

ICPSR 36537

**Hispanic Established Populations
for the Epidemiologic Study of the
Elderly (HEPESE) Wave 7,
2010-2011 [Arizona, California,
Colorado, New Mexico, and Texas]**

Informant Questionnaire, Wave 7 (English)

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Hispanic Established Populations for the Epidemiologic Study of the Elderly (HEPESE) Wave 7, 2010-2011 [Arizona, California, Colorado, New Mexico, and Texas]

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1. Informant Questionnaire, Wave 7 (2010-2011)

HARRIS INTERACTIVE INC.
161 Sixth Avenue
New York, New York 10013

INFORMANT
ENGLISH

ID#: / / / / / / / / i /

[Q_NO]

Study No. 36756

SP# / / / / / / / / / / / / i /

Date: March 2010

Mexican-American Elderly—Phase VII - Informant

Time Started: _____ A.M./P.M.

Interviewer _____ Date of Interview: _____

Area Code: _____ Interviewer Telephone No.: _____

Subject Name: _____

Hello, I'm _____ from Harris Interactive Inc., the international survey research firm in New York best known for The Harris Poll. May I speak to (INFORMANT NAME)? Your parent or relative has identified you as the main person they go to for advice or help with things they are no longer able to do by themselves. We are conducting this study for the University of Texas at Galveston. We would like to begin with some general questions about you and then ask you some questions about your parent/relative (NAME OF PERSON).

S3. First, let me check that I have your name written correctly: (READ NAME)

Informant name: _____
FIRST MIDDLE LAST (both)

S4. Informant's birth date: / / - / / - / / / /
MONTH DAY YEAR [YOB7i] [AGE7i]
YEARS of AGE

S5. Relationship of Informant to SUBJECT: _____

Use relationship codes from list / / /

[RELSUBJ7i]

CODES FOR RELATIONSHIPS:

- | | |
|--|--------------------------------|
| 01 = Head of Household (for B2 only) | 12 = Other Relative (SPECIFY): |
| 02 = Spouse | 13 = Friend |
| 03 = Son/Daughter (including Stepchildren) | 14 = Boarder or Roomer |
| 04 = Son-In-Law/Daughter-In-Law | 15 = Paid Employee |
| 05 = Grandchild | 16 = All Others (SPECIFY): |
| 06 = Parent | 17 = Sister/Brother In-Law |
| 07 = Brother or Sister | 98 = Don't Know |
| 08 = Nephew or Niece | 99 = Refused |
| 09 = Cousin | |
| 10 = Aunt/Uncle | |
| 11 = Great Grandchild | |

Note: Many variable names in this file are identical to those in the Wave 7 respondent file, except the variables in this file include an additional "i" to indicate informant.

FROM OBSERVATION: Informant Gender

Male.....-1

[SEX7i]

Female.....-2

(INTERVIEWER: SOME QUESTIONS ARE THE SAME AS THE SUBJECT QUESTIONNAIRE. IF THE INFORMANT IS THE SAME PERSON AS THE PROXY, CERTAIN QUESTIONS NEED NOT BE REPEATED. THESE QUESTIONS ARE MARKED WITH "DNR" - DO NOT REPEAT - BEFORE QUESTION NUMBER.)

QUESTIONS ABOUT INFORMANT

B. LIVING ARRANGEMENTS

BASE: ALL RESPONDENTS

B1. How many people live in this household?

/ / /

[NHOUSE7i]

Don't know-8

[DKNHSE7i]

Refused.....-9

BASE: ALL RESPONDENTS

B2. Who is the head of this household, what is their relationship to you?

Name and Relationship: _____

Relationship Code: / / / (USE RELATIONSHIP CODES FROM PAGE 1)

[HHREL7i]

QUESTIONS ABOUT SUBJECT

This next section concerns your parent/relative (NAME OF PERSON). We would like for you to answer these questions to the best of your knowledge.

(IF THE INFORMANT IS A CHILD OF THE SUBJECT, ASK ABOUT BROTHERS AND SISTERS IN D1A. IF THE INFORMANT IS ANOTHER RELATIVE/FRIEND/CAREGIVER, ASK D1B.)

BASE: INFORMANT IS CHILD OF SUBJECT

D1a. How many surviving brothers and sisters do you have?

/ / / # Brothers

[NBROS7i]

/ / / # Sisters

[NSIS7i]

Don't know.....-8

[DKNSIBS7i]

Refused-9

SKIP TO D1c

BASE: INFORMANT IS ANOTHER RELATIVE/FRIEND/CAREGIVER OF SUBJECT

D1b. Now I would like to know how many living children (NAME OF PERSON) has.

/ / / / # of living children

[SNKIDS7i]

None..... 00

Don't know 98

Refused..... 99

D1c. We would like to ask you some things about all your parent's/relative's children. Starting with you, what is your, name, age, years of education, relationship to [NAME of PERSON], occupation, marital status, and geographical proximity to [NAME of PERSON]? (IF INFORMANT IS A CHILD, BEGIN WITH HIM/HER. USE RELATIONSHIP CODES FROM PAGE 1)

- Computed variable: Number of children respondent has [COUNT]

1. Name _____ FIRST _____ MIDDLE _____ LAST (both) _____

[CSEX7i_1] Gender: ___1 Male ___2 Female (observed if informant is child)

[CAGE7i_1] Age: _____

[CEDUC7i_1] Yrs of Education: _____ **[CRELATE7i_1]** Relationship: _____ **[CJOB7i_1]** Occupation (What kind of work do you/they do?) (variable inadvertently truncated to 8 characters)

[CMARSTAT7i_1]		[CLIVES7i_1]	
Marital	Married.....	Lives:	a. with your parent/relative
Status:	Separated.....		b. within 2 blocks
	Divorced.....		c. 3 to 8 blocks
	Widowed.....		d. 8 blocks to about a mile
	Never married.....		e. in another city
	Don't know/Refused.....		f. in another state
			g. in Mexico
			h. Other SPECIFY _____

2. Name _____ FIRST _____ MIDDLE _____ LAST (both) _____

[CSEX7i_2] Gender: ___1 Male ___2 Female [CAGE7i_2] Age: _____

[CEDUC7i_2] **[CRELATE7i_2]** **[CJOB7i_2]**
Yrs of Education: _____ Relationship: _____ Occupation (What kind of work do you/they do?) (variable inadvertently truncated to 8 characters)

[CMARSTAT7i_2]		[CLIVES7i_2]	
Marital	Married.....	Lives:	a. with your parent/relative
Status:	Separated		b. within 2 blocks
	Divorced.....		c. 3 to 8 blocks
	Widowed		d. 8 blocks to about a mile
	Never married		e. in another city
	Don't know/Refused		f. in another state
			g. in Mexico
			h. Other SPECIFY

- Same questions repeat through 16th child.

RR. CAREGIVING ROLES

PERSONAL CARE (Activities of Daily Living – ADLs) (ASK ABOUT SUBJECTS LIVING AT HOME OR IN THE COMMUNITY, **EXCLUDE** SUBJECTS PRESENTLY RESIDING IN NURSING HOME OR ASSISTED LIVING FACILITY.)

BASE: ALL INFORMANTS

RR1. Now I'm going to ask you some questions about the kind of help your parent/relative (NAME OF PERSON) needs to do things. At the present time, do they need help from you or another person or special equipment or a device for (READ EACH ITEM)? (RECORD ANY HELP AS HELP).

						IF NEED HELP				
						A. Is this help from a person, from special equipment, or both?				
						Person	Special Equipment	Both	Don't Know	Refused
	Need Help	Don't Need Help	Unable To Do (Vol.)	Don't Know	Refused					
a. Walking across a small room	[RR1A7i] 1	2	3	8	9	[RR1A_27i] 1	2	3	8	9
b. Bathing (either a sponge bath, tub bath, or shower)	[RR1B7i] 1	2	3	8	9	[RR1B_27i] 1	2	3	8	9
c. Personal grooming (like brushing hair, brushing teeth, or washing face)	[RR1C7i] 1	2	3	8	9	[RR1C_27i] 1	2	3	8	9
d. Dressing (like putting on a shirt, buttoning and zipping, or putting on shoes)	[RR1D7i] 1	2	3	8	9	[RR1D_27i] 1	2	3	8	9
e. Eating (like holding a fork, cutting food, or drinking from a glass)	[RR1E7i] 1	2	3	8	9	[RR1E_27i] 1	2	3	8	9
f. Getting from a bed to a chair	[RR1F7i] 1	2	3	8	9	[RR1F_27i] 1	2	3	8	9
g. Using the toilet	[RR1G7i] 1	2	3	8	9	[RR1G_27i] 1	2	3	8	9

BASE: ALL INFORMANTS

RR2. Who is mostly responsible for (NAME OF PERSON)'s (READ EACH ITEM)? (SELECT ALL THAT APPLY)

	Himself/herself (NAME OF PERSON)	You (Focal child/relative)	Other family member	Somebody else (neighbor, friend, agency, bank)
a. Personal care (i.e., assistance with bathing, dressing, and toileting)?	[RR2A7i_1] -1	[RR2A7i_2] -2	[RR2A7i_3] -3	[RR2A7i_4] -4
b. Household tasks they are unable to do. (i.e., assistance with meal preparations, transportation, Medication management, etc.)	[RR2B7i_1] -1	[RR2B7i_2] -2	[RR2B7i_3] -3	[RR2B7i_4] -4
c. Financial affairs (i.e., writing checks, managing investments, paying bill, preparing taxes, paying the nursing home)	[RR2C7i_1] -1	[RR2C7i_2] -2	[RR2C7i_3] -3	[RR2C7i_4] -4

BASE: SOMEONE ELSE RESPONSIBLE FOR SUBJECT'S PERSONAL CARE (RR2.a/2-4)

RR3. Approximately how many hours per day do you/caregiver usually provide personal care for (i.e., assistance with bathing, dressing, and toileting) (NAME OF PERSON)?

Range (1-24 hours) / / / # of hours	[RR3HRS7i]
Less than one hour	- 97
Don't know	-98
Refused	-99

HOUSEHOLD CARE/TASKS (INSTRUMENTAL ACTIVITIES OF DAILY LIVING)

DNR-RR4. Now I'd like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if your parent/relative (NAME OF PERSON) can do these activities by themselves, without any help from you or anyone else. (READ LIST)

Can your parent/relative:	Yes	No	Don't Know	Refused
a. use the telephone without any help (including looking up numbers and dialing)?	[RR4a7i] -1	-2	-8	-9
b. drive own car or travel alone on buses or taxis?	[RR4b7i] -1	-2	-8	-9
c. go shopping for groceries or clothes without help (take care of all shopping needs him/herself assuming they had transportation)?	[RR4c7i] -1	-2	-8	-9
d. prepare his/her own meals without help (plan and cook full meals themselves)?	[RR4d7i] -1	-2	-8	-9
e. do light housework without help (dish washing and bed making, etc.?)	[RR4e7i] -1	-2	-8	-9
f. take this/her medicine without help (in the right doses at the right time)?	[RR4f7i] -1	-2	-8	-9
g. handle own money without help (write checks, pay bills, etc)?	[RR4g7i] -1	-2	-8	-9
h. do heavy work around the house like washing windows, walls and floors without help?	[RR4h7i] -1	-2	-8	-9

MOBILITY:

i. walk up and down stairs to the second floor without help?	[RR4i7i] -1	-2	-8	-9
j. walk half a mile (about 1kilometer, or around the block) without help?	[RR4j7i] -1	-2	-8	-9

BASE: SOMEONE ELSE RESPONSIBLE FOR SUBJECT'S HOUSEHOLD TASKS (RR2b/2-4)

RR5. Approximately how many hours per day do you/caregiver usually provide care for (NAME OF PERSON) (i.e., assistance with meal preparation, transportation, medication management, etc.)?

Range (1-24 hours) / / # of hours

[RR5HRS7i]

Less than one hour..... 97

Don't know..... 98

Refused..... 99

- Computed variable: Respondent's ADL total score.
- Computed variable: Respondent has limitation with any ADL.
- Computed variable: Respondent's iADL total score.
- Computed variable: Respondent has limitation with any iADL.

[TOTADL7i]

[ANYADL7i]

[TOTIADL7i]

[ANYIADL7i]

BASE: SOMEONE ELSE RESPONSIBLE FOR SUBJECT'S TASKS (RR2a, or RR2b, or RR2c /2-4)

RR6. What are the main reasons care is provided for (NAME OF PERSON)? (SELECT YES OR NO FOR EACH REPOSENSE UNLESS DON'T KNOW OR REFUSED)

	Yes	No	Don't Know	Ref
(NAME of PERSON) has Alzheimer's disease, dementia or memory problems.....	[RR6ALZ7i] -1	-2	-8	-9
(NAME of PERSON) is disabled, but not bedridden (e.g., wheelchair/walker bound)	[RR6DIS7i] -1	-2	-8	-9
(NAME of PERSON) is bedridden (e.g., stroke, hip fracture)	[RR6BED7i] -1	-2	-8	-9
(NAME) of PERSON is physically ill (e.g., pneumonia, frail or weak, heart disease)	[RR6ILL7i] -1	-2	-8	-9
(NAME of PERSON) has a mental problem or problems with alcohol or drugs	[RR6MENT7i] -1	-2	-8	-9
I am afraid of leaving (NAME of PERSON) alone	[NOALONE7i] -1	-2	-8	-9
Old age	[OLD7i] -1	-2	-8	-9
Other	[OTH7i] -1	-2	-8	-9
Specify [RR6SPEC7i]				

BASE: SOMEONE ELSE RESPONSIBLE FOR SUBJECT'S TASKS (RR2a, or RR2b, or RR2c /2-4)

RR7. About how long ago did (NAME OF PERSON) begin receiving care for things that (he/she) was no longer able to do for (himself/herself)?

(DO NOT READ LIST. CHECK OFF MOST APPROPRIATE ANSWER BASED ON SUBJECT'S RESPONSE)

Less than 6 months ago.....-1

[RR7START7i]

6-12 months ago-2

1-2 years ago-3

3-5 years ago-4

6-10 years ago-5

11 or more years ago-6

Other.....7

Specify [RR7SPEC7i]

Don't know.....-8

Refused-9

Interviewer: Please write in any comments the respondent may say about this.

.....[RR7COMM1]

.....[RR7COMM2]

BASE: SOMEONE ELSE RESPONSIBLE FOR SUBJECT'S TASKS (RR2a, or RR2b, or RR2c /2-4)

RR8. Other than yourself/family/relative, has anyone else helped you take care of (NAME OF PERSON)? This could be from a neighbor, the church, senior services. This help can be in your home or at a center or church that gives you/caregiver a break from caring for (name).

Yes	-1	[RR8HELP7i]
No	-2	
Don't know	-8	
Refused	-9	

SS. FAMILY LIFE/RELATIONSHIP WITH SUBJECT

(QUESTIONS ARE ABOUT INFORMANT'S FEELINGS, NOT OTHER CAREGIVER)

BASE: ALL INFORMANTS

SS1. Of the things you do with (NAME OF PERSON), do you do them because you feel/felt an obligation or usually because you really want to?

Expected of you	-1	[SS1i7]
Want to	-2	
Both expected to and want to	-3	
Other	-4	
Specify: _____		
Don't know	-8	
Refused	-9	

BASE: ALL INFORMANTS

SS2. If it were up to you would you spend more time, about the same amount of time or less time with (NAME OF PERSON)?

Spend more time	-1	[SS2i7]
Spend about the same amount of time	-2	
Spend less time	-3	
Other	-4	
Specify: _____		
Don't know	-8	
Refused	-9	

BASE: ALL INFORMANTS

SS3. In the past year, have/had you received any financial help from (NAME OF PERSON)?

No, not at all	-1	[SS3i7]
Infrequently, occasionally	-2	
Regularly - he/she partially supports me	-3	
Regularly - I get most of my support from him/her	-4	
Don't know	-8	
Refused	-9	

BASE: ALL INFORMANTS

SS4. **USE SHOWCARD #17.** Are you able to communicate with (NAME OF PERSON)?

Not well/Not at all	-1	[SS4i7]
Not too well	-2	
Somewhat	-3	
Well	-4	
Very well	-5	
Extremely well	-6	
Don't know	-8	
Refused	-9	

BASE: ALL INFORMANTS

SS5. **USE SHOWCARD #17** Generally, how well do you and (NAME OF PERSON) get along together?

Not well/Not at all	-1	[SS5i7]
Not too well.....	-2	
Somewhat	-3	
Well.....	-4	
Very well.....	-5	
Extremely well	-6	
Don't know.....	-8	
Refused	-9	

TT. FINANCIAL

BASE: ALL INFORMANTS

TT1. Does (NAME OF PERSON) own their own home?

Yes	-1	[TT17i]
No	-2	
Don't know.....	-8	
Refused	-9	

BASE: ALL INFORMANTS

TT2. Does (NAME OF PERSON) receive income from any of the following sources? (SELECT YES/NO FOR EACH)

	Yes	No	Don't know	Refused
a. NONE (IF 'YES', SKIP TO TT3)	[TT2Ai7] 1	2	8	9
b. Social Security.....	[TT2Bi7] 1	2	8	9
c. Private Pension.....	[TT2Ci7] 1	2	8	9
d. Supplemental Security Income (SSI).....	[TT2Di7] 1	2	8	9
e. Children.....	[TT2Ei7] 1	2	8	9
f. Railroad or military pension.....	[TT2Fi7] 1	2	8	9
g. Income from stocks, bonds.....	[TT2Gi7] 1	2	8	9
h. Income from rental property.....	[TT2Hi7] 1	2	8	9

BASE: ALL INFORMANTS

TT3. Is (NAME OF PERSON)'s income adequate enough to cover monthly expenses?

[TT3i7]

Yes	-1	SKIP TO Q.TT5
No	-2	ANSWER Q.TT4
Don't know.....	-8	SKIP TO Q.TT5
Refused	-9	

BASE: INCOME INADEQUATE TO COVER MONTHLY EXPENSES (TT3/2)

TT4. Where does the remainder of the income come from to cover monthly expenses?

	Yes	No	Don't know	Refused
1 Savings.....	[TT41i7] 1	2	8	9
2 Financial investments	[TT42i7] 1	2	8	9
3 Property	[TT43i7] 1	2	8	9
4 You (focal child/relative)	[TT44i7] 1	2	8	9
5 Other family members	[TT45i7] 1	2	8	9
6 Make do without (income not enough so (NAME OF PERSON) does without something).....	[TT46i7] 1	2	8	9

IF "YES":

- 6a. (NAME of PERSON) makes do without their Medications..... [TT46Ai7] 1 2 8 9
- 6b. (NAME of PERSON) makes do without groceries such as food [TT46Bi7] 1 2 8 9
- 7 Other specify [TT47i7] 1 2 8 9

BASE: INFORMANT HELPS WITH INCOME (TT4/4=1)

TT5. Does the financial responsibility for (NAME OF PERSON) make it difficult for you to save money for the following expenses [check all that apply]

- Helping out your kids..... [TT57i_1] -1
- Housing expenses..... [TT57i_2] -2
- Travel/vacation [TT57i_3] -3
- Other..... [TT57i_4] -4
- Specify: [TT57SPECi]
- Don't know.....-8
- Refused-9

BASE: INFORMANT HELPS WITH INCOME (TT4/4=1)

TT6. Do you expect to continue contributing at this same level?

- No -1
- Yes, for a few months.....-2
- Yes, for about a year-3
- Yes, permanently-4
- Don't know.....-8
- Refused-9

[TT67i]

ASK Q.TT7

SKIP TO Q.TT8

BASE: DOES NOT EXPECT TO CONTRIBUTE AT SAME LEVEL (TT6/1)

TT7. Why don't you expect to continue contributing at this same level? (SELECT YES/NO FOR EACH)

- | | Yes | No |
|---|-----|----|
| 1. Need to save for retirement..... [TT71i7] | 1 | 2 |
| 2. Need to pay for child's college education [TT72i7] | 1 | 2 |
| 3. Need to pay for other medical expenses [TT73i7] | 1 | 2 |
| 4. Other..... | 1 | 2 |
| (Specify) [TT7SPECi7] | | |

BASE: ALL INFORMANTS

TT8. Does (NAME OF PERSON) have a last will and testament?

- Yes-1
- No-2
- Don't know.....-8
- Refused-9

[TT8i7]

VV. LIFE SPACE (DNR) Now I would like to ask you about (NAME OF PERSON) activities in the past month.
BASE: ALL INFORMANTS

LIFE SPACE LEVEL			FREQUENCY				INDEPENDENCE	
ASK FOR EVERY LEVEL During the past four weeks, has your parent/relative been to...			ONLY ASK IF YES USE SHOWCARD #12 How often did they go there?				Did they use aids or equipment? Did they need help from another person?	
Life-Space Level 1... Other rooms of their home besides the room where you sleep?	[LSL711i] Yes 1 No 0	Less than 1/week 1	[LSL712i] 1-3 times/week 2 4-6 times/week 3	Daily 4	[LSL713i] 1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance			
Life-Space Level 2... An area outside their home such as their porch, dock or patio, hallway (Of an apartment building) or garage, In their own yard or driveway?	[LSL721i] Yes 2 No 0	Less than 1/week 1	[LSL722i] 1-3 times/week 2 4-6 times/week 3	Daily 4	[LSL723i] 1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance			
Life-Space Level 3... Places in their neighborhood, other than their own yard or building?	[LSL731i] Yes 3 No 0	Less than 1/week 1	[LSL732i] 1-3 times/week 2 4-6 times/week 3	Daily 4	[LSL733i] 1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance			
Life-Space Level 4... Places outside their neighborhood, but within their town?	[LSL741i] Yes 4 No 0	Less than 1/week 1	[LSL742i] 1-3 times/week 2 4-6 times/week 3	Daily 4	[LSL743i] 1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance			
Life-Space Level 5... Places outside their town?	[LSL751i] Yes 5 No 0	Less than 1/week 1	[LSL752i] 1-3 times/week 2 4-6 times/week 3	Daily 4	[LSL753i] 1 = Personal assistance 1.5 = Equipment only 2 = No equipment or personal assistance			

G. HEALTH Now I would like to ask *you* some questions about **(NAME OF PERSON)**'s health.

DNR-MM9. Is (NAME OF PERSON) covered by a Medicare, Medicaid, private insurance, or another type of insurance? Please tell me whether they are covered by any of these sources.

	Yes	No	Don't Know	Refused
A. Medicare	[rMM9A7i] -1	-2	-8	-9
B. Medicaid	[rMM9B7i] -1	-2	-8	-9
C. Private insurance	[rMM9C7i] -1	-2	-8	-9
E. Other specify	[rMM9E7i] -1	-2	-8	-9
[rMM9E7SSPECi] verbatim				

BASE: ALL INFORMANTS

MM10. There are a number of things a doctor can do to try to revive someone whose heart has stopped beating, which may include CPR and/or a machine to help with breathing.

MM10a. Has your parent/relative told you or someone else (e.g. in your family, other relative or friend) what he/she would want or prefer for him/herself?

[MM10A7i]

Yes -1
No -2
Don't know -8
Refused -9

ASK Q.MM10b

SKIP TO Q.G1

BASE: SUBJECT HAS TOLD SOMEONE PREFERENCE (MM10a/1)

MM10b. What did he/she say they would prefer in the instance that his/her heart stops beating?

[MM10B7i]

He/she would like doctors/emergency personnel to attempt to revive him/her..... -1
He/she would NOT like for the doctors/emergency personnel to attempt to
revive him/her -2
He/she asked me to make the decision -3
He/she asked me along with my brothers and sisters to make the decision -4
He/she said to let the doctor decide -5
Don't know -8
Refused -9
Other

GENERAL HEALTH OF SUBJECT (ASK INFORMANT ABOUT SUBJECT)

DNR-G1. USE SHOWCARD #2. Overall, how would you rate **their** health - excellent, good, fair, or poor?

Excellent..... -1
Good..... -2
Fair -3
Poor..... -4
Don't know..... -8
Refused -9

[R_HEALTH7i]

U. HEALTH PROBLEMS (ASK INFORMANT ABOUT SUBJECT)

DNR- U3. Has a doctor or other health care professional ever told your parent/relative (NAME OF PERSON) that he/she had any of the following conditions (READ EACH ITEM)?

		Yes	No	Don't Know	Refused
1x.	Arthritis or rheumatism [R_ARTHRHEU7i]	___-1	___- 2	___-8	___-9
2y.	Cancer or malignant tumor [R_LCANC71i]	___-1	___- 2	___-8	___-9
	2y5 If "Yes", type of cancer? [R_LCANC75i]				
3I1.	Had or suspect a heart attack, coronary, myocardial infarction, or coronary thrombosis? [R_ICARDI71i]	___-1	___- 2	___-8	___-9
3I5.	If "Yes", were they hospitalized overnight for this? [R_ICARDI75i]	___-1	___- 2	___-8	___-9
4J1.	Had or suspect a stroke, blood clot in the brain, or brain hemorrhage? [R_JSTROK71i]	___-1	___- 2	___-8	___-9
4J5.	If "Yes", were they hospitalized overnight for this? [R_JSTROK75i]	___-1	___- 2	___-8	___-9
5K1.	Had high blood pressure? [R_KHYPER71i]	___-1	___- 2	___-8	___-9
5K4.	If "Yes", currently taking any medication for high blood pressure? [R_KHYPER74i]	___-1	___- 2	___-8	___-9
6M1.	Had or suspect diabetes [R_MDIAB71i]	___-1	___- 2	___-8	___-9
6M3.	If "Yes", are they taking any medication for diabetes now? [R_MDIAB73i]	___-1	___- 2	___-8	___-9
7N1.	Broken or fractured their hip since the age of 50? [R_NFRAC71i]	___-1	___- 2	___-8	___-9
7N5.	If "Yes", were they hospitalized overnight for this? [R_NFRAC75i]	___-1	___- 2	___-8	___-9
7N3.	Had broken or fractured any other bone? [R_NFRAC73i]	___-1	___- 2	___-8	___-9
7N4.	If "Yes", what bone was it? [R_NFRAC74i]				
8P5.	Noticed any pain or discomfort when they stood or walked in the past month? [R_PARTH57i]	___-1	___- 2	___-8	___-9
8P8.	Has _____ fallen in the past 12 months? [P8FALLS7i]	___-1	___- 2	___-8	___-9
	If "Yes", Approximately how many times did they fall? / / / [NFALLS7i]				
	Did any of the falls require medical treatment? [P10FALLS7i]	___-1	___- 2	___-8	___-9
9S5.	(With or without a hearing aid) can (NAME OF PERSON) usually hear and understand what a person says without seeing his face if that person talks in a normal voice to you in a quiet room?				
a.	Without a hearing aid [SHEAR5A7i]	___-1	___- 2	___-8	___-9
b.	With a hearing aid [SHEAR5B7i]	___-1	___- 2	___-8	___-9
10V6.	Can _____ recognize a friend or family member (when wearing glasses/contacts if applicable)?				
a.	Across the street [VVIS6A7i]	___-1	___- 2	___-8	___-9
b.	Across the room [VVIS6B7i]	___-1	___- 2	___-8	___-9
c.	Arm's length away [VVIS6C7i]	___-1	___- 2	___-8	___-9
•	Computed variable: respondent has problems with distant vision (VVIS6A7i or VVIS6B7i = 2)				[DVISION7i]
•	Computed variable: respondent has problems with near vision (VVIS6C7i = 2)				[NVISION7i]
•	Computed variable: respondent has problems with both near & distant vision (DVISION7i and NVISION7i = 1)				[VISION_P7i]
•	Computed variable: respondent is blind (per informant)				[BLIND7i]

U4. The Neuropsychiatric Inventory (NPI) Interviewer

BASE: ALL INFORMANTS

(ASK THE FOCAL PERSON THE FOLLOWING QUESTIONS) Please answer the following questions based on *changes or symptoms* that you have observed in (NAME OF PERSON). Indicate “yes” only if the symptom has been present the **past month**. Please answer each question honestly and carefully.

	ASK EVERYONE: Present in Past Month 0 - No 1 - Yes	IF "Yes" IN PAST MONTH, ASK: USE SHOWCARD #18 Severity of the symptom (how it affects the subject) 1 - Mild (noticeable, but not a significant change) 2 - Moderate (significant, but not a dramatic change) 3 - Severe (very marked or prominent; a dramatic change)	IF "Yes" IN PAST MONTH, ASK: USE SHOWCARD #19 Rate the distress you (caregiver) experience because of the symptom (how it affects you) 0- Not distressing at all 1- Minimal (slightly distressing, not a problem to cope with) 2- Mild (not very distressing, easy to cope with) 3- Moderate (fairly distressing, not always easy to cope with) 4- Severe (very distressing, difficult to cope with) 5- Extreme / very severe (extremely distressing, unable to cope with)
a. Does _____ believe that others are stealing from him or her, or planning to harm him or her in some way?	[U4NP1A1i7] 0 - No 1 - Yes	[U4NP1A2i7] 1- Mild 2- Moderate 3 - Severe	[U4NP1A3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
b. Does _____ act as if he or she hears voices?	[U4NP1B1i7] 0 - No 1 - Yes	[U4NP1B2i7] 1- Mild 2- Moderate 3 - Severe	[U4NP1B3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
c. Is _____ stubborn and resistive to help from others?	[U4NP1C1i7] 0 - No 1 - Yes	[U4NP1C2i7] 1- Mild 2- Moderate 3 - Severe	[U4NP1C3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe

d. Does _____ act as if he or she is in low spirits? Does he or she cry?	[U4NPID1i7] 0 - No 1 - Yes	[U4NPID2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPID3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
e. Does _____ become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	[U4NPIE1i7] 0 - No 1 - Yes	[U4NPIE2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPIE3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
f. Does _____ appear to feel too good or act excessively happy?	[U4NPIF1i7] 0 - No 1 - Yes	[U4NPIF2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPIF3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
g. Does _____ seem less interested in his or her usual activities and in the activities and plans of others?	[U4NPIG1i7] 0 - No 1 - Yes	[U4NPIG2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPIG3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
h. Does _____ seem to act impulsively? For example, does he or she talk to strangers as if he or she knows them, or does he or she say things that may hurt people's feelings?	[U4NPIH1i7] 0 - No 1 - Yes	[U4NPIH2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPIH3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe

i. Is _____ impatient and cranky? Does he or she have difficulty coping with delays or waiting for planned activities?	[U4NPII1i7] 0 - No 1 - Yes	[U4NPII2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPII3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
j. Does _____ engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	[U4NPIJ1i7] 0 - No 1 - Yes	[U4NPIJ2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPIJ3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
k. Does _____ awaken you during the night, rise too early in the morning, or take excessive naps during the day?	[U4NPIK1i7] 0 - No 1 - Yes	[U4NPIK2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPIK3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe
l. Has _____ lost or gained weight, or had a change in the food he or she likes?	[U4NPIL1i7] 0 - No 1 - Yes	[U4NPIL2i7] 1- Mild 2- Moderate 3 - Severe	[U4NPIL3i7] 0-Not distressing at all 1-Minimal 2-Mild 3-Moderate 4-Severe 5-Extreme or very severe

- Calculated variable: Total number of NPI symptoms (per informant)
- Calculated variable: Total score on severity of NPI symptoms (per informant)
- Calculated variable: Total score on distress caused by NPI symptoms (per informant)
- Calculated variable: Total score of NPI severity and distress (per informant)

[NPI_SYM7i]
[NPI_SEV7i]
[NPI_DIS7i]
[TOTNPI7i]

GGG. GLOBAL HEALTH RATING

Now I would like to ask **you** some questions about (INFORMANT'S) health.

BASE: ALL INFORMANTS

GGG1. USE SHOWCARD #2. Overall, how would you rate your health - excellent, good, fair, or poor?

Excellent.....	-1	[I_HEALTH7i]
Good.....	-2	
Fair	-3	
Poor	-4	
Don't know.....	-8	
Refused	-9	

Perceived Stress Scale

BASE: ALL INFORMANTS

USE SHOWCARD #20. The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, please tell me if you felt or thought that was never, almost never, sometimes, fairly often, or very often.

In the last month,	<u>Never</u>	<u>Almost Never</u>	<u>Sometimes</u>	<u>Fairly Often</u>	<u>Very Often</u>	<u>Don't Know</u>	<u>Refused</u>
1. How often have you felt that you were unable to control the important things in your life?.....	[PSS1i] -0	-1	-2	-3	-4	-8	-9
2. How often have you felt confident about your ability to handle your personal problems?	[PSS2i] -0	-1	-2	-3	-4	-8	-9
3. How often have you felt that things were going your way?	[PSS3i] -0	-1	-2	-3	-4	-8	-9
4. How often have you felt difficulties were piling up so high that you could not overcome them?.....	[PSS4i] -0	-1	-2	-3	-4	-8	-9

GG. BLOOD PRESSURE

BASE: ALL INFORMANTS

GG1. Now I would like to take your pulse and two blood pressure readings. While I do this, please sit back comfortably and rest both feet flat on the floor; do not cross your legs or ankles. (IF THE SUBJECT HAS REASON (E.G. BRUISING, OPEN SORE) FOR NOT TAKING BLOOD PRESURE - CODE NA.)

GG4. First **seated** blood pressure reading?

a. Systolic [GG4SYS7i] / / / / b. Diastolic [GG4DIA7i] / / / / c. Pulse [GG4PUL7i] / / / / NA [NOGG47i] -77 Refused -99

GG5. Second **seated** blood pressure reading?

a. Systolic [GG5SYS7i] / / / / b. Diastolic [GG5DIA7i] / / / / c. Pulse [GG5PUL7i] / / / / NA [NOGG57i] -77 Refused -99

(RECORD LOWEST SYSTOLIC/DIASTOLIC READING ON NOTE CARD. GIVE THE SUBJECT THE INDEX CARD. INDICATE WARNING IF BP IS GREATER THAN [160/110])

BASE: ALL INFORMANTS

Height (to nearest quarter-inch) / / . / / Inches **[II1A7i]**
 Unable to stand ----- - 98
 Refused ----- - 99

Demi-span (to the nearest centimeter) / / . / / Centimeters [II1AA7i]

Weight (to nearest pound) / / / / Pounds **[II1B7i]**
 Unable to stand - 998 } **ASK QII1d**
 Refused - 999 }

Reported Weight (to nearest pound) / / / / Pounds Refused -999 [II1D7i]

Uncarpeted	-1	
Low carpet	-2	
Other (SPECIFY)	-3	
Reported Weight	-4	

- Computed variable: Informant height (cm) **[height_cmi]**
- Computed variable: Informant weight (kg) **[weight_kgi]**
- Computed variable: Informant self-reported weight (kg) **[sr_weight_kgi]**
- Computed variable: Informant BMI, including self-reported weight (kg/m²) **[BMI7i]**

BASE: ALL INFORMANTS

17

Measure1
[JJ17i]
/ / / / . / / Centimeters
Refused.....-9

Measure2
[JJ27i]
/ / / / . / / Centimeters
Refused.....-9

GRIP STRENGTH

BASE: ALL INFORMANTS

(SUBJECTS SHOULD NOT HAVE HAD ANY HAND OR WRIST SURGERY IN THE PAST 3 MONTHS (12 WEEKS). EXAMPLES OF SURGERY INCLUDE FUSION, ARTHROPLASTY, TENDON REPAIR, OR SYNOVECTOMY INVOLVING THE UPPER EXTREMITY. DISCONTINUE WITH ANYONE COMPLAINING OF PAIN AND CHECK "UNABLE/DISCONTINUED".)

HH7a. Now, I am going to use this instrument called a Dynamometer to test the strength in the hand you feel is stronger. However, if you have had any surgery on your arm in the last three months, you should not do this exercise. Have you had any recent surgery?

[HH7A7i]

Yes-1

SKIP TO Section U

No-2

Don't know-8

Refused-9

ASK Q.HH7b

(ADJUST GRIP SCALE FOR FEMALE (5 TO 6), MALE (6 TO 7))

BASE: HAVE NOT HAD SURGERY IN PAST 3 MONTHS (HH7a/2.8.9)

HH7b. I'd like you to place the arm that you think is the stronger on the table with your palm facing up. Grab the handles using an underhand grip. (DEMONSTRATE DYNAMOMETER). Let me know if the grip needs to be adjusted. When I say squeeze, squeeze as hard as you can. The handles will not move, but I will be able to read the force of your grip on the dial. I will ask you to do this two times. If you feel any pain or discomfort, tell me and we will stop (SCORE AS "UNABLE/DISCONTINUED"). Record to nearest half kilogram.

Trial 1
[HH7B71i]
/ / / / . / / kilograms
[NOHH7B71i]
Unable/Discontinued-1
Not performed for safety reasons-2
Refused-9

Trial 2
[HH7B72i]
/ / / / . / / kilograms
[NOHH7B72i]
Unable/Discontinued-1
Not performed for safety reasons-2
Refused-9

HH7c. Hand tested?

Right-1

[HH7C7i]

Left-2

Not applicable-3

(RECORD GRIP SCALE FROM THE HANDLE [TO THE CLOSEST WHOLE NUMBER]):

5-1

[GRIPSCL7i]

6-2

7-3

U. HEALTH PROBLEMS THE INFORMANT HAS

BASE: ALL INFORMANTS

U. HEALTH PROBLEMS

U3. Has a doctor or other health care professional ever told **you** that you had any of the following conditions?
(READ EACH ITEM)

	Yes	No	Don't Know	Refused
1x. Arthritis or rheumatism [I_ARTHRHEU7i]	__-1	__- 2	__-8	__-9
2y. Cancer or malignant tumor [I_LCANC71i]	__-1	__- 2	__-8	__-9
2y5. If "Yes", type of cancer? [I_LCANC75i]				
3I1. Had or suspect a heart attack, coronary, myocardial infarction, or coronary thrombosis? [I_ICARDI71i]	__-1	__- 2	__-8	__-9
3I5. If "Yes", were you hospitalized overnight for this? [I_ICARDI75i]	__-1	__- 2	__-8	__-9
4J1. Had or suspect a stroke, blood clot in the brain, or brain hemorrhage? [I_JSTROK71i]	__-1	__- 2	__-8	__-9
4J5. If "Yes", were you hospitalized overnight for this? [I_JSTROK75i]	__-1	__- 2	__-8	__-9
5K1. Had high blood pressure? [I_KHYPER71i]	__-1	__- 2	__-8	__-9
5K4. If "Yes", currently taking any medication for high blood pressure? [I_KHYPER74i]	__-1	__- 2	__-8	__-9
6M1. Had or suspect diabetes [I_MDIAB71i]	__-1	__- 2	__-8	__-9
6M3. If "Yes", are you taking any medication for diabetes now? [I_MDIAB73i]	__-1	__- 2	__-8	__-9
7N1. Have you ever broken or fractured your hip? [I_NFRAC7i]	__-1	__- 2	__-8	__-9
7N1a. If "Yes", how old were you when you broke your hip? / / / [I_NFRAC71ai]				
7N5. If "Yes", were you hospitalized overnight for this? [I_NFRAC75i]	__-1	__- 2	__-8	__-9
7N3. Have you ever broken or fractured any other bone? [I_NFRAC73i]	__-1	__- 2	__-8	__-9
7N4. If "Yes", what bone was it [I_NFRAC74i] ?				

CESD

BASE: ALL INFORMANTS

X. USE SHOW CARD #11 Now I have some questions about **your** feelings during the past week. For each of the following statements, please tell me if you felt that way in the past week rarely or none of the time (less than 1 day), some or a little of the time (1 to 2 days), occasionally or a moderate amount of time (3 to 4 days), most or all of the time (5 to 7 days)? (IF INFORMANT GIVES NUMBER OF DAYS RECORD APPROPRIATELY)

	Rarely Or None Of the Time (Less Than 1 Day)	Some Or A Little Of the Time (1-2 Days)	Occasionally Or A Moderate Amount Of Time (3-4 Days)	Most Or All Of the Time (5-7 Days)	Don't Know
1. I was bothered by things that usually don't bother me [X7CESD1i] -0	-0	-1	-2	-3	-8
2. I did not feel like eating; my appetite was poor [X7CESD2i] -0	-0	-1	-2	-3	-8
3. I felt that I could not shake off the blues even with help from my family & friends [X7CESD3i] -0	-0	-1	-2	-3	-8
4. I felt that I was just as good as other people [X7CESD4i] -0	-0	-1	-2	-3	-8
5. I had trouble keeping my mind on what I was doing [X7CESD5i] -0	-0	-1	-2	-3	-8
6. I felt depressed [X7CESD6i] -0	-0	-1	-2	-3	-8
7. I felt that everything I did was an effort [X7CESD7i] -0	-0	-1	-2	-3	-8
8. I felt hopeful about the future [X7CESD8i] -0	-0	-1	-2	-3	-8
9. I thought my life had been a failure [X7CESD9i] -0	-0	-1	-2	-3	-8
10. I felt fearful [X7CESD10i] -0	-0	-1	-2	-3	-8
11. My sleep was restless [X7CESD11i] -0	-0	-1	-2	-3	-8
12. I was happy [X7CESD12i] -0	-0	-1	-2	-3	-8
13. It seemed that I talked less than usual [X7CESD13i] -0	-0	-1	-2	-3	-8
14. I felt lonely [X7CESD14i] -0	-0	-1	-2	-3	-8
15. People were unfriendly [X7CESD15i] -0	-0	-1	-2	-3	-8
16. I enjoyed life [X7CESD16i] -0	-0	-1	-2	-3	-8
17. I had crying spells [X7CESD17i] -0	-0	-1	-2	-3	-8
18. I felt sad [X7CESD18i] -0	-0	-1	-2	-3	-8

19. I felt that people disliked me ...[X7CESD19i] -0 -1 -2 -3 -8

20. I could not get going[X7CESD20i] 0 -1 -2 -3 -8

- Computed Variable: Informant's total CES-D score [CESDtoti]

BASE: ALL INFORMANTS

CC3. **USE SHOW CARD #13** Now please think about **your** life as a whole. How satisfied are you with it? Are you completely satisfied, very satisfied, somewhat satisfied, or not at all satisfied?

Completely satisfied	-1	[CC37i]
Very satisfied	-2	
Somewhat satisfied	-3	
Not at all satisfied	-4	
Don't know	-8	
Refused	-9	

BASE: ALL INFORMANTS

EE2. **USE SHOW CARD #14** How often do **you** go to church or religious services?

Never or almost never	-1	[EE27i]
Several times a year	-2	
Once or twice a month	-3	
Almost every week	-4	
More than once a week	-5	
Don't know	-8	
Refused	-9	

KK. HEALTH CARE SERVICE UTILIZATION

BASE: ALL INFORMANTS

Now I'd like to ask **you** some questions about **your** use of health care services.

KK2. Not including any overnight stays in a hospital, how many times in the past 12 months, that is since (DATE ONE YEAR AGO) have **you** visited with a medical doctor? (INTERVIEWER: INCLUDE VISITS WITH A PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER AT AN HMO OR CLINIC).

<u># of Times</u>	<u>Don't Know</u>	<u>Refused</u>
<u> / / / / </u> [KK27i]	-8	-9

BASE: ALL INFORMANTS

CC1a. Since (DATE ONE YEAR AGO) did **you** experience an illness or injury (get sick or get hurt) that required staying overnight or longer in a hospital?

Yes	-1	[CC1a7i]
No	-2	
Don't know	-8	
Refused	-9	

LL. INCOME

BASE: ALL INFORMANTS

(ASK FOR LAST CALENDAR YEAR)

LL3. **USE SHOW CARD #21** Please look at this card. About how much is your yearly household income for 2009? Include income from all sources, such as wages, salaries, Social Security, retirement benefits, help from relatives, rent from property, and so forth.

<u>Yearly</u>	<u>Monthly</u>		[LL3A7i]
\$0-\$4,999	(\$0-\$416)	-1	
\$5,000-\$9,999	(\$417-\$833)	-2	
\$10,000-\$14,999	(\$834-\$1,249)	-3	
\$15,000-\$19,999	(\$1,250-\$1,666)	-4	
\$20,000-\$29,999	(\$1,667-\$2,499)	-5	
\$30,000-\$39,999	(\$2,500-\$3,333)	-6	
\$40,000-\$49,999	(\$3,334-\$4,166)	-7	
\$50,000 & Over	(\$4,167 & Over)	-8	
Don't know	___-98	Refused	___-99

MM. INSURANCE

BASE: ALL INFORMANTS

QMM9. Are **you** currently covered by a Medicare, Medicaid, private insurance, an HMO, the VA or another type of insurance? Please tell me whether **you** are covered by any of these sources.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
A. Medicare	[MM9A7i] -1	___-2	___-8	___-9
B. Medicaid	[MM9B7i] -1	___-2	___-8	___-9
C. Private insurance	[MM9C7i] -1	___-2	___-8	___-9
D. HMO	[MM9D7i] -1	___-2	___-8	___-9
E. VA (Veterans)	[MM9E7i] -1	___-2	___-8	___-9
F. Other specify	[MM9F7i] -1	___-2	___-8	___-9

[MM9F7ISPEC] verbatim**NN. FOLLOW-UP**

BASE: ALL INFORMANTS

NN1. What is **your** telephone number? / / / / - / / / / - / / / / /

No telephone-1
Don't know-8
Refused-9

NN2.P What is your correct street address?

Street: _____
City: _____ State: _____ Zip: _____
Email: _____

Don't know-8
Refused-9

NN2a. Do you have a different mailing address? (IF YES, RECORD BELOW)

Street: _____
City: _____ State: _____ Zip: _____

NN3a. Do you plan to move in the next two years?

Yes-1

ASK Q.NN3b

No-2

Don't know-8

Refused-9

SKIP TO Q.NN4

BASE: PLAN TO MOVE IN NEXT TWO YEARS (Q.NN3a/1)

NN3b. Where do you plan to move?

Don't know-8

Refused-9

BASE: ALL INFORMANTS

NN4. Can you please give me the names, addresses, and telephone numbers of two people who do not live with you (FOCAL CHILD/RELATIVE) and who know where you are, in case we need to contact you in the future?

1. Name (Last, First, MI): _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (_____)

/ / / ENTER RELATIONSHIP CODE Don't know ____ -8 Refused ____ -9

2. Name (Last, First, MI): _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (_____)

/ / / ENTER RELATIONSHIP CODE Don't know ____ -8 Refused ____ -9

Time Ended: _____ A.M./P.M.

OO1. Final status of Informant interview?

Complete.....-1

[OO71Ai]

Incomplete,-2

OO9b. Completed: English-1

[OO79LANGi]

Spanish-2

OO10. INTERVIEWER COMMENTS:

