

Utilization of Home- and Community-Based Services, and Life Space

Preload needed:

THIS IS A **REINTERVIEW R** (Z076=1);

THIS IS A **NEW SPOUSE/PARTNER** OF A REINTERVIEW R (Z076=0);

THIS IS A **NEVER INTERVIEWED R** or A **NEW INTERVIEW R** (Z076=5)

R's **LAST IW MONTH** (Z092), **YEAR** (Z093)

Other section variables needed: None

New Constructed variables needed:

Create new variable: V050_FlagSecGAidsHelp {VALUES 1, 0}

V050_FlagSecGAidsHelp Descriptor: MOD 2 FLAG SEC G REPORTED USE OF AIDS OR HELP

V050 = 1 IF G015=1 OR G017=1 OR G020=1 OR G022=1 OR G024=1 OR G026=1 OR G029=1 OR G031=1 OR G035=1 OR G043=1 OR G046=1 OR G049=1 OR G053=1.

V050 = 0 IF G015<>1 AND G017<>1 AND G020<>1 AND G022 <>1 AND G024 <>1 AND G026 <>1 AND G029 <>1 AND G031<>1 AND G035 <>1 AND G043 <>1 AND G046 <>1 AND G049 <>1 AND G053 <>1.

Fills: Last IW MO/YR (Z092, Z093)

Variables in this module: V050-V103

IF THIS IS A PROXY INTERVIEW (A009={2 or 3}), GO TO END OF MODULE 2

<V051>

V051_AttendCongMeal

ATTEND CONGREGATE MEAL PROGRAM

If ReIW R (Z076=1)

Since R's *LAST IW MONTH*, *YEAR*, have you attended a congregate or group meal program, such as a senior lunch program, at a senior center or other community organization?

If Not ReIW R (Z076 <> 1)

In the last two years, have you attended a congregate or group meal program, such as a senior lunch program, at a senior center or other community organization?

1. Yes → GO TO V052
5. No → GO TO V054
8. DK → GO TO V054
9. RF → GO TO V054

<V052>

V052_FreqCongMeal

FREQUENCY OF ATTENDING CONGREGATE MEAL

How many days each week do you attend a congregate or group meal program?

[IWER: Enter exact number if answer is 1-7 days per week.]

_____ days {range 1 – 7 }

- 96. Less than once per week
- 97. Not currently attending
- 98. DK
- 99. RF

<V053>

V053_PublicFundCongMeal

CONGREGATE MEAL PROGRAM PUBLICLY FUNDED

Is the congregate or group meal program publicly funded (that is, free or subsidized)?

- 1. Yes
- 5. No
- 8. DK
- 9. RF

<V054>

V054_HomeDelMeals

RECEIVED HOME DELIVERED MEALS

If ReIW R (Z076=1)

Since *R'S LAST IW MONTH, YEAR*, has a senior center or other community organization arranged to have meals delivered to your home, such as Meals on Wheels?

If Not ReIW R (Z076 <> 1)

In the last two years, has a senior center or other community organization arranged to have meals delivered to your home, such as Meals on Wheels?

- 1. Yes → GO TO V055
- 5. No → GO TO V057
- 8. DK → GO TO V057
- 9. RF → GO TO V057

<V055>

V055_FreqHomeDelMeals

FREQUENCY OF RECEIVING HOME DELIVERED MEALS

How many meals do you receive each week from a home-delivered meal service?

[IWER: Enter exact number if answer is 1-7 meals per week.]

_____ meals per week {range 1-7}

- 95. More than 7 per week
- 96. Less than one per week
- 97. Not currently receiving any
- 98. DK
- 99. RF

<V056>

V056_PublicFundHomeMeals

HOME DELIVERED MEAL PROGRAM PUBLICLY FUNDED

Is the home-delivered meal service publicly funded (that is, free or subsidized)?

- 1. Yes
- 5. No
- 8. DK
- 9. RF

<V057>

V057_UsedTrans

USED TRANSPORTATION SERVICES

If ReIW R (Z076=1)

Since *R'S LAST IW MONTH, YEAR*, have you used transportation services provided by a senior center or other community organization (such as a bus or other vehicle that picks seniors up and takes them places such as to the doctor, the senior center, or shopping)?

If Not ReIW R (Z076 <> 1)

In the last two years, have you used transportation services provided by a senior center or other community organization (such as a bus or other vehicle that picks seniors up and takes them places such as to the doctor, the senior center, or shopping)?

1. Yes → GO TO V058
5. No → GO TO V060
8. DK → GO TO V060
9. RF → GO TO V060

<V058>

V058_FreqUsedTrans

FREQUENCY OF USING TRANSPORTATION

How often do you use transportation services?

[IWER: If R says it varies from week to week, ask for an average frequency]

1. 5 or more times per week
2. 2 to 4 times per week
3. Once per week
4. 1 to 3 times per month
5. Less than once per month
6. Not currently receiving services
8. DK
9. RF

<V059>

V059_PublicFundTrans

TRANSPORTATION PUBLICLY FUNDED

Are the transportation services publicly funded (that is, free or subsidized)?

1. Yes
5. No
8. DK
9. RF

<V060>

V060_CaseMgmt

RECEIVED CASE MANAGEMENT SERVICES

If ReIW R (Z076=1)

Since *R'S LAST IW MONTH, YEAR*, have you received case management services from a senior center or other community organization? (A case manager is someone who sets up in-home services, such as homemaker or personal care services for you, or calls to check on how you are doing, or how you like your services.)

If Not ReIW R (Z076 <> 1)

In the last two years, have you received case management services from a senior center or other community organization? (A case manager is someone who sets up in-home services, such as homemaker or personal care services for you, or calls to check on how you are doing, or how you like your services.)

1. Yes → GO TO V061
5. No → GO TO V063
8. DK → GO TO V063
9. RF → GO TO V063

<V061>

V061_FreqCaseMgmt

FREQUENCY OF CASE MANAGEMENT SERVICES

How long have you been receiving case management services?

1. 6 months or less
2. More than 6 months but less than 1 year
3. At least 1 year but less than 2 years
4. 2 to 5 years
5. More than 5 years
6. Not currently receiving services
8. DK
9. RF

<V062>

V062_PublicFundCase

CASE MANAGEMENT SERVICE PUBLICLY FUNDED

Are the case management services publicly funded (that is, free or subsidized)?

1. Yes
5. No
8. DK
9. RF

<V063>

V063_HomeServices

HOME SERVICES ARRANGED

If ReIW R (Z076=1)

Since *R'S LAST IW MONTH, YEAR*, has a senior center or other community organization arranged for someone to come to your home to provide homemaker or housekeeping services, such as helping seniors with doing light housework, laundry, chores, preparing meals, shopping, etc.?

If Not ReIW R (Z076 <> 1)

In the last two years, has a senior center or other community organization arranged for someone to come to your home to provide homemaker or housekeeping services, such as helping seniors with doing light housework, laundry, chores, preparing meals, shopping, etc.?

1. Yes → GO TO V064
5. No → GO TO V067
8. DK → GO TO V067
9. RF → GO TO V067

<V064>

V064_FreqHomeSvc

FREQUENCY OF RECEIVING HOMEMAKER SERVICES

How often does the homemaker help with housework?

_____ days per week {range 1 – 7}

V064

OR

_____ days per month {range 1-31}

V065

97. Not currently receiving homemaker services
98. DK
99. RF

<V066>

V066_PublicFundHome

HOMEMAKER SERVICE PUBLICLY FUNDED

Is the homemaker service publicly funded (that is, free or subsidized)?

1. Yes
5. No
8. DK
9. RF

<V067>

V067_ProvCare

PROVIDED UNPAID CARE TO RELATIVE OR FRIEND

If ReIW R (Z076=1)

Since *R'S LAST IW MONTH, YEAR*, have you provided unpaid care to a relative or a friend 18 years or older to help them take care of themselves? Unpaid care may include help with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing.

If Not ReIW R (Z076 <> 1)

In the last two years, have you provided unpaid care to a relative or a friend 18 years or older to help them take care of themselves? Unpaid care may include help with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing.

1. Yes → GO TO V068
5. No → GO TO V070
8. DK → GO TO V070
9. RF → GO TO V070

<V068>

V068_CGSupport

RECEIVED CAREGIVER SUPPORT SERVICES

Have you received caregiver support services, from a senior center or other community organization, to help you take care of this person? Caregiver support services include support groups for caregivers, caregiver education or training, family or individual counseling services to help with the stress of caregiving, and respite services which offer temporary, substitute caregiving for the care recipient.

1. Yes → GO TO V069
5. No → GO TO V070
8. DK → GO TO V070
9. RF → GO TO V070

<V069>

V069_CGPublicFund

CAREGIVER SUPPORT PUBLICLY FUNDED

Are the caregiver support services publicly funded (that is, free or subsidized)?

1. Yes
5. No
8. DK
9. RF

{Part 2}

<V070>

V070_InTown

BEEN OUTSIDE NEIGHBORHOOD BUT IN TOWN

For these next questions, please think about the places you have been during the past four weeks.

During the past four weeks, have you been to places outside of your immediate neighborhood, but within your town or community?

1. Yes
5. No → GO TO V090
8. DK → GO TO V090
9. RF → GO TO V090

<V071>

V071_FreqInTown

OUTSIDE IMMEDIATE NEIGHBORHOOD BUT IN TOWN

During the past four weeks, how often did you go to places outside of your immediate neighborhood, but within your town or community? Would you say less than once per week, 1-3 times per week, 4-6 times per week, or daily?

1. Less than once per week
2. 1-3 times per week
3. 4-6 times per week
4. Daily
8. DK
9. RF

{IF V050 = 0, GO TO V074}

{Ask IF V050 =1}

<V072>

V072_AidsInTown

AIDS TO TRAVEL IN TOWN

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

1. Yes
5. No
8. DK
9. RF

{Ask IF V050 =1}

<V073>

V073_HelpInTown

HELP TO TRAVEL IN TOWN

Did you need help from another person in order to get to these places?

1. Yes
5. No
8. DK
9. RF

<V074>

V074_OutsideTown

BEEN OUTSIDE TOWN OR COMMUNITY

During the past four weeks, have you been to places outside of your town or community?

1. Yes
5. No → GO TO V102
8. DK → GO TO V102
9. RF → GO TO V102

<V075>

V075_FreqOutsideTown

FREQUENCY OF TRAVEL OUTSIDE TOWN

(During the past four weeks,) how often did you go to places outside of your town or community?
(Would you say less than once per week, 1-3 times per week, 4-6 times per week, or daily?)

1. Less than once per week
2. 1-3 times per week
3. 4-6 times per week
4. Daily
8. DK
9. RF

{IF V050=0, GO TO V078}

{Ask IF V050 = 1}

<V076>

V076_AidsOutsideTown

AIDS TO TRAVEL OUTSIDE TOWN

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

1. Yes
5. No
8. DK
9. RF

{Ask IF V050 = 1}

<V077>

V077_HelpOutsideTown

HELP TO TRAVEL OUTSIDE TOWN

Did you need help from another person in order to get to these places?

1. Yes
5. No
8. DK
9. RF

<V078>

V078_BeenOutsideCounty

BEEN OUTSIDE COUNTY

During the past four weeks, have you been to places outside of your county?

1. Yes
5. No → GO TO V102
8. DK → GO TO V082
9. RF → GO TO V102

<V079>

V079_FreqOutsideCounty

FREQUENCY OF TRAVEL OUTSIDE COUNTY

(During the past four weeks,) how often did you go to places outside of your county? (Would you say less than once per week, 1-3 times per week, 4-6 times per week, or daily?)

1. Less than once per week
2. 1-3 times per week
3. 4-6 times per week
4. Daily
8. DK
9. RF

{IF V050 = 0, GO TO V082}

{Ask IF V050 = 1}

<V080>

V080_AidsOutsideCounty

AIDS TO TRAVEL OUTSIDE COUNTY

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

1. Yes
5. No
8. DK
9. RF

{Ask IF V050 = 1}

<V081>

V081_HelpOutsideCounty

HELP TO TRAVEL OUTSIDE COUNTY

Did you need help from another person in order to get to these places?

1. Yes
5. No
8. DK
9. RF

<V082>

V082_BeenOutsideState

BEEN OUTSIDE STATE

During the past four weeks, have you been to places outside the state?

- 1. Yes
- 5. No → GO TO V102
- 8. DK → GO TO V102
- 9. RF → GO TO V102

<V083>

V083_FreqOutsideState

FREQUENCY OUTSIDE STATE

During the past four weeks, how many times did you travel outside of the state?

- _____ times {range 1 – 35}
- 98. DK
- 99. RF

{IF V050 = 0, GO TO V086}

{Ask IF V050 = 1}

<V084>

V084_AidsOutsideState

AIDS TO TRAVEL OUTSIDE STATE

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

- 1. Yes
- 5. No
- 8. DK
- 9. RF

{Ask IF V050 = 1}

<V085>

V085_HelpOutsideState

HELP TO TRAVEL OUTSIDE STATE

Did you need help from another person in order to get to these places?

- 1. Yes
- 5. No
- 8. DK
- 9. RF

<V086>

V086_BeenOutsideRegion

BEEN OUTSIDE REGION OF US

During the past four weeks, have you been to places outside this region of the United States?

- 1. Yes
- 5. No → GO TO V102
- 8. DK → GO TO V102
- 9. RF → GO TO V102

<V087>

V087_FreqOutsideRegion

FREQUENCY OF TRAVEL OUTSIDE REGION

During the past four weeks, how many times did you travel outside of this region?

- _____ times {range 1 – 35}
- 98. DK
- 99. RF

{ IF V050 = 0, GO TO V090 BRANCHPOINT}

{Ask IF V050 = 1}

<V088>

V088_AidsOutsideRegion

AIDS TO TRAVEL OUTSIDE REGION

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

- 1. Yes
- 5. No
- 8. DK
- 9. RF

{Ask IF V050 = 1}

<V089>

V089_HelpOutsideRegion

HELP TO TRAVEL OUTSIDE REGION

Did you need help from another person in order to get to these places?

- 1. Yes
- 5. No
- 8. DK
- 9. RF

V090 BRANCHPOINT: IF V070 = NO, DK, or RF, ASK V090. IF V070 = YES, GO TO V102.

<V090>

V090_ImmNeighborhood

BEEN TO PLACES IN TRAVEL IMMEDIATE NEIGHBORHOOD

During the past four weeks, have you been to places in your immediate neighborhood, but beyond your own property or apartment building?

1. Yes
5. No → GO TO V094
8. DK → GO TO V094
9. RF → GO TO V094

<V091>

V091_FreqImmNeighborhood

FREQUENCY OF TRAVEL TO PLACES IN IMMEDIATE NEIGHBORHOOD

(During the past four weeks,) how often did you go to places in your immediate neighborhood, but beyond your own property or apartment building? (Would you say less than once per week, 1-3 times per week, 4-6 times per week, or daily?)

1. Less than once per week
2. 1-3 times per week
3. 4-6 times per week
4. Daily
8. DK
9. RF

{IF V050 = 0, GO TO V094 BRANCHPOINT}

{Ask IF V050 = 1}

<V092>

V092_AidsImmNeighborhood

AIDS FOR TRAVEL TO IMMEDIATE NEIGHBORHOOD

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

1. Yes
5. No
8. DK
9. RF

{Ask IF V050 = 1}

<V093>

V093_HelpImmNeighborhood

HELP WITH TRAVEL TO IMMEDIATE NEIGHBORHOOD

Did you need help from another person in order to get to these places?

1. Yes → GO TO V102
5. No → GO TO V102
8. DK → GO TO V102
9. RF → GO TO V102

V094 BRANCHPOINT: IF V090 = NO, DK, or RF, ASK V094. IF V090 = YES, GO TO V102.

<V094>

V094_OutsideHome

BEEN OUTSIDE HOME

During the past four weeks, have you been to an area outside your home such as your porch, deck or patio, hallway of an apartment building, or your garage, own yard, or driveway?

1. Yes
5. No → GO TO V098
8. DK → GO TO V098
9. RF → GO TO V098

<V095>

V095_FreqOutsideHome

FREQUENCY OF GOING TO AREA OUTSIDE HOME

(During the past four weeks,) how often did you go to an area outside your home such as your porch, deck or patio, hallway, garage, yard, or driveway? (Would you say less than once per week, 1-3 times per week, 4-6 times per week, or daily?)

1. Less than once per week
2. 1-3 times per week
3. 4-6 times per week
4. Daily
8. DK
9. RF

{IF V050 = 0, GO TO V098 BRANCHPOINT}

{Ask IF V050 = 1}

<V096>

V096_AidsOutsideHome

AIDS TO GET OUTSIDE HOME

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

1. Yes
5. No
8. DK
9. RF

{Ask IF V050 = 1}

<V097>

V097_HelpOutsideHome

HELP TO GET OUTSIDE HOME

Did you need help from another person in order to get to these places?

1. Yes → GO TO V102
5. No → GO TO V102
8. DK → GO TO V102
9. RF → GO TO V102

V098 BRANCHPOINT: IF V094 = NO, DK, or RF, ASK V098. IF V094 = YES, GO TO V102.

<V098>

V098_OtherRooms

BEEN TO OTHER ROOMS IN HOME

During the past four weeks, have you been to other rooms of your home besides the room where you sleep?

1. Yes
5. No → GO TO V102
8. DK → GO TO V102
9. RF → GO TO V102

<V099>

V099_FreqOtherRooms

FREQUENCY OF GOING TO OTHER ROOMS IN HOME

(During the past four weeks,) how often did you go to other rooms of your home besides the room where you sleep? (Would you say less than once per week, 1-3 times per week, 4-6 times per week, or daily?)

1. Less than once per week
2. 1-3 times per week
3. 4-6 times per week
4. Daily
8. DK
9. RF

{IF V050 = 0, GO TO V102}

{Ask IF V050 = 1}

<V100>

V100_AidsOtherRooms

AIDS TO GET TO OTHER ROOMS IN HOME

Did you use physical aids or equipment, such as a wheelchair, cane, or crutch, in order to get to these places?

1. Yes
5. No
8. DK
9. RF

{Ask IF V050 = 1}

<V101>

V101_HelpOtherRoom

HELP TO GET TO OTHER ROOMS IN HOME

Did you need help from another person in order to get to these places?

1. Yes
5. No
8. DK
9. RF

<V102>

V102_BeenOutsideUS

BEEN OUTSIDE US IN PAST YEAR

Please think about places you have been in the past year.

During the past year, have you been to places outside of the United States?

- 1. Yes
- 5. No → GO TO END OF MODULE 2
- 8. DK → GO TO END OF MODULE 2
- 9. RF → GO TO END OF MODULE 2

<V103>

V103_CountOutsideUS

NUMBER OF TIMES BEEN OUTSIDE US IN PAST YEAR

How many times have you travelled outside of the United States in the past year?

_____ times {range: 1-95}

98. DK

99. RF

END OF MODULE 2