MATHEMATICA
Policy Research

2011 National Evaluation of Title III-C Services

Client Outcomes Survey

CAPI Questionnaire

March 9, 2012

INTERVIEWER: SELECT PARTICIPANT TYPE:

CONGREGATE NUTRITION PARTICIPANT 1   SET PTCPT = CM;

HOME-DELIVERED NUTRITION PARTICIPANT 2   SET PTCPT = HDM;

CONGREGATE NUTRITION NONPARTICIPANT 3   SET PTCPT = NON; MATCH = CM

HOME-DELIVERED NUTRITION NONPARTICIPANT 4   SET PTCPT = NON; MATCH = HDM

INTERVIEWER: WILL INTERVIEW BE CONDUCTED WITH A PROXY?

YES 1   SET PROXY STATUS = Y

NO 0   SET PROXY

INTERVIEWER: ENTER NAME OF PERSON

INTERVIEWER: ENTER NAME OF PROGRAM

REQUIRED
IF PTCPT = CM OR HDM AND PROXY = N

INTRO1. My name is [NAME] and I am from Mathematica Policy Research. I am here on behalf of the U.S. Department of Health and Human Services, Administration on Aging. I would like your help with a survey to find out how the Administration on Aging can help meet the needs of older Americans.

This survey has two parts. The first part of the survey is about your participation in the nutrition program at [NAME OF PROGRAM SITE] and your satisfaction with aspects of the nutrition program there. The second part of the survey is about what you ate and drank over the past 24 hours. Your participation is voluntary but we would really like your help. This survey is for research purposes only and will help to improve services for older adults in the future. All of your answers will be kept strictly confidential. Your eligibility for services for this and other programs will not be affected by your decision to participate. The survey takes about X minutes to complete. We'll mail you a check for $50 for completing the survey.

May I begin the survey now?

YES 1   SKIP TO A1

NO 0   FAQS

REFUSED ....r   Thank you for your time

INTRO2. My name is [NAME] and I am from Mathematica Policy Research. I am here on behalf of the U.S. Department of Health and Human Services, Administration on Aging. I would like your help with completing a survey on behalf of [NAME OF PARTICIPANT]. The purpose of the survey to find out how the Administration on Aging can help meet the needs of older Americans.

This survey has two parts. The first part of the survey is about [NAME OF PARTICIPANT]'s participation in the nutrition program at [NAME OF PROGRAM SITE] and [his/her] satisfaction with aspects of the nutrition program there. The second part of the survey is about what [he/she] ate and drank over the past 24 hours. Your participation is voluntary but we would really like your help. This survey is for research purposes only and will help to improve services for older adults in the future. All of your answers will be kept strictly confidential. [NAME OF PARTICIPANT]'s eligibility for services for this and other programs will not be affected by your decision to participate. The survey takes about X minutes to complete. We'll mail you a check for $50 for completing the survey.

For the remainder of the survey I would like you to answer as though you are [NAME OF PARTICIPANT]. All of the following questions pertain to [him/her]. Please provide your best estimate as to [his/her] own response or opinion.

May I begin the survey now?

YES 1   SKIP TO A1

NO 0   FAQS

REFUSED ....r   Thank you for
your time

IF PTCPT = NON AND PROXY = N

INTRO3. My name is [NAME] and I am from Mathematica Policy Research. I am here on behalf of the U.S. Department of Health and Human Services, Administration on Aging. I would like your help with a survey to find out how the Administration on Aging can help meet the needs of Older Americans.

This survey has two parts. The first part has some general questions, as well as questions about your general health and dietary habits. The second part is about what you ate and drank over the past 24 hours. Your participation is voluntary but we would really like your help. This survey is for research purposes only and will help to improve services for older adults in the future. All of your answers will be kept strictly confidential. Your eligibility for services for this and other programs will not be affected by your decision to participate. The survey takes about X minutes to complete. We'll mail you a check for $50 for completing the survey.

May I begin the survey now?

YES	1	SKIP TO A1
NO	0	FAQS
REFUSED	r	Thank you for your time

IF PTCPT = NON AND PROXY = Y

INTRO4. My name is [NAME] and I am from Mathematica Policy Research. I am here on behalf of the U.S. Department of Health and Human Services, Administration on Aging. I would like your help with completing a survey on behalf of [NAME OF PARTICIPANT]. The purpose of the survey to find out how the Administration on Aging can help meet the needs of older Americans.

This survey has two parts. The first part of the survey is about [NAME OF PARTICIPANT]'s general health and dietary habits. The second part of the survey is about what (he/she) ate and drank over the past 24 hours. Your participation is voluntary but we would really like your help. This survey is for research purposes only and will help to improve services for older adults in the future. All of your answers will be kept strictly confidential. [NAME OF PARTICIPANT]'s eligibility for services for this and other programs will not be affected by your decision to participate. The survey takes about X minutes to complete. We'll mail you a check for $50 for completing the survey.

For the remainder of the survey I would like you to answer as though you were [NAME OF PARTICIPANT]. All of the following questions pertain to [him/her]. Please provide your best estimate as to [his/her] own response or opinion.

May I begin the survey now?

YES	1	SKIP TO A1
NO	0	FAQS
REFUSED	r	Thank you for your time

A. NUTRITION PROGRAM PARTICIPATION

> PROGRAMMER BOX A1
>
> CATI: CONTINUE IF PTCPT = CM OR HDM. IF PTCPT = NON, SKIP TO SECTION B.

REQUIRED
IF PTCPT = CM

My first questions are about [your/his/her] participation in the congregate nutrition program at [NAME OF PROGRAM SITE].

A1. **During a typical week, how many days [do you/does he/does she] eat at [NAME OF PROGRAM SITE] or another one like it?**

|___| DAYS

PER WEEK (Range 0-7) 1

PER MONTH (Range 0-31) 2

PER YEAR (Range 0-365)...3

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF DAYS PER WEEK GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A1] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER WEEK.**
HARD CHECK: IF DAYS PER MONTH GT 31 **I want to be sure I recorded your answer correctly. Did you say [fill A1] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER MONTH.**
HARD CHECK: IF DAYS PER YEAR GT 365 **I want to be sure I recorded your answer correctly. Did you say [fill A1] days per year? INTERVIEWER: ANSWER CANNOT EXCEED 365 DAYS PER YEAR.**

IF PTCPT = HDM

My first questions are about [your/his/her] participation in the home-delivered nutrition program from [NAME OF PROGRAM SITE].

A1.1   During a typical week, how many days does [NAME OF PROGRAM SITE] or another program like it deliver meals to [your/his/her] home?

|___| DAYS

PER WEEK (Range 0-7) 1

PER MONTH (Range 0-31) 2

PER YEAR (Range 0-365)..3

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF DAYS PER WEEK GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A1] days per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER WEEK.**

HARD CHECK: IF DAYS PER MONTH GT 31 **I want to be sure I recorded your answer correctly. Did you say [fill A1] days per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER MONTH.**

HARD CHECK: IF DAYS PER YEAR GT 365 **I want to be sure I recorded your answer correctly. Did you say [fill A1] days per year? INTERVIEWER: ANSWER CANNOT EXCEED 365 DAYS PER YEAR.**

IF PTCPT = CM

A2. **Thinking about meals [you eat/he eats/she eats] at [NAME OF PROGRAM SITE] or other places like this, during a typical week, how many times per week do [you/he/she] get . . .**

a. Breakfast there?

|___| TIMES (0-7)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF TIMES GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A2a] times per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.**

b. Lunch there?

|___| TIMES (0-7)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF TIMES GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A2b] times per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.**

c. Dinner there?

|___| TIMES (0-7)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF TIMES GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A2c] times per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.**

A2.1 **Thinking about meals [you receive/he receives/she receives] from [NAME OF PROGRAM SITE, how many of each of the following meals [do you/does he/does she] receive during a typical week?**

a. **Breakfast**

|___| MEALS (0-7)

DON'T KNOW ....d

REFUSED ....r

MEALS ARE NOT DESIGNATED ....r   SKIP TO UNDESIGNATED MEALS

HARD CHECK: IF MEALS GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A2.1a] meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WEEK.**

b. Lunch

|___| MEALS (0-7)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF MEALS GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A2.1b] meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WEEK.**

c. Dinner

|___| MEALS (0-7)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF MEALS GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill A2.1c] meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER WEEK.**

ASK ONLY IF RESPONDENT SAYS MEALS ARE NOT DESIGNATED:

d. Undesignated meals

|___| MEALS (0-21)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF MEALS GT 21 **I want to be sure I recorded your answer correctly. Did you say [fill A2.1d] meals per week? INTERVIEWER: ANSWER CANNOT EXCEED 21 MEALS PER WEEK.**

REQUIRED

IF A2.1 LUNCHES IS LT 5

A2.2 **[Do you/Does he/Does she] receive fewer than five lunches a week because [you prefer/he prefers/she prefers] it that way, or because [you/he/she] can only get fewer than five lunches a week?**

<u>CODE ONE ONLY</u>

PREFER IT THAT WAY..1

CANNOT GET MORE LUNCHES 2

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

A2.3. **How long ago was the last time [NAME OF PROGRAM SITE] delivered a meal to [your/his/her] home? You can tell me the number of days, weeks, months, or years.**

INTERVIEWER: IF RESPONDENT HAD A MEAL DELIVERED TODAY, PLEASE CODE 0 DAYS AGO

|__|__|

DAYS AGO (Range 0-45) 2

WEEKS AGO (Range 1-30)...3

MONTHS AGO (Range 1-13) 4

YEARS AGO (Range 1-40)..5

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF DAYS GT 45; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] days ago? INTERVIEWER: ANSWER CANNOT EXCEED 45 DAYS AGO.**

HARD CHECK: IF WEEKS GT 30; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] weeks ago? INTERVIEWER: ANSWER CANNOT EXCEED 30 WEEKS AGO.**

HARD CHECK: IF MONTHS GT 13; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] months ago? INTERVIEWER: ANSWER CANNOT EXCEED 13 MONTHS AGO.**

HARD CHECK: IF YEARS GT 40; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] years ago? INTERVIEWER: ANSWER CANNOT EXCEED 40 YEARS AGO.**

IF PTCPT = CM

A3. **Thinking back to 6 months ago (that is, last [CURRENT MONTH – 6 MONTHS]), did [you/he/she] eat meals at the [NAME OF PROGRAM SITE] or other places like this more often, less often, or about as often as [you do/he does/she does] now?**

<u>CODE ONE ONLY</u>

MORE OFTEN 1

LESS OFTEN...2

ABOUT AS OFTEN..3   SKIP TO A5

DON'T KNOW ....d   SKIP TO A5

REFUSED ....r   SKIP TO A5

IF A3 = 1 OR 2

A4. **Why [do you/does he/does she] eat at [NAME OF PROGRAM SITE] [MORE OFTEN/LESS OFTEN] than [you/he/she] did 6 months ago?**

      PROBE: **That is, since last [CURRENT MONTH – 6 MONTHS].**

<u>CODE ALL THAT APPLY</u>

PEOPLE:

HAVE FEW OR NO FRIENDS AT MEAL SITE 1

HAVE NO ONE AT HOME TO EAT WITH 2

MADE FRIENDS AT MEAL SITE 3

PLACE/PLACE-RELATED:

HAVE OTHER PLACES TO EAT 4

HAVEN'T GOTTEN INVOLVED OR NOT INTERESTED IN ACTIVITIES AT MEAL SITE 5

CAN'T AFFORD TO DONATE AT MEAL SITE 6

SOMETIMES DIFFICULT TO GET TO MEAL SITE..7

I FOUND THAT I DON'T ALWAYS LIKE THE KINDS OF FOODS THEY SERVE 8

GOT INVOLVED IN ACTIVITIES AT MEAL SITE 9

COSTS LESS TO EAT AT MEAL SITE THAN ELSEWHERE 10

THE MEAL SITE IS WARM AND INVITING...11

MEALS:

STILL ABLE TO PREPARE OWN MEALS..12

NO LONGER HAVE A PLACE TO PREPARE MEALS......................................13

PHYSICALLY DIFFICULT TO MAKE OWN MEALS 14

I LIKE THE KINDS OF FOODS THEY SERVE 15

OTHER (SPECIFY)..99

_____ (STRING 30))

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM

A5. **When [you eat/he eats/she eats] at [NAME OF PROGRAM SITE], [are you/is he/is she] able to take leftovers or seconds home with [you/him/her]?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM

A6. **When you go to [NAME OF PROGRAM SITE], [do you/does he/does she] ever get meals to take home to eat later? Please do not include leftovers [you/he/she] might take home from a meal [you/he/she] ate at [NAME OF PROGRAM SITE].**

YES 1

NO 0   SKIP TO A8

DON'T KNOW ....d   SKIP TO A8

REFUSED ....r   SKIP TO A8

IF A6 = 1

A7. **How would [you/he/she] describe those take home meals? Are they full meals, just snacks, supplements such as Ensure or Boost, or something else?**

<u>CODE ONE ONLY</u>

FULL MEALS 1

SNACKS 2

SUPPLEMENTS 3

OTHER (SPECIFY)...99

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

A8. **How often [do you/does he/does she] eat the entire delivered meal in one sitting? Would [you/he/she] say . . .**

CODE ONE ONLY

Always, ...1

Usually, ...2

Sometimes, ...3

Seldom, or 4

Never? 5

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

A9. **When [you do/he does/she does] not eat [your/his/her] entire delivered meal in one sitting, do [you/he/she] usually eat all of what is left as another meal, eat only part of what is left as another meal, or do you usually throw the rest of the meal away?**

CODE ONE ONLY

ALL OF ANOTHER MEAL 1

PART OF ANOTHER MEAL 2

THROW IT AWAY 3

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

A10. **[Do you/Does he/Does she] currently have any diet and nutritional supplements at home, such as Ensure or Boost, that [NAME OF PROGRAM SITE] gave [you/him/her]?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM OR HDM

A11. **[Do you/Does he/Does she] currently have at home any emergency meals that the [NAME OF PROGRAM SITE] gave [you/him/her]?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF A11 = YES

A12. **How many emergency meals [do you/does he/does she] have from [NAME OF PROGRAM SITE] at home? Your best estimate is fine.**

|___|___| NUMBER OF MEALS (0-10)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER OF MEALS GT 10 **I want to be sure I recorded your answer correctly. Did you say [FILL A12] meals? INTERVIEWER: ANSWER CANNOT EXCEED 10 MEALS.**

A13. **If the [NAME OF PROGRAM SITE] wasn't available to provide meals, how often would (INSERT a-h) . . . Would you say most of the time, sometimes, or never?**

<u>CODE ALL THAT APPLY</u>

		MOST OF THE TIME	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a.	[You/He/She] cook for [yourself/himself/herself]?	1	2	3	d	r
b.	Family or friends provide [you/him/her] with meals?	1	2	3	d	r
c.	[You/He/She] eat at restaurants or have food delivered from restaurants?	1	2	3	d	r
d.	[You/He/She] eat meals that were easy to fix like sandwiches, microwavable meals, or soups?	1	2	3	d	r
e.	[You/He/She] eat meals that were ready to eat right out of the package?	1	2	3	d	r
f.	Skip meals or eat less than [you do/he does/she does] now?	1	2	3	d	r
g.	Eat foods saved from other meals?	1	2	3	d	r
h.	[You/He/She] get food in some other way? (PLEASE SPECIFY)	1	2	3	d	r

_____(STRING (NUM))

IF OTHER SPECIFY (99): **How did [you/he/she] get food?**

A14. **Excluding [NAME OF PROGRAM SITE], how many other places like [NAME OF PROGRAM SITE] [do you/does he/does she] usually go for [your/his/her] meals? These could be places like senior centers, senior lunch programs, or other congregate meals programs.**

|__|__| NUMBER OF PLACES (0-10)

DON'T KNOW .... d

REFUSED .... r

HARD CHECK: IF NUMBER OF PLACES GT 10 **I want to be sure I recorded your answer correctly. Did you say [FILL A14] places? INTERVIEWER: ANSWER CANNOT EXCEED 10 PLACES.**

IF PTCPT = HDM

A14.1 Excluding [NAME OF PROGRAM SITE], how many other similar places usually deliver meals to [your/his/her] home?

|___|___| NUMBER OF PLACES (0-10)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER OF PLACES GT 10 **I want to be sure I recorded your answer correctly. Did you say [FILL A14.1] places? INTERVIEWER: ANSWER CANNOT EXCEED 10 PLACES.**

IF PTCPT = CM

A15. How long ago did [you/he/she] first begin eating at a congregate meal site, senior center, or senior lunch program for a meal?

PROBE: You may answer in days, weeks, months, or years. Your best estimate is fine.

|___|___|

DAYS AGO (Range 0-45) 2

WEEKS AGO (Range 1-30)..3

MONTHS AGO (Range 1-13) 4

YEARS AGO (Range 1-40)..5

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF DAYS GT 45; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] days ago? INTERVIEWER: ANSWER CANNOT EXCEED 45 DAYS AGO.**

HARD CHECK: IF WEEKS GT 30; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] weeks ago? INTERVIEWER: ANSWER CANNOT EXCEED 30 WEEKS AGO.**

HARD CHECK: IF MONTHS GT 13; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] months ago? INTERVIEWER: ANSWER CANNOT EXCEED 13 MONTHS AGO.**

HARD CHECK: IF YEARS GT 40; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] years ago? INTERVIEWER: ANSWER CANNOT EXCEED 40 YEARS AGO.**

IF PTCPT = HDM

A15.1 **How long ago did [you/he/she] first receive a home-delivered meal?**

      PROBE: **You may answer in days, weeks, months, or years. Your best estimate is fine.**

      |__|__|

      DAYS AGO (Range 0-45) 2

      WEEKS AGO (Range 1-30)...3

      MONTHS AGO (Range 1-13) 4

      YEARS AGO (Range 1-40)...5

      DON'T KNOW ....d

      REFUSED ....r

HARD CHECK: IF DAYS GT 45; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] days ago? INTERVIEWER: ANSWER CANNOT EXCEED 45 DAYS AGO.**

HARD CHECK: IF WEEKS GT 30; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] weeks ago? INTERVIEWER: ANSWER CANNOT EXCEED 30 WEEKS AGO.**

HARD CHECK: IF MONTHS GT 13; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] months ago? INTERVIEWER: ANSWER CANNOT EXCEED 13 MONTHS AGO.**

HARD CHECK: IF YEARS GT 40; **I want to be sure I recorded your answer correctly. Did you say [FILL A2.3] years ago? INTERVIEWER: ANSWER CANNOT EXCEED 40 YEARS AGO.**

A16. **How did [you/he/she] first learn about the nutrition program like the one at [NAME OF PROGRAM SITE]?**

<u>CODE ALL THAT APPLY</u>

FROM ANOTHER PERSON...1

MEDICAL DOCTOR..2

MEDICAL PERSONNEL OTHER THAN A DOCTOR 3

SOCIAL WORKER..4

FAMILY MEMBER 5

FRIEND...6

NEWSPAPER, TV, RADIO, INTERNET 7

POSTERS, SOMETHING IN THE MAIL...8

ANNOUNCEMENT IN CLUB OR CHURCH..9

REFERRED BY A COMMUNITY-BASED AGENCY (HOSPITAL, SOCIAL
SERVICES AGENCY, ETC.) 10

OTHER (SPECIFY)..99

_____ (STRING (NUM))

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

A16.1 How did [you/he/she] first learn about the home-delivered nutrition program like the one at [NAME OF PROGRAM SITE]?

                                                                        CODE ALL THAT APPLY

FROM ANOTHER PERSON..1

MEDICAL DOCTOR...2

MEDICAL PERSONNEL OTHER THAN A DOCTOR 3

SOCIAL WORKER..4

FAMILY MEMBER 5

FRIEND 6

NEWSPAPER, TV, RADIO, INTERNET 7

POSTERS, SOMETHING IN THE MAIL..8

ANNOUNCEMENT IN CLUB OR CHURCH 9

REFERRED BY A COMMUNITY-BASED AGENCY (HOSPITAL, SOCIAL SERVICES AGENCY, ETC.) 10

OTHER (SPECIFY)..99

_____ (STRING (NUM))

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM OR HDM

A17. [Were you/Was he/Was she] on a waiting list before [you were/he was/she was] able to take part in the [NAME OF PROGRAM SITE] nutrition program?

YES 1

NO 0   SKIP TO B1

DON'T KNOW ....d   SKIP TO B1

REFUSED ....r   SKIP TO B1

A18. **How long [were you/was he/was she] on the waiting list before [you/he/she] received a program meal? You can tell me the number of days, weeks, months, or years.**

|___|___| (NUMBER RANGE)

DAYS (Range 0-365) 1

WEEKS (Range 0-52) 2

MONTHS (Range 0-12) 3

YEARS (Range 0-3)...4

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF DAYS GT 365 **I want to be sure I recorded your answer correctly. Did you say [FILL A18] days? INTERVIEWER: ANSWER CANNOT EXCEED 365 DAYS.**
HARD CHECK: IF WEEKS GT 52 **I want to be sure I recorded your answer correctly. Did you say [FILL A18] weeks? INTERVIEWER: ANSWER CANNOT EXCEED 52 WEEKS.**
HARD CHECK: IF MONTHS GT 12 **I want to be sure I recorded your answer correctly. Did you say [FILL A18] months? INTERVIEWER: ANSWER CANNOT EXCEED 12 MONTHS.**
HARD CHECK: IF YEARS GT 3 **I want to be sure I recorded your answer correctly. Did you say [FILL A18] years? INTERVIEWER: ANSWER CANNOT EXCEED 3 YEARS.**

B. OTHER SERVICES

PROGRAMMER BOX B1

CATI: CONTINUE IF PTCPT = CM, HDM, OR NON.

REQUIRED

IF PTCPT = CM OR HDM

B1. **In the past 6 months, other than meals from [NAME OF PROGRAM SITE], [have you/has he/has she] gotten other types of help or services from either [NAME OF PROGRAM SITE], [NAME OF AREA AGENCY ON AGING], or some other agency or provider?**

YES 1		
NO 0	SKIP TO C1
DON'T KNOW ....d	SKIP TO C1
REFUSED ....r	SKIP TO C1

REQUIRED

IF PTCPT = NON

B1.1 **In the past 6 months, [have you/has he/has she] gotten any help or received any services from [NAME OF AREA AGENCY ON AGING] or some other agency?**

YES 1		
NO 0	SKIP TO C1
DON'T KNOW ....d	SKIP TO C1
REFUSED ....r	SKIP TO C1

B2.   In the past 6 months . . .

	YES	NO	DON'T KNOW	REFUSED
a. [Have you/Has he/Has she] participated in an adult day care program?	1	0	d	r
b. [Have you/Has he/Has she] received personal care services for help with dressing or bathing?	1	0	d	r
c. Did [you/he/she] have a visiting nurse or therapist who came to your home to provide physical, occupational, or speech therapy?	1	0	d	r
d. Did [you/he/she] have a nutritional counselor who gave [you/him/her] individual advice on what [you/he/she] should eat?	1	0	d	r
e. [Have you/Has he/Has she] receive case management services in which a case manager set up in-home services for [you/him/her] such as homemaker or personal care services, or called to see how [you are/he is/she is] doing?	1	0	d	r
f. [Have you/Has he/Has she] received free or discounted housing?	1	0	d	r
g. Did [you/he/she] participate in a support group to talk with other people who have the same kind of problems [you have/he has/she has]?	1	0	d	r
h. [Have you/Has he/Has she] received homemaker or housekeeping services to help with light housework, preparing meals, or shopping?	1	0	d	r
i. [Have you/Has he/Has she] received chore services to help with heavier housecleaning or yard work?	1	0	d	r

IF PTCPT = CM

B3. Now, thinking <u>only</u> about activities at [NAME OF PROGRAM SITE], in the past 6 months [have you/has he/has she] attended a class or lecture about . . .

		YES	NO	DON'T KNOW	REFUSED
a.	A specific chronic disease (e.g., Diabetes, heart disease)?	1	0	d	r
b.	Nutrition or healthy eating habits?	1	0	d	r
c.	Safety issues such as falls prevention?	1	0	d	r
d.	How to manage [your/his/her] medications?	1	0	d	r
e.	Managing [your/his/her] finances?	1	0	d	r
f.	Health insurance or Medicare Part D?	1	0	d	r

IF PTCPT = CM

B3.1 Thinking about other activities at [NAME OF PROGRAM SITE], in the past 6 months [have you/has he/has she] . . .

		YES	NO	DON'T KNOW	REFUSED
a.	Participated in an exercise or fitness class there?	1	0	d	r
b.	Received assistance in finding employment there?	1	0	d	r
c.	Received legal services such as help with making a will or understanding a bill or other legal matter there?	1	0	d	r
d.	Received counseling about your housing situation or problems with your housing?	1	0	d	r

C. SERVICES, ACTIVITIES, AND TRANSPORTATION

PROGRAMMER BOX C1

CATI: CONTINUE IF PTCPT = CM, HDM, or NON.

REQUIRED

IF PTCPT = CM

The next questions are about how you get to and from [NAME OF PROGRAM SITE].

C1. **During the past 30 days, [have you/has he/has she] done any of the following to get to or from [NAME OF PROGRAM SITE]? Did you . . .**

		YES	NO	DON'T KNOW	REFUSED	NOT APPLICABLE (SITE IN BUILDING WHERE PARTICIPANT RESIDES)
a.	Drive [yourself/himself/herself]?	1	0	d	r	n
						SKIP TO C4
b.	Share a ride with a friend or family member but were not the driver?	1	0	d	r	n
c.	Use private transportation such as a taxi, limousine, or car service?	1	0	d	r	n
d.	Use public transportation such as buses, light rail transit, trains, subways, community shuttles or jitneys?	1	0	d	r	n
e.	Use para transportation such as ADA transit or Dial-A Ride transit?	1	0	d	r	n
f.	Use specialized transportation such as nutrition program or senior program sponsored bus/van/car, church or faith-based program bus/van/car, or volunteer driver?	1	0	d	r	n
g.	Use some other form of transportation such as walking, biking, or using a scooter?	1	0	d	r	n

IF C1e OR C1f = 1

C2. **During the past 30 days, how often did [you/he/she] use para or special transportation to get to and from [NAME OF PROGRAM SITE]?**

|__|__| TIMES PER

DAY (Range 0-5) 1

WEEK (Range 0-25) 2

MONTH (Range 0-50) 3

YEAR (Range 0-100) 4

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF PER DAY GT 5 **I want to be sure I recorded your answer correctly. Did you say [FILL C2] times per day? INTERVIEWER: ANSWER CANNOT EXCEED 5 TIMES PER DAY.**

HARD CHECK: IF PER WEEK GT 25 **I want to be sure I recorded your answer correctly. Did you say [FILL C2] times per week? INTERVIEWER: ANSWER CANNOT EXCEED 25 TIMES PER WEEK.**

HARD CHECK: IF PER MONTH GT 50 **I want to be sure I recorded your answer correctly. Did you say [FILL C2] times per month? INTERVIEWER: ANSWER CANNOT EXCEED 50 TIMES PER MONTH.**

HARD CHECK: IF PER YEAR GT 100 **I want to be sure I recorded your answer correctly. Did you say [FILL C2] times per year? INTERVIEWER: ANSWER CANNOT EXCEED 100 TIMES PER YEAR.**

IF PTCPT = CM

C3. **How easy is it to obtain transportation to the [NAME OF PROGRAM SITE]? Would [you/he/she] say . . .**

CODE ONE ONLY

Very easy, ...1

Somewhat easy, ...2

Not too easy, or 3

Not easy at all? 4

DON'T KNOW ....d

REFUSED ....r

C4. **If the transportation service [you use/he uses/she uses] to get and from [NAME OF PROGRAM SITE] was not available, would [you/he/she] go . . .**

CODE ONE ONLY

About as often as now, ... 1

Somewhat less often, ... 2

A lot less often, or 3

Wouldn't go at all? 4

DON'T KNOW .... d

REFUSED .... r

C5. **During the past year, [have you/has he/has she] used any of the following transportation services to go to the store, bank, doctor's office, or some other place?**

	YES	NO	DON'T KNOW	REFUSED
a. Para transportation such as ADA transit or Dial-A Ride transit?	1	0	d	r
b. Specialized transportation such as a senior program sponsored bus/van/car, church or faith-based program bus/van/car, or volunteer driver?	1	0	d	r

C6. **Where did the transportation service take [you/him/her]?**

CODE ALL THAT APPLY

Grocery shopping, ... 1

Other types of shopping, ... 2

Doctor or other health care visit, ... 3

Bank or other errand, or 4

Some place else? (SPECIFY) 5

_____ (STRING (NUM))

DON'T KNOW .... d

REFUSED .... r

IF OTHER SPECIFY (99): **To which other place did the transportation take [you/him/her]?**

D. RECREATIONAL AND SOCIAL ACTIVITIES

PROGRAMMER BOX D1

CATI: CONTINUE IF PTCPT = CM. IF PTCPT = HDM OR NON, SKIP TO SECTION E.

The next questions are about recreational and social activities you may participate in at [NAME OF PROGRAM SITE].

REQUIRED

IF PTCPT = CM

D1. **In general, how satisfied [are you/is he/is she] with opportunities [you have/he has/she has] to spend time with other people at [NAME OF PROGRAM SITE]? Would [you/he/she] say [you are/he is/she is] . . .**

CODE ONE ONLY

Very satisfied, ...1

Somewhat satisfied, ...2

Not too satisfied, or 3

Not at all satisfied? 4

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM

D2. **[Do you/Does he/Does she] spend a lot of time, some time, just a little time, or no time participating in other activities or receiving other services at the [NAME OF PROGRAM SITE] meal site?**

CODE ONE ONLY

A LOT OF TIME 1

SOME TIME 2

JUST A LITTLE TIME 3

NO TIME 4

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM

D3. **How long [do you /does he/does she] usually stay at the [NAME OF PROGRAM SITE] meal site each time [you go/he goes/she goes]? Please include the time [you spend/he spent/she spent] getting a meal.**

|__|__|

MINUTES (0-120) 1

HOURS (0-10)...2

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF MINUTES GT 120 **I want to be sure I recorded your answer correctly. Did you say [fill D3] minutes? INTERVIEWER: ANSWER CANNOT EXCEED 120 MINUTES.**

HARD CHECK: IF HOURS GT 10 **I want to be sure I recorded your answer correctly. Did you say [fill D3] hours? INTERVIEWER: ANSWER CANNOT EXCEED 10 HOURS.**

E. INFORMATION AND REFERRAL, OTHER SERVICES

PROGRAMMER BOX E1

CATI: CONTINUE IF PTCPT = CM OR HDM. IF PTCPT = NON,
CONTINUE IF B1.1 = 1. ELSE, SKIP TO SECTION J.

REQUIRED

IF PTCPT = CM OR HDM

The next set of questions are about services, help, or benefits information you receive from [NAME OF PROGRAM SITE].

REQUIRED

IF PTCPT = NON

The next set of questions are about services, help, or benefits information you may receive from [NAME OF AREA AGENCY ON AGING] or another organization.

REQUIRED

IF PTCPT = CM OR HDM

E1. **During the past year, did someone from the [NAME OF PROGRAM] provide information or refer [you/him/her] to places to learn about financial, social, or health services that are available or tell [you/him/her] how to get the help [you need/he needs/she needs]?**

YES 1

NO 0   SKIP TO F1

DON'T KNOW ....d   SKIP TO F1

REFUSED ....r   SKIP TO F1

REQUIRED

IF PTCPT = NON

E1.1 **During the past year, did someone from [NAME OF AREA AGENCY ON AGING] or another organization provide information or refer [you/him/her] to places to learn about financial, social, or health services that are available or tell [you/him/her] how to get the help [you need/he needs/she needs]?**

YES 1

NO 0   SKIP TO F1

DON'T KNOW ....d   SKIP TO F1

REFUSED ....r   SKIP TO F1

IF E1 = 1

E2. **How often did [you/he/she] seek out this kind of information or help from the [NAME OF PROGRAM] in the past year?**

|___|___| TIMES PER

WEEK (Range 0-7) 1

MONTH (Range 0-31)..2

YEAR (Range 0-365) 3

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did you say [FILL E2] times per week? **INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.**

HARD CHECK: IF PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did you say [FILL E2] times per month? **INTERVIEWER: ANSWER CANNOT EXCEED 31 TIMES PER MONTH.**

HARD CHECK: IF PER YEAR GT 365 I want to be sure I recorded your answer correctly. Did you say [FILL E2] times per year? **INTERVIEWER: ANSWER CANNOT EXCEED3655 TIMES PER YEAR.**

REQUIRED

IF E1.1 – 1

E2.1 **How often did [you/he/she] seek out this kind of information or help from [NAME OF AREA AGENCY ON AGING] or another organization in the past year?**

|___|___| TIMES PER

WEEK (Range 0-7) 1

MONTH (Range 0-31)..2

YEAR (Range 0-365) 3

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF PER WEEK GT 7 I want to be sure I recorded your answer correctly. Did you say [FILL E2] times per week? **INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.**

HARD CHECK: IF PER MONTH GT 31 I want to be sure I recorded your answer correctly. Did you say [FILL E2] times per month? **INTERVIEWER: ANSWER CANNOT EXCEED 31 TIMES PER MONTH.**

HARD CHECK: IF PER YEAR GT 365 I want to be sure I recorded your answer correctly. Did you say [FILL E2] times per year? **INTERVIEWER: ANSWER CANNOT EXCEED3655 TIMES PER YEAR.**

E3. **[Were you/was he/was she] looking for information or a referral to any of the following . . .**

	YES	NO	DON'T KNOW	REFUSED
a. An adult day care program?	1	0	d	r
b. Personal care services for help with dressing or bathing?	1	0	d	r
c. A visiting nurse or therapist that comes to your home to provide physical, occupational, or speech therapy?	1	0	d	r
d. A nutritional counselor who gives [you/him/her] individual advice on what [you/he/she] should eat?	1	0	d	r
e. Case management services in which a case manager sets up in-home services for [you/him/her] such as homemaker or personal care services, or calls to see how [you are/he is/she is] doing?	1	0	d	r
f. A support group to talk with other people who have the same kind of problems [you have/he has/she has]?	1	0	d	r
g. Homemaker or housekeeping services to help with light housework, preparing meals, or shopping?	1	0	d	r
h. Chore services to help with heavier housecleaning or yard work?	1	0	d	r

E4. **During the past year, when [you/he/she] sought out information about services or help from [NAME OF PROGRAM] staff and were referred to an agency other than [NAME OF PROGRAM SITE], did the program staff ever . . .**

	YES	NO	DON'T KNOW	REFUSED
a. Give [you/him/her] printed information, brochures, applications, or phone numbers?	1	0	d	r
b. Fill out or help [you/him/her] to fill out an application or paperwork for services?	1	0	d	r
c. Make an appointment for [you/him/her] at the other agency or notify them that [you were/he was/she was] coming?	1	0	d	r
d. Accompany [you/him/her] to the other agency?	1	0	d	r
e. Provide or arrange for transportation to the other agency?	1	0	d	r
f. Follow-up with [you/him/her] to see that [you were/he was/she was] served by the other agency?	1	0	d	r

IF E1 = 1

E5. **Overall, how helpful was the program staff in getting [you/him/her] the information, services, help, or benefits [you were/he was/she was] looking for? Were they . . .**

<u>CODE ONE ONLY</u>

Very helpful,..1

Somewhat helpful, ...2

Not too helpful, or 3

Not at all helpful? 4

DON'T KNOW ....d

REFUSED ....r

IF E1 = 1

E6. **Has [NAME OF PROGRAM] staff ever given [you/him/her] information or helped [you/him/her] with making decisions on Medicare Part D, the prescription drug benefit?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

F. HELPFULNESS OF PROGRAM

> ### PROGRAMMER BOX F1
>
> CATI: CONTINUE IF PTCPT = CM OR HDM. IF PTCPT = NON, SKIP TO SECTION J.

REQUIRED
IF PTCPT = CM OR HDM

F1. **Overall, how helpful has the [NAME OF PROGRAM] been? Would [you/he/she] say it has . . .**

<u>CODE ONE ONLY</u>

Helped a lot,..1

Helped somewhat,...2

Helped a little,...3

Didn't help, or 4

Made things worse?..5

DON'T KNOW ....d

REFUSED ....r

REQUIRED
IF PTCPT = CM OR HDM

F2. **Has [NAME OF PROGRAM SITE]'s nutrition program . . .**

	YES	NO	DON'T KNOW	REFUSED
a. Helped [you/him/her] eat healthier foods?	1	0	d	r
b. Improved [your/his/her] health?	1	0	d	r
c. Helped [you/him/her] follow the special diet that is prescribed by [your/his/her] doctor or dietician?	1	0	d	r
d. Helped [you/him/her] achieve or maintain a healthy weight?	1	0	d	r
e. Helped [you/him/her] to live independently and stay in [your/his/her] home?	1	0	d	r

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G. VOLUNTEER WORK FOR [NAME OF PROGRAM SITE] NUTRITION PROGRAM

PROGRAMMER BOX G1

CATI: CONTINUE IF PTCPT = CM. IF PTCPT = HDM, SKIP TO SECTION H. IF PTCPT = NON, SKIP TO SECTION J.

The next set of questions are about volunteer work for [NAME OF PROGRAM SITE]'s nutrition program.

REQUIRED

IF PTCPT = CM

G1. **[Do you/Does he/Does she] do volunteer work for [NAME OF PROGRAM SITE] nutrition program?**

YES 1

NO 0   SKIP TO H1

DON'T KNOW .... d   SKIP TO H1

REFUSED .... r   SKIP TO H1

REQUIRED

IF G1 = 1

G2. **How often [do you/does he/does she] do volunteer work for the [NAME OF PROGRAM SITE] nutrition program?**

|__|__| TIMES PER

WEEK (Range 0-7) 1

MONTH (Range 0-31) 2

YEAR (Range 0-365) 3

DON'T KNOW .... d

REFUSED .... r

HARD CHECK: IF PER WEEK GT 7 **I want to be sure I recorded your answer correctly. Did you say [FILL G2] times per week? INTERVIEWER: ANSWER CANNOT EXCEED 7 TIMES PER WEEK.**

HARD CHECK: IF PER MONTH GT 31 **I want to be sure I recorded your answer correctly. Did you say [FILL G2] times per month? INTERVIEWER: ANSWER CANNOT EXCEED 31 TIMES PER MONTH.**

HARD CHECK: IF PER YEAR GT 365 **I want to be sure I recorded your answer correctly. Did you say [FILL G2] times per year? INTERVIEWER: ANSWER CANNOT EXCEED 365 TIMES PER YEAR.**

IF G1 = 1

G3. **On average, how long [do you/does he/does she] volunteer each time [you do/he does/she does] volunteer work?**

PROBE: **Your best estimate is fine.**

|___|___|

MINUTES (Range 0-99) 1

HOURS (Range 0-12) 2

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF MINUTES GT 99 ; **I want to be sure I recorded your answer correctly. Did you say [FILLG3] minutes? INTERVIEWER: ANSWER CANNOT EXCEED 99 minutes.**

HARD CHECK: IF HOURS GT 99; **I want to be sure I recorded your answer correctly. Did you say [FILL G3] hours? INTERVIEWER: ANSWER CANNOT EXCEED 12 HOURS.**

IF G1 = 1

G4. **[Do you/Does he/Does she] do volunteer work for the congregate nutrition program, the home-delivered nutrition program, or both programs?**

<u>CODE ONE ONLY</u>

CONGREGATE NUTRITION PROGRAM 1

HOME-DELIVERED NUTRITION PROGRAM 2

BOTH NUTRITION PROGRAMS 3

DON'T KNOW ....d

REFUSED ....r

H. IMPRESSIONS OF THE NUTRITION PROGRAM

The next questions are about [your/his/her] general impression of the [NAME OF PROGRAM].

REQUIRED

IF PTCPT = CM

H1.   **Overall, how would [you/he/she] rate the nutrition program at [NAME OF PROGRAM SITE]? Would [you/he/she] say it is . . .**

CODE ONE ONLY

Excellent, ...1

Very good,...2

Good,...3

Fair, or 4

Poor?..5

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = HDM

H1.1   **Overall, how would [you/he/she] rate [NAME OF PROGRAM SITE]'s home-delivered nutrition program? Would [you/he/she] say it is . . .**

CODE ONE ONLY

Excellent, ...1

Very good,...2

Good,...3

Fair, or 4

Poor?..5

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM OR HDM

H1.2 **Which of the following best describes the meals provided by [NAME OF PROGRAM SITE]?**

<u>CODE ONE ONLY</u>

There is a set menu that does not give [me/him/her] any choice of food items, ...1

[I have/He has/She has] a choice of different complete meal options (e.g., Meal A or Meal B), or 2

[I have/He has/She has] has a choice of different food items within the meal (e.g., Choice of entrée, choice of vegetables, fruit, dessert, salad bar) 3

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM

H2. **What [do you/does he/does she] like most about the [NAME OF PROGRAM SITE]'s nutrition program? Would [you/he/she] say the . . .**

<u>CODE ONE ONLY</u>

Food, ...1

Other services, ...2

Participants, ...3

Staff, ...4

Activities, ...5

Location, or 6

Something else? (SPECIFY) 7

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What [do you/does he/does she] like most about the nutrition program?**

IF PTCPT = HDM

H2.1   What [do you/does he/does she] like most about the [NAME OF PROGRAM SITE]'s nutrition program? Would [you/he/she] say the . . .

<u>CODE ONE ONLY</u>

Food,..1

Delivery staff,...2

Something else? (SPECIFY) 3

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What [do you/does he/does she] like most about the nutrition program?**

IF PTCPT = CM

[PROGRAMMER: EXCLUDE RESPONSES GIVEN TO H2 FROM H3]

H3.   What [do you/does he/does she] like least about the [NAME OF PROGRAM SITE]'s nutrition program? Would [you/he/she] say the . . .

<u>CODE ONE ONLY</u>

Food,..1

Services, ...2

Participants,..3

Staff, ...4

Activities, ...5

Location, or..6

Something else? (SPECIFY) 7

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What [do you/does he/does she] like least about the nutrition program?**

IF PTCPT = HDM

[PROGRAMMER: EXCLUDE RESPONSES GIVEN TO H2.1 FROM H3.1]

H3.1   What [do you/does he/does she] like least about the [NAME OF PROGRAM SITE]'s nutrition program? Would [you/he/she] say the . . .

<u>CODE ONE ONLY</u>

Food,...1

Delivery staff,...2

Something else? (SPECIFY) 3

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **What [do you/does he/does she] like least about the nutrition program?**

IF PTCPT = CM OR HDM

H6.   How would [you/he/she] rate [NAME OF PROGRAM SITE]'s staff overall? Would [you/he/she] say they are . . .

<u>CODE ONE ONLY</u>

Excellent, ...1

Very good,...2

Good,...3

Fair, or 4

Poor?...5

DON'T KNOW ....d

REFUSED ....r

Next I'm going to read you some statements about [NAME OF PROGRAM SITE]'s nutrition program.

H7. **Think about all the foods [you receive/he receives/she receives] from the nutrition program. Would [you/he/she] say [you are/he is/she is] always, usually, sometimes, seldom, or never satisfied . . .**

		ALWAYS	USUALLY	SOMETIMES	SELDOM	NEVER	DON'T KNOW	REFUSED
a.	with the way the food tastes?	1	2	3	4	5	d	r
b.	with the way the food smells	1	2	3	4	5	d	r
c.	with the way the food looks	1	2	3	4	5	d	r
d.	with the variety of food	1	2	3	4	5	d	r
e.	that hot foods are hot and cold foods are cold	1	2	3	4	5	d	r
f.	that you get foods that [you like/he likes/she likes]	1	2	3	4	5	d	r
g.	that [your/his/her] special dietary needs or restrictions are met	1	2	3	4	5	d	r
h.	with the amount of food [you receive/he receives/she receives]	1	2	3	4	5	d	r
i.	ASK ONLY IF CONGREGATE NUTRITION PARTICIPANT: with the tables and table settings	1	2	3	4	5	d	r

IF PTCPT = CM OR HDM

H8. **[Do you/Does he/Does she] like the meals that [you get/he gets/she gets] from [NAME OF PROGRAM SITE]?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM

H9. **[Are you/Is he/Is she] greeted when [you arrive/he arrives/she arrives] at [NAME OF PROGRAM SITE]?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

H10. **How often does the meal arrive at the schedule time? Would [you/he/she] say they are . . .**

<u>CODE ONE ONLY</u>

Always, ...1

Usually, ...2

Sometimes, ...3

Seldom, or 4

Never? 5

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

H11. **How often does the person who delivers [your/his/her] meals stay and spend some time talking with [you/him/her]? Would [you/he/she] say . . .**

CODE ONE ONLY

Always, ...1

Usually, ...2

Sometimes, ...3

Seldom, or 4

Never? 5

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = HDM

H12. **How often is the person who delivers [your/his/her] meals pleasant? Would [you/he/she] say . . .**

CODE ONE ONLY

Always, ...1

Usually, ...2

Sometimes, ...3

Seldom, or 4

Never? 5

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM OR HDM

H13. **Would [you/he/she] recommend [NAME OF PROGRAM SITE]'s nutrition program to [your/his/her] friends or relatives?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

I. MEAL CONTRIBUTIONS

The next set of questions are about monetary contributions to the nutrition program.

REQUIRED

IF PTCPT = CM OR HDM

I1. **[Do you/Does he/Does she] make monetary contributions to [NAME OF PROGRAM SITE]'s nutrition program?**

YES 1

NO ....0 SKIP TO J1

DON'T KNOW ....d SKIP TO J1

REFUSED ....r SKIP TO J1

REQUIRED

IF I1 = 1

I2. **Does the program have a suggested amount that [you/he/she] should contribute for each meal?**

YES 1

NO ....0 SKIP TO I4

DON'T KNOW ....d SKIP TO I4

REFUSED ....r SKIP TO I4

REQUIRED

IF I2 = 1

I3. **[Do you/Does he/Does she] think the suggested amount [you are/he is/she is] asked to contribute is too much, too little, or about right?**

CODE ONE ONLY

TOO MUCH...1

TOO LITTLE..2

ABOUT RIGHT..3

DON'T KNOW ....d

REFUSED ....r

IF I1 = 1

I4. **[Do you/Does he/Does she] decide for [yourself/himself/herself] how much to contribute for each meal?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF I1 = 1

I5. **[Do you/Does he/Does she] feel pressured to contribute for each meal?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

J. EATING BEHAVIOR, DIET AND FOOD PREPARATION

> PROGRAMMER BOX I1
>
> CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON) ANSWER QUESTIONS IN SECTION J.

The next questions are about the meals [you eat/he eats/she eats] each day.

REQUIRED
IF PTCPT = CM, HDM OR NON

J1. **In total, how many different meals do you usually eat each day? Please include meals you eat at home or away from home.**

|__| MEALS PER DAY (0-7)

NOT REGULAR, EAT WHEN HUNGRY 1

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF MEALS PER DAY GT 7 **I want to be sure I recorded your answer correctly. Did you say you usually eat [fill J1] meals per day? INTERVIEWER: ANSWER CANNOT EXCEED 7 MEALS PER DAY.**

REQUIRED
IF PTCPT = CM, HDM OR NON

J2. **When at home, [do you/does he/does she] usually prepare [your/his/her] own meals, help someone else cook, or don't cook at all?**

                                                                        <u>CODE ONE ONLY</u>

PREPARE OWN MEALS...1

HELP SOMEONE ELSE COOK 2

DON'T COOK..3

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J3. **Can [you/he/she] prepare hot meals for [yourself/himself/herself] if [you need/he needs/she needs] to?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J4. **[Are you/Is he/Is she] currently on any special diet for health, medication, religious, or cultural reasons?**

YES 1

NO 0   SKIP TO J7

DON'T KNOW ....d   SKIP TO J7

REFUSED ....r   SKIP TO J7

J5. **What special diet [are you/is he/is she] on?**

<u>CODE ALL THAT APPLY</u>

DIABETIC...1

LOW SODIUM/SALT..2

LOW CHOLESTEROL 3

LOW CALORIE 4

LOW SUGAR 5

LOW FAT 6

LOW FIBER 7

HIGH FIBER...8

GROUND OR PUREED..9

VEGETARIAN 10

NON-DAIRY/ LACTOSE-FREE 11

KOSHER 12

HALAL..13

OTHER (SPECIFY)...99

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM OR HDM AND J4 = 1, ASK J6

J6. **How often does [NAME OF PROGRAM SITE] 's nutrition program serve foods that help meet [your/his/her] special dietary needs? Would [you/he/she] say . . .**

<u>CODE ONE ONLY</u>

Almost always, ...1

Often,...2

Sometimes, ...3

Seldom, or...4

Never? 5

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J7. **How is [your/his/her] appetite? Would [you/he/she] say it is usually excellent, good, fair, or poor?**

<u>CODE ONE ONLY</u>

EXCELLENT 1

GOOD 2

FAIR 3

POOR...4

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J8. **[Do you/Does he/Does she] eat alone most of the time?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J9. **[Do you/Does he/Does she] have a refrigerator that works?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J10. **[Do you/Does he/Does she] have a freezer that works?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J11. **[Do you/Does he/Does she] have a stove or toaster oven that works?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

J12. **[Do you/Does he/Does she] have a microwave that works?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

K. FOOD SECURITY

These next questions are about the food eaten in [your/his/her] household in the last 30 days and whether [you were/he was/she was] able to afford the food [you need/he needs/she needs].

REQUIRED

IF PTCPT = CM, HDM OR NON

K1. **I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for [your/his/her] household in the last 30 days.**

The first statement is, "The food that [I/he/she] bought just didn't last, and [I/he/she] didn't have money to get more." Was that often, sometimes, or never true for [your/his/her] household in the last 30 days?

CODE ONE ONLY

OFTEN TRUE 1

SOMETIMES TRUE...2

NEVER TRUE 3

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM, HDM OR NON

K2. **"[I/he/she] couldn't afford to eat balanced meals." Was that often, sometimes, or never true for [your/his/her] household in the last 30 days?**

CODE ONE ONLY

OFTEN TRUE 1

SOMETIMES TRUE...2

NEVER TRUE 3

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

K3. **In the last 30 days, did anyone in [your/his/her] household ever cut the size of [your/his/her] meals or skip meals because there wasn't enough money for food?**

YES 1

NO ....0 SKIP TO K5

DON'T KNOW ....d SKIP TO K5

REFUSED ....r SKIP TO K5

IF K3 = 1

K4. **In the last 30 days, how many days did this happen?**

|___|___| DAYS (1-30)

DON'T KNOW ....d

REFUSED ....r

HARD: IF K4=0; **In a previous question you answered that in the last 30 days, someone in your household cut the size of [your/his/her] meals because there wasn't enough money for food. However, in K4 you answered that this happened on 0 days. Have I entered something incorrectly? INTERVIEWER: ANSWER MUST BE GREATER THAN 0 DAYS.**

HARD CHECK: IF K4 GT 30; **I want to be sure I recorded your answer correctly. Did you say this happened [fill L6a] days in the past 30 days? INTERVIEWER: ANSWER CANNOT EXCEED 30 DAYS.**

IF PTCPT = CM, HDM OR NON

K5. **In the last 30 days, did [you/he/she] ever eat less than [you/he/she] felt [you/he/she] should because there wasn't enough money to buy food?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

K6. **In the last 30 days, [were you/was he/was she] ever hungry but didn't eat because [you/he/she] couldn't afford enough food?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

L. HEALTH STATUS

The next questions are about [your/his/her] health.

REQUIRED

IF PTCPT = CM, HDM OR NON

L1. **In general, would [you/he/she] say [your/his/her] health is excellent, very good, good, fair, or poor?**

                                                                    CODE ONE ONLY

EXCELLENT 1

VERY GOOD 2

GOOD 3

FAIR 4

POOR..5

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM, HDM OR NON

L2. **During the past year, about how many different times [were you/was he/was she] treated in an emergency room?**

|__|__| TIMES (1-50)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF TIMES GT 50 **I want to be sure I recorded your answer correctly. Did you say [fill L2] times? INTERVIEWER: ANSWER CANNOT EXCEED 50 TIMES.**

IF PTCPT = CM, HDM OR NON

L3. **During the past year, about how many different times did [you/he/she] spend at least one night in the hospital?**

|___|___| TIMES (0-50)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF TIMES GT 50 **I want to be sure I recorded your answer correctly. Did you say [fill L3] times? INTERVIEWER: ANSWER CANNOT EXCEED 50TIMES.**

IF PTCPT = CM, HDM OR NON

L4. **During the past year, did [you/he/she] stay in a nursing home, convalescent home, or rehabilitation center?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

L5. **During the past year, was there a particular clinic, health center, medical doctor's office, or other place that [you/he/she] usually went to if [you were/he was/she was] sick, needed advice about your health, or for routine care?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

L6. **During the past 30 days, about how many times did [you/he/she] see or talk to a medical doctor or other health care professional? Do not count doctors seen while being an overnight patient in a hospital or nursing home.**

|___|___| TIMES (0-30)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER OF TIMES GT 30 **I want to be sure I recorded your answer correctly. Did you say [fill L6] times? INTERVIEWER: ANSWER CANNOT EXCEED 30 TIMES.**

IF L6 = 0 TIMES

L6a. **During the past year, about how many times did [you/he/she] see or talk to a medical doctor or other health care professional? Do not count doctors seen while being an overnight patient in a hospital or nursing home.**

|___|___| TIMES (0-30)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER OF TIMES GT 30 **I want to be sure I recorded your answer correctly. Did you say [fill L6] times? INTERVIEWER: ANSWER CANNOT EXCEED 30 TIMES.**

L7. **Has a doctor <u>ever</u> told [you/he/she] that [you have/he has/she has]:**

	YES	NO	DON'T KNOW	REFUSED
a. Arthritis or rheumatism?	1	0	d	r
b. High blood pressure or hypertension?	1	0	d	r
c. A heart attack, coronary heart disease, angina, congestive heart failure, or any other heart problems?	1	0	d	r
d. High cholesterol?	1	0	d	r
e. Diabetes or high blood sugar?	1	0	d	r
f. Allergies, asthma, emphysema, chronic bronchitis, or other breathing and lung problems?	1	0	d	r
g. Cancer or malignant tumor, excluding minor skin cancer?	1	0	d	r
h. A hearing impairment?	1	0	d	r
i. Stroke?	1	0	d	r
j. Anemia?	1	0	d	r
k. Osteoporosis?	1	0	d	r
l. Kidney disease?	1	0	d	r
m. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions of the eye? [INTERVIEWER NOTE: THIS DOES NOT INCLUDE JUST WEARING GLASSES OR CONTACTS.]	1	0	d	r

L8. **[Do you/Does he/Does she] currently wear dentures?**

YES 1

NO 0

DON'T KNOW .... d

REFUSED .... r

IF PTCPT = CM, HDM OR NON

L9. **Since [DATE], did [you/he/she] get a flu shot?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

> PROGRAMMER BOX L10
>
> CATI: IF R <65 YEARS OLD, ASK QUESTION L10, OTHERWISE SKIP TO L11.

IF PTCPT = CM, HDM OR NON

L10. **[Have you/Has he/Has she] ever had a vaccination to protect [you/him/her] from pneumonia?**

YES 1

NO ....0 SKIP TO L12

DON'T KNOW ....d SKIP TO L12

REFUSED ....r SKIP TO L12

IF PTCPT = CM, HDM OR NON

L11. **Since age 65, [have you/has he/has she] had a vaccination to protect [you/him/her] from pneumonia?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

L12. **In the past 12 months, how many times have you fallen?**

|___|___| TIMES (0-30)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER OF TIMES GT 30 **I want to be sure I recorded your answer correctly. Did you say [fill L6] times?   INTERVIEWER: ANSWER CANNOT EXCEED 30 TIMES.**

IF L12 = DK

L13. **In the past 12 months, have you fallen more than two times?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

M. SMOKING

The next questions are about cigarette smoking.

REQUIRED

IF PTCPT = CM, HDM OR NON

M1. **[Have you/Has he/Has she] smoked at least 100 cigarettes in [your/his/her] entire life?**

YES 1

NO ....0 GO TO N1

DON'T KNOW ....d GO TO N1

REFUSED ....r GO TO N1

REQUIRED

IF M1 = 1

M2. **[Do you/Does he/Does she] now smoke cigarettes . . .**

<u>CODE ONE ONLY</u>

Every day, ...1

Some days, or 2

Not at all? 3

DON'T KNOW ....d

REFUSED ....r

N. ALCOHOL CONSUMPTION

PROGRAMMER BOX N1

CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON) ANSWER QUESTIONS IN SECTION M.

The next set of questions are about alcohol consumption.

REQUIRED

IF PTCPT = CM, HDM OR NON

N1. **During the past 30 days, how many days did [you/he/she] have at least one drink of any alcoholic beverage?**

|___|___| DAYS PER

WEEK (Range 0-7) 1

MONTH (Range 0-31)...2

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER OF DAYS PER WEEK GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill N1] times? INTERVIEWER: ANSWER CANNOT EXCEED 7 DAYS PER WEEK.**

HARD CHECK: IF NUMBER OF DAYS PER MONTH GT 31 **I want to be sure I recorded your answer correctly. Did you say [fill N1] times? INTERVIEWER: ANSWER CANNOT EXCEED 31 DAYS PER MONTH.**

REQUIRED

IF N1 > 0

N2. **On the days when [you/he/she] drank, about how many drinks did [you/he/she] drink on average?**

|___|___| DRINKS PER DAY (1-10)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF DRINKS PER DAY GT 10 **I want to be sure I recorded your answer correctly. Did you say [fill N2] drinks per day? INTERVIEWER: ANSWER CANNOT EXCEED 10 DRINKS PER DAY.**

O. MEDICAL INSURANCE

> PROGRAMMER BOX O1
>
> CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON).

The next questions are about health insurance and health care coverage.

PROGRAMMER NOTE: IF STATE IS CALIFORNIA, FILL STATE NAME FOR MEDICAID WITH MEDIC-CAL; IF MASSACHUSETTS, FILL WITH MASS-HEALTH; IF OREGON, FILL WITH OREGON HEALTH PLAN; IF TENNESSEE, FILL WITH TENNCARE; IF ARIZONA, FILL WITH AHCCCS/ACCESS; IF MAINE, FILL WITH MAINECARE.

REQUIRED
IF PTCPT = CM, HDM OR NON

O1. **What kind of health insurance plan or health care coverage [do you/does he/does she] have right now? Include those that pay for only one type of service (nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. If [you have/he has/she has] more than one kind of health insurance, tell me all plans that [you have/he has/she has].**

CAPI INSTRUCTION: DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.

<u>CODE ALL THAT APPLY</u>

MEDICARE 1

MEDI-GAP 2

OTHER PRIVATE HEALTH INSURANCE..3

MEDICAID ({DISPLAY STATE PLAN NAME}). 4

MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA) 5

INDIAN HEALTH SERVICE 6

STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME}).........7

OTHER GOVERNMENT PROGRAM 8

SINGLE SERVICE PLAN (E.G., DENTAL, VISION) 9

NO COVERAGE OF ANY TYPE 10   SKIP TO O3

DON'T KNOW ....d   SKIP TO O3

REFUSED ....r   SKIP TO O3

REQUIRED

IF O1 = 1

O2. **[Are you/Is he/Is she] currently enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF O2 IS YES

O3. **[Are you/Is he/Is she] currently getting Extra Help from the government to pay for Medicare Part D monthly premiums, annual deductibles, and prescription co-payments?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF O1 >= 2 AND <=9

O4. **Do any of [your/his/her] [IF O2=1 add "other] health insurance plans cover any part of the cost of [your/his/her] prescriptions?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF O4 IS YES

O4.1 **Which of [your/his/her] other health insurance plans cover part of the cost of [your/his/her] prescriptions?**

<u>CODE ALL THAT APPLY</u>

A STATE PRESCRIPTION ASSISTANCE PROGRAM (FILL STATE PROGRAM NAME). 1

A DRUG MANUFACTURER PRESCRIPTION ASSISTANCE PROGRAM 2

A COPAYMENT PROGRAM (FOUNDATION, NONPROFIT)............................3

SAVINGS CARD 4

DO NOT USE OTHER PROGRAMS TO PAY FOR PRESCRIPTION DRUGS 5

OTHER (SPECIFY)..99

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

O5. **[Do you/Does he/does she] have a Medicare Savings Program to pay for Medicare Part A or Part B insurance premiums?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF O4.1 DOES NOT INCLUDE 1

O6. **During the past 30 days, did [you/he/she] receive assistance from [STATE NAME PRESCRIPTION PROGRAM] to help with prescription drug expenses?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

P. MOBILITY

The next set of questions are about your physical and mental health.

REQUIRED
IF PTCPT = CM, HDM OR NON

P1. **(ASK IF NOT APPARENT) Is [respondent/he/she] . . .**

CODE ONE ONLY

ABLE TO WALK 1   SKIP TO P4

BED BOUND 2   SKIP TO P2

CHAIR BOUND OR IN A WHEELCHAIR 3   SKIP TO P3

REQUIRED
IF P1 = 2

P2. **How long [have you/has he/has she] been confined to a bed?**

|___|___| (NUMBER RANGE)

DAYS (Range 0-35) 1   SKIP TO P6

WEEKS (Range 0-20) 2   SKIP TO P6

MONTHS (Range 0-13) 3   SKIP TO P6

YEARS (Range 0-99) 4   SKIP TO P6

DON'T KNOW ....d   SKIP TO P6

REFUSED ....r   SKIP TO P6

HARD CHECK: IF DAYS GT 35; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] days? INTERVIEWER: ANSWER CANNOT EXCEED 35 DAYS.**
HARD CHECK: IF WEEKS GT 20; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] weeks? INTERVIEWER: ANSWER CANNOT EXCEED 20 WEEKS.**
HARD CHECK: IF MONTHS GT 13; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] months? INTERVIEWER: ANSWER CANNOT EXCEED 13 MONTHS.**
HARD CHECK: IF YEARS GT 99; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] years? INTERVIEWER: ANSWER CANNOT EXCEED 99 YEARS.**

IF P1 = 3

P3. **How long [have you/has he/has she] been confined to a chair or a wheelchair?**

|___|___| (NUMBER RANGE)

DAYS (Range 0-99) ....1 SKIP TO P6

WEEKS (Range 0-99) ....2 SKIP TO P6

MONTHS (Range 0-99) ....3 SKIP TO P6

YEARS (Range 0-99) ....4 SKIP TO P6

DON'T KNOW ....d SKIP TO P6

REFUSED ....r SKIP TO P6

HARD CHECK: IF DAYS GT 35; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] days? INTERVIEWER: ANSWER CANNOT EXCEED 35 DAYS.**

HARD CHECK: IF WEEKS GT 20; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] weeks? INTERVIEWER: ANSWER CANNOT EXCEED 20 WEEKS.**

HARD CHECK: IF MONTHS GT 13; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] months? INTERVIEWER: ANSWER CANNOT EXCEED 13 MONTHS.**

HARD CHECK: IF YEARS GT 99; **I want to be sure I recorded your answer correctly. Did you say [FILL P2] years? INTERVIEWER: ANSWER CANNOT EXCEED 99 YEARS.**

IF P1 = 1

P4. **[Do you/Does he/Does she] currently use a cane or walker?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

P5. **[Do you/Does he/Does she] have serious difficulty walking or climbing stairs?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

P6. **Because of a physical, mental, or emotional condition, [do you/does he/does she] have serious difficulty concentrating, remembering, or making decisions?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

P7. **The next questions ask about difficulties [you/he/she] may have doing certain activities. [Do you/Does he/Does she] have difficulty . . .**

	YES	NO	NOT APPLICABLE	DON'T KNOW	REFUSED
a. shopping for personal items, such as toilet items or medicine?	1	0	n	d	r
b. getting to a grocery store?	1	0	n	d	r
c. shopping for groceries?	1	0	n	d	r
d. carrying a bag of groceries?	1	0	n	d	r
e. using the telephone?	1	0	n	d	r
f. doing light housework?	1	0	n	d	r
g. preparing meals?	1	0	n	d	r
h. using public transportation or riding in a private automobile?	1	0	n	d	r
i. taking medications?	1	0	n	d	r
j. managing money or balancing a checkbook?	1	0	n	d	r
k. taking a bath or shower?	1	0	n	d	r
l. dressing?	1	0	n	d	r
m. getting in or out of a bed or chair? [ASK ONLY IF P1=1]	1	0	n	d	r
n. eating?	1	0	n	d	r
o. using the toilet?	1	0	n	d	r
p. chewing or swallowing?	1	0	n	d	r

Q. PHYSICAL ACTIVITY

PROGRAMMER BOX Q1

CATI: ALL RESPONDENTS (PTCPT = CM, HDM, OR NOM) ANSWER QUESTIONS IN SECTION Q.

The next questions are about physical activity.

REQUIRED

IF PTCPT = CM, HDM OR NON

Q1. **During the past 30 days, [have you/has he/has she] done any exercise, sports, or physical activities?**

YES 1

NO 0   SKIP TO R1

DON'T KNOW ....d   SKIP TO R1

REFUSED ....r   SKIP TO R1

REQUIRED

IF Q1 = 1

Q2. **How many times per week did [you/he/she] do those kinds of activities?**

|___|___| TIMES PER WEEK (0-21)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF TIMES PER WEEK GT 21 **I want to be sure I recorded your answer correctly. Did you say [fill Q2] times per week? INTERVIEWER: ANSWER CANNOT EXCEED 21 TIMES PER WEEK.**

R. HEIGHT AND WEIGHT

> PROGRAMMER BOX R1
>
> CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON) ANSWER QUESTIONS IN SECTION R.

The next questions are about [your/his/her] height and weight.

REQUIRED

IF PTCPT = CM, HDM OR NON

R1. **How tall [are you/is he/is she] without shoes?**

|___| FEET (0-7)

|___|___| INCHES (0-12)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF INCHES GT 12 **I want to be sure I recorded your answer correctly. Did you say [fill R1] inches? INTERVIEWER: ANSWER CANNOT EXCEED 12 INCHES.**

HARD CHECK: IF FEET GT 7 **I want to be sure I recorded your answer correctly. Did you say [fill R1] feet? INTERVIEWER: ANSWER CANNOT EXCEED 7 FEET.**

REQUIRED

IF PTCPT = CM, HDM OR NON

R2. **How much [do you/does he/does she] weigh without clothes or shoes?**

|___|___|___| POUNDS (0-500)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF POUNDS GT 500 **I want to be sure I recorded your answer correctly. Did you say [R2] pounds? INTERVIEWER: ANSWER CANNOT EXCEED 500 POUNDS.**

REQUIRED

IF PTCPT = CM, HDM OR NON

R3. **Without trying to, [have you/has he/has she] gained or lost ten pounds in the last six months?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

S. PRESCRIPTIONS

The next set of questions are about prescription medications.

REQUIRED

IF PTCPT = CM, HDM OR NON

S1. **How many different prescription medications [do you/does he/does she] take every day?**

|___|___| NUMBER (0-30)

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER GT 30; **I want to be sure I recorded your answer correctly. Did you say [FILL S1] prescriptions? INTERVIEWER: ANSWER CANNOT EXCEED 30.**

REQUIRED

IF S1 GT 10

S2. **I need to double check: You told me [you take/he takes/she takes] [FILL NUMBER OF PRESCRIPTIONS FROM 1] prescription medications per day. Did I record that correctly?**

YES 1

NO 0   [GO BACK TO S1 AND RECORD CORRECT NUMBER]

DON'T KNOW ....d

REFUSED ....r

T. VITAMIN AND MINERAL SUPPLEMENTS

> PROGRAMMER BOX T1
>
> CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON) ANSWER QUESTIONS IN SECTION T.

The following questions are about vitamin and mineral supplements.

REQUIRED
IF PTCPT = CM, HDM OR NON

T1. **[Do you/Does he/Does she] take any of the following on a regular basis . . .**

	YES	NO	DON'T KNOW	REFUSED
a. Multivitamin without minerals?	1	0	d	r
b. Multivitamin plus minerals?	1	0	d	r
c. Individual vitamin and mineral supplements?	1	0	d	r
d. Herbal supplements?	1	0	d	r

REQUIRED
IF PTCPT = CM, HDM OR NON

T2. **[Do you/Does he/Does she] currently use any diet or nutritional supplements, such as Boost or Ensure?**

YES 1

NO 0   SKIP TO R1

DON'T KNOW ....d   SKIP TO R1

REFUSED ....r   SKIP TO R1

IF T2 = 1

T3. **How often [do you/does he/does she] use diet or nutritional supplements?**

|___|___| TIMES PER

DAY (Range 0-10)...1

WEEK (Range 0-21) 2

MONTH (Range 0-35)...3

YEAR (Range 0-50) 4

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF PER DAY GT 10 I want to be sure I recorded your answer correctly. Did you say [FILL T3] times per day? INTERVIEWER: ANSWER CANNOT EXCEED 10 TIMES PER DAY.

HARD CHECK: IF PER WEEK GT 21 I want to be sure I recorded your answer correctly. Did you say [FILL T3] times per week? INTERVIEWER: ANSWER CANNOT EXCEED 21 TIMES PER WEEK.

HARD CHECK: IF PER MONTH GT 35 I want to be sure I recorded your answer correctly. Did you say [FILL T3] times per month? INTERVIEWER: ANSWER CANNOT EXCEED 35 TIMES PER MONTH.

HARD CHECK: IF PER YEAR GT 50 I want to be sure I recorded your answer correctly. Did you say [FILL T3] times per year? INTERVIEWER: ANSWER CANNOT EXCEED 50 TIMES PER YEAR.

U. DEPRESSION, LONELINESS, SOCIAL ISOLATION

PROGRAMMER BOX U1

CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON) ANSWER QUESTION IN SECTION U.

The next set of questions are about your social life.

REQUIRED

IF PTCPT = CM, HDM OR NON

U1. **Overall, how satisfied [are you/is he/is she] with the opportunities [you have/he has/she has] to spend time with other people? Would [you/he/she] say [you are/he is/she is] . . .**

CODE ONE ONLY

Very satisfied, ...1

Somewhat satisfied, ...2

Not too satisfied, or 3

Not at all satisfied? 4

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM, HDM OR NON

U2. **[Do you/Does he/Does she] belong to any religious or social groups, book clubs, special interest groups, or other organizations?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

U3. **How often [do you/does he/does she] feel that you lack companionship?**

<div align="right">CODE ONE ONLY</div>

Hardly ever,..1

Some of the time, or...2

Often?...3

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

U4. **How often [do you/does he/does she] feel left out?**

<div align="right">CODE ONE ONLY</div>

Hardly ever,..1

Some of the time, or...2

Often?...3

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

U5. **How often [do you/does he/does she] feel isolated from others?**

<div align="right">CODE ONE ONLY</div>

Hardly ever,..1

Some of the time, or...2

Often?...3

DON'T KNOW ....d

REFUSED ....r

For the next three questions, please think about the past two weeks.

U6. **[During the past two weeks], how often [have you/has he/has she] been bothered by any of the following problems? Little interest or pleasure in doing things. Would [you/he/she] say . . .**

<u>CODE ONE ONLY</u>

Not at all, ...1

Several days, ...2

More than half of the days, or 3

Nearly every day? 4

DON'T KNOW ....d

REFUSED ....r

U7. **[During the past two weeks], how often [have you/has he/has she] felt down, depressed or hopeless. Would [you/he/she] say . . .**

<u>CODE ONE ONLY</u>

Not at all, ...1

Several days, ...2

More than half of the days, or 3

Nearly every day? 4

DON'T KNOW ....d

REFUSED ....r

U8. **[During the past two weeks], how often was it difficult to get in touch with others when [you/he/she] wanted to. Would [you/he/she] say . . .**

<u>CODE ONE ONLY</u>

Almost always, ...1

Most of the time, ...2

About half the time, ...3

Occasionally, or 4

Not at all? 5

DON'T KNOW ....d

REFUSED ....r

V. DEMOGRAPHICS

PROGRAMMER BOX V1

CATI: ALL RESPONDENTS (PTCPT = CM, HDM, OR NON) ANSWER QUESTIONS IN SECTION V.

The following questions are about your background and education.

REQUIRED

IF PTCPT = CM, HDM OR NON

V1.   INTERVIEWER: ASK IF NOT OBVIOUS: WHAT IS [YOUR/HIS/HER] GENDER?

      MALE...1

      FEMALE 2

REQUIRED

IF PTCPT = CM, HDM OR NON

V2.   In what year [were you/was he/was she] born?

      |__|__|__|__| YEAR
       (RANGE)

      DON'T KNOW ....d

      REFUSED ....r

HARD CHECK: IF YEAR GT 1965 **I want to be sure I recorded your answer correctly. Did you say you were born in [fill V2] ? INTERVIEWER: YEAR OF BIRTH MUST BE PRIOR TO 1965.**

REQUIRED

IF PTCPT = CM, HDM OR NON

V3.   Are you a veteran of the U.S. Armed Forces?

      YES 1

      NO 0

      DON'T KNOW ....d

      REFUSED ....r

IF PTCPT = CM, HDM OR NON

V4. **What is the highest grade or level of school [you have/he has/she has] completed or the highest degree [you have/he has/she has] received?**

CODE ONE ONLY

NEVER ATTENDED/KINDERGARTEN ONLY 0

1ST GRADE 1

2ND GRADE 2

3RD GRADE 3

4TH GRADE 4

5TH GRADE 5

6TH GRADE 6

7TH GRADE 7

8TH GRADE 8

9TH GRADE 9

10TH GRADE 10

11TH GRADE 11

12TH GRADE, NO DIPLOMA 12

HIGH SCHOOL GRADUATE 13

GED OR EQUIVALENT 14

SOME COLLEGE, NO DEGREE 15

ASSOCIATE DEGREE; OCCUPATIONAL, TECHNICAL, OR VOCATIONAL
PROGRAM 16

ASSOCIATE DEGREE: ACADEMIC PROGRAM 17

BACHELOR'S DEGREE(EXAMPLE: BA, AB, BS, BBA) 18

MASTER'S DECREE (EXAMPLE: MA, MS, MEng, MEd, MBA) 19

PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD) 20

DOCTORAL DEGREE (EXAMPLE: PhD, EdD) 21

DON'T KNOW .... d

REFUSED .... r

V5. **[Are you/Is he/Is she] of Hispanic or Latino origin?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

V6. **I am going to read a list of five race categories. Please choose one or more races that [you consider yourself/he considers himself/she considers herself] to be. American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or other Pacific Islander; White?**

<u>CODE ALL THAT APPLY</u>

AMERICAN INDIAN OR ALASKA NATIVE 1

ASIAN...2

AFRICAN AMERICAN OR BLACK 3

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4

WHITE..5

OTHER (SPECIFY)...99

_____ (STRING (30))

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

V7. **[Are you/Is he/Is she] now married, widowed, divorced, separated, never married or living with a partner?**

<u>CODE ONE ONLY</u>

MARRIED...1

WIDOWED 2

DIVORCED 3

SEPARATED 4

NEVER MARRIED 5

LIVING WITH A PARTNER..6

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

V8. **What is [your/his/her] home zip code?**

_____

ZIP

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

V9. **Including [yourself/himself/herself], how many people live in [your/his/her] household? By "live in [your/his/her] household" I mean all people who usually stay [here/there]. Please do include people who are away, such as students, people on vacation, or traveling for business, or people who are in the hospital for a brief stay. Do not include people in institutions, in the military, or people who are temporary visitors.**

|___|___| NUMBER OF PEOPLE IN HOUSEHOLD

DON'T KNOW ....d

REFUSED ....r

HARD CHECK: IF NUMBER OF PEOPLE GT 20 **I want to be sure I recorded your answer correctly. Did you say [fill V9] people live in your household? INTERVIEWER: ANSWER CANNOT EXCEED 20.**

IF V9 = 1, GO TO V11

IF V9 NE 1

V10. **Who are all the people who live in [your/his/her] household?**

<u>CODE ALL THAT APPLY</u>

HUSBAND/WIFE/PARTNER 1

CHILD OR CHILDREN...2

BROTHER(S) OR SISTER(S) 3

GRANDCHILD OR GRANDCHILDREN 4

SON-IN-LAW OR DAUGHTER-IN-LAW 5

OTHER RELATIVE 6

_____ (STRING (NUM))

NON RELATIVE OR FRIEND..7

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

V11. **Now I'd like to ask you some questions about income and financial assistance [you/he/she] (or others) in [your/his/her] household may be receiving. During the past 30 days, did [you/he/she] (or anyone in [your/his/her] household) receive money from any of the following . . .**

	YES	NO	DON'T KNOW	REFUSED
a. Full- or part-time work	1	0	d	r
b. Social Security	1	0	d	r
c. Unemployment Compensation	1	0	d	r
d. Disability (SSDI) or Workman's Compensation	1	0	d	r
e. Supplemental Security Income or SSI	1	0	d	r
f. Pension or retirement fund	1	0	d	r
g. General Assistance	1	0	d	r
h. Money from relatives, or	1	0	d	r
i. Other sources? (SPECIFY)	1	0	d	r

_____(STRING (NUM))

IF OTHER SPECIFY (99): **Insert Other specify statement/question**

REQUIRED
IF PTCPT = CM, HDM OR NON

V12. **What was ([your/his/her]/[your/his/her] household's) total income last month before taxes? Please include all types of income received by all household members last month, including all earnings, pensions, Social Security, cash welfare benefits and SSI. Do not include the value of SNAP benefits or food stamps, Medicaid, or public housing.**

$ |__|__|,|__|__|__| NUMBER (0-15,000)   SKIP TO V13

NO INCOME 0   SKIP TO V13

DON'T KNOW ....d

REFUSED ....r

SOFT CHECK: IF NUMBER GT 5,000 **I want to be sure I recorded your answer correctly. Did you say [fill V12]?**
HARD CHECK: IF NUMBER GT 15,000 I want to be sure I recorded your answer correctly. Did you say [fill V12]? **INTERVIEWER: ANSWER CANNOT EXCEED 15,000.**

REQUIRED
IF V12 = d, r

V13. **Please stop me when I reach [your/his/her] household's total income for last month. Was It . . .**

<u>CODE ONE ONLY</u>

Less than $900, ...1

$901 - $1,200, ...2

$1,201 - $1,500, ...3

$1,501 - $1,800, ...4

$1,801 - $2,100, ...5

$2,101 - $2,400, ...6

$2,401 or more? 7

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

V14. What was ([your/his/her]/[your /his/her] household's) total income before taxes last year from all sources, including Social Security and other government programs but excluding the value of SNAP benefits or food stamps, Medicaid, or public housing. Your best estimate is fine.

$ |__|__|,|__|__|__| NUMBER (0-99,999)

NO INCOME 0

DON'T KNOW ....d

REFUSED ....r

SOFT CHECK: IF NUMBER LT 1,000 **I want to be sure I recorded your answer correctly. Did you say [fill V12]?**

HARD CHECK: IF NUMBER GT 99,999 I want to be sure I recorded your answer correctly. Did you say [fill V12]? **INTERVIEWER: ANSWER CANNOT EXCEED 99,999.**

IF V14 = d, r

V15. Please stop me when I reach [your/his/her] household's total income for last year. Was It . . .

<u>CODE ONE ONLY</u>

Less than $10,000, ...1

$10,001 - $14,000, ...2

$14,001 - $18,000, ...3

$18,001 - $22,000, ...4

$22,001 - $26,000, ...5

$26,001 - $30,000, ...6

$30,001 or more? 7

DON'T KNOW ....d

REFUSED ....r

W. ADEQUACY OF MONEY

PROGRAMMER BOX W1

CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON) ANSWER
QUESTIONS IN SECTION W.

REQUIRED

IF PTCPT = CM, HDM OR NON

W1. **How well does the amount of money [you have/he has/she has] take care of [your/his/her] needs: very well, fairly well, or poorly?**

CODE ONE ONLY

VERY WELL...1

FAIRLY WELL..2

POORLY 3

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM, HDM OR NON

W2. **In the past month, did [you/he/she] ever have to choose between buying food and buying medications?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM, HDM OR NON

W3. **In the past month, did [you/he/she] ever have to choose between buying food and paying [your/his/her] utility bills?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

W4. **In the past month, did [you/he/she] ever have to choose between buying food and paying [your/his/her] rent?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

X. PROGRAM PARTICIPATION

The next questions are about your participation in different types of programs.

REQUIRED

IF PTCPT = CM, HDM OR NON

X1. **Are [you/he/she] or anyone else in [your/his/her] household currently receiving SNAP benefits or food stamps?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM, HDM OR NON

X2. **During the past 30 days, did [you/he/she] or anyone else in [your/his/her] household get food from a food pantry or food bank?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

REQUIRED

IF PTCPT = CM, HDM OR NON

X3. **During the past 30 days, did [you/he/she] receive any meals provided by churches or meals at a soup kitchen or emergency kitchen?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = CM, HDM OR NON

X4. **During the past 30 days, did [you/he/she] receive assistance to help with heating and cooling your home, such as LIHEAP?**

INTERVIEWER: LIHEAP IS PRONOUNCED [LI-HEEP] AND STANDS FOR LOW INCOME HOME ENERGY ASSISTANCE PROGRAM.

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = NON AND MATCH = CM

X5. **[Are you/Is he/Is she] aware that the Administration on Aging's Elderly Nutrition Program provides for meals and related nutrition services for individuals aged 60 years and older in group settings such as senior centers, faith-based settings, and schools? [You/He/She] may know of this as a congregate nutrition program.**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = NON AND MATCH = HDM

X5.1 **Are you aware that the Administration on Aging's Elderly Nutrition Program provides for meals and related nutrition services for individuals aged 60 years and older who are homebound due to illness, disability, or geographic isolation? You may know of this as a home-delivered nutrition program.**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = NON AND MATCH = CM

X6. **[Have you/Has he/Has she] ever been contacted about going to a congregate nutrition program?**

YES 1

NO 0

DON'T KNOW .... d

REFUSED .... r

REQUIRED

IF PTCPT = NON AND MATCH = HDM

X6.1 **[Have you/Has he/Has she] ever been contacted about getting meals from a home-delivered nutrition program?**

YES 1

NO 0

DON'T KNOW .... d

REFUSED .... r

IF PTCPT = NON AND MATCH = CM

X7. **What are the reasons that [you do/he does/she does] not participate in a congregate nutrition program?**

<u>CODE ONE ONLY</u>

DON'T KNOW ABOUT THE PROGRAM/DON'T KNOW WHERE MEAL SITES ARE LOCATED 1

DON'T NEED THIS PROGRAM/NOT OLD ENOUGH/TOO HEALTHY..............2

TRANSPORTATION PROBLEMS/BARRIERS 3

DO NOT NEED/WANT ASSISTANCE FROM THE GOVERNMENT..................4

HEALTH IS TOO POOR/PHYSICAL IMPAIRMENT/MEAL SITE IS NOT ACCESSIBLE BASED ON PHYSICAL HEALTH..5

MEALS OFFERED DO NOT MEET NEEDS/TASTES/ETHNIC VALUES/NOT ENOUGH VARIETY IN MEALS 6

LANGUAGE BARRIER/DO NOT SPEAK ENGLISH WELL 7

MEAL SITE IS NOT IN A SAFE LOCATION/ DON'T FEEL SAFE AT MEAL SITE/DON'T FEEL SAFE LEAVING HOME TO GO TO MEAL SITE 8

HOURS THAT MEALS ARE OFFERED ARE TOO LIMITED 9

WANTED TO PARTICIPATE BUT WAS PLACED ON WAITING LIST 10

COST OF MEAL IS TOO HIGH 11

OTHER (SPECIFY)...99

_____ (STRING (NUM))

DON'T KNOW ....d

REFUSED ....r

IF OTHER SPECIFY (99): **Insert Other specify statement/question**

IF PTCPT = NON AND MATCH = HDM

X7.1 **What are the reasons that [you do/he does/she does] not participate in a home-delivered nutrition program?**

<u>CODE ONE ONLY</u>

DON'T KNOW ABOUT THE PROGRAM...1

DON'T NEED THIS PROGRAM/NOT OLD ENOUGH/TOO HEALTHY..............2

DO NOT NEED/WANT ASSISTANCE FROM THE GOVERNMENT...................3

MEALS OFFERED DO NOT MEET NEEDS/ TASTES/ETHNIC
VALUES/NOT ENOUGH VARIETY IN MEALS 4

LANGUAGE BARRIER/DO NOT SPEAK ENGLISH WELL 5

COST OF MEAL IS TOO HIGH 6

WANTED TO PARTICIPATE BUT WAS PLACED ON WAITING LIST 7

APPLIED BUT WAS NOT ELIGIBLE TO RECEIVE MEALS.............................8

DO NOT LIKE OTHER PEOPLE COMING INTO HOME 9

OTHER (SPECIFY)...99

_____ (STRING (NUM))

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = NON AND MATCH = CM

X8. **[Do you/Does he/Does she] think [you/he/she] will be interested in going to a congregate nutrition program in the future?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

IF PTCPT = NON AND MATCH = HDM

X8.1 **[Do you/Does he/Does she] think [you/he/she] will be interested in getting meals from a home-delivered nutrition program in the future?**

YES 1

NO 0

DON'T KNOW ....d

REFUSED ....r

PROGRAMMER BOX Y1

CATI: ALL RESPONDENTS (PTCPT = CM, HDM OR NON) ANSWER
QUESTIONS IN SECTION Y.

REQUIRED

IF PTCPT = CM, HDM OR NON

Y1. **Mathematica Policy Research will conduct statistical research by combining your survey data with health and other related records. To obtain these records, we need your social security number. We will not release it to anyone, including any government agency, for any other reason. Providing this information is voluntary. There will be no effect on your benefits if you do not provide it.**

What is your Social Security Number?

|__|__|__|-|__|__|-|__|__|__|__| ENTER SOCIAL SECURITY NUMBER

DOES NOT HAVE SOCIAL SECURITY NUMBER 0   SKIP TO END

DON'T KNOW ....d   SKIP TO END

REFUSED ....r   SKIP TO END

INTERVIEWER: READ THE NUMBER BACK TO THE RESPONDENT TO MAKE SURE IT WAS RECORDED CORRECTLY.

INTERVIEWER: ONLY READ IF ASKED. [PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED STATES CODE, SECTION 242K.]

INTERVIEWER: IF RESPONDENT CANNOT RECALL FROM MEMORY ASK {HIM/HER} TO GET CARD AT THIS TIME.

IF RESPONDENT IS RELUCTANT TO GIVE NUMBER OR IF RESPONDENTS ASK IF THEY MUST GIVE NUMBER: It is extremely useful to have this information to be able to link to health records such as Medicare records. Many years in the future, the information you gave me can be used to see how health habits and diet at one point in your life influence how healthy you are in the future. If you prefer, you can give us only the last four digits of your social security number, and we can use this number to access your records.

IF RESPONDENT CITES PRIVACY CONCERNS: I understand your concern. Mathematica has never had a breach of confidentiality in the more than 40 years we have been conducting research studies. I do not have access to this information after I type it. Once I complete the interview all the information is sent to a secure facility. Only one or two people have access to the file to use it for our health research. If you prefer, you can give us only the last four digits of your social security number, and we can use this number to access your records.

REQUIRED
IF Y1 NE 0, d, r

Y2.   INTERVIEWER: SELECT CATEGORY FOR REPORTING OF SOCIAL SECURITY
                                        NUMBER.

SELF REPORTED FROM MEMORY 1

SELF REPORTED FROM RECORDS 2

Z. 24 HOUR DIETARY RECALL

In the next part of the survey, I will ask you questions about what you ate and drank over the last 24 hours . . .