

END_LP01
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| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_01 AND CONTINUE WITH HE04

HE04
=====

{STR-DT}
{END-DT}

Does anyone in the family receive help or supervision with
personal care such as bathing, dressing, or getting around the
house?

YES 1
NO 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |
HE05 BY CAPI AND GO TO BOX_02

| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |
WITH HE05

HE05

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{STR-DT}
{END-DT}

HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING,
DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

PROBE: Does anyone else receive help or supervision with
personal care?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

- [1. First Name,[Middle Name],Last Name-65]
- [2. First Name,[Middle Name],Last Name-65]
- [3. First Name,[Middle Name],Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING |
DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
| OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
SUPPLEMENT: ADL SECTION.

LOOP_02
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| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
HE06 - END_LP02

| LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS |
| < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) |
| BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL |
| HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS |
| WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON RECEIVES HELP OR SUPERVISION WITH |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING, |
| THAT IS, THE PERSON IS SELECTED AT HE05) |
- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-3

HE06
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

(Do/Does) (PERSON) receive help or supervision with personal care such as bathing, dressing or getting around the house **because of an impairment or a physical or mental health problem?**

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
SUPPLEMENT: ADL SECTION.

END_LP02

=====

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_02 AND CONTINUE WITH BOX_02

BOX_02

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| IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH |
HE07

IF ROUND 2 OR ROUND 4, GO TO HE26

HE07
=====

{STR-DT}
{END-DT}

Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?

YES 1
NO 2 {HE09}
REF -7 {HE09}
DK -8 {HE09}

PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08 |
BY CAPI AND GO TO HE09

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
WITH HE08

HE08

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{STR-DT}

{END-DT}

USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

PROBE: Does anyone else use any aids for personal care or everyday activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]

[2. First Name,[Middle Name],Last Name-65]

[3. First Name,[Middle Name],Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
AIDS/SPECIAL EQUIPMENT SECTION.