.....1 ØE62
 NO.....5
 CAN'T DO.....6 ØE62
 DON'T DO.....7 ØE62
 DK.....8 ØE62
 RF.....9 ØE62

E61. Do you have any difficulty with running or jogging about a mile?

INAP.....BLANK
 YES.....1
 NO.....5 ØE63
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E62. (Because of a health problem)
 (do you have any difficulty)

with walking one block?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E63. (Because of a health problem)
 (do you have any difficulty)

with sitting for about two hours?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E64. (Because of a health problem)
 (do you have any difficulty)

with getting up from a chair after sitting for long periods?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E65. (Because of a health problem)
 (do you have any difficulty)

with climbing several flights of stairs without resting?

INAP.....BLANK
 YES.....1
 NO.....5 ØE67
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E66. (Because of a health problem)
 (do you have any difficulty)

with climbing one flight of stairs without resting?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E67. (Because of a health problem)
 (do you have any difficulty)

with stooping, kneeling, or crouching?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E68. (Because of a health problem)
 (do you have any difficulty)

with reaching or extending your arms above shoulder level?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E69. (Because of a health problem)
(do you have any difficulty)

with pulling or pushing large objects like a living room chair?

- INAP.....BLANK
- YES.....1
- NO.....5
- CAN'T DO.....6
- DON'T DO.....7
- DK.....8
- RF.....9

E70. (Because of a health problem)
(do you have any difficulty)

with lifting or carrying weights over 10 pounds, like a heavy bag of groceries?

- INAP.....BLANK
- YES.....1
- NO.....5
- CAN'T DO.....6
- DON'T DO.....7
- DK.....8
- RF.....9

E71. (Because of a health problem)
(do you have any difficulty)

with picking up a dime from a table?

- INAP.....BLANK
- YES.....1
- NO.....5
- CAN'T DO.....6
- DON'T DO.....7
- DK.....8
- RF.....9

BRANCHPOINT: IF R HAD NO DIFFICULTY WITH THE ACTIVITIES OF DAILY LIVING IN E60-E71 (ALL ANSWERS TO THESE QUESTIONS WERE "NO"), GO TO E81.

E72. Here are a few more everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months.

Because of a health or memory problem do you have any difficulty with walking across a room?

- INAP.....BLANK
- YES.....1
- NO.....5
- CAN'T DO.....6
- DON'T DO.....7
- DK.....8
- RF.....9

E72c. Do you ever use equipment or devices such as a cane, walker or wheelchair when crossing a room?

- INAP.....BLANK ØE72f
- YES.....1
- NO.....5 ØE72f
- DK.....8 ØE72f
- RF.....9 ØE72f

E72d. What equipment is that?

CHOOSE ALL THAT APPLY

- INAP.....00,
- RAILING.....01,
- WALKER.....02,
- CANE.....03,
- CRUTCHES.....04,
- ORTHOPEDIC SHOES.....05,
- BRACE (LEG OR BACK).....06,
- PROSTHESIS.....07,
- OXYGEN/RESPIRATOR.....08,
- FURNITURE/WALLS.....09,
- WHEELCHAIR/CART.....10,
- OTHER, SPECIFY.....97,
- DK.....98,
- RF.....99,

BRANCHPOINT: IF R DOES NOT HAVE ANY DIFFICULTY WITH WALKING ACROSS A ROOM (E72=5), GO TO E73.

E72f. Does anyone ever help you get across a room?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

E73. Because of a health or memory problem do you have any difficulty with dressing, including putting on shoes and socks?

- INAP.....BLANK
- YES.....1
- NO.....5 ØE74
- CAN'T DO.....6
- DON'T DO.....7
- DK.....8
- RF.....9

E73f. Does anyone ever help you dress?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

E74. (Because of a health or memory problem do you have any difficulty with) bathing or showering?

INAP.....BLANK
 YES.....1
 NO.....5 ØE75
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E74f. Does anyone ever help you bathe?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E75. (Because of a health or memory problem do you have any difficulty with) eating, such as cutting up your food?

INAP.....BLANK
 YES.....1
 NO.....5 ØE76
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E75f. Does anyone ever help you eat?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E76. (Because of a health or memory problem do you have any difficulty with) getting in or out of bed?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E76c. Do you ever use equipment or devices such as a cane, walker or railing when getting in or out of bed?

INAP.....BLANK ØE76f
 YES.....1
 NO.....5 ØE76f
 DK.....8 ØE76f
 RF.....9 ØE76f

E76d. What equipment is that?

CHOOSE ALL THAT APPLY

- INAP.....00,
- RAILING.....01,
- WALKER.....02,
- CANE.....03,
- CRUTCHES.....04,
- ORTHOPEdic SHOES.....05,
- BRACE (LEG OR BACK).....06,
- PROSTHESIS.....07,
- OXYGEN/RESPIRATOR.....08,
- FURNITURE/WALLS.....09,
- WHEELCHAIR/CART.....10,
- OTHER, SPECIFY.....97,
- DK.....98,
- RF.....99,

BRANCHPOINT: IF R DOES NOT HAVE ANY DIFFICULTY WITH GETTING IN OR OUT OF BED (E76=5), GO TO E77.

E76f. Does anyone ever help you get in or out of bed?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

E77. (Because of a health or memory problem do you have) any difficulty with using the toilet, including getting up and down?

- INAP.....BLANK
- YES.....1
- NO.....5 ØE80
- CAN'T DO.....6
- DON'T DO.....7
- DK.....8
- RF.....9

E77f. Does anyone ever help you use the toilet?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

BRANCHPOINT: IF R RECEIVES HELP IN ANY OF THE ACTIVITIES OF DAILY LIVING (E72f=1 OR E73f=1 OR E74f=1 OR E75f=1 OR E76f=1 OR E77f=1), GO TO E81.

E79. Because of a health or memory problem do you have any difficulty with getting across a room, dressing, bathing, eating, getting out of bed, or using the toilet?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

E80. Because of a health or memory problem do you ever use equipment or devices such as a cane, walker, railing or wheelchair?

- INAP.....BLANK ØE81
- YES.....1
- NO.....5 ØE81
- DK.....8 ØE81
- RF.....9 ØE81

E80a. What equipment is that?

CHOOSE ALL THAT APPLY

- INAP.....00,
- RAILING.....01,
- WALKER.....02,
- CANE.....03,
- CRUTCHES.....04,
- ORTHOPEDIC SHOES.....05,
- BRACE (LEG OR BACK).....06,
- PROSTHESIS.....07,
- OXYGEN/RESPIRATOR.....08,
- FURNITURE/WALLS.....09,
- WHEELCHAIR/CART.....10,
- OTHER, SPECIFY.....97,
- DK.....98,
- RF.....99,

BRANCHPOINT:

1. IF R RECEIVES HELP IN ANY OF THE ACTIVITIES OF DAILY LIVING (E72f=1 OR E73f=1 OR E74f=1 OR E75f=1 OR E76f=1 OR E77f=1), GO TO E83.
2. IF [R HAS SOME DIFFICULTY WITH WALKING ACROSS A ROOM (E72 NOT = 5) OR WITH DRESSING (E73 NOT = 5) OR WITH BATHING/SHOWERING (E74 NOT = 5) OR WITH EATING (E75 NOT = 5) OR WITH GETTING IN/OUT OF BED (E76 NOT = 5) OR WITH USING THE TOILET (E77 NOT = 5)] AND R HAD SOME DIFFICULTY WITH THE ACTIVITIES OF DAILY LIVING IN E60-E71, GO TO E83.

E81. Because of a health or memory problem does anyone ever help you with

IF R HAD NO DIFFICULTY WITH THE ACTIVITIES OF DAILY LIVING IN E60-E71: any of these activities: getting across a room, dressing, bathing, eating, getting out of bed, or using the toilet?

OTHERWISE:

IF NO DIFFICULTY WALKING: getting across a room,

IF NO DIFFICULTY DRESSING: dressing,

IF NO DIFFICULTY BATHING: bathing

IF NO DIFFICULTY EATING: eating,

IF NO DIFFICULTY GETTING IN/OUT OF BED: getting in and out of bed,

IF NO DIFFICULTY USING THE TOILET: using the toilet.

- INAP.....BLANK
YES.....1
NO.....5
DK.....8
RF.....9

BRANCHPOINT: IF R REPORTED RECEIVING NO HELP WITH HIS/HER ACTIVITIES OF DAILY LIVING (DID NOT ANSWER "YES" TO E72f OR E73f OR E74f OR E75f OR E76f OR E77f OR E81), GO TO E90.

E83. Who most often helps you with

IF RECEIVES HELP WALKING:
getting across a room,

IF RECEIVES HELP DRESSING:
dressing,

IF RECEIVES HELP BATHING:
bathing,

IF RECEIVES HELP EATING:
eating,

IF RECEIVES HELP GETTING IN/OUT OF BED:
getting in and out of bed,

IF RECEIVES HELP USING THE TOILET:
using the toilet?

IF DOESN'T RECEIVE HELP WALKING/DRESSING/BATHING/EATING/GETTING IN OR
OUT OF BED/USING THE TOILET:
those activities?

- INAP.....BLANK
- (SPOUSE/P).....002
- NAME OF HELPER -1.....021
- NAME OF HELPER -2.....022
- NAME OF HELPER -3.....023
- NAME OF HELPER -4.....024
- NAME OF HELPER -5.....025
- NAME OF HELPER -6.....026
- NAME OF HELPER -7.....027
- NAME OF IADL HELPER -1.....028
- NAME OF IADL HELPER -2.....029
- NAME OF IADL HELPER -3.....030
- NAME OF IADL HELPER -4.....031
- NAME OF IADL HELPER -5.....032
- NAME OF IADL HELPER -6.....033
- NAME OF IADL MONEY HELPER -1.....034
- NAME OF IADL MONEY HELPER -2.....035
- NOT ON LIST.....097
- EMPLOYEE OF FACILITY.....100

BRANCHPOINT: IF NAME OF HELPER NOT ON LIST PRESENTED BY CATI APPLICATION,
GO TO E83c.

E83a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
or are they an employee of the place you live?

USE 3 IF IN NURSING HOME AND HELPER NAME NOT ON LIST

- INAP.....BLANK
- UNLISTED CHILD OR CHILD-IN-LAW.....2
- EMPLOYEE OF "INSTITUTION".....3 ØE83c
- GRANDCHILD.....4
- RELATIVE-OTHER.....5
- OTHER INDIVIDUAL.....6
- ORGANIZATION.....7
- DK.....8
- RF.....9

E83b. IF HELPER IS GRANDCHILD:
What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
What is the name of that child?

OTHERWISE:
What is the name of that organization?

E83c. Does anyone else help you with (this activity/these activities)?

INAP.....BLANK ØE90
YES.....1
NO.....5 ØE90
DK.....8 ØE90
RF.....9 ØE90

E84. Who is that?

INAP.....BLANK ØE84c
(SPOUSE/P)002 ØE84c
NAME OF HELPER -1.....021
NAME OF HELPER -2.....022
NAME OF HELPER -3.....023
NAME OF HELPER -4.....024
NAME OF HELPER -5.....025
NAME OF HELPER -6.....026
NAME OF HELPER -7.....027
NAME OF IADL HELPER -1.....028
NAME OF IADL HELPER -2.....029
NAME OF IADL HELPER -3.....030
NAME OF IADL HELPER -4.....031
NAME OF IADL HELPER -5.....032
NAME OF IADL HELPER -6.....033
NAME OF IADL MONEY HELPER -1.....034
NAME OF IADL MONEY HELPER -2.....035
NOT ON LIST.....097
EMPLOYEE OF FACILITY.....100 ØE84c

E84a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
or are they an employee of the place you live?

USE 3 IF IN NURSING HOME AND HELPER'S NAME NOT ON LIST

INAP.....BLANK
UNLISTED CHILD OR CHILD-IN-LAW.....2
EMPLOYEE OF "INSTITUTION".....3 ØE84C
GRANDCHILD.....4
RELATIVE-OTHER.....5
OTHER INDIVIDUAL.....6
ORGANIZATION.....7
DK.....8
RF.....9

E84b. IF HELPER IS GRANDCHILD:
What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
What is the name of that child?

OTHERWISE:
What is the name of that organization?

E84c. Does anyone else help you with (this activity/these activities)?

INAP.....BLANK ØE90
YES.....1
NO.....5 ØE90
DK.....8 ØE90
RF.....9 ØE90

E85. Who is that?

INAP.....BLANK ØE85c
(SPOUSE/P)002 ØE85c
NAME OF HELPER -1.....021
NAME OF HELPER -2.....022
NAME OF HELPER -3.....023
NAME OF HELPER -4.....024
NAME OF HELPER -5.....025
NAME OF HELPER -6.....026
NAME OF HELPER -7.....027
NAME OF IADL HELPER -1.....028
NAME OF IADL HELPER -2.....029
NAME OF IADL HELPER -3.....030
NAME OF IADL HELPER -4.....031
NAME OF IADL HELPER -5.....032
NAME OF IADL HELPER -6.....033
NAME OF IADL MONEY HELPER -1.....034
NAME OF IADL MONEY HELPER -2.....035
NOT ON LIST.....097
EMPLOYEE OF FACILITY.....100 ØE85c

E85a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
or are they an employee of the place you live?

USE 3 IF IN NURSING HOME AND HELPER'S NAME NOT ON LIST

INAP.....BLANK
UNLISTED CHILD OR CHILD-IN-LAW.....2
EMPLOYEE OF "INSTITUTION".....3 ØE85c
GRANDCHILD.....4
RELATIVE-OTHER.....5
OTHER INDIVIDUAL.....6
ORGANIZATION.....7
DK.....8
RF.....9

E85b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E85c. Does anyone else help you with these activities?

INAP.....BLANK ØE90
 YES.....1
 NO.....5 ØE90
 DK.....8 ØE90
 RF.....9 ØE90

E86. Who is that?

INAP.....BLANK ØE86c
 (SPOUSE/P)002 ØE86c
 NAME OF HELPER -1.....021
 NAME OF HELPER -2.....022
 NAME OF HELPER -3.....023
 NAME OF HELPER -4.....024
 NAME OF HELPER -5.....025
 NAME OF HELPER -6.....026
 NAME OF HELPER -7.....027
 NAME OF IADL HELPER -1.....028
 NAME OF IADL HELPER -2.....029
 NAME OF IADL HELPER -3.....030
 NAME OF IADL HELPER -4.....031
 NAME OF IADL HELPER -5.....032
 NAME OF IADL HELPER -6.....033
 NAME OF IADL MONEY HELPER -1.....034
 NAME OF IADL MONEY HELPER -2.....035
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE86c

E86a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF IN NURSING HOME AND HELPER'S NAME NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEE OF "INSTITUTION".....3 ØE86c
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E86b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E86c. Does anyone else help you with these activities?

INAP.....BLANK ØE90
 YES.....1
 NO.....5 ØE90
 DK.....8 ØE90
 RF.....9 ØE90

E87. Who is that?

INAP.....BLANK ØE87c
 (SPOUSE/P)002 ØE87c
 NAME OF HELPER -1.....021
 NAME OF HELPER -2.....022
 NAME OF HELPER -3.....023
 NAME OF HELPER -4.....024
 NAME OF HELPER -5.....025
 NAME OF HELPER -6.....026
 NAME OF HELPER -7.....027
 NAME OF IADL HELPER -1.....028
 NAME OF IADL HELPER -2.....029
 NAME OF IADL HELPER -3.....030
 NAME OF IADL HELPER -4.....031
 NAME OF IADL HELPER -5.....032
 NAME OF IADL HELPER -6.....033
 NAME OF IADL MONEY HELPER -1.....034
 NAME OF IADL MONEY HELPER -2.....035
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE87c

E87a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF IN NURSING HOME AND HELPER'S NAME NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEE OF "INSTITUTION".....3 ØE87c
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E87b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E87c. Does anyone else help you with these activities?

INAP.....BLANK ØE90
 YES.....1
 NO.....5 ØE90
 DK.....8 ØE90
 RF.....9 ØE90

E88. Who is that?

INAP.....BLANK ØE88c
 (SPOUSE/P)002 ØE88c
 NAME OF HELPER -1.....021
 NAME OF HELPER -2.....022
 NAME OF HELPER -3.....023
 NAME OF HELPER -4.....024
 NAME OF HELPER -5.....025
 NAME OF HELPER -6.....026
 NAME OF HELPER -7.....027
 NAME OF IADL HELPER -1.....028
 NAME OF IADL HELPER -2.....029
 NAME OF IADL HELPER -3.....030
 NAME OF IADL HELPER -4.....031
 NAME OF IADL HELPER -5.....032
 NAME OF IADL HELPER -6.....033
 NAME OF IADL MONEY HELPER -1.....034
 NAME OF IADL MONEY HELPER -2.....035
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE88c

E88a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF IN NURSING HOME AND HELPER'S NAME NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEE OF "INSTITUTION".....3 ØE88c
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E88b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E88c. Does anyone else help you with these activities?

INAP.....BLANK ØE90
 YES.....1
 NO.....5 ØE90
 DK.....8 ØE90
 RF.....9 ØE90

E89. Who is that?

INAP.....BLANK ØE91
 (SPOUSE/P)002 ØE91
 NAME OF HELPER -1.....021
 NAME OF HELPER -2.....022
 NAME OF HELPER -3.....023
 NAME OF HELPER -4.....024
 NAME OF HELPER -5.....025
 NAME OF HELPER -6.....026
 NAME OF HELPER -7.....027
 NAME OF IADL HELPER -1.....028
 NAME OF IADL HELPER -2.....029
 NAME OF IADL HELPER -3.....030
 NAME OF IADL HELPER -4.....031
 NAME OF IADL HELPER -5.....032
 NAME OF IADL HELPER -6.....033
 NAME OF IADL MONEY HELPER -1.....034
 NAME OF IADL MONEY HELPER -2.....035
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE91

E89a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF IN NURSING HOME AND HELPER'S NAME NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEE OF "INSTITUTION".....3 ØE91
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E89b. IF HELPER IS GRANDCHILD:
What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
What is the name of that child?

OTHERWISE:
What is the name of that organization?

E90. When you ride in a car, how often do you wear your seatbelt?
Is it all or most of the time, sometimes, rarely, or never?

INAP.....BLANK
ALL OR MOST.....1
SOMETIMES.....2
RARELY.....3
NEVER.....4
DK.....8
RF.....9

BRANCHPOINT: IF R'S CURRENT AGE IS LESS THAN 68, GO TO E92.

E91. Are you able to drive?

INAP.....BLANK ØE92
YES.....1
NO.....5 ØE92
[VOL] NEVER DROVE.....6 ØE92
DK.....8 ØE92
RF.....9 ØE92

E91a. Do you have a car available to use when you need one?

INAP.....BLANK
YES.....1
NO.....5
DK.....8
RF.....9

E91b. Do you limit your driving to nearby places, or do you also drive on longer trips?

INAP.....BLANK
LIMIT TO NEARBY.....1
DRIVE LONG TRIPS.....2
DK.....8
RF.....9

E92. Here are a few other activities which some people have difficulty with because of a physical, mental, emotional, or memory problem.

Please tell me whether you have any difficulty with each activity I name. If you don't do the activity at all, just tell me so. Exclude any difficulties that you expect to last less than three months.

E93. Do you have any difficulty using a map to figure out how to get around in a strange place?

INAP.....BLANK
 YES.....1
 NO.....5
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8
 RF.....9

E95. (Because of a health or memory problem, do you have) any difficulty preparing a hot meal?

INAP.....BLANK
 YES.....1 ØE95c
 NO.....5 ØE96
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8 ØE95c
 RF.....9 ØE95c

E95b. Is that because of a health or memory problem?

INAP.....BLANK
 YES.....1
 NO.....5 ØE96
 DK.....8
 RF.....9

E95c. Does anyone help you prepare hot meals?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E96. (Because of a health or memory problem, do you have) any difficulty with shopping for groceries?

INAP.....BLANK
 YES.....1 ØE96c
 NO.....5 ØE97
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8 ØE96c
 RF.....9 ØE96c

E96b. Is that because of a health or memory problem?

INAP.....BLANK
 YES.....1
 NO.....5 ØE97
 DK.....8
 RF.....9

E96c. Does anyone help you shop for groceries?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E97. (Because of a health or memory problem, do you have) any difficulty with making phone calls?

INAP.....BLANK
 YES.....1 ØE97c
 NO.....5 ØE98
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8 ØE97c
 RF.....9 ØE97c

E97b. Is that because of a health or memory problem?

INAP.....BLANK
 YES.....1
 NO.....5 ØE98
 DK.....8
 RF.....9

E97c. Does anyone help you make telephone calls?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E98. (Because of a health or memory problem, do you have) any difficulty taking medications?

INAP.....BLANK
 YES.....1 ØE98c
 NO.....5 ØE99
 CAN'T DO.....6
 DON'T TAKE MEDICATIONS.....7 ØE99
 DK.....8 ØE98c
 RF.....9 ØE98c

E98b. Is that because of a health or memory problem?

INAP.....BLANK
 YES.....1
 NO.....5 ØE99
 DK.....8
 RF.....9

E98c. Does anyone help you with taking medication?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

BRANCHPOINT: IF R DOES NOT RECEIVE HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) (E95c NOT YES AND E96c NOT YES AND E97c NOT YES AND E98c NOT YES), GO TO E105.

E99. Who most often helps you

- IF RECEIVES HELP PREPARING MEALS:
prepare meals,
- IF RECEIVES HELP SHOPPING FOR GROCERIES:
shop for groceries
- IF RECEIVES HELP MAKING PHONE CALLS:
make telephone calls
- IF RECEIVES HELP TAKING MEDICATIONS:
take medications?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

- INAP.....BLANK ØE99c
- (SPOUSE/P)002 ØE99c
- NOT ON LIST.....097
- EMPLOYEE OF FACILITY.....100 ØE99c

E99a. What is that person's relationship to you?

- IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
or are they an employee of the place you live?
- USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

- INAP.....BLANK
- UNLISTED CHILD OR CHILD-IN-LAW.....2
- EMPLOYEES OF "INSTITUTION".....3 ØE99c
- GRANDCHILD.....4
- RELATIVE-OTHER.....5
- OTHER INDIVIDUAL.....6
- ORGANIZATION.....7
- DK.....8
- RF.....9

E99b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E99c. Does anyone else help you

IF RECEIVES HELP PREPARING MEALS:
 prepare meals,

IF RECEIVES HELP SHOPPING FOR GROCERIES:
 shop for groceries

IF RECEIVES HELP MAKING PHONE CALLS:
 make telephone calls

IF RECEIVES HELP TAKING MEDICATIONS:
 take medications?

INAP.....BLANK ØE105
 YES.....1
 NO.....5 ØE105
 DK.....8 ØE105
 RF.....9 ØE105

E100. Who else helps you?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

INAP.....BLANK ØE100c
 (SPOUSE/P)002 ØE100c
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE100c

E100a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEES OF "INSTITUTION".....3 ØE100c
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E100b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E100c. Does anyone else help you with these activities?

INAP.....BLANK ØE105
 YES.....1
 NO.....5 ØE105
 DK.....8 ØE105
 RF.....9 ØE105

E101. Who else helps you?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

INAP.....BLANK ØE101c
 (SPOUSE/P)002 ØE101c
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE101c

E101a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEES OF "INSTITUTION".....3 ØE101C
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E101b. IF HELPER IS GRANDCHILD:
What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
What is the name of that child?

OTHERWISE:
What is the name of that organization?

E101c. Does anyone else help you with these activities?

INAP.....BLANK ØE105
YES.....1
NO.....5 ØE105
DK.....8 ØE105
RF.....9 ØE105

E102. Who else helps you?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

INAP.....BLANK ØE102C
(SPOUSE/P)002 ØE102C
NOT ON LIST.....097
EMPLOYEE OF FACILITY.....100 ØE102C

E102a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
or are they an employee of the place you live?

USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

INAP.....BLANK
UNLISTED CHILD OR CHILD-IN-LAW.....2
EMPLOYEES OF "INSTITUTION".....3 ØE102C
GRANDCHILD.....4
RELATIVE-OTHER.....5
OTHER INDIVIDUAL.....6
ORGANIZATION.....7
DK.....8
RF.....9

E102b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E102c. Does anyone else help you with these activities?

INAP.....BLANK ØE105
 YES.....1
 NO.....5 ØE105
 DK.....8 ØE105
 RF.....9 ØE105

E103. Who else helps you?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

INAP.....BLANK ØE105
 (SPOUSE/P)002 ØE105
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE105

E103a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEES OF "INSTITUTION".....3 ØE103C
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E103b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

E103c. Does anyone else help you with these activities?

INAP.....BLANK ØE105
 YES.....1
 NO.....5 ØE105
 DK.....8 ØE105
 RF.....9 ØE105

E104. Who else helps you?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

INAP.....BLANK ØE105
 (SPOUSE/P)002 ØE105
 NOT ON LIST.....097
 EMPLOYEE OF FACILITY.....100 ØE105

E104a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
 or are they an employee of the place you live?

USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

INAP.....BLANK
 UNLISTED CHILD OR CHILD-IN-LAW.....2
 EMPLOYEES OF "INSTITUTION".....3 ØE105
 GRANDCHILD.....4
 RELATIVE-OTHER.....5
 OTHER INDIVIDUAL.....6
 ORGANIZATION.....7
 DK.....8
 RF.....9

E104b. IF HELPER IS GRANDCHILD:
 What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
 What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
 What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
 What is the name of that child?

OTHERWISE:
 What is the name of that organization?

BRANCHPOINT: IF R IS CURRENTLY IN A NURSING HOME, GO TO E106.

E105. (Besides any help you have told me about,)
 Does anyone (else) help you with work around the
 house or yard because of your health problems?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E106. Because of a health or memory problem, do you have any
 difficulty with managing your money -- such as paying
 your bills and keeping track of expenses?

INAP.....BLANK
 YES.....1 ØE106c
 NO.....5 ØE158
 CAN'T DO.....6
 DON'T DO.....7
 DK.....8 ØE158
 NA.....9 ØE158

E106a. Is that because of a health or memory problem?

INAP.....BLANK
 YES.....1
 NO.....5 ØE158
 DK.....8
 RF.....9

E106c. Does anyone ever help you manage your money?

INAP.....BLANK
 YES.....1
 NO.....5 ØE158
 DK.....8
 RF.....9

E107. Who most often helps you manage your money?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

INAP.....BLANK ØE107c
(SPOUSE/P)002 ØE107c
NOT ON LIST.....097
EMPLOYEE OF FACILITY.....100 ØE107c

E107a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
or are they an employee of the place you live?

USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

INAP.....BLANK
UNLISTED CHILD OR CHILD-IN-LAW.....2
EMPLOYEES OF "INSTITUTION".....3 ØE107C
GRANDCHILD.....4
RELATIVE-OTHER.....5
OTHER INDIVIDUAL.....6
ORGANIZATION.....7
DK.....8 ØE107C
RF.....9 ØE107C

E107b. IF HELPER IS GRANDCHILD:
What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
What is the name of that child?

OTHERWISE:
What is the name of that organization?

E107c. Does anyone else help you manage your money?

INAP.....BLANK ØE158
YES.....1
NO.....5 ØE158
DK.....8 ØE158
RF.....9 ØE158

E108. Who is that?

CATI APPLICATION OFFERS LIST OF HOUSEHOLD MEMBERS, PLUS THESE CODES:

INAP.....BLANK ØE158
(SPOUSE/P)002 ØE158
NOT ON LIST.....097
EMPLOYEE OF FACILITY.....100 ØE158

E108a. What is that person's relationship to you?

IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST:
or are they an employee of the place you live?

USE 3 IF R IS IN NURSING HOME AND HELPER'S NAME IS NOT ON LIST

- INAP.....BLANK
- UNLISTED CHILD OR CHILD-IN-LAW.....2
- EMPLOYEES OF "INSTITUTION".....3 ØE158
- GRANDCHILD.....4
- RELATIVE-OTHER.....5
- OTHER INDIVIDUAL.....6
- ORGANIZATION.....7
- DK.....8
- RF.....9

E108b. IF HELPER IS GRANDCHILD:
What is the first name of that grandchild?

IF HELPER IS RELATIVE-OTHER:
What is the name of that relative?

IF HELPER IS OTHER INDIVIDUAL OR DK OR RF:
What is the name of that individual?

IF HELPER IS UNLISTED CHILD OR CHILD-IN-LAW:
What is the name of that child?

OTHERWISE:
What is the name of that organization?

CATI APPLICATION COLLECTS ALL HELPERS MENTIONED IN PREVIOUS QUESTIONS AND PRESENTS THEM ONE BY ONE AS IT LOOPS THROUGH QUESTIONS E158-E169.

E158. IF HELPER IS A MARRIED CHILD:
(First/Next) the help from (CHILD'S AND SPOUSE'S NAMES).
starting with (CHILD'S NAME). If no help was
given just say so. During the last month, on about how
many days did (CHILD'S NAME) help you?

OTHERWISE:
(First/Next) the help from (HELPER NAME). During
the last month, on about how many days did
(HELPER NAME) help you?

ENTER "0" IF THE PERSON IS NOT A HELPER

DAYS IN LAST MONTH:

- BLANK INAP
- 0 NOT A HELPER
- 1-31 DAYS PER MONTH
- 98 DK
- 99 RF

E158a. DAYS PER WEEK:

BLANK	INAP
0	NOT A HELPER
1-7	DAYS PER WEEK
8	DK
9	RF

E158b. EVERY DAY

INAP.....	BLANK
EVERY DAY.....	1

BRANCHPOINT: IF PERSON PRESENTED IN E158 IS NOT A HELPER, GO TO E158-2 OR GO TO E170 IF ALL HELPERS HAVE BEEN ACCOUNTED FOR.

E159. IF HELPER IS MARRIED OR NOT ???:

On the days (HELPER NAME) helps you, about how many hours

OTHERWISE:

On the days (HELPER NAME) helps you, about how many hours

per day is that?

LESS THAN AN HOUR = 1

BLANK	INAP
1-24	HOURS PER DAY
98	DK
99	RF

E160. AFFIRM SEX OF HELPER:

Is (HELPER NAME) male or female?

ASKED ONLY IF NECESSARY

INAP.....	BLANK
MALE.....	1
FEMALE.....	2
AGENCY/PROFESSIONAL HELPER.....	3
DK.....	8
RF.....	9

BRANCHPOINT: IF THE HELPER IS NOT R'S GRANDCHILD, GO TO E162.

E161. IF GRANDCHILD: (Which of your children is the parent of that grandchild?)

INAP.....	BLANK
DECEASED CHILD.....	010
ALL MY CHILDREN.....	011

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

E162. Is (HELPER NAME) paid to help you?

INAP.....	BLANK
YES.....	1
NO.....	5 ØE158-2 <u>OR</u> E170
DK.....	8 ØE158-2 <u>OR</u> E170
RF.....	9 ØE158-2 <u>OR</u> E170

E163. Does Medicaid or insurance help pay (HELPER NAME)?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E164. (Not counting expenses paid by Medicaid or insurance,) about how much did you (and your (husband/wife/partner)) end up paying (HELPER NAME) for the last month?

AMOUNT:

BLANK INAP
 0 NONE
 1-9996 DOLLAR AMOUNT
 9998 DK
 9999 RF

PER:

INAP.....BLANK
 MONTH.....1
 WEEK.....2
 DAY.....3
 YEAR.....5
 DK.....8
 RF.....9

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E164 (ANSWER OTHER THAN DK/RF), GO TO E167.

E166. Did it amount to \$100 or more for the month?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

BRANCHPOINT: IF R DID NOT PAY THIS HELPER (E164=0), GO TO E158-2 OR GO TO E170 IF ALL HELPERS HAVE BEEN ACCOUNTED FOR..

E167. Does any other person help you (and your (husband/wife/partner)) pay this cost?

INAP.....BLANK
 YES.....1
 NO.....5 ØE158-2 OR E170
 DK.....8 ØE158-2 OR E170
 RF.....9 ØE158-2 OR E170

E168. Is that a (child or other) relative of yours (and your (husband/wife/partner)), or is that someone else?

INAP.....BLANK
 CHILD/CHILD-IN-LAW/GRANDCHILD.....1
 OTHER RELATIVE.....2 ØE158-2 OR E170
 SOMEONE ELSE.....3 ØE158-2 OR E170
 DK.....8 ØE158-2 OR E170
 RF.....9 ØE158-2 OR E170

E169. (Which child is that?)

IF GRANDCHILD:
 (Which of your children is the parent of that grandchild?)

INAP.....BLANK
 DECEASED CHILD.....010
 ALL MY CHILDREN.....011

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

BRANCHPOINT:

1. IF THE HELPER JUST ASKED ABOUT IS AN UNMARRIED CHILD, GO BACK TO E158 FOR THE NEXT HELPER/PAIR OF HELPERS (IF MARRIED PAIR) OR GO TO E170 IF ALL HELPERS HAVE BEEN ACCOUNTED FOR.
2. IF THE HELPER JUST ASKED ABOUT IS NOT R'S CHILD, GO BACK TO E158 FOR THE NEXT HELPER/PAIR OF HELPERS (IF MARRIED PAIR) OR GO TO E170 IF ALL HELPERS HAVE BEEN ACCOUNTED FOR.
3. IF THE HELPER JUST ASKED ABOUT IS A MARRIED CHILD, CONTINUE WITH E158-2 - E169-2 FOR THE SPOUSE OF THE MARRIED CHILD OR GO TO E170 IF ALL HELPERS HAVE BEEN ACCOUNTED FOR.

E158-2. During the last month, on about how many days did (CHILD'S SPOUSE'S NAME) help you?

ENTER "0" IF THE PERSON IS NOT A HELPER

DAYS IN LAST MONTH:

BLANK INAP
 0 NOT A HELPER
 1-31 DAYS PER MONTH
 98 DK
 99 RF

E158a-2.DAYS PER WEEK:

BLANK INAP
 0 NOT A HELPER
 1-7 DAYS PER WEEK
 8 DK
 9 RF

E158b-2.EVERY DAY

INAP.....BLANK
 EVERY DAY.....1

BRANCHPOINT: IF PERSON PRESENTED IN E158-2 IS NOT A HELPER, GO BACK TO E158 FOR NEXT HELPER IN LIST OR GO TO E170 IF ALL HELPERS HAVE BEEN ACCOUNTED FOR.

E159-2. On the days (CHILD'S SPOUSE'S NAME) helps you, about how many hours per day is that?

LESS THAN AN HOUR = 1

BLANK	INAP
1-24	HOURS PER DAY
98	DK
99	RF

E160-2. AFFIRM SEX OF HELPER:
Is (CHILD'S SPOUSE'S NAME) male or female?

ASKED ONLY IF NECESSARY

INAP.....	BLANK
MALE.....	1
FEMALE.....	2
AGENCY/PROFESSIONAL HELPER.....	3
DK.....	8
RF.....	9

BRANCHPOINT: IF THE HELPER IS NOT R'S GRANDCHILD, GO TO E162-2.

E161-2. IF GRANDCHILD: (Which of your children is the parent of that grandchild?)

INAP.....	BLANK
DECEASED CHILD.....	010
ALL MY CHILDREN.....	011

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

E162-2. Is (CHILD'S SPOUSE'S NAME) paid to help you?

INAP.....	BLANK
YES.....	1
NO.....	5 ØE158 OR E170
DK.....	8 ØE158 OR E170
RF.....	9 ØE158 OR E170

E163-2. Does Medicaid or insurance help pay (CHILD'S SPOUSE'S NAME)?

INAP.....	BLANK
YES.....	1
NO.....	5
DK.....	8
RF.....	9

E164-2. (Not counting expenses paid by Medicaid or insurance,) about how much did you (and your (husband/wife/partner)) end up paying (CHILD'S SPOUSE'S NAME) for the last month?

AMOUNT:

BLANK INAP
 0 NONE
 1-9996 DOLLAR AMOUNT
 9998 DK
 9999 RF

PER:

INAP.....BLANK
 MONTH.....1
 WEEK.....2
 DAY.....3
 YEAR.....5
 DK.....8
 RF.....9

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E164-2 (ANSWER OTHER THAN DK/RF), GO TO E167-2.

E166-2. Did it amount to \$100 or more for the month?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

BRANCHPOINT: IF R DID NOT PAY THIS HELPER (E164-2=0), GO BACK TO E158 FOR NEXT PERSON IN LIST.

E167-2. Does any other person help you (and your (husband/wife/partner)) pay this cost?

INAP.....BLANK
 YES.....1
 NO.....5 ØE158 OR E170
 DK.....8 ØE158 OR E170
 RF.....9 ØE158 OR E170

E168-2. Is that a (child or other) relative of yours (and your (husband/wife/partner)), or is that someone else?

INAP.....BLANK
 CHILD/CHILD-IN-LAW/GRANDCHILD.....1
 OTHER RELATIVE.....2 ØE158 OR E170
 SOMEONE ELSE.....3 ØE158 OR E170
 DK.....8 ØE158 OR E170
 RF.....9 ØE158 OR E170

E169-2. (Which child is that?)

IF GRANDCHILD:
(Which of your children is the parent of that grandchild?)

INAP.....BLANK
DECEASED CHILD.....010
ALL MY CHILDREN.....011

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

BRANCHPOINT:

1. IF THERE ARE ADDITIONAL HELPERS, GO BACK TO E158.
2. IF ALL HELPERS HAVE BEEN ACCOUNTED FOR, GO TO NEXT BRANCHPOINT.

BRANCHPOINT:

1. IF R DID NOT RECEIVE ANY HELP WITH ACTIVITIES OF DAILY LIVING (NO "YES" ANSWER TO ANY OF THE QUESTIONS E72f, E73f, E74f, E75f, E76f, E77f, E81), GO TO E171.
2. IF R PAID AT LEAST ONE HELPER (E162=1 OR E162-2=1), GO TO E170a.
3. IF R IS CURRENTLY IN A NURSING HOME, GO TO E171.

E170. Now we are interested in the hiring of persons paid to help you at home with activities like dressing, bathing, and other personal care needs.

IF R WAS INTERVIEWED IN PREVIOUS WAVE:
(Since WAVE 2 MONTH/YEAR / In the last two years) did you pay anyone to help you with activities like that?

OTHERWISE:
In the last two years did you pay anyone to help you with activities like that?

INAP.....BLANK
YES.....1
NO.....5 ØE171
DK.....8 ØE171
RF.....9 ØE171

E170a. The last time someone was hired to help with these kind of activities, did anyone assist you in finding possible helpers?

INAP.....BLANK
YES.....1
NO.....5 ØE171
DK.....8 ØE171
RF.....9 ØE171

E170b. Who helped you find possible helpers, that is, what is their relationship to you?

CHOOSE ALL THAT APPLY

- INAP.....BLANK, ØE170d
- SPOUSE.....1, ØE170d
- CHILD/CHILD-IN-LAW/GRANDCHILD.....2,
- OTHER RELATIVE.....3, ØE170d
- HOME HEALTH AGENCY/HOME CARE AGENCY.....4, ØE170d
- OTHER PERSON OR ORGANIZATION.....5, ØE170d
- DK.....8, ØE170d
- RF.....9, ØE170d

E170c. (Which child is that?)

IF GRANDCHILD:
(Which of your children is the parent of that grandchild?)

- INAP.....BLANK
- DECEASED CHILD.....010
- ALL MY CHILDREN.....011

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

E170d. Did you take part in deciding which of the possible helpers would be hired?

- INAP.....BLANK ØE171
- YES.....1
- NO.....5 ØE171
- DK.....8 ØE171
- RF.....9 ØE171

E170e. Were you the primary decision-maker in the hiring?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

BRANCHPOINT: IF R (AND SPOUSE/PARTNER) HAS (HAVE) NO CHILDREN OR GRANDCHILDREN, GO TO E172.

E171. (Since WAVE 2 MONTH/YEAR / In the last two years), have your (and your (husband's/wife's/partner's)) children (or grandchildren) spent any time helping you, yourself, with household chores, errands, transportation, etc.?

- INAP.....BLANK ØE172
- YES.....1
- NO.....5 ØE172
- DK.....8 ØE172
- RF.....9 ØE172

E171a. (Which child is that?)
 CHOOSE ALL THAT APPLY

IF GRANDCHILD:
 (Which of your children is the parent of that grandchild?)

INAP.....000,
 DECEASED CHILD.....010,
 ALL MY CHILDREN.....011,

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

E172. Altogether, about how many hours did you spend in the past 12 months doing volunteer work for religious, educational, health-related or other charitable organizations?

DO NOT PROBE DK/RF

HOURS:

BLANK	INAP
0	NONE
1-996	NUMBER OF HOURS
998	DK
999	RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E172 (ANSWER OTHER THAN DK/RF), GO TO E173.

E172a. Would it be 100 hours or more?

INAP.....BLANK ØE173
 YES.....1
 NO.....5 ØE173
 DK.....8 ØE173
 RF.....9 ØE173

E172b. Would it be 200 hours or more?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

E173. Altogether, about how many hours did you spend in the past 12 months helping friends, neighbors, or relatives who did not live with you and did not pay you for the help?

DO NOT PROBE DK/RF

HOURS:

BLANK	INAP
0	NONE
1-996	NUMBER OF HOURS
998	DK
999	RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN E173 (ANSWER OTHER THAN DK/RF), GO TO E174.

E173a. Would it be 100 hours or more?

INAP.....BLANK ØE174
 YES.....1
 NO.....5 ØE174
 DK.....8 ØE174
 RF.....9 ØE174

E173b. Would it be 200 hours or more?

INAP.....BLANK
 YES.....1
 NO.....5
 DK.....8
 RF.....9

BRANCHPOINT: IF R REPORTED ANY HELPER IN PREVIOUS QUESTIONS, GO TO EASSIST (END OF SECTION).

E174. Suppose in the future, you needed help with basic personal care activities like eating or dressing. Do you have relatives or friends (besides your (husband/wife/partner)) who would be willing and able to help you over a long period of time?

INAP.....BLANK
 YES.....1
 NO.....5 ØEASSIST
 DK.....8 ØEASSIST
 RF.....9 ØEASSIST

E174a. What is the relationship to you of that person or persons?

CHOOSE ALL THAT APPLY

INAP.....BLANK, ØE174c
 CHILD/CHILD-IN-LAW.....1,
 GRANDCHILD.....2, ØE174c
 OTHER RELATIVE.....3, ØE174c
 SOMEONE ELSE.....4, ØE174c
 DK.....8, ØE174c
 RF.....9, ØE174c

E174b. (Which (child/children) is that?)

CHOOSE ALL THAT APPLY

INAP.....000,
 DECEASED CHILD.....010,
 ALL MY CHILDREN.....011,

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

BRANCHPOINT: IF A GRANDCHILD WAS NOT MENTIONED IN E174a, GO TO EASSIST (END OF SECTION).

E174c. IF ONE GRANDCHILD:
(Which of your children is the parent of that grandchild?)

IF MORE THAN ONE GRANDCHILD:
(Which of your children are the parents of those grandchildren?)

CHOOSE ALL THAT APPLY

INAP.....000,
DECEASED CHILD.....010,
ALL MY CHILDREN.....011,

CATI APPLICATION PRESENTS CODED LIST OF R'S CHILDREN

EASSIST IWER:

HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS
IN SECTION E - HEALTH COST AND ADL?

INAP.....BLANK
NEVER.....1
A FEW TIMES.....2
MOST OR ALL OF THE TIME.....3

END OF SECTION E