

HOME CARE PAGE	Person No.	Control						
<p>Earlier in the interview you mentioned that -- needed help of some kind here at home. I am going to read a list of different kinds of personal care some people need in the home. Please tell me if -- needs help in any of the following ways.</p> <p>1a. Does -- need help --</p> <p style="padding-left: 20px;">in walking up stairs or getting from room to room? . . .</p> <p style="padding-left: 20px;">in dressing or putting on shoes?</p> <p>Does -- need help --</p> <p style="padding-left: 20px;">with bathing (shaving) or other toilet activities?</p> <p style="padding-left: 20px;">in eating or having meals served in bed?</p> <p>Does -- need help --</p> <p style="padding-left: 20px;">with changing bandages?</p> <p style="padding-left: 20px;">in receiving injections?</p> <p style="padding-left: 20px;">with other treatments?</p> <p style="padding-left: 20px;">If "Yes," ask: What kinds of treatment?</p> <p>Specify _____</p> <p>Does -- need help --</p> <p style="padding-left: 20px;">in changing bed positions?</p> <p style="padding-left: 20px;">in exercising or physical therapy?</p> <p style="padding-left: 20px;">in cutting toenails?</p> <p>Does -- get any OTHER help or care here at home?</p> <p style="padding-left: 20px;">If "Yes," ask: What kinds of other help or care?</p> <p>Specify _____</p>	2	No	Yes	For each "Yes" answer to 1a, Ask:				
	1b. Who helps --?	Does anyone else help --?						
				<input type="checkbox"/> No				
				<input type="checkbox"/> No				
				<input type="checkbox"/> No				
				<input type="checkbox"/> No				
				<input type="checkbox"/> No				
				<input type="checkbox"/> No				
				<input type="checkbox"/> No				
				<input type="checkbox"/> No				
<p>IF PERSON IS NOT RECEIVING CARE (All "No's" to question 1a), reconcile differences between answers in Q. 25 or 26c and Q. 1a above or describe the situation in the footnote space below.</p>								
<p>2. For what condition(s) does -- receive this help or care? → Specify condition(s) _____</p>				<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>3. How long has -- received help or care at home? Mark one box:</p> <p style="padding-left: 40px;">0 <input type="checkbox"/> 1 month or less 3 <input type="checkbox"/> Over 1 to 3 years</p> <p style="padding-left: 40px;">1 <input type="checkbox"/> Over 1 to 6 months 4 <input type="checkbox"/> Over 3 to 5 years</p> <p style="padding-left: 40px;">2 <input type="checkbox"/> Over 6 to 12 months 5 <input type="checkbox"/> Over 5 years</p>								
<p>4. Because of --'s health, must someone be in the house with him all of the time, part of the time, or only when providing the needed help or care?</p> <p style="padding-left: 100px;">1 <input type="checkbox"/> All of the time</p> <p style="padding-left: 100px;">2 <input type="checkbox"/> Part of the time</p> <p style="padding-left: 100px;">3 <input type="checkbox"/> Only when providing the needed help or care</p>								
<p>For each person, other than a nurse, listed in 1b, ask:</p> <p>5a. Is -- a nurse, a physical therapist, or some other kind of health worker?</p> <p style="padding-left: 20px;">If "Nurse" reported in Q. 1b or 5a, ask:</p> <p>5b. Is the nurse that cares for -- a registered nurse, a practical nurse, or some other kind of nurse?</p>				<p>(Determine the type(s) of person(s) providing the care in question 1 and mark appropriate box in column (1) of Table H.)</p>				
<p>FOOTNOTES:</p>								