

Section I. Home Health Services

TIME THIS SECTION BEGINS RECORDED HERE
TSST06I

11. INTERVIEWER: CHECK A8

(Circle One)

A8 IS CODED 1 1

A8 IS CODED 2 2 → SKIP TO I12

12. You said you received care at home. (HAND R CARD #31) Please look at this card and tell me which specific types of help you received at home during the last 6 months. PROBE: Any other type of help? CODE EACH TYPE OF HELP RECEIVED BELOW. INCLUDE PAID AS WELL AS UNPAID HELP.

(Circle All That Apply)

B06I02A a. TPN OR PARENTERAL NUTRITION (FEEDING BY VEIN) 1

B06I02B b. INFUSION THERAPY 2

B06I02C c. INJECTIONS OR SHOTS 3

B06I02D d. OTHER MEDICAL TREATMENT OR EXAMINATION (SUCH AS ADMINISTERING MEDICATION BY MOUTH OR INHALATION OR CHANGING BANDAGES) 4

B06I02E e. PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY 5

B06I02F f. PERSONAL CARE SUCH AS ASSISTANCE GETTING DRESSED AND UNDRESSED, BATHING, OR GETTING INTO OR OUT OF BED 6

B06I02G g. HOUSEKEEPING OR FOOD PREPARATION 7

B06I02H h. MEAL DELIVERY 8

B06I02I i. OTHER 9

13. (HAND R CARD 32) Who helped you during the last 6 months?
PROBE: Anyone else?

(Circle All That Apply)

B06I03A PAID HELPER 1

B06I03B UNPAID VOLUNTEER 2

B06I03C FRIEND OR RELATIVE WHO LIVES WITH YOU 3

B06I03D FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU 4

B06I03E OTHER HELPER 5

14. INTERVIEWER CHECK I3.

(Circle One)

CODE 1 IS CIRCLED..... 1

CODE 1 IS NOT CIRCLED..... 2 → SKIP TO I8

VERSION 6 - 10:

I5. CHECK I2. IF I2 CODED 4 OR 6 OR 7 ASK I6a. ALL OTHERS SKIP TO I7

VERSION 11 - 13

I5. CHECK I2. IF CODED 1, 2, 3, 4, 5, 6, or 7, ASK I6a. ALL OTHERS SKIP TO I7.

I6a. What is the name of the home health professional who helped you most often during the last 6 months?

HOME HEALTH HELPER NAME

I6b. What agency or organization does (he/she) work for?

B06I06B

(Circle One)

- ENTER NAME 1
SELF-EMPLOYED 2 -> SKIP TO I7
REFUSED -1 -> SKIP TO I7
DON'T KNOW -2 -> SKIP TO I7

AGENCY/ORGANIZATION NAME

I6c. What city and state is it in?

CITY STATE

I7. On average, how many hours per week of paid home help did you have in the last 6 months? Please include all types of paid home help in your answer—not just help related to health care.

B06I07

HOURS: _____

VERSION 11 - 13 ONLY:

I7a. How many weeks did you have paid home help in the last 6 months?

B06I07A

WEEKS: _____

18. INTERVIEWER CHECK I3.

(Circle One)

CODE 2 OR 3 OR 4 OR 5 IS CIRCLED 1

CODE 2 OR 3 OR 4 OR 5 IS NOT CIRCLED .. 2 → SKIP TO J1

19. Think about the unpaid helper who helped you most often during the last 6 months.
Is that person:

B06I09

(Circle One)

A volunteer,..... 1 → SKIP TO I11

A friend, 2

Your partner or spouse,..... 3 → SKIP TO I11

Another family member, 4

Some other helper 5

110. Does he or she live with you?

(Circle One)

B06I10

YES 1

NO 2

111. On average, how many hours per week of help did you get from all unpaid helpers in the last 6 months?

B06I11

HOURS: _____

VERSION 11 - 13 ONLY:

111a. How many weeks did you have unpaid helpers in the last 6 months?

B06I11A

WEEKS: _____