

ICPSR 28961

**National Home and Hospice Care  
Survey, 2007**

*United States Department of Health and  
Human Services. Centers for Disease  
Control and Prevention. National Center  
for Health Statistics*

National Home Health Aide Survey Help  
Screens

Inter-university Consortium for  
Political and Social Research  
P.O. Box 1248  
Ann Arbor, Michigan 48106  
[www.icpsr.umich.edu](http://www.icpsr.umich.edu)

# Terms of Use

The terms of use for this study can be found at:  
<http://www.icpsr.umich.edu/cocoon/ICPSR/TERMS/28961.xml>

## Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

### NOTICE

#### WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

2007 National Home Health Aide Survey  
Help Screens

**HAPRE1.**

Form Approved OMB No. 0920-0298 Exp. Date 07/31/2009

**NOTICE** – Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0298).

**Assurance of Confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

**AS1**

**Selecting a sample of Home Health Aides and Hospice Aides (HHAs):**

1. **Get the lists.** List(s) must contain all HHAs employed by the agency as of midnight the night before the visit and who provide ADLs. List(s) must have the names or other unique identifiers for the HHA.
2. **Clean the lists.**
  - Add any new HHA hires before visit date.
  - Delete HHAs who terminated employment before visit date.
  - Delete employees who ONLY work at a job position other than a HHA or are contract workers.
  - Check for duplicates on the list.
3. **Number the lists.**
  - Number all eligible HHAs on the list sequentially.
  - Check the numbers by groups of 5 or 10.

2007 National Home Health Aide Survey  
Help Screens

**AS1 - continued**

Selecting a sample of Home Health Aides and Hospice Aides (HHAs):

- 4.      *Select the sample. Follow the instructions in CAPI.***
- *Enter the number of HHAs (last number on the list).*
  - *Find and circle the corresponding line numbers displayed in CAPI on the HHA list.*
  - *Confirm name and status of selected HHAs.*
  - *Enter the name corresponding to the line numbers into CAPI. Check your work to be sure names are spelled accurately.*

**ASREV 2 & 3**

Filling out NHHAS Contact Form:

- 1.    *Record the name of the selected HHA on the contact form in space provided after corresponding HHA's ID number.***
- 2.    *Make sure the HHA name and ID number as displayed in CAPI match the ID and name recorded on the contact form.***
- 3.    *Collect the home address, telephone numbers, and work shift on the form for each selected HHA.***
- 4.    *Review the form to make sure the information is complete and legible.***
- 5.    *Enter contact information from the form using the Aides Info Button.***

**B5:**

This question refers to the time period immediately prior to the respondent first becoming a home health aide (not necessarily with this agency).

**D18:**

Code 'NO' if respondent mentions having money taken out of their paycheck for Medicare. This, by itself, is not considered "participating" in Medicare.

2007 National Home Health Aide Survey  
Help Screens

**D19a:**

PTO (paid time off) should be included in category “j. time off for good work.”

401k plan or investment portfolios should be included in category “e. a retirement or pension plan.”

**E1a1:**

All travel means travel from your home to your first patient, between patients if you have more than one, and back to your house at the end of the day.

**E17:**

**Section 8:** A government program that provides a subsidy for housing. This may include vouchers or certificates for housing or lower-cost housing that a person must qualify for through the government.

**F1PRE:**

A supervisor is the person who manages or oversees workers or the work done by others.

**I10:**

Agency management may include the people who arrange your schedule, your clinical supervisor, or any other supervisors or managers."

**J8:**

Include Hoyer lifts as lifts.

Do not include seat lift chairs.