

SECTION E HEALTH UTILIZATION /ADL/IADL/HELPERS

E TIME POINT-ELAPSED SECONDS (1660)

E1. (Since Wave 1 date / In the last two years), have you been a patient in a hospital overnight?

(1664)  
 YES.....1  
 NO.....5 -Skip-(1681)  
 DK.....8  
 RF.....9

E2. How many different times were you a patient in a hospital overnight (Since Wave 1 date / in the last two years)? (1665)

E3. (Altogether) How many nights were you a patient in the hospital (Since Wave 1 date / in the last two years)? (1666)

E4. Were the costs for your hospital stay(s) completely covered by ~IF R BIRTH YEAR ON OR BEFORE 1931 Medicare, Medicaid, or other health insurance, partly covered by insurance, or not covered at all by insurance? (1669)

FULLY COVERED.....1  
 PARTLY COVERED.....3  
 NOT COVERED AT ALL.....5  
 COSTS NOT SETTLED YET.....7  
 DK.....8  
 RF.....9

if: IN NURSING HOME  
 SKIP to:(1682)

E5. (Since Wave 1 date / in the last two years), have you been a patient overnight IN a nursing home, convalescent home, or other long-term health care facility?

(1681)  
 YES.....1  
 NO.....5 -Skip-(1688)  
 DK.....8  
 RF.....9

E6. How many times ~IF IN NURSING HOME including now, have you been a patient in a nursing home ~ELSE were you a patient in a nursing home or other long-term care facility (Since Wave 1 date / in the last two years)? (1682)

E7. (Altogether) How many nights were you a patient In a nursing home (Since Wave 1 date / In the last two years)?  
 USE 996 FOR CONTINUOUS SINCE ENTERED  
 NIGHTS: (1683)  
 OR  
 MONTHS: (1684)

E8.  
 ~IF IN NURSING HOME  
 Are the costs for your nursing home stay(s) completely covered by  
 ~ELSE  
 Were the costs for your nursing home stay(s) completely covered by  
 ~IF R BIRTH YEAR ON OR BEFORE 1931  
 Medicare, Medicaid, or other  
 health insurance, partly covered by insurance, or not covered at  
 all by insurance?

(1686)  
 FULLY COVERED.....1  
 PARTLY COVERED.....3  
 NOT COVERED AT ALL.....5  
 COSTS NOT SETTLED YET.....7  
 DK.....8  
 RF.....9

if:(1686)( \*NOT\* 3 \*TO\* 7) \*AND\* (1669)( \*NOT\* 3 \*TO\* 7)  
 SKIP to:(1698)

E10.  
 About how much did you pay out-of-pocket  
 for (nursing home, hospital) bills (Since Wave 1 date / In the last two years)?  
 DO NOT PROBE DK/RF  
 AMOUNT:

(1688)  
 if:(1688)( \*NOT\* DK \*AND\* \*NOT\* RF)  
 SKIP to:(1698)

E10a.  
 Was it more than \$10,000?

(1689)  
 YES.....1  
 NO.....5 -Skip-(1692)  
 DK.....8  
 RF.....9

if:(1689)(DK \*OR\* RF)  
 SKIP to:(1698)

E10b.  
 Was it more than \$20,000?

(1690)  
 YES.....1  
 NO.....5 -Skip-(1698)  
 DK.....8  
 RF.....9

E10c.  
 Was it more than \$50,000?

(1691)  
 YES.....1 -Skip-(1698)  
 NO.....5 -Skip-(1698)  
 DK.....8 -Skip-(1698)  
 RF.....9 -Skip-(1698)

E10d.  
 Was it more than \$5,000?

(1692)  
 YES.....1 -Skip-(1698)  
 NO.....5  
 DK.....8  
 RF.....9

E10e.  
 Was it more than \$500?

(1693)  
 YES.....1  
 NO.....5  
 DK.....8  
 RF.....9

E11.  
 ~IF R HAS BEEN AN OVERNIGHT HOSPITAL PATIENT IN THE LAST TWO YEARS  
 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 1 date / In the last two years)?  
  
 USE ZERO FOR NONE  
  
 (1698)  
  
 if:(1698)(0 \*OR\* DK \*OR\* RF)  
 SKIP to:(1713)

E13.  
 Were the costs for your doctor visit(s) completely covered by  
 ~IF R BIRTH YEAR ON OR BEFORE 1931  
 Medicare, Medicaid, or other  
  
 health insurance, partly covered by insurance, or not covered at  
 all by insurance?  
  
 (1701)  
  
 FULLY COVERED.....1  
 PARTLY COVERED.....3  
 NOT COVERED AT ALL.....5  
 [VOL] COSTS NOT SETTLED YET.....7  
 DK.....8  
 RF.....9

~IF R HAS NOT BEEN A PATIENT IN A HOSPITAL OVERNIGHT SINCE WAVE 1 DATE/IN THE LAST TWO YEARS  
 E14.  
 (Since Wave 1 date / In the last two years),  
 ~ELSE (1644)(N5)  
 E14.  
 Not counting overnight hospital stays, (Since Wave 1 date / In the last two years),  
 have you had outpatient surgery?  
  
 (1713)  
  
 YES.....1  
 NO.....5  
 DK.....8  
 RF.....9

if:(1713)(5 \*OR\* DK \*OR\* RF)  
 SKIP to:(1728)  
  
 E16.  
 Were your expenses for your outpatient surgery completely covered by  
 ~IF R BIRTH YEAR ON OR BEFORE 1931  
 Medicare, Medicaid, or other  
  
 health insurance, partly covered by insurance, or not covered at  
 all by insurance?  
  
 (1716)  
  
 FULLY COVERED.....1  
 PARTLY COVERED.....3  
 NOT COVERED AT ALL.....5  
 [VOL] COSTS NOT SETTLED YET.....7  
 DK.....8  
 RF.....9

E17.  
 (Since Wave 1 date / In the last two years) have you seen a dentist  
 for dental care, including dentures?  
  
 (1728)  
  
 YES.....1  
 NO.....5  
 DK.....8  
 RF.....9

if:(1728)(5 \*OR\* DK \*OR\* RF)  
 SKIP to:(1732)

E18.

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

	(1731)
FULLY COVERED.....	1
PARTLY COVERED.....	3
NOT COVERED AT ALL.....	5
[VOL] COSTS NOT SETTLED YET.....	7
DK.....	8
RF.....	9

if:(1731)( \*NOT\* 3 \*TO\* 7) \*AND\* (1701)( \*NOT\* 3 \*TO\* 7) \*AND\* (1716)( \*NOT\* 3 \*TO\* 7)  
SKIP to:(1744)

E18a.

About how much did you pay out-of-pocket for (doctor, outpatient surgery, dental) bills (Since Wave 1 date/IN the last two years)?

(Except any payments you told me about.)

DO NOT PROBE DK/RF

AMOUNT:

(1732)

if:(1732)( \*NOT\* DK \*AND\* \*NOT\* RF)  
SKIP to:(1744)

E18b.

Was it more than \$1,000?

	(1733)
YES.....	1
NO.....	5 -Skip-(1736)
DK.....	8
RF.....	9

if:(1733)(DK \*OR\* RF)  
SKIP to:(1744)

E18c.

Was it more than \$5,000?

	(1734)
YES.....	1
NO.....	5 -Skip-(1744)
DK.....	8
RF.....	9

E18d.

Was it more than \$20,000?

	(1735)
YES.....	1 -Skip-(1744)
NO.....	5 -Skip-(1744)
DK.....	8 -Skip-(1744)
RF.....	9 -Skip-(1744)

E18e.

Was it more than \$500?

	(1736)
YES.....	1 -Skip-(1744)
NO.....	5
DK.....	8
RF.....	9

E18f.

Was it more than \$200?

	(1737)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

E20. Do you regularly take prescription medications? (1744)

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

if:(1744)(5 \*OR\* DK \*OR\* RF)  
 SKIP to:(1755)

E21. Were the costs of your prescription medications completely covered by  
 ~IF R BIRTH YEAR LESS THAN 1930  
 Medicare, Medicaid, or other  
 health insurance, partly covered by insurance, or not covered  
 at all by health insurance?

FULLY COVERED.....	1	(1748)
PARTLY COVERED.....	3	-Skip-(1755)
NOT COVERED AT ALL.....	5	
COSTS NOT SETTLED YET.....	7	-Skip-(1755)
DK.....	8	
RF.....	9	

E21a. On the average, about how much have you paid out-of-pocket per month for these prescriptions (Since Wave 1 date / In the last two years)?

DO NOT PROBE DK/RF

AMOUNT PER MONTH:

(1749)

if:(1749)( \*NOT\* DK \*AND\* \*NOT\* RF)  
 SKIP to:(1755)

E21b. Is it more than \$20 per month?

YES.....	1	(1750)
NO.....	5	-Skip-(1753)
DK.....	8	
RF.....	9	

if:(1750)(DK \*OR\* RF)  
 SKIP to:(1755)

E21c. Is it more than \$100 per month?

YES.....	1	(1751)
NO.....	5	-Skip-(1755)
DK.....	8	
RF.....	9	

E21d. Is it more than \$500 per month?

YES.....	1	(1752)
NO.....	5	-Skip-(1755)
DK.....	8	-Skip-(1755)
RF.....	9	-Skip-(1755)

E21e. Is it more than \$10 per month?

YES.....	1	(1753)
NO.....	5	-Skip-(1755)
DK.....	8	
RF.....	9	

E21f.

Is it more than \$5 per month?

(1754)

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 1 date / In the last two years) have you ended up taking less medication than was prescribed for you because of the cost?

(1755)

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

if: IN NURSING HOME  
SKIP to:(1799)

E22.

(Since Wave 1 date / In the last two years), has any medically-trained person come to your home to help you?

(1760)

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

if:(1760)(5 \*OR\* DK \*OR\* RF)  
SKIP to:(1773)

E23.

Were the costs of your home medical care completely covered by ~IF R BIRTH YEAR ON OR BEFORE 1931 Medicare, Medicaid, or other

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

(1762)

FULLY COVERED.....	1
PARTLY COVERED.....	3
NOT COVERED AT ALL.....	5
[VOL] COSTS NOT SETTLED YET.....	7
DK.....	8
RF.....	9

E24.

READ SLOWLY

(Since Wave 1 date / 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?

(1774)

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

if:(1762)( \*NOT\* 3 \*TO\* 7) \*AND\* (1774)(5 \*OR\* DK \*OR\* RF)  
SKIP to:(1791)

E24a.

About how much did you pay out-of-pocket for (IN-home medical care/ special facilities or services) (Since Wave 1 date / In the last two years)?

DO NOT PROBE DK/RF

AMOUNT:

(1781)

if:(1781)( \*NOT\* DK \*AND\* \*NOT\* RF)  
SKIP to:(1787)

E24b. Was it more than \$5,000?

	(1782)
YES.....	1
NO.....	5 -Skip-(1785)
DK.....	8
RF.....	9

if:(1782)(DK \*OR\* RF)  
SKIP to:(1787)

E24c. Was it more than \$10,000?

	(1783)
YES.....	1
NO.....	5 -Skip-(1787)
DK.....	8
RF.....	9

E24d. Was it more than \$20,000?

	(1784)
YES.....	1 -Skip-(1787)
NO.....	5 -Skip-(1787)
DK.....	8 -Skip-(1787)
RF.....	9 -Skip-(1787)

E24e. Was it more than \$1,000?

	(1785)
YES.....	1 -Skip-(1787)
NO.....	5
DK.....	8
RF.....	9

E24f. Was it more than \$500?

	(1786)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

if:(HOSPITAL-YR)( \*NOT\* YES) \*AND\* (NURSING HOME)( \*NOT\* YES) \*AND\* (1698)(0 \*OR\* DK \*OR\* RF) \*AND\* (1713)( \*NOT\* 1) \*AND\* (1728)( \*NOT\* 1) \*AND\* (1744)( \*NOT\* 1) \*AND\* (1760)( \*NOT\* 1) \*AND\* (1774)( \*NOT\* 1) \*AND\* (IN NURSING HOME)( \*NOT\* YES)  
SKIP to:(1812)

E26.

I would like to get a rough idea of the total cost of your

-IF R HAS BEEN A PATIENT IN A HOSPITAL OVERNIGHT SINCE WAVE 1/IN THE LAST TWO YEARS  
hospital stays

-IF R HAS BEEN A PATIENT OVERNIGHT IN A NURSING HOME, CONVALESCENT HOME, OR OTHER LONG TERM HEALTH CARE FACILITY SINCE WAVE 1 DATE/IN THE LAST TWO YEARS OR IN NURSING HOME  
nursing home stays

-IF OUT OF POCKET EXPENSES FOR HOSPITAL, NURSING HOME BILLS SINCE WAVE 1/IN THE LAST TWO YEARS ARE GREATER THAN \$20,000  
doctor and clinic visits

-IF R HAS HAD OUTPATIENT SURGERY NOT COUNTING HOSPITAL STAYS SINCE WAVE 1 DATE/IN THE LAST TWO YEARS  
outpatient surgery

-IF R HAS SEEN A DENTIST FOR DENTAL CARE, INCLUDING DENTURES SINCE WAVE 1/IN THE LAST TWO YEARS  
dental visits

-IF R REGULARLY TAKES PRESCRIPTION MEDICATIONS  
prescriptions

-IF R HAD ANY MEDICALLY-TRAINED PERSON COME TO THEIR HOME SINCE WAVE 1 DATE/IN THE LAST TWO YEARS  
IN-home-medical care

(and) all other medical costs for you (Since Wave 1 date / In the last two years), including costs covered by

~IF R BIRTH YEAR ON OR BEFORE 1931  
Medicare, Medicaid, or other

health insurance. Do you think the total costs were more  
than \$5,000?

(1799)  
YES.....1 -Skip-(1801)  
NO.....5  
DK.....8  
RF.....9

if:(1799)(DK \*OR\* RF \*OR\* OUT;C)  
SKIP to:(1805)

E26a.  
Was it more than \$1,000?

(1800)  
YES.....1 -Skip-(1805)  
NO.....5 -Skip-(1805)  
DK.....8 -Skip-(1805)  
RF.....9 -Skip-(1805)

E26b.  
Was it more than \$25,000?

(1801)  
YES.....1  
NO.....5 -Skip-(1805)  
DK.....8 -Skip-(1805)  
RF.....9 -Skip-(1805)

E26c.  
Was it more than \$100,000?

(1802)  
YES.....1  
NO.....5 -Skip-(1805)  
DK.....8 -Skip-(1805)  
RF.....9 -Skip-(1805)

E26d.  
Was it more than \$500,000?

(1803)  
YES.....1  
NO.....5  
DK.....8  
RF.....9

E27.  
Has anyone helped you (and your Husband/Wife/Partner) pay  
for your health care costs (Since Wave 1 date / In the last two years)?

DEF: APART FROM WHAT WAS COVERED BY INSURANCE.

(1805)  
YES.....1  
NO.....5 -Skip-(1812)  
DK.....8  
RF.....9

E28.  
Is that a (child or other) relative of  
yours (and your Husband/Wife/Partner), or is that someone else?

(1806)  
CHILD/CHILD-IN-LAW/GRANDCHILD.....1  
OTHER RELATIVE.....2 -Skip-(1809)  
SOMEONE ELSE.....3 -Skip-(1809)  
DK.....8 -Skip-(1809)  
RF.....9 -Skip-(1809)

if: 2ND HOUSEHOLD  
SKIP to:(1808)



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?)

(1807)(A1-A3)

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

(1809)

~IF HOSPITAL-YR(YES)+ NURSING HOME-YR (YES)  
 E31. (Aside from any hospital or nursing home stays,)  
 ~ELSE HOSPITAL-YR(YES)+ NURSING HOME-YR(NOT YES)  
 E31. (Aside from any hospital stays,)  
 ~ELSE HOSPITAL-YR(NOT YES)+ NURSING HOME-YR (YES)  
 E31. (Aside from any nursing home stays,)  
 ~ELSE  
 E31.

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

(1812)

E59 TIMESTAMP

(1824)

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.

(1833)

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

(1834)

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

if:(1834)( \*NOT\* 5)  
 SKIP to:(1840)

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

(1837)

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

if:(1834)(5)  
 SKIP to:(1843)

E62. (Because of a health problem)  
 (do you have any difficulty)  
 with walking one block?

(1840)

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?

(1843)

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?

(1846)

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?

(1849)

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

if:(1849)(5)  
 SKIP to:(1855)

E66. (Because of a health problem)  
 (do you have any difficulty)  
 with climbing one flight of stairs without resting?

(1852)

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?  
 (1855)  
 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?  
 (1858)  
 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?  
 (1861)  
 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?  
 (1864)  
 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?  
 (1867)  
 YES.....1  
 NO.....5  
 CAN'T DO.....6  
 DON'T DO.....7  
 DK.....8  
 RF.....9

ADL MOP Timestamp (1869)

ADLCK.CKPT FOR SKIPPING ADL  
 SERIES (1870)

if:(1870)(5)  
 SKIP to:(1941)

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?

	(1871)
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?

	(1874)
YES.....	1
NO.....	5 -Skip-(1877)
DK.....	8 -Skip-(1877)
RF.....	9 -Skip-(1877)

E72d.

What equipment is that?

CHOOSE ALL THAT APPLY

	(1875)(A1-A5)
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,

if:(1871)(5)  
SKIP to:(1884)

E72f.

Does anyone ever help you get across a room?

	(1877)
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?

	(1884)
YES.....	1
NO.....	5 -Skip-(1894)
CAN'T DO.....	6
DON'T DO.....	7
DK.....	8
RF.....	9

E73f.

Does anyone ever help you dress?

	(1887)
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?

(1894)

YES.....1  
 NO.....5 -Skip-(1904)  
 CAN'T DO.....6  
 DON'T DO.....7  
 DK.....8  
 RF.....9

E74f. Does anyone ever help you bathe?

(1897)

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?

(1904)

YES.....1  
 NO.....5 -Skip-(1914)  
 CAN'T DO.....6  
 DON'T DO.....7  
 DK.....8  
 RF.....9

E75f. Does anyone ever help you eat?

(1907)

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?

(1914)

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?

(1917)

YES.....1  
 NO.....5 -Skip-(1920)  
 DK.....8 -Skip-(1920)  
 RF.....9 -Skip-(1920)

E76d. What equipment is that?

CHOOSE ALL THAT APPLY

(1918) (A1-A3)

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,

if:(1914)(5)  
SKIP to:(1927)

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

(1920)  
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?

(1927)  
YES.....1  
NO.....5 -Skip-(1932)  
CAN'T DO.....6  
DON'T DO.....7  
DK.....8  
RF.....9

E77f. Does anyone ever help you use the toilet?

(1930)  
YES.....1  
NO.....5  
DK.....8  
RF.....9

E80 TIMESTAMP (1932)

if:(1877)(1) \*OR\* (1887)(1) \*OR\* (1897)(1) \*OR\* (1907)(1) \*OR\* (1920)(1) \*OR\* (1930)(1)  
:1:  
SKIP to:(1938)

if:(1)( > = 0 \*OR\* < = 0)  
:5:  
SKIP to:(1938)

ADLHELP.CKPT IF ANY ADL HELPERS (1937)

if:(1870)(1)  
SKIP to:(1954)

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?

(1941)  
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?

(1952)  
YES.....1  
NO.....5 -Skip-(1954)  
DK.....8 -Skip-(1954)  
RF.....9 -Skip-(1954)

E80a. What equipment is that?

CHOOSE ALL THAT APPLY

(1953)

- 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,

if:(1937)(1)  
SKIP to:(1960)

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

~IF 1870(5) any of these activities: getting across a room, dressing, bathing, eating, getting out of bed, or using the toilet?

~ELSE  
~IF WALKING DIFFICULTY (NO) getting across a room,

~IF DRESSING DIFFICULTY (NO) dressing,

~IF BATHING DIFFICULTY (NO) bathing

~IF EATING DIFFICULTY (NO) eating,

~IF BED DIFFICULTY (NO) getting in and out of bed,

~IF TOILET DIFFICULTY (NO) using the toilet.

(1955)

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

E83 TIMESTAMP

(1960)

E83. ~IF 1955(1) Who most often helps you with (that/these activities)?

~ELSE Who most often helps you with

~IF 1877(1) getting across a room,

~IF 1887(1) dressing,

~IF 1897(1) bathing,

~IF 1907(1) eating,

~IF 1920(1) getting in and out of bed,

~IF 1930(1) using the toilet?

if:(1961)( \*NOT\* 97)  
SKIP to:(1969)

E83a. What is that person's relationship to you?  
~IF IN NURSING HOME + NOT ON LIST  
or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
CHILD OR CHILD'S SPOUSE OR HH MEMBER  
USE 3 If:(IN NURSING HOME) \*AND\* (NOT ON LIST) -AND-

Version 5: UNLISTED CHILD OR CHILD-IN-LAW.....2 (1967)  
Code added EMPLOYEE OF "INSTITUTION".....3 -Skip-(1969)  
GRANDCHILD.....4  
RELATIVE-OTHER.....5  
OTHER INDIVIDUAL.....6  
ORGANIZATION.....7  
DK.....8  
RF.....9

E83b. ~IF 1967(4) What is the first name of that grandchild?  
~ELSE 1967(5) What is the name of that relative?  
~ELSE 1967(6. DK OR RF) What is the name of that individual?  
Version 5: ~ELSE 1967(2) What is the name of that child?  
Code added ~ELSE What is the name of that organization?

(1968)

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

(1969)  
YES.....1  
NO.....5 -Skip-(2005)  
DK.....8 -Skip-(2005)  
RF.....9 -Skip-(2005)

E84. Who is that?

E84a. What is that person's relationship to you?  
~IF IN NURSING HOME + NOT ON LIST  
or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
CHILD OR CHILD'S SPOUSE OR HH MEMBER

(1976)

Version 5: ~~ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,~~  
Instruction deleted ~~CHILD OR CHILD'S SPOUSE OR HH MEMBER~~

Code added UNLISTED CHILD OR CHILD-IN-LAW.....2  
EMPLOYEE OF "INSTITUTION".....3 -Skip-(1978)  
GRANDCHILD.....4  
RELATIVE-OTHER.....5  
OTHER INDIVIDUAL.....6  
ORGANIZATION.....7  
DK.....8  
RF.....9

E84b. ~IF 1976(4) What is the first name of that grandchild?  
~ELSE 1976(5) What is the name of that relative?  
~ELSE 1976(6 or DK or RF) What is the name of that individual?  
Version 5: ~ELSE 1976(2) What is the name of that child?  
Code added ~ELSE What is the name of that organization?

(1977)



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

(1983)

YES.....1  
 NO.....5 -Skip-(2005)  
 DK.....8 -Skip-(2005)  
 RF.....9 -Skip-(2005)

E85. Who is that?

E85a. What is that person's relationship to you?  
 ~IF IN NURSING HOME (NOT ON LIST)  
 or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
 CHILD OR CHILD'S SPOUSE OR HH MEMBER

(1985)

Version 5:  
 Code added

**UNLISTED CHILD OR CHILD-IN-LAW.....2**  
 EMPLOYEE OF "INSTITUTION".....3 -Skip-(1987)  
 GRANDCHILD.....4  
 RELATIVE-OTHER.....5  
 OTHER INDIVIDUAL.....6  
 ORGANIZATION.....7  
 DK.....8  
 RF.....9

E85b.  
 ~IF 1985(4) What is the first name of that grandchild?  
 ~ELSE 1985(5) What is the name of that relative?  
 ~ELSE 1985(6 or DK or RF) What is the name of that individual?

Version 5:  
 Code added

**~ELSE 1985(2) What is the name of that child?**  
 ~ELSE What is the name of that organization?

(1986)

E85c. Does anyone else help you with these activities?

(1987)

YES.....1  
 NO.....5 -Skip-(2005)  
 DK.....8 -Skip-(2005)  
 RF.....9 -Skip-(2005)

E86. Who is that?

E86a. What is that person's relationship to you?  
 ~IF IN NURSING HOME + (NOT ON LIST)  
 or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
 CHILD OR CHILD'S SPOUSE OR HH MEMBER

(1989)

Version 5:  
 Code added

**UNLISTED CHILD OR CHILD-IN-LAW.....2**  
 EMPLOYEE OF "INSTITUTION".....3 -Skip-(1991)  
 GRANDCHILD.....4  
 RELATIVE-OTHER.....5  
 OTHER INDIVIDUAL.....6  
 ORGANIZATION.....7  
 DK.....8  
 RF.....9

E86b.  
 ~IF 1989(4) What is the first name of that grandchild?  
 ~ELSE 1989(5) What is the name of that relative?

```

~ELSE 1989(6 or DK or RF)
  What is the name of that individual?
Version 5:
Code added ~ELSE 1989(2)
  What is the name of that child?
~ELSE
  What is the name of that organization?
                                                    (1990)

E86c.
  Does anyone else help you with these activities?
                                                    (1991)
  YES.....1
  NO.....5 -Skip-(2005)
  DK.....8 -Skip-(2005)
  RF.....9 -Skip-(2005)

E87.
  Who is that?

E87a.
  What is that person's relationship to you?
~IF IN NURSING HOME + (NOT ON LIST)
  or are they an employee of the place you live?

  ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,
  CHILD OR CHILD'S SPOUSE OR HH MEMBER
                                                    ( 1993)
Version 5:
Code added UNLISTED CHILD OR CHILD-IN-LAW.....2
  EMPLOYEE OF "INSTITUTION".....3 -Skip-(1995)
  GRANDCHILD.....4
  RELATIVE-OTHER.....5
  OTHER INDIVIDUAL.....6
  ORGANIZATION.....7
  DK.....8
  RF.....9

E87b.
~IF 1993(4)
  What is the first name of that grandchild?
~ELSE 1993(5)
  What is the name of that relative?
~ELSE 1993(6 or DK or RF)
  What is the name of that individual?
Version 5:
Code added ~ELSE 1993(2)
  What is the name of that child?
~ELSE
  What is the name of that organization?
                                                    (1994)

E87c.
  Does anyone else help you with these activities?
                                                    (1995)
  YES.....1
  NO.....5 -Skip-(2005)
  DK.....8 -Skip-(2005)
  RF.....9 -Skip-(2005)

E88.
  Who is that?

  or are they an employee of the place you live?

  ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,
  CHILD OR CHILD'S SPOUSE OR HH MEMBER
                                                    (1997)
Version 5:
Code added UNLISTED CHILD OR CHILD-IN-LAW.....2
  EMPLOYEE OF "INSTITUTION".....3 -Skip-(1999)
  GRANDCHILD.....4
  RELATIVE-OTHER.....5
  OTHER INDIVIDUAL.....6
  ORGANIZATION.....7
  DK.....8
  RF.....9

```



E88b.  
 ~IF 1997(4)  
     What is the first name of that grandchild?  
 ~ELSE 1997(5)  
     What is the name of that relative?  
 ~ELSE 1997(6 or DK or RF)  
     What is the name of that individual?  
**Version 5:**  
**Code added** ~ELSE 1997(2)  
     **What is the name of that child?**  
 ~ELSE  
     What is the name of that organization?

(1998)

E88c.  
 Does anyone else help you with these activities?

(1999)  
 YES.....1  
 NO.....5 -Skip-(2005)  
 DK.....8 -Skip-(2005)  
 RF.....9 -Skip-(2005)

E89.  
 Who is that?

E89a.  
 What is that person's relationship to you?  
 ~IF IN NURSING HOME + (NOT ON LIST)  
     or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
 CHILD OR CHILD'S SPOUSE OR HH MEMBER

(2001)

**Version 5:**  
**Code added** UNLISTED CHILD OR CHILD-IN-LAW.....2  
 EMPLOYEE OF "INSTITUTION".....3 -Skip-(2003)  
 GRANDCHILD.....4  
 RELATIVE-OTHER.....5  
 OTHER INDIVIDUAL.....6  
 ORGANIZATION.....7  
 DK.....8  
 RF.....9

E89b.  
 ~IF 2001(4)  
     What is the first name of that grandchild?  
 ~ELSE 2001(5)  
     What is the name of that relative?  
 ~ELSE 2001(6 or DK or RF)  
     What is the name of that individual?  
**Version 5:**  
**Code added** ~ELSE 2001(2)  
     **What is the name of that child?**  
 ~ELSE  
     What is the name of that organization?

(2002)

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?

(2005)  
 ALL OR MOST.....1  
 SOMETIMES.....2  
 RARELY.....3  
 NEVER.....4  
 DK.....8  
 RF.....9

E91.  
 Are you able to drive?

(2008)  
 YES.....1  
 NO.....5 -Skip-(2011)  
 [VOL] NEVER DROVE.....6 -Skip-(2011)  
 DK.....8 -Skip-(2011)  
 RF.....9 -Skip-(2011)

E91a. Do you have a car available to use when you need one? (2009)

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? (2010)

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. (2011)

E93. Do you have any difficulty using a map to figure out how to get around in a strange place? (2012)

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? (2021)

YES.....1 -Skip-(2024)  
NO.....5 -Skip-(2026)  
CAN'T DO.....6  
DON'T DO.....7  
DK.....8  
RF.....9

E95b. Is that because of a health or memory problem? (2023)

YES.....1  
NO.....5 -Skip-(2026)  
DK.....8  
RF.....9

E95c. Does anyone help you prepare hot meals? (2024)

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? (2026)

YES.....1 -Skip-(2029)  
NO.....5 -Skip-(2031)  
CAN'T DO.....6  
DON'T DO.....7  
DK.....8  
RF.....9

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

(2028)

YES.....1  
 NO.....5 -Skip-(2031)  
 DK.....8  
 RF.....9

E96c. Does anyone help you shop for groceries?

(2029)

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?

(2031)

YES.....1 -Skip-(2034)  
 NO.....5 -Skip-(2036)  
 CAN'T DO.....6  
 DON'T DO.....7  
 DK.....8  
 RF.....9

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

(2033)

YES.....1  
 NO.....5 -Skip-(2036)  
 DK.....8  
 RF.....9

E97c. Does anyone help you make telephone calls?

(2034)

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

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

(2036)

YES.....1 -Skip-(2039)  
 NO.....5 -Skip-(2041)  
 CAN'T DO.....6  
 DON'T TAKE MEDICATIONS.....7 -Skip-(2041)  
 DK.....8  
 RF.....9

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

(2038)

YES.....1  
 NO.....5 -Skip-(2041)  
 DK.....8  
 RF.....9

E98c. Does anyone help you with taking medication?

(2039)

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

E99. Who most often helps you  
 ~IF 2024(1) prepare meals,  
 ~IF 2029(1) shop for groceries  
 ~IF 2034(1) make telephone calls  
 ~IF 2039(1) take medications?

E99a. What is that person's relationship to you?  
 ~IF IN NURSING HOME + (NOT ON LIST)  
 or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
 CHILD OR CHILD'S SPOUSE OR HH MEMBER  
 USE 3 If: IN NURSING HOME \*AND\* (NOT ON LIST) -AND-

Version 5:  
 Code added

(2042)  
 UNLISTED CHILD OR CHILD-IN-LAW.....2  
 EMPLOYEES OF "INSTITUTION".....3 -Skip-(2044)  
 GRANDCHILD.....4  
 RELATIVE-OTHER.....5  
 OTHER INDIVIDUAL.....6  
 ORGANIZATION.....7  
 DK.....8  
 RF.....9

E99b.  
 ~IF 2042(GRANDCHILD)  
 What is the first name of that grandchild?  
 ~ELSE 2042(RELATIVE-OTHER)  
 What is the name of that relative?  
 ~ELSE 2042(OTHER INDIVIDUAL OR DK OR RF)  
 What is the name of that individual?

Version 5:  
 Code added

~ELSE 2042(2)  
 What is the name of that child?  
 ~ELSE  
 What is the name of that organization?

(2043)

E99c. Does anyone else help you  
 ~IF 2024(1) prepare meals,  
 ~IF 2029(1) shop for groceries  
 ~IF 2034(1) make telephone calls  
 ~IF 2039(1) take medications?

(2044)  
 YES.....1  
 NO.....5  
 DK.....8  
 RF.....9

if:(2044)( \*NOT\* 1)  
 SKIP to:(2076)

E100. Who else helps you?

E100a. What is that person's relationship to you?  
~IF IN NURSING HOME + (NOT ON LIST)  
or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
CHILD OR CHILD'S SPOUSE OR HH MEMBER  
USE 3 If:(IN NURSING HOME) \*AND\* (NOT ON LIST) -AND- (2051)

Version 5: UNLISTED CHILD OR CHILD-IN-LAW.....2  
Code added EMPLOYEES OF "INSTITUTION".....3 -Skip-(2053)  
GRANDCHILD.....4  
RELATIVE-OTHER.....5  
OTHER INDIVIDUAL.....6  
ORGANIZATION.....7  
DK.....8  
RF.....9

E100b. ~IF 2051(4)  
What is the first name of that grandchild?

~ELSE 2051(5)  
What is the name of that relative?  
~ELSE 2051(6 or DK or RF)  
What is the name of that individual?

Version 5: ~ELSE 2051(2)  
Code added What is the name of that child?  
~ELSE  
What is the name of that organization?

(2052)

E100c. Does anyone else help you with these activities?

YES.....1  
NO.....5  
DK.....8  
RF.....9 (2053)

if:(2053)( \*NOT\* 1)  
SKIP to:(2076)

E101. Who else helps you?

E101a. What is that person's relationship to you?  
~IF IN NURSING HOME + (NOT ON LIST)  
or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
CHILD OR CHILD'S SPOUSE OR HH MEMBER  
USE 3 If:(IN NURSING HOME) \*AND\* (NOT ON LIST) -AND- (2056)

Version 5: UNLISTED CHILD OR CHILD-IN-LAW.....2  
Code added EMPLOYEES OF "INSTITUTION".....3 -Skip-(2058)  
GRANDCHILD.....4  
RELATIVE-OTHER.....5  
OTHER INDIVIDUAL.....6  
ORGANIZATION.....7  
DK.....8  
RF.....9

E101b. ~IF 2056(4)  
What is the first name of that grandchild?

~ELSE 2056(5)  
What is the name of that relative?  
~ELSE 2056(6 or DK or RF)  
What is the name of that individual?

Version 5: ~ELSE 2056(2)  
Code added What is the name of that child?  
~ELSE  
What is the name of that organization?

(2057)



E101c. Does anyone else help you with these activities? (2059)

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

if:(2059)( \*NOT\* 1)  
 SKIP to:(2076)

E102. Who else helps you?

E102a. What is that person's relationship to you?  
 ~IF IN NURSING HOME + (NOT ON LIST)  
 or are they an employee of the place you live?

USE 3 If: IN NURSING HOME \*AND\* (NOT ON LIST) -AND-

<b>Version 5:</b>		(2062)
<b>Code added</b>	<b>UNLISTED CHILD OR CHILD-IN-LAW.....</b>	<b>2</b>
	EMPLOYEES OF "INSTITUTION".....	3 -Skip-(2064)
	GRANDCHILD.....	4
	RELATIVE-OTHER.....	5
	OTHER INDIVIDUAL.....	6
	ORGANIZATION.....	7
	DK.....	8
	RF.....	9

E102b.  
 ~IF 2062(4) What is the first name of that grandchild?  
 ~ELSE 2062(5) What is the name of that relative?  
 ~ELSE 2062(6 or DK or RF) What is the name of that individual?

**Version 5:**  
**Code added** ~ELSE 2062(2) **What is the name of that child?**  
 ~ELSE What is the name of that organization?

(2063)

E102c. Does anyone else help you with these activities? (2065)

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

if:(2065)( \*NOT\* 1)  
 SKIP to:(2076)

E103. Who else helps you?

E103a. What is that person's relationship to you?  
 ~IF IN NURSING HOME + (NOT ON LIST)  
 or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
 CHILD OR CHILD'S SPOUSE OR HH MEMBER  
 USE 3 If IN NURSING HOME \*AND\* (NOT ON LIST) -AND-

<b>Version 5:</b>		(2068)
<b>Code added</b>	<b>UNLISTED CHILD OR CHILD-IN-LAW.....</b>	<b>2</b>
	EMPLOYEES OF "INSTITUTION".....	3 -Skip-(2072)
	GRANDCHILD.....	4
	RELATIVE-OTHER.....	5
	OTHER INDIVIDUAL.....	6
	ORGANIZATION.....	7
	DK.....	8
	RF.....	9

if:(2074)(3)  
:EMPLOYEE OF FACILITY:  
SKIP to:(2076)

E103b.  
~IF 2068(4)  
    What is the first name of that grandchild?  
~ELSE 2068(5)  
    What is the name of that relative?  
~ELSE 2068(6 or DK or RF)  
    What is the name of that individual?  
**Version 5:**  
**Code added** ~ELSE 2068(2)  
    **What is the name of that child?**  
~ELSE  
    What is the name of that organization?

(2069)

E103c.  
Does anyone else help you with these activities?

(2072)

YES.....1  
NO.....5 -Skip-(2076)  
DK.....8 -Skip-(2076)  
RF.....9 -Skip-(2076)

E104.  
Who else helps you?

E104a.  
What is that person's relationship to you?  
~IF IN NURSING HOME + (NOT ON LIST)  
    or are they an employee of the place you live?

USE 3 If IN NURSING HOME \*AND\* (NOT ON LIST) -AND-

(2074)

**Version 5:**  
**Code added**

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

E104b.  
~IF 2074(4)  
    What is the first name of that grandchild?  
~ELSE 2074(5)  
    What is the name of that relative?  
**Version 5:**  
**Code added** ~ELSE 2074(2)  
    **What is the name of that child?**  
~ELSE 2074(6 or DK or RF)  
    What is the name of that individual?  
~ELSE  
    What is the name of that organization?

(2075)

if:IN NURSING HOME  
SKIP to:(2099)

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

(2076)

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?

(2099)

YES.....1 -Skip-(2102)  
 NO.....5 -Skip-(2124)  
 CAN'T DO.....6  
 DON'T DO.....7  
 DK.....8  
 NA.....9

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

(2100)

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

if:(2100)(5)  
 SKIP to:(2124)

E106c. Does anyone ever help you manage your money?

(2102)

YES.....1  
 NO.....5 -Skip-(2124)  
 DK.....8  
 RF.....9

Version 5:  
 Question  
 deleted

~~E106d. Is that because of a health or memory problem?~~

(2103)

~~YES.....1  
 NO.....5  
 DK.....8  
 RF.....9~~

Version 5:  
 Jump deleted

~~if:(2103)(\*NOT\* 1)  
 SKIP to:(2124)~~

E107. Who most often helps you manage your money?

E107a. What is that person's relationship to you?  
 ~IF IN NURSING HOME + (NOT ON LIST)  
 or are they an employee of the place you live?

ASK IF NOT YET ON LIST AS R'S SPOUSE/PARTNER,  
 CHILD OR CHILD'S SPOUSE OR HH MEMBER  
 USE 3 If IN NURSING HOME \*AND\* (NOT ON LIST) -AND-

(2108)

UNLISTED CHILD OR CHILD-IN-LAW.....2  
 EMPLOYEES OF "INSTITUTION".....3 -Skip-(2110)  
 GRANDCHILD.....4  
 RELATIVE-OTHER.....5  
 OTHER INDIVIDUAL.....6  
 ORGANIZATION.....7  
 DK.....8  
 RF.....9

Version 5:  
 Code added

if:(2108)(DK \*OR\* RF)  
 SKIP to:(2110)

Version 5:  
Code added

E107b.  
~IF 2108(4)  
    What is the first name of that grandchild?  
~ELSE 2108(5)  
    What is the name of that relative?  
~ELSE 2108(6 or DK or RF)  
    What is the name of that individual?  
~ELSE 2108(2)  
    What is the name of that child?  
~ELSE  
    What is the name of that organization?

(2109)

E107c.  
    Does anyone else help you manage your money?

(2115)

YES.....1  
NO.....5 -Skip-(2124)  
DK.....8 -Skip-(2124)  
RF.....9 -Skip-(2124)

E108.  
    Who is that?

E108a.  
    What is that person's relationship to you?  
~IF IN NURSING HOME+ (NOT ON LIST)  
    or are they an employee of the place you live?

USE 3 If IN NURSING HOME \*AND\* (NOT ON LIST) -AND-

(2122)

Version 5:  
Code added

UNLISTED CHILD OR CHILD-IN-LAW.....2  
EMPLOYEES OF "INSTITUTION".....3 -Skip-(2124)  
GRANDCHILD.....4  
RELATIVE-OTHER.....5  
OTHER INDIVIDUAL.....6  
ORGANIZATION.....7  
DK.....8  
RF.....9

E108b.  
~IF 2122(4)  
    What is the first name of that grandchild?  
~ELSE 2122(5)  
    What is the name of that relative?  
~ELSE 2122(6 or DK or RF)  
    What is the name of that individual?  
~ELSE 2122(2)  
    What is the name of that child?  
~ELSE  
    What is the name of that organization?

(2123)

E TIME STAMP (2124)

if:(1)( > = 0 \*OR\* < = 0)  
SKIP to:(2126)

E58.HELPER LIST (2125)

E3 SECTION TIMESTAMP (2127)

if:(2126)( > = 61) \*AND\* (R MARITAL STATUS )( \*NOT\* MARRIED, SPOUSE PRESENT \*OR\* MARRIED,  
SPOUSE ABSENT FROM HH \*OR\* LIVING WITH SOMEONE)  
SKIP to:(2134)

if:(2126)( \*NOT\* 2) \*AND\* (R MARITAL STATUS )(MARRIED, SPOUSE PRESENT \*OR\* MARRIED, SPOUSE  
ABSENT FROM HH \*OR\* LIVING WITH SOMEONE)  
SKIP to:(2134)

HELPER INTRO.

Let's think for a moment about the help you receive that we just talked about.

(2133)

HELPER RELATIONSHIP

(2135)(A11-A79)

E158.

AFFIRM SEX OF HELPER:

(IS (2126):)

ASKED ONLY IF NECESSARY

(2137)(A61-A79)

- MALE.....1
- FEMALE.....2
- AGENCY/PROFESSIONAL/EMPLOYEES OF "INSTITUTION".....3
- DK.....8
- RF.....9

if:(2135)( \*NOT\* 4)  
SKIP to:(2140)

if: 2ND HOUSEHOLD  
SKIP to:(2139)

E159.

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

E160.

During the last month, on about how many days did (NAME) help you?

DAYS IN LAST MONTH:

(2140)(A61-A79)

DAYS PER WEEK:

(2141)(A61-A79)

EVERY DAY.....1

(2142)(A61-A79)

E161.

On the days (NAME) helps you, about how many hours per day is that?

LESS THAN AN HOUR = 1

(2145)(A61-A79)

if:(2126)(2)  
BACK to:(2126)

E162.

Is (NAME) paid to help you?

(2146)(A61-A79)

- YES.....1
- NO.....5 -Back-(2126)
- DK.....8
- RF.....9

E163.

Does Medicaid or insurance help pay (NAME)?

(2147)(A61-A79)

- 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 (NAME) for the last month?

AMOUNT:

(2148)(A61-A79)

PER:

(2149)(A61-A78)

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

if:(2148)( \*NOT\* DK \*AND\* \*NOT\* RF)  
SKIP to:(2152)

E166.

Is it more than \$100 for the month?

(2151)(A61-A78)

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

if:(2148)(0 \*AND\* \*NOT\* DK \*AND\* \*NOT\* RF)  
BACK to:(2126)

E167.

Does any other person help you (and your Husband/Wife/Partner) pay this cost?

(2152)(A61-A78)

YES.....	1
NO.....	5 -Back-(2126)
DK.....	8
RF.....	9

E168.

Is that a (child or other) relative of yours (and your Husband/Wife/Partner), or is that someone else?

(2153)(A61-A73)

CHILD/CHILD-IN-LAW/GRANDCHILD.....	1
OTHER RELATIVE.....	2 -Back-(2126)
SOMEONE ELSE.....	3 -Back-(2126)
DK.....	8
RF.....	9

if: 2ND HOUSEHOLD  
SKIP to:(2155)

E169.

(Which child is that?)

IF GRANDCHILD:

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

if:IN NURSING HOME

(2154)(A61-A71)

SKIP to:(2164)

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 REINTERVIEW +M2152(1)

Is someone paid to help you with activities like that?

~ELSE (WAVE 1 INTERVIEW)(NOT REINTERVIEW)+M2152(1)

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

~ELSE REINTERVIEW

(Since Wave 1 date / In the last two years) did you pay anyone to help you with activities like that?

~ELSE

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

	(2157)
YES.....	1
NO.....	5 -Skip-(2164)
DK.....	8
RF.....	9

E170a.

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

	(2158)
YES.....	1
NO.....	5 -Skip-(2164)
DK.....	8
RF.....	9

E170b.

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

CHOOSE ALL THAT APPLY

	(2159) (A1-A4)
SPOUSE.....	1, -Skip-(2162)
CHILD/CHILD-IN-LAW/GRANDCHILD.....	2,
OTHER RELATIVE.....	3, -Skip-(2162)
OTHER PERSON OR ORGANIZATION.....	4, -Skip-(2162)
DK.....	8, -Skip-(2162)
RF.....	9, -Skip-(2162)

if: 2ND HOUSEHOLD  
SKIP to:(2161)

E170c.

(Which child is that?)

IF GRANDCHILD:

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

E170d.

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

	(2162)
YES.....	1
NO.....	5 -Skip-(2164)
DK.....	8 -Skip-(2164)
RF.....	9 -Skip-(2164)

E170e.

Were you the primary decision-maker in the hiring?

	(2163)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

if:(513)(0) \*AND\* (1447)(0 \*OR\* DK \*OR\* RF)  
SKIP to:(2167)

E171. (Since Wave 1 date / In the last two years), have your (and your Husband/Wife/Partner) children or grandchildren spent any time helping you, yourself, with household chores, errands, transportation, etc.?  
 YES.....1 (2164)  
 NO.....5 -Skip-(2167)  
 DK.....8 -Skip-(2167)  
 RF.....9 -Skip-(2167)

if: 2ND HOUSEHOLD  
 SKIP to:(2166)

E171a. (Which child is that?)  
 CHOOSE ALL THAT APPLY  
 IF GRANDCHILD:  
 (Which of your children is the parent of that grandchild?)  
 (2165)(A1-A5)  
 (2166)(A1-A3)

E172. (Since Wave 1 date / In the last two years), have you, yourself, spent time helping others with household chores, errands, transportation, etc?  
 (Do not count time taking care of grandchildren or great-grandchildren.)  
 YES.....1 (2167)  
 NO.....5  
 DK.....8  
 RF.....9

if:(2167)( \*NOT\* 1) \*AND\* (2168)( \*NOT\* 1)  
 SKIP to:(2172)

E173a. (Since Wave 1 date / In the last two years), have you spent 200 hours or more doing volunteer work or helping others with activities such as household chores, errands, and transportation?  
 YES.....1 (2169)  
 NO.....5  
 DK.....8  
 RF.....9

if:(2137)(ANSWERED )  
 SKIP to:(2177)

E174. Suppose in the future, you (and your Husband/Wife/Partner) needed help with basic personal care activities like eating or dressing. Do you have relatives or friends (beside your Husband/Wife/Partner) who would be willing and able to help you over a long period of time?  
 YES.....1 (2172)  
 NO.....5 -Skip-(2177)  
 DK.....8  
 RF.....9

E174a. Is that a (child or other) relative of yours (and your Husband/Wife/Partner) or is that someone else?  
 CHILD/CHILD-IN-LAW/GRANDCHILD.....1 (2173)  
 OTHER RELATIVE.....2 -Skip-(2177)  
 SOMEONE ELSE.....3 -Skip-(2177)  
 DK.....8  
 RF.....9

if: 2ND HOUSEHOLD  
 SKIP to:(2175)



E174b.

(2174)(A1-A7)

(2175)(A1)

(Which child is that?)

CHOOSE ALL THAT APPLY

IF GRANDCHILD:

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

EASSIST

IWER:

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

INAPs.....	0	(2177)
NEVER.....	1	
A FEW TIMES.....	2	
MOST OR ALL OF THE TIME.....	3	

E TIME STAMP (2181)