

Survey of Income and Program Participation—2008 Panel

Topical Module Items Booklet Wave 9

2/2011

U S C E N S U S B U R E A U

Helping You Make Informed Decisions

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Items Booklet

Specification:
Section: Adult Well-Being TM

Mark One Only

AW2_APT

ASK ONLY IF NECESSARY

Is there more than one housing unit in this building?

- (1) Yes
- (2) No

@

Multiple Entry

AW5_CNDUR

SHOW FLASHCARD II
READ ANSWER CATEGORIES IF NECESSARY

Do you currently have the following items in your home, in working condition?

- (1) Yes (2) No
- @1 (01)Washing machine
- @2 (02)Clothes dryer
- @3 (03)Dishwasher
- @4 (04)Refrigerator
- @5 (05)Stand-alone food freezer (separate from refrigerator)
- @6 (06)Color television
- @7 (07)Gas or electric stove (with or without oven)
- @8 (08)Microwave oven
- @9 (09)VCR or DVD (or other video recorder-player such as TiVo)
- @10 (10)Air conditioner (central or room)
- @11 (11)Personal computer
- @12 (12)Cellular phone or mobile phone
- @13 (13)Regular telephone

Mark One Only

AW6_CBLD1

You didn't list a washing machine in your home. Is there a washing machine in your BUILDING provided for your use?

- (1) Yes
- (2) No

@

Mark One Only

AW7_CBLD2

You didn't list a dryer in your home. Is there a dryer in your BUILDING provided for your use?

- (1) Yes
- (2) No

@

Mark One Only

AW8_CBLD13

You didn't list a telephone in your home. Is there a way for people to reach you by telephone?

- (1) Yes, neighbor's phone, common phone, pay phone
- (2) Yes, cell phone
- (3) Yes, other device
- (4) No, cannot be reached by telephone

@

Enter Number

AW9_ROOMS

The next set of questions are about the quality of your neighborhood, crime in your neighborhood, and the type of services available to you. First, I will ask about your home.

How many rooms are there in your home? Count the kitchen but do not count the bathrooms.

ACCEPTABLE RANGE IS 1-20
ENTER (20) TO INDICATE 20 OR MORE ROOMS

@ (Number of rooms)

Multiple Entry

AW10_HOUSE1

SHOW FLASHCARD JJ
READ ANSWER CATEGORIES IF NECESSARY

Are any of the following conditions present in your home?

ENTER ALL THAT APPLY/ENTER (N) FOR NO MORE

[fill AW10_1:b](1) Problem with pests such as rats, mice, roaches, or other insects

[fill AW10_2:b](2) A leaking roof or ceiling

[fill AW10_3:b](3) Broken window glass or windows that can't shut

[fill AW10_4:b](4) Exposed electrical wires in the finished areas of your home

[fill AW10_5:b](5) A toilet, hot water heater, or other plumbing that doesn't work

[fill AW10_6:b](6) Holes in the walls or ceiling, or cracks wider than the edge of a dime

[fill AW10_7:b](7) Holes in the floor big enough for someone to catch their foot on

@1

Enter Text

AW10_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Multiple Entry

AW11_HOUSE2

SHOW FLASHCARD KK

Now I'm going to ask you a few questions about your satisfaction with certain aspects of your housing.

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied, with the following:

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied
- (5) Haven't lived here long enough to know

- @1 (1) The general state of repair of your home
@2 (2) The amount of room or space in your home
@3 (3) The furnishings in your home
@4 (4) The warmth of your home in winter
@5 (5) The coolness of your home in summer
@6 (6) The amount of privacy your home offers

Mark One Only

AW12_SATLV1

SHOW FLASHCARD LL

READ ANSWER CATEGORIES IF NECESSARY

Overall, how satisfied are you with your home?

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW13_SATLV2

Are conditions in your home undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Mark One Only

AW14_CRIME1

The next few questions are about crime and things you have done to protect yourself from crime.

Is there any area right around your home --- that is, within a mile --- where you would be afraid to walk alone at night?

- (1) Yes
- (2) No

@

Multiple Entry

AW15_CRIME2

In the past month, have you done any of the following because you thought you might be unsafe?

- (1) Yes (2) No
- @1 (1) Have you stayed in your home at certain times?
@2 (2) Have you taken someone with you or traveled with other people when going out into your neighborhood?
@3 (3) Have you carried anything to protect yourself?

Mark One Only

AW16_CRIME3

Do you consider your neighborhood very safe from crime, somewhat safe, somewhat unsafe, or very unsafe?

- (1) Very safe
(2) Somewhat safe
(3) Somewhat unsafe
(4) Very unsafe

@

Mark One Only

AW17_CRIME4

How about your home? Do you consider it very safe from crime, somewhat safe, somewhat unsafe, or very unsafe?

- (1) Very safe
(2) Somewhat safe
(3) Somewhat unsafe
(4) Very unsafe

@

Mark One Only

AW18_CRIME5

We are interested in finding out if people do anything in particular to keep thieves or intruders out of their homes.

[fill TEMP2] [fill TEMP1] have a dog?

- (1) Yes
(2) No

@

Mark One Only

AW19_CRIME6

When you got (this dog/these dogs), was it in part to keep your home safe from thieves or intruders?

- (1) Yes
(2) No

@

Mark One Only

AW20_CRIME7

[fill TEMP2] [fill TEMP1] have any special safety DEVICES such as electric timers for lights, or an alarm system?

- (1) Yes
- (2) No

@

Mark One Only

AW21_SATLV3

Overall, is the threat of crime where you live undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Multiple Entry

AW22_NBRHD1

Now I will ask some questions about general conditions in your neighborhood.

SHOW FLASHCARD MM
READ ANSWER CATEGORIES IF NECESSARY

Do you think any of the following conditions are problems in your neighborhood?

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

- [fill AW22_1:b] (1) Street noise or heavy street traffic
- [fill AW22_2:b] (2) Streets in need of repair
- [fill AW22_3:b] (3) Trash, litter, or garbage in the streets and lots
- [fill AW22_4:b] (4) Rundown or abandoned houses or buildings
- [fill AW22_5:b] (5) Industries, businesses, or other non-residential activities
- [fill AW22_6:b] (6) Odors, smoke, or gas fumes

@1

Enter Text

AW22_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW23_NBRHD2

SHOW FLASHCARD LL

How satisfied are you with your relationship with your neighbors?

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW24_SATLV4

SHOW FLASHCARD LL

Overall, how satisfied are you with conditions in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW25_SATLV5

Is your neighborhood undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Mark One Only

AW27_CS1

SHOW FLASHCARD LL

How satisfied are you with the local public schools in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Multiple Entry

AW28_CS2

SHOW FLASHCARD NN

READ ANSWER CATEGORIES IF NECESSARY

We are interested in schools from kindergarten through 12th grade.
Do any of the children in your household attend:

- (1) Yes (2) No
- @1 (1) Private school
- @2 (2) Magnet, charter, or other public school apart from the assigned school
- @3 (3) Assigned public school
- @4 (4) Home school
- @5 (5) Not in school or other arrangement

Mark One Only

AW29_CS3

Would [fill TEMP1] prefer a different school for any child in this home?

- (1) Yes
- (2) No

@

Multiple Entry

AW30_CS4

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with each of the following services in your neighborhood:

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied
- (5) Haven't lived here long enough to know

@1 (1) Hospitals, health clinics, and doctors
@2 (2) Police services
@3 (3) Fire department services

Mark One Only

AW31_CS5

Are the public transportation services available in your neighborhood adequate for you?

- (1) Yes
- (2) No
- (3) Not sure because you do not use public transportation

@

Mark One Only

AW32_SATLV6

SHOW FLASHCARD LL

Overall, how satisfied are you with the public services in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW33_SATLV7

Are the public services undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Mark One Only

AW34_MEET

Next are questions about difficulties people sometimes have in meeting their essential household expenses for such things as mortgage or rent payments, utility bills, or important medical care.

During the past 12 months, has there been a time when [fill TEMP1] did not meet all of your essential expenses?

- (1) Yes
- (2) No

@

Mark One Only

AW35_NEED1

The following are some of the specific difficulties people experience with household expenses.

Was there any time in the past 12 months when [fill TEMP1] did not pay the full amount of the rent or mortgage?

- (1) Yes
- (2) No

@

Mark One Only

AW36_GETH1

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW37_WHOH1

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW37_1:b] (1) A family member or relative
- [fill AW37_2:b] (2) A friend, neighbor or other non-relative
- [fill AW37_3:b] (3) A department of social services
- [fill AW37_4:b] (4) A church or nonprofit group
- [fill AW37_5:b] (5) Other

@1

Enter Text

AW37_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW38_NEED2

In the past 12 months [fill TEMP1] [fill TEMP2]
evicted from your home or apartment for not paying the rent or
mortgage?

- (1) Yes
(2) No

@

Mark One Only

AW39_GETH2

When [fill TEMP1] had this problem, did any person or
organization help?

- (1) Yes
(2) No

@

Multiple Entry

AW40_WHOH2

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW40_1:b] (1) A family member or relative
[fill AW40_2:b] (2) A friend, neighbor or other non-relative
[fill AW40_3:b] (3) A department of social services
[fill AW40_4:b] (4) A church or nonprofit group
[fill AW40_5:b] (5) Other

@1

Enter Text

AW40_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW41_NEED3

How about not paying the full amount of the gas, oil, or
electricity bills?

Was there a time in the past 12 months when that happened to
[fill TEMP1]?

- (1) Yes
(2) No

@

Mark One Only

AW42_GETH3

When [fill TEMP1] had this problem, did any person or
organization help?

- (1) Yes
(2) No

@

Multiple Entry

AW43_WHOH3

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW43_1:b] (1) A family member or relative
- [fill AW43_2:b] (2) A friend, neighbor or other non-relative
- [fill AW43_3:b] (3) A department of social services
- [fill AW43_4:b] (4) A church or nonprofit group
- [fill AW43_5:b] (5) Other

@1

Enter Text

AW43_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW44_NEED4

In the past 12 months did the gas or electric company turn off service, or the oil company not deliver oil?

- (1) Yes
- (2) No

@

Mark One Only

AW45_GETH4

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW46_WHOH4

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW46_1:b] (1) A family member or relative
- [fill AW46_2:b] (2) A friend, neighbor or other non-relative
- [fill AW46_3:b] (3) A department of social services
- [fill AW46_4:b] (4) A church or nonprofit group
- [fill AW46_5:b] (5) Other

@1

Enter Text

AW46_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW47_NEED5

How about the telephone company disconnecting service because payments were not made?

Was there a time in the past 12 months when that happened to [fill TEMP1]?

- (1) Yes
(2) No

@

Mark One Only

AW48_GETH5

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
(2) No

@

Multiple Entry

AW49_WHOH5

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW49_1:b] (1) A family member or relative
[fill AW49_2:b] (2) A friend, neighbor or other non-relative
[fill AW49_3:b] (3) A department of social services
[fill AW49_4:b] (4) A church or nonprofit group
[fill AW49_5:b] (5) Other

@1

Enter Text

AW49_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW50_NEED6

In the past 12 months was there a time [fill TEMP2] needed to see a doctor or go to the hospital but did not go?

- (1) Yes
(2) No

@

Mark One Only

AW51_GETH6

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
(2) No

@

Multiple Entry

AW52_WHOH6

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW52_1:b] (1) A family member or relative
 - [fill AW52_2:b] (2) A friend, neighbor or other non-relative
 - [fill AW52_3:b] (3) A department of social services
 - [fill AW52_4:b] (4) A church or nonprofit group
 - [fill AW52_5:b] (5) Other
- @1

Enter Text

AW52_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW53_NEED7

In the past 12 months was there a time [fill TEMP2] needed
to see a dentist but did not go?

- (1) Yes
- (2) No

@

Mark One Only

AW54_GETH7

When [fill TEMP1] had this problem, did any person or
organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW55_WHOH7

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW55_1:b] (1) A family member or relative
 - [fill AW55_2:b] (2) A friend, neighbor or other non-relative
 - [fill AW55_3:b] (3) A department of social services
 - [fill AW55_4:b] (4) A church or nonprofit group
 - [fill AW55_5:b] (5) Other
- @1

Enter Text

AW55_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW56_HELP1

SHOW FLASHCARD OO
READ ANSWER CATEGORIES IF NECESSARY

If [fill TEMP1] had a problem with which you needed help
(for example, sickness or moving), how much help would you expect
to get from family living nearby?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

@

Mark One Only

AW57_HELP2

SHOW FLASHCARD OO
READ ANSWER CATEGORIES IF NECESSARY

If [fill TEMP1] had a problem with which you needed help
How much help would you expect to get from friends?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

@

Mark One Only

AW58_HELP3

SHOW FLASHCARD OO
READ ANSWER CATEGORIES IF NECESSARY

If [fill TEMP1] had a problem with which you needed help
How much help would you expect to get from other people in the
community besides family and friends, such as a social agency
or a church?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

@

Mark One Only

AW59_FOOD1

SHOW FLASHCARD PP

Getting enough food can also be a problem for some people. Which
of these statements best describes the food eaten in your household
in the last four months:

READ ANSWER CATEGORIES IF NECESSARY

- (1) Enough of the kinds of food we want
- (2) Enough but not always the kinds of food we want to eat
- (3) Sometimes not enough to eat
- (4) Often not enough to eat

@

Multiple Entry

AW60_FOOD2

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE
In which of the last four months did [fill TEMP2]
NOT have enough to eat?

- [fill AW60_1:b] (1) 4 mos. ago [fill month1]
 - [fill AW60_2:b] (2) 3 mos. ago [fill month2]
 - [fill AW60_3:b] (3) 2 mos. ago [fill month3]
 - [fill AW60_4:b] (4) last month [fill month4]
 - [fill AW60_5:b] (5) current month [fill month5]
- @1

Enter Text

AW60_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP
@

Mark One Only

AW61_FOOD3

I'm going to read you some statements that people have made
about their food situation. For these statements, please
tell me whether it was OFTEN TRUE, SOMETIMES TRUE, or NEVER
TRUE for [fill TEMP2] in the last four months.

"The food that [fill TEMP3] bought just didn't last and
[fill TEMP3] didn't have money to get more."

Was that often, sometimes or never true for [fill TEMP4]
in the last four months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

@

Mark One Only

AW62_FOOD4

The next statement is: "[fill TEMP3] couldn't afford to eat
balanced meals."

Was that often, sometimes or never true for [fill TEMP4]
in the last four months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

@

Mark One Only

AW63_FOOD5

The next statement is: "[fill TEMP1] not eating enough
because [fill TEMP3] couldn't afford enough food."

Was that often, sometimes or never true for [fill TEMP2] in
the last four months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

@

Mark One Only

AW64_FOOD6

The next questions refer to adults in the household.

In the past four months did [fill TEMP1]
ever cut the size of your meals or skip meals because there
wasn't enough money for food?

- (1) Yes
- (2) No

@

Mark One Only

AW65_FOOD7

In the past four months, did [fill TEMP1] ever eat less than
you felt you should because there wasn't enough money to
buy food?

- (1) Yes
- (2) No

@

Mark One Only

AW66_FOOD8

In the past four months, did [fill TEMP1] ever not eat for a
whole day because there wasn't enough money for food?

- (1) Yes
- (2) No

@

Mark One Only

HH01A

There are situations in which people provide regular unpaid care or assistance to a family member or friend who has a long-term illness or a disability.

During the past month, did [fill TEMPNAME] provide any such care or assistance to a family member or friend living here or living elsewhere?

[r]H[n]

INCLUDE ONLY UNPAID CARE OR ASSISTANCE ACTIVITIES. INCLUDE ONLY THOSE ACTIVITIES MADE NECESSARY BY THE ILLNESS OR DISABILITY OF THE RECIPIENT.

- (1) Yes
 - (2) No
- @

Mark One Only

HH02

Did [fill TEMPNAME] provide such care or assistance to someone living here in the past month?

- (1) Yes
- (2) No

@

Enter Number

HH03

During the past month, for how many persons living here did [fill TEMPNAME] provide care or assistance?

@ Number

Multiple Entry

HH04

```
[if HH03 ge <3> or HH03 eq <D> or HH03 eq <R>]
  For which person(s) in this household did [fill TEMPNAME] provide
  regular unpaid care or assistance? (Please list only the two
  persons for whom [fill TEMPNAME] provided the most assistance,
  or care in the past month.)
[else]
  [if HH03 eq <1> or HH03 eq <2>]
    For which person(s) in this household did [fill TEMPNAME]
    provide regular unpaid care or assistance?
  [endif]
[endif]
```

IF THERE IS ONLY ONE ENTRY, ENTER "N" AFTER THAT ENTRY.

@1 @2

Mark One Only

HH05A

What is [fill PTEMPNAME] relationship to [fill FAMILYNAM]?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

@

Enter Number

HH06A

For how many years [fill HAVHAS] [fill TEMPNAME] provided care or assistance to [fill FAMILYNAM]?

ENTER "0" IF LESS THAN 1 YEAR.

@ Years

Multiple Entry

HH07A

Now think about last month, what kind of care or assistance did [fill TEMPNAME] give to [fill FAMILYNAM]?
Did [fill HESHE]:

(1) Yes (2) No

- a. Help him/her dress, eat, bathe, or get to the bathroom? @1
- b. Help with medical needs such as taking medicines or changing bandages? @2
- c. Help him/her keep track of bills, checks, or other financial matters? @3
- d. Help by taking him/her shopping or to the doctor's office? @4
- e. Help in any other way? Specify @5

Enter Text

HH07A1

Please specify "OTHER" care or assistance provided.

@

Enter Number

HH08A

On average, how many hours a week did [fill TEMPNAME] usually spend providing care or assistance for [fill FAMILYNAM] in the past month?

@ Hours

Mark One Only

HH09A

Did [fill FAMILYNAM] receive similar unpaid care or assistance from anyone other than you in the past month?

- (1) Yes
- (2) No

@

Enter Number

HH10A

Think about the unpaid care and assistance provided by other person(s) in the past month, on average, how many hours per week did [fill FAMILYNAM] usually receive care or assistance?

@ Hours

Mark One Only

HH12A

Sometimes people receive professional home health care services such as visits by nurses or therapists or home health aides. Did [fill FAMILYNAM] receive professional home health services in the past month?

- (1) Yes
- (2) No

@

Enter Number

HH12A1

In terms of professional care or assistance from home health care services, how many hours per week did [fill FAMILYNAM] usually receive in the past month?

@ Hours

Mark One Only

HH05B

What is [fill PTEMPNAME] relationship to [fill FAMILYNAM]?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

@

Enter Number

HH06B

For how many years [fill HAVHAS] [fill TEMPNAME] provided care or assistance to [fill FAMILYNAM]?

ENTER "0" IF LESS THAN 1 YEAR.

@ Years

Multiple Entry

HH07B

Now think about last month, what kind of care or assistance did [fill TEMPNAME] give to [fill FAMILYNAM]?
Did [fill HESHE]:

(1) Yes (2) No

- a. Help him/her dress, eat, bathe, or get to the bathroom? @1
- b. Help with medical needs such as taking medicines or changing bandages? @2
- c. Help him/her keep track of bills, checks, or other financial matters? @3
- d. Help by taking him/her shopping or to the doctor's office? @4
- e. Help in any other way? Specify @5

Enter Text

HH07B1

Please specify "OTHER" care or assistance provided.

@

Enter Number

HH08B

On average, how many hours a week did [fill TEMPNAME] usually spend providing care or assistance for [fill FAMILYNAM] in the past month?

@ Hours

Mark One Only

HH09B

Did [fill FAMILYNAM] receive similar unpaid care or assistance from anyone other than you in the past month?

- (1) Yes
(2) No

@

Enter Number

HH10B

Think about the unpaid care and assistance provided by other person(s) in the past month, on average, how many hours per week did [fill FAMILYNAM] usually receive care or assistance?

@ Hours

Mark One Only

HH12B

Sometimes people receive professional home health care services such as visits by nurses or therapists or home health aides. Did [fill FAMILYNAM] receive professional home health care services in the past month?

- (1) Yes
- (2) No

@

Enter Number

HH12B1

In terms of professional care or assistance from home health care services, how many hours per week did [fill FAMILYNAM] usually receive in the past month?

@ Hours

Mark One Only

HH13

During the past month, did [fill TEMPNAME] provide any unpaid care or assistance to any persons who lived outside of [fill PTEMPNAME] home?

INCLUDE ONLY UNPAID CARE OR ASSISTANCE ACTIVITIES. INCLUDE ONLY THOSE ACTIVITIES MADE NECESSARY BY THE ILLNESS OR DISABILITY OF THE RECIPIENT.

- (1) Yes
- (2) No

[r]H[n]

@

Enter Number

HH14

For how many persons living outside of [fill PTEMPNAME] home did [fill TEMPNAME] provide care or assistance in the past month?

@ Number

Multiple Entry

HH15

```
[if HH14 ge <3> or HH14 eq <D> or HH14 eq <R>]
  What [fill WASWERE] the name(s) of the person(s) outside
  [fill PTEMPNAME] home for whom you provided care or
  assistance? (Please list only the two persons for whom
  [fill TEMPNAME] provided the most assistance in the past month).
[else]
  [if HH14 eq <1> or HH14 eq <2>]
    What [fill WASWERE] the name(s) of the person(s) outside
    [fill PTEMPNAME] home for whom you provided care or
    assistance?
  [endif]
[endif]
```

IF THERE IS ONLY ONE ENTRY, ENTER "N" AFTER THAT ENTRY.

1st Person's Name @1

2nd Person's Name @2

Mark One Only

HH16A

What is [fill PTEMPNAME] relationship to [fill OUTSIDNAM]?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

@

Enter Number

HH17A

For how many years [fill HAVHAS] [fill TEMPNAME] provided care or assistance to [fill OUTSIDNAM]?

ENTER "0" IF LESS THAN 1 YEAR.

@ Years

Mark One Only

HH18A

In what type of residence did [fill OUTSIDNAM] live in the past month?
Was it in an ordinary residence, such as a house or apartment, or was it some other type of care facility?

- (1) House or apartment
- (2) Care facility
- (3) Other, specify

@

Enter Text

HH18A1

Please specify "OTHER" type of residence.

@

Multiple Entry

HH19A

What kind of assistance did [fill TEMPNAME] give to [fill OUTSIDNAM]?
Did [fill HESHE]:

- | | | | |
|----|--|--------|--|
| | (1) Yes | (2) No | |
| a. | Help him/her dress, eat, bathe, or get to the bathroom? | @1 | |
| b. | Help with medical needs such as taking medicines or changing bandages? | @2 | |
| c. | Help him/her keep track of bills, checks, or other financial matters? | @3 | |
| d. | Help by taking him/her shopping or to the doctor's office? | @4 | |
| e. | Help in any other way? Specify | @5 | |

Enter Text

HH19A1

Please specify "OTHER" type of assistance.

@

Enter Number

HH20A

On average, how many hours a week did [fill TEMPNAME]
usually spend providing care or assistance for [fill OUTSIDNAM]?

@ Hours

Mark One Only

HH21A

During the past month, did [fill OUTSIDNAM] receive similar unpaid
care or assistance from any other persons?

- (1) Yes
- (2) No

@

Enter Number

HH21A1

Think about the last month, how many hours per week of unpaid care
or assistance did [fill OUTSIDNAM] usually receive from that person?

@ Hours

Mark One Only

HH22A

During the past month, did [fill TEMPNAME] regularly spend time with
[fill OUTSIDNAM] in order to provide companionship and emotional support
because of his/her long-term illness or disability?

- (1) Yes
- (2) No

@

Mark One Only

HH24A

Sometimes people receive professional home health care services
such as visits by nurses or therapists or home health aides. Did
[fill OUTSIDNAM] receive professional health care or assistance
during the past month?

- (1) Yes
- (2) No

@

Enter Number

HH24A1

In terms of professional care and assistance from home health care
services, how many hours per week did [fill OUTSIDNAM] usually
receive in the past month?

@ Hours

Mark One Only

HH16B

What is [fill PTEMPNAME] relationship to [fill OUTSIDNAM]?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

@

Multiple Entry

HH17B

For how long [fill HAVHAS] [fill TEMPNAME] provided care or assistance to [fill OUTSIDNAM]?

@2 Years

Mark One Only

HH18B

In what type of residence did [fill OUTSIDNAM] live in the past month? Was it in an ordinary residence, such as a house or apartment, or was it some other type of care facility?

- (1) House or apartment
- (2) Care facility
- (3) Other, specify

@

Enter Text

HH18B1

Please specify "OTHER" type of residence.

@

Multiple Entry

HH19B

What kind of assistance did [fill TEMPNAME] give to [fill OUTSIDNAM][fill HESHE]:

- (1) Yes (2) No
- a. Help him/her dress, eat, bathe, or get to the bathroom? @1
 - b. Help with medical needs such as taking medicines or changing bandages? @2
 - c. Help him/her keep track of bills, checks, or other financial matters? @3
 - d. Help by taking him/her shopping or to the doctor's office? @4
 - e. Help in any other way? Specify @5

Enter Text

HH19B1

Please specify "OTHER" type of assistance.

@

Enter Number

HH20B

On average, how many hours a week did [fill TEMPNAME] usually spend providing care or assistance for [fill OUTSIDNAM]?

@ Hours

Mark One Only

HH21B

During the past month, did [fill OUTSIDNAM] receive similar unpaid care or assistance from any other persons?

- (1) Yes
- (2) No

@

Enter Number

HH21B1

Think about the last month, how many hours per week of unpaid care or assistance did [fill OUTSIDNAM] usually receive from that person(s)?

@ Hours

Mark One Only

HH22B

During the past month, did [fill TEMPNAME] regularly spend time with [fill OUTSIDNAM] in order to provide companionship and emotional support because of this illness or disability?

- (1) Yes
- (2) No

@

Mark One Only

HH24B

Sometimes people receive professional home health care services such as visits by nurses or therapists or home health aides. Did [fill OUTSIDNAM] receive professional health care or assistance during the past month?

- (1) Yes
- (2) No

@

Enter Number

HH24B1

In terms of professional care and assistance from home health care services, how many hours per week did [fill OUTSIDNAM] usually receive in the past month?

@ Hours

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