

**POMP 6 HOME AND COMMUNITY SERVICE RECIPIENTS SURVEY**

**CODEBOOK**

June 15, 2005

**CODERS: ONLY ENTER DATA FOR QUESTIONNAIRES THAT HAVE THE OFFICE USE ONLY BOX FILLED IN. CHECK BELOW FOR REQUIRED FIELDS.**

**ENTER A VALUE FOR ALL QUESTIONS UNLESS “BLANK IS VALID” IS NOTED, OTHERWISE CODE -9 FOR MISSING OR INVALID VALUES. CHECK THE SURVEY MARGIN FOR REMARKS. IF REFUSED (RF) CODE -7. IF DON’T KNOW (DK), CODE -8.**

**IF MORE THAN ONE RESPONSE IS CIRCLED, CODE -9, INVALID.**

**FOR QUESTIONS THAT ARE “CHECK ALL THAT APPLY”, A CHECKED BOX = 1 (YES) AND AN UNCHECKED BOX = 2 (NO). IF ALL BOXES ARE UNCHECKED, CODE EACH CATEGORY AS -9.**

**AGENCY INFORMATION - AUTOFILL**

**Variable Name**

**Variable Description and Codes**

Agency Name of agency that the client is enrolled with (REQUIRED)

XXXXXXXXXXXXXXXXXX(Maximum of 255 Characters)

State State that the agency is in (REQUIRED)

XX (State abbreviation)

**OFFICE USE ONLY BOX**

**Variable Name**

**Variable Description and Codes**

ClientID Unique caregiver identifier (REQUIRED)

XXXXXXXXXXXXXXXXXX(Maximum of 50 Characters)

Date Date the interview was completed (REQUIRED)

xx/xx/2005

Interview Interview completed with (REQUIRED)

- 1 = Client
- 2 = Caregiver/proxy
- 3 = Interpreter
- 9 = Missing

Comments XXXXXXXXXXXXXXXX(Maximum 65,000 Characters)

BLANK IS VALID

# QUESTIONNAIRE

## Part 1. Service Mix

### Variable Name

### Question And Codes

SR1

1. In the past 6 months, have you eaten lunch or dinner at a senior center or a program that provides a meal and activities for older people?

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR1 = 1 GO TO SR1A, ELSE GO TO SR2**

SR1A

1A. How long ago did you begin eating at the senior center or meal site? (Use the closest whole month.)

- 1 = Less than 6 months
  - 2 = 7 months to 1 year
  - 3 = More than 1 year
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF SR1A = 2 OR 3 GO TO SR1B, ELSE GO TO SR2**

SR1B

1B. How often do you eat lunch or dinner there?

- 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
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR1C

1C. When was the last time you ate lunch there? Number?

- 0-365 = Number
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR1CUnit

1C. When was the last time you ate lunch there? Units?

- 1 = Days
- 2 = Weeks
- 3 = Months
- 7 = REFUSED
- 8 = DON'T KNOW

-9 = MISSING OR INVALID  
BLANK IS VALID

SR1D

1D. Has eating lunch or dinner there been helpful?

1 = Helped a lot  
2 = Helped a little  
3 = Didn't help  
4 = Made things worse  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR1E

1E. How would you rate the quality of the meal program?

1 = Excellent  
2 = Very good  
3 = Good  
4 = Fair  
5 = Poor  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR1F

1F. On the days you eat there, how much of your food that day comes from that meal?

1 = Less than 1/3  
2 = 1/3 to 1/2  
3 = About 1/2  
4 = More than 1/2  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR1G

1G. While you are there, do you learn about better nutrition and safety tips for storing food?

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR2

2. In the past 6 months, have you received a home-delivered lunch or other meal?

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

**CODERS: IF SR2 = 1 GO TO SR2A, ELSE GO TO SR3**

SR2A

2A. How long have you received this service?

- 1 = Less than 6 months
  - 2 = 7 months to 1 year
  - 3 = More than 1 year
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF SR2A = 2 OR 3 GO TO SR2B, ELSE GO TO SR3**

SR2B

2B. How often do you receive a home-delivered meal?

- 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
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR2C

2C. When was the last time you received a meal? Number?

- 0-365 = Number
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR2CUnit

2C. When was the last time you received a meal? Units?

- 1 = Days
  - 2 = Weeks
  - 3 = Months
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR2D

2D. Has receiving a home-delivered meal been helpful?

- 1 = Helped a lot
  - 2 = Helped a little
  - 3 = Didn't help
  - 4 = Made things worse
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR2E

2E. How would you rate the quality of the home-delivered meal program?

- 1 = Excellent
  - 2 = Very good
  - 3 = Good
  - 4 = Fair
  - 5 = Poor
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR2F

2F. On the days you get a meal, how much of your food that day comes from that meal?

- 1 = Less than 1/3
  - 2 = 1/3 to 1/2
  - 3 = About 1/2
  - 4 = More than 1/2
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR2G

2G. Do you sometimes get information with your meals about subjects like better nutrition and safety tips for storing food?

- 1 = Yes
  - 0 = No
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR3

3. Do you get Transportation to the doctor or other medical appointments such as dialysis?

- 1 = Yes
  - 0 = No
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF SR3 = 1 GO TO SR3A, ELSE GO TO SR4**

SR3A

3A. How long have you received this service?

- 1 = Less than 6 months
  - 2 = 7 months to 1 year
  - 3 = More than 1 year
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF SR3A = 2 OR 3 GO TO SR3B, ELSE GO TO SR4**

SR3B

3B. How often do you get transportation to a medical appointment?

- 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
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR3C

3C. When was the last time you used this service? Number?

- 0-365 = Number
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR3CUnit

3C. When was the last time you used this service? Units?

- 1 = Days
  - 2 = Weeks
  - 3 = Months
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR3D

3D. Has transportation to medical appointments been helpful?

- 1 = Helped a lot
  - 2 = Helped a little
  - 3 = Didn't help
  - 4 = Made things worse
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR3E

3E. How would you rate the quality of the medical transportation program?

- 1 = Excellent
  - 2 = Very good
  - 3 = Good
  - 4 = Fair
  - 5 = Poor
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR3F 3F. For all your trips to the doctor or other medical appointments since you started receiving this service, would you say you use the service for. . .?

- 1 = Just a few trips
  - 2 = About 1/4
  - 3 = About 1/2
  - 4 = About 3/4
  - 5 = All or nearly all
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR4 4. Do you get Transportation such as a van or bus to go shopping, on errands, to a meal program, or to the senior center?

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR4 = 1 GO TO SR4A, ELSE GO TO SR5**

SR4A 4A. How long have you received this service?

- 1 = Less than 6 months
  - 2 = 7 months to 1 year
  - 3 = More than 1 year
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF SR4A = 2 OR 3 GO TO SR4B, ELSE GO TO SR5**

SR4B 4B. How often do you get transportation to any of these places? (Do not count transportation to the doctor's office or other medical appointments?)

- 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
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR4C 4C. When was the last time you used this service? Number?

- 0-365 = Number
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR4CUnit

4C. When was the last time you used this service? Units?

- 1 = Days
  - 2 = Weeks
  - 3 = Months
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR4D

4D. Has this transportation been helpful?

- 1 = Helped a lot
  - 2 = Helped a little
  - 3 = Didn't help
  - 4 = Made things worse
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR4E

4E. How would you rate the quality of the transportation program?

- 1 = Excellent
  - 2 = Very good
  - 3 = Good
  - 4 = Fair
  - 5 = Poor
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR4F

4F. For all your trips (not counting medical appointments) since you started receiving this service, would you say you use the service for. . .?

- 1 = Just a few trips
- 2 = About 1/4
- 3 = About 1/2
- 4 = About 3/4
- 5 = All or nearly all
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR5

5. Do you have an aide who helps with housework?

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR5 = 1 GO TO SR5A, ELSE GO TO SR6**

SR5A

5A. How long have you received this service?

- 1 = Less than 6 months
  - 2 = 7 months to 1 year
  - 3 = More than 1 year
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF SR5A = 2 OR 3 GO TO SR5B, ELSE GO TO SR6**

SR5B

5B. How often does an aide come to help with housework?

- 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
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR5C

5C. When was the last time you used this service? Number?

- 0-365 = Number
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR5CUnit

5C. When was the last time you used this service? Units?

- 1 = Days
  - 2 = Weeks
  - 3 = Months
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR5D

5D. Has the aide service been helpful?

- 1 = Helped a lot
  - 2 = Helped a little
  - 3 = Didn't help
  - 4 = Made things worse
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR5E

5E. How would you rate the quality of your aide service?

- 1 = Excellent
  - 2 = Very good
  - 3 = Good
  - 4 = Fair
  - 5 = Poor
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR5F

5F. Can you depend on your aide to do the tasks that she or he is supposed to do?

- 1 = Yes
  - 2 = Sometimes
  - 3 = No
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR6

6. Do you have an aide who helps with bathing or dressing or other personal care (not housework)?

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR6 = 1 GO TO SR6A, ELSE GO TO SR7**

SR6A

6A. How long have you received this service?

- 1 = Less than 6 months
  - 2 = 7 months to 1 year
  - 3 = More than 1 year
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF SR6A = 2 OR 3 GO TO SR6B, ELSE GO TO SR7**

SR6B

6B. How often does an aide come to help you with any kind of personal care?

- 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
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR6C 6C. When was the last time you used this service? Number?

0-365 = Number  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR6CUnit 6C. When was the last time you used this service? Units?

1 = Days  
2 = Weeks  
3 = Months  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR6D 6D. Has the aide service been helpful?

1 = Helped a lot  
2 = Helped a little  
3 = Didn't help  
4 = Made things worse  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR6E 6E. How would you rate the quality of your aide service?

1 = Excellent  
2 = Very good  
3 = Good  
4 = Fair  
5 = Poor  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR6F 6F. Can you depend on your aide to do the tasks that she or he is supposed to do?

1 = Yes  
2 = Sometimes  
3 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR7

7. Do you go to an Adult Day Care or Adult Day Health center? An adult day care center is not a senior center. It has an organized program of group activities like a senior center, but it also provides supportive services and monitoring for people who cannot stay by themselves during the day.

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR7 = 1 GO TO SR7A, ELSE GO TO SR8**

SR7A

7A. How long have you been going to adult day care?

- 1 = Less than 6 months
- 2 = 7 months to 1 year
- 3 = More than 1 year
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

BLANK IS VALID

**CODERS: IF SR7A = 2 OR 3 GO TO SR7B, ELSE GO TO SR8**

SR7B

7B. How often do you go to adult day care?

- 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
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

BLANK IS VALID

SR7C

7C. When was the last time you used this service? Number?

- 0-365 = Number
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

BLANK IS VALID

SR7CUnit

7C. When was the last time you used this service? Units?

- 1 = Days
- 2 = Weeks
- 3 = Months
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

BLANK IS VALID

SR7D 7D. Has adult day care been helpful?

- 1 = Helped a lot
  - 2 = Helped a little
  - 3 = Didn't help
  - 4 = Made things worse
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR7E 7E. How would you rate the quality of your adult day care service?

- 1 = Excellent
  - 2 = Very good
  - 3 = Good
  - 4 = Fair
  - 5 = Poor
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR7F 7F. Do you think that going to the day care center has helped you enjoy life more?

- 1 = Yes
  - 2 = Sometimes
  - 3 = No
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

I am going to read you brief descriptions of additional services that some people receive. For each one, will you just tell me "yes" or "no" if you have received that service at any time in the past 6 months?

SR8 8. A case manager who helps you get services and calls to check on how you are doing and how you like your services

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR9 9. A nutrition counselor who gives you individual advice on what you should eat based on your general health, chronic conditions, medications, and your usual food choices.

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR10 10. A paid or volunteer companion who stays with you so that a friend or family member who usually helps you can get a break

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR11 11. A Daily "check in" call to make sure you're ok

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR12 12. Yard work or little repairs around the house

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR13 13. Large home repairs

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR13 = 1 GO TO SR13OS, ELSE GO TO SR14**

SR13OS 13. Specify

XXXXXXXXXX(Maximum 250 Characters)

- 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR14 14. Legal services (other than paid services from your own lawyer)

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR15 15. Health screenings such as blood pressure checks or mammograms (other than those from your own doctor),

- 1 = Yes
- 0 = No
- 7 = REFUSED

-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR16 16. Flu shots, pneumonia shots or other immunizations (other than those from your own doctor)

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR17 17. Exercise or fitness classes or use of exercise equipment at a senior center or other program for older adults

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR18 18. Help managing your medications, understanding how much to take, how often and whether it works with your other medicines

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR19 19. Other

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

**CODERS: IF SR19 = 1 GO TO SR19OS, ELSE GO TO SR22**

SR19OS 19. Specify

XXXXXXXXXX(Maximum 250 Characters)

-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR20 20. Other

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

**CODERS: IF SR20 = 1 GO TO SR20OS, ELSE GO TO SR22**

SR200S

20. Specify

XXXXXXXXXXXX(Maximum 250 Characters)

- 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR21

21. Other

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR21 = 1 GO TO SR210S, ELSE GO TO SR22**

SR210S

21. Specify

XXXXXXXXXXXX(Maximum 250 Characters)

- 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

**CODERS: IF ANY QUESTIONS 1 THROUGH 18 WERE YES (1), GO TO SR22, ELSE GO TO SR23**

SR22

22. Do you receive any of the services you have told me about from a Senior Center?

- 1 = Yes
  - 0 = No
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- BLANK IS VALID

SR23

23. Do you always have enough money or food stamps to buy the food you need?

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

24. In addition to the services we've talked about, are you receiving any of these other types of assistance. . .?

SR24A

A. Food stamps?

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR24B                    B. Energy Assistance?

1            = Yes  
0            = No  
-7          = REFUSED  
-8          = DON'T KNOW  
-9          = MISSING OR INVALID

SR24C                    C. Medicaid?

1            = Yes  
0            = No  
-7          = REFUSED  
-8          = DON'T KNOW  
-9          = MISSING OR INVALID

SR24D                    D. Housing Assistance?

1            = Yes  
0            = No  
-7          = REFUSED  
-8          = DON'T KNOW  
-9          = MISSING OR INVALID

**CODERS: IF NO(2) TO ALL SERVICES, QUESTION 1 THROUGH 18, THEN CODE SR25=0, TERMINATE INTERVIEW AND GO TO END. IF YES (1) TO ONLY ONE SERVICE, CODE SR25=1 AND SKIP TO SR26. IF MORE THAN ONE SERVICE, CODE SR25=2 AND GO TO SR25A.**

SR25                    **[Interviewer action only]** Check only one box below to indicate the scope of client services and then follow related instructions:

0            = Client has said "no" to all services  
1            = Client has identified only one (1) service  
2            = Client has identified more than 1 service

SR25A                    25A. Up until now, we have been talking about individual services that you are receiving. Now I want you to think about them all together as a set of services. Overall, how well would you rate this combination of services . . .?

1            = Excellent  
2            = Very good  
3            = Good  
4            = Fair  
5            = Poor  
-7          = REFUSED  
-8          = DON'T KNOW  
-9          = MISSING OR INVALID  
BLANK IS VALID

**Part 2. Unmet Need**

26.        Are there any services you need that you are not receiving or services you are already receiving, but you need more of? (Do not read list below. Circle 1("yes") for all that are volunteered, and circle 0 ("no") for all that are not named. If no unmet needs are reported, circle 1 ("yes") for line "t. None needed". Otherwise, circle 0 ("no") for line t.)

SR26A a. Lunch at a senior center or other meeting place

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR26B b. Home-delivered lunch or other meal

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR26C c. Transportation to the doctor or other medical appointments

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR26D d. Transportation to a senior center, lunch, shopping, or errands

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR26E e. An aide who helps with housework or preparing meals

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR26F f. An aide who helps with bathing or dressing

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR26G g. Adult day care center

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

- SR26H                    h. A case manager
- 1            = Yes  
0            = No  
-7           = REFUSED  
-8           = DON'T KNOW  
-9           = MISSING OR INVALID
- SR26I                    i. A paid or volunteer companion
- 1            = Yes  
0            = No  
-7           = REFUSED  
-8           = DON'T KNOW  
-9           = MISSING OR INVALID
- SR26J                    j. Daily "check in" call to make sure you're ok
- 1            = Yes  
0            = No  
-7           = REFUSED  
-8           = DON'T KNOW  
-9           = MISSING OR INVALID
- SR26K                    k. Yard work or little repairs around the house
- 1            = Yes  
0            = No  
-7           = REFUSED  
-8           = DON'T KNOW  
-9           = MISSING OR INVALID
- SR26L                    l. Large home repairs
- 1            = Yes  
0            = No  
-7           = REFUSED  
-8           = DON'T KNOW  
-9           = MISSING OR INVALID
- SR26M                    m. Legal services
- 1            = Yes  
0            = No  
-7           = REFUSED  
-8           = DON'T KNOW  
-9           = MISSING OR INVALID
- SR26N                    n. Health screenings such as blood pressure checks or mammograms
- 1            = Yes  
0            = No  
-7           = REFUSED  
-8           = DON'T KNOW  
-9           = MISSING OR INVALID

SR26O o. Flu shots, pneumonia shots or other immunizations

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR26P p. Exercise or fitness classes or use of exercise equipment

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR26Q q. Help managing medications

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR26R r. Other

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR26R = 1 GO TO SR26ROS, ELSE GO TO SR26S**

SR26ROS r. Specify

XXXXXXXXXX(Maximum 250 Characters)  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID  
BLANK IS VALID

SR26S s. Other

- 1 = Yes
- 0 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF SR26S = 1 GO TO SR26SOS, ELSE GO TO SR26T**

SR26SOS s. Specify

XXXXXXXXXX(Maximum 250 Characters)  
-7 = REFUSED  
-8 = DON'T KNOW

-9 = MISSING OR INVALID  
BLANK IS VALID

**CODERS: IF SR26A THROUGH SR26S ARE ALL NO (2), THEN SR26T EQUALS YES (1).**

SR26T t. None needed

1 = Yes  
0 = No  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

**Part 3. Outcomes/Satisfaction with Service Mix**

27. As a result of receiving this set of services (this service—if only one named), do you . . . ?

SR27A a. Enjoy your life more?

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR27B b. Feel better able to do the things you want to do?

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR27C c. Believe that the services are helping you to be able to live at home?

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR27D d. Think that your family has been able to keep helping you longer than would have been possible without these services?

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR27E e. Know who to turn to for information and help?

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR27F f. Have more to look forward to each day?

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR27G g. Feel safer?

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR27H h. Feel less worried?

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR27I i. Eat better?

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR27J j. See your friends more often?

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED

-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR27K

k. Get more exercise?

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

28. Thinking about your services, in general, do you agree or disagree with these statements?

SR28A

a. The people who give these services are generally courteous.

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR28B

b. The people who give these services do the things they are supposed to do.

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR28C

c. You can count on the people who give these services to show up when they are supposed to come.

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR28D

d. You would recommend these services to a friend or family member who needs them.

1 = Yes  
2 = Sometimes  
3 = No  
-1 = Not Applicable  
-7 = REFUSED  
-8 = DON'T KNOW  
-9 = MISSING OR INVALID

SR28E e. The people who give these services have also helped you learn about other services in your community.

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR28F f. When you can't get your regular services because of bad weather, someone calls to let you know and make sure you are ok.

- 1 = Yes
- 2 = Sometimes
- 3 = No
- 1 = Not Applicable
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR29 29. How has this set of services affected you?

XXXXXXXXXX(Maximum 65000 Characters)

- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**Part 4. Physical, Social and Emotional Functioning**

SR30 30. In general, would you say your health is:

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

SR31 31. Compared to one year ago, how would you rate your health in general now?

- 1 = Much better than one year ago
- 2 = Somewhat better than one year ago
- 3 = About the same as one year ago
- 4 = Somewhat worse than one year ago
- 5 = Much worse than one year ago
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

- SR32 32. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- 0-30 = Days  
 -7 = REFUSED  
 -8 = DON'T KNOW  
 -9 = MISSING OR INVALID
- SR33A 33A. Do you have difficulty taking a bath or shower?
- 1 =Yes  
 0 =No  
 -7 =REFUSED  
 -8 =DON'T KNOW  
 -9 =MISSING OR INVALID
- SR33B 33B. Do you have difficulty walking?
- 1 =Yes  
 0 =No  
 -7 =REFUSED  
 -8 =DON'T KNOW  
 -9 =MISSING OR INVALID
- SR33C 33C. Do you have difficulty getting around inside your home?
- 1 =Yes  
 0 =No  
 -7 =REFUSED  
 -8 =DON'T KNOW  
 -9 =MISSING OR INVALID
- SR33D 33D. Do you have difficulty getting in or out of a bed or a chair?
- 1 =Yes  
 0 =No  
 -7 =REFUSED  
 -8 =DON'T KNOW  
 -9 =MISSING OR INVALID
- SR33E 33E. Do you have difficulty getting dressed?
- 1 =Yes  
 0 =No  
 -7 =REFUSED  
 -8 =DON'T KNOW  
 -9 =MISSING OR INVALID
- SR33F 33F. Do you have difficulty eating?
- 1 =Yes  
 0 =No  
 -7 =REFUSED  
 -8 =DON'T KNOW  
 -9 =MISSING OR INVALID

- SR33G 33G. Do you have difficulty using or getting to the toilet?
- 1 =Yes
  - 0 =No
  - 7 =REFUSED
  - 8 =DON'T KNOW
  - 9 =MISSING OR INVALID
- SR34 34. During an average week, how many days are you in touch by phone, internet, or in person with a friend, neighbor, or relative who does not live with you??
- 1 = None
  - 2 = Some days
  - 3 = Every day
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- SR35 35. Thinking about how often you are in touch with friends, neighbors, and family is this ...?
- 1 = About enough
  - 2 = Too much
  - 3 = Not enough (Would like to be doing more)
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- SR36 36. During the past 2 weeks, to what extent have feelings such as worries, fears, or sadness interfered with your normal social activities with family, friends, neighbors, or groups?
- 1 = Not at all
  - 2 = A little bit
  - 3 = Moderately
  - 4 = Quite a bit
  - 5 = Extremely
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- SR37 37. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- 0-30 = Days
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID
- SR38 38. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- 0-30 = Days
  - 7 = REFUSED
  - 8 = DON'T KNOW
  - 9 = MISSING OR INVALID

## DEMOGRAPHIC CHARACTERISTIC SECTION

### Variable Name    Variable Description and Codes

D1                    D1. [RECORD SEX OF RESPONDENT, IF NOT OBVIOUS, ASK:] What is your gender?

1    =Male  
2    =Female  
-7   =REFUSED  
-8   =DON'T KNOW  
-9   =MISSING OR INVALID

D2                    D2. What is your age?

50-120 =Years  
-7       =REFUSED  
-8       =DON'T KNOW  
-9       =MISSING OR INVALID

D3                    D3. Are you Spanish, Hispanic, or Latino?

1    =Yes  
0    =No  
-7   =REFUSED  
-8   =DON'T KNOW  
-9   =MISSING OR INVALID

**CODERS: FOR D4, IF ONE OR MORE BOXES ARE CHECKED FOR D4A-D4F, THEN CODE A BLANK BOX AS 2.**

**IF ALL BOXES ARE BLANK, CODE EACH CATEGORY AS -9.**

D4A                   D4A. What is your race? White or Caucasian?

1    =Yes  
0    =No  
-7   =REFUSED  
-8   =DON'T KNOW  
-9   =MISSING OR INVALID

D4B                   D4B. What is your race? Black or African American?

1    =Yes  
0    =No  
-7   =REFUSED  
-8   =DON'T KNOW  
-9   =MISSING OR INVALID

D4C                   D4C. What is your race? Asian?

1    =Yes  
0    =No  
-7   =REFUSED  
-8   =DON'T KNOW  
-9   =MISSING OR INVALID

D4D D4D. What is your race? American Indian or Alaska Native?

- 1 =Yes
- 0 =No
- 7 =REFUSED
- 8 =DON'T KNOW
- 9 =MISSING OR INVALID

D4E D4E. What is your race? Native Hawaiian or Other Pacific Islander?

- 1 =Yes
- 0 =No
- 7 =REFUSED
- 8 =DON'T KNOW
- 9 =MISSING OR INVALID

D4F D4F. What is your race? Other?

- 1 =Yes **[GO TO D4OS]**
- 0 =No **[SKIP TO D5]**
- 7 =REFUSED **[SKIP TO D5]**
- 8 =DON'T KNOW **[SKIP TO D5]**
- 9 =MISSING OR INVALID **[SKIP TO D5]**

D4OS *[If OTHER race]* Please specify your race?

**CODERS: BLANK IS VALID IF D4F IS 2, -7, -8, OR -9, OTHERWISE IF NO DESCRIPTION IS PROVIDED WRITE IN -9.**

**WHEN POSSIBLE, IF DESCRIPTION MATCHES ONE OF THE ABOVE CATEGORIES D4A-D4E, CHANGE THE ANSWER TO THE APPROPRIATE CATEGORY TO 1 AND CODE D4F AS 2.**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX (Maximum of 50 characters)

- 7 =REFUSED
- 8 =DON'T KNOW
- 9 =MISSING
- BLANK IS VALID

D5 D5. Where is your home located?

- 1 =In a City
- 2 =In a Suburban Area, or
- 3 =In a Rural Area.
- 7 =REFUSED
- 8 =DON'T KNOW
- 9 =MISSING

D6 D6. Including yourself, how many people live in your household?

- 1-95 =Persons
- 7 =REFUSED
- 8 =DON'T KNOW
- 9 =MISSING

D7                    D7. Thinking about the total combined income from all sources for all persons in this household, was your total household annual income during the year 2004 above or below \$20,000?

- 1    =Below \$20,000 [GO TO D8]
- 2    =Above \$20,000 [SKIP TO D9]
- 7   =REFUSED [SKIP TO END]
- 8   =DON'T KNOW [SKIP TO END]
- 9   =MISSING OR INVALID [SKIP TO END]

D8                    D8. Which category best describes your total household annual income during the year 2004?

- 1    =\$10,000 or less
- 2    =\$10,001 or \$15,000
- 3    =\$15,001 to \$20,000
- 7   =REFUSED
- 8   =DON'T KNOW
- 9   =MISSING OR INVALID

[SKIP TO END]

D9                    D9. Which category best describes your total household annual income during the year 2004?

- 1    =\$20,001 to \$25,000
- 2    =\$25,001 to \$30,000
- 3    =\$30,001 to \$35,000
- 4    =\$35,001 to \$40,000
- 5    = Over \$40,000
- 7   =REFUSED
- 8   =DON'T KNOW
- 9   =MISSING OR INVALID