Mathematica Reference No.: 06669.202



2011 National Evaluation of Title III-C Services

Nonparticipant Screener

CATI Questionnaire

March 9, 2012

INTRODUCTION

INTRO1. Hello, my name is [NAME] from Mathematica Policy Research in Princeton, New Jersey. May I please speak with [RESPONDENT NAME]?

SPEAKING TO RESPONDENT	1	SKIP TO INTRO4
PERSON ASKS WHY YOU ARE CALLING	2	SKIP TO INTRO2
RESPONDENT IS BUSY	3	SKIP TO CALLBACK
RESPONDENT IS IN HOSPITAL OR PHYSICALLY UNABLE TO		
RESPOND	4	SKIP TO INTRO7
RESPONDENT IS DECEASED	5	SKIP TO INTRO11
RESPONDENT MOVED	6	SKIP TO INTRO12
NEVER HEARD OF RESPONDENT	7	Thank you for your time
REFUSED	r	Thank you for your time

INTRO2. Recently, the U.S. Department of Health and Human Services, Administration on Aging and Mathematica Policy Research sent [RESPONDENT NAME] a letter describing a study we are conducting to improve nutrition services for older adults. May I speak with [RESPONDENT NAME]?

RESPONDENT COMES TO THE PHONE1	SKIP TO INTRO3
RESPONDENT IS BUSY2	SKIP TO CALLBACK
RESPONDENT IS IN HOSPITAL OR PHYSICALLY UNABLE TO RESPOND	SKIP TO INTRO7
RESPONDENT IS DECEASED4	SKIP TO INTRO11
RESPONDENT MOVED5	SKIP TO INTRO12
NEVER HEARD OF RESPONDENT7	Thank you for your time
REFUSEDr	Thank you for your time

INTRO3. Hello, my name is [NAME] from Mathematica Policy Research in Princeton, New Jersey. Recently, the U.S. Department of Health and Human Services, Administration on Aging and Mathematica Policy Research sent you a letter describing a study we are conducting to improve nutrition services for older adults. First I need to determine whether you are eligible to participate in this study. All of your answers will be kept strictly confidential and your participation is voluntary. May I ask you a few questions now? YES. BEGIN INTERVIEW......1 SKIP TO A1 NOT A GOOD TIME......2 SKIP TO CALLBACK SKIP TO INTRO5 REFUSEDr Thank you for your time INTRO4. Recently, the U.S. Department of Health and Human Services, Administration on Aging and Mathematica Policy Research sent you a letter describing a study we are conducting to improve nutrition services for older adults. First I need to determine whether you are eligible to participate in this study. All of your answers will be kept strictly confidential and your participation is voluntary. May I ask you a few questions now? YES, BEGIN INTERVIEW......1 SKIP TO A1 SKIP TO CALLBACK DID NOT RECEIVE OR DOES NOT RECALL LETTER3 SKIP TO INTRO5 REFUSEDr Thank you for your time INTRO5. The letter described the study and explained that your name was randomly selected from a list of Medicare beneficiaries in your area. The letter also explained that we would be calling to interview you. May I ask you a few questions now to determine if you are eligible to participate in this study? YES, BEGIN INTERVIEW......1 SKIP TO A1 NOT A GOOD TIME......2 SKIP TO CALLBACK WANTS ANOTHER LETTER......3 SKIP TO INTRO6 REFUSEDr Thank you for your time

	(STRING (NUM))	
FIRST NAME	(OTDING (NUMA))	
MIDDLE INITIAL/NAME	(STRING (NUM))	
LAST NAME	(STRING (NUM))	
STREET 1		
STREET 2		
STREET 3		
CITY		
STATE		
ZIP		
DON'T KNOW	d	Thank you for your time
REFUSED	r	Thank you for your time
CHECK: IF CONDITION (e.g. Exchange = 555); Soft c	·	
CHECK: IF CONDITION (e.g. Area code LE 200); Har	•	er in the
7. Will [RESPONDENT NAME] be able to talk on the week?		
week?	1	SKIP TO CALLBA
		SKIP TO CALLBAG SKIP TO INTRO
week? YES	2	

INTRO8.	Recently, the U.S. Department of Health and Human Ser and Mathematica Policy Research sent [RESPONDENT study we are conducting for older adults. Is there some questions for [RESPONDENT NAME]?	NAME] a letter desci	ribing a
Υ	ES, SPEAKING TO PROXY	1	GO TO INTRO10
Υ	ES, BUT NOT A GOOD TIME OR PROXY NOT HOME	2	GO TO INTRO10
Р	ROXY LIVES AT DIFFERENT ADDRESS	3	GO TO INTRO9
N	O PROXY AVAILABLE	0	Thank you for your time
R	EFUSED	r	Thank you for your time
INTRO9.	May I please have [her/his] name? Address? Telephone	number? (STRING (NUM))	
F	FIRST NAME	_	
	MIDDLE INITIAL/NAME	_ (STRING (NUM))	
יו	VIIDDLE INTTIAL/NAIVIE	(STRING (NILIM))	
Ī	LAST NAME	_ (31KiNG (NOWI))	
-	STREET 1	_	
-	STREET 2	_	
-	STREET 3	_	
(CITY	_	
-	STATE	_	
	ZIP	_	
l(
D	ON'T KNOW	d	Thank you for your time
R	EFUSED	г	Thank you for your time
SOFT CH	IECK: IF CONDITION (e.g. Exchange = 555); Soft check sta	tement/question	
HARD CH	HECK: IF CONDITION (e.g. Area code LE 200); Hard check s	statement/question	

FIDOT NAME	(STRING (NUM))	
FIRST NAME	(STRING (NUM))	
MIDDLE INITIAL/NAME	(6174110 (110111))	
LAST NAME	(STRING (NUM))	
STREET 1		
STREET 2		
STREET 3		
CITY		
STATE		
ZIP		SKIP TO A
_ - - (RANGE) (RANGE)		
DON'T KNOW	d	SKIP TO A
REFUSED	r	SKIP TO A
SOFT CHECK: IF CONDITION (e.g. Exchange = 555); Soft ch	eck statement/question	
HARD CHECK: IF CONDITION (e.g. Area code LE 200); Hard	check statement/question	

INTRO11. I am very sorry to hear that (she/he) passed away. Thank you for your time.

INTRO12. Recently, the U.S. Department of Health and Human Services, Administration on Aging and Mathematica Policy Research sent [RESPONDENT NAME] a letter describing a study we are conducting to improve nutrition services for older adults. Do you know (her/his) new address? Telephone number?

	(STRING (NUM))	
FIRST NAME	, , , , , , , , , , , , , , , , , , , ,	
	(STRING (NUM))	
MIDDLE INITIAL/NAME		
	(STRING (NUM))	
LAST NAME		
OTDEET 4		
STREET 1		
STREET 2		
OTTLET Z		
STREET 3		
CITY		
STATE		
ZIP		
DON'T KNOW	d	Thank you for your time
REFUSED	r	Thank you for your time

SOFT CHECK: IF CONDITION (e.g. Exchange = 555); **Soft check statement/question**HARD CHECK: IF CONDITION (e.g. Area code LE 200); **Hard check statement/question**

	(STRING (NUM))	
FIRST NAME	(OTDINIO (AILIAN)	
MIDDLE INITIAL/NAME	(STRING (NUM))	
LAST NAME	(STRING (NUM))	
STREET 1		
STREET 2		
STREET 3		
CITY		
STATE		
ZIP		
_ _ - - _ - - - - - - - - -		Thank you fo your time
DON'T KNOW	d	Thank you fo
REFUSED	r	Thank you fo your time
HECK: IF CONDITION (e.g. Exchange = 555); Soft cl	neck statement/question	
CHECK: IF CONDITION (e.g. Area code LE 200); Hard	check statement/question	
ACK. When would be a good time to call back?		
	(SPECIFY)	

A. NONPARTICIPATION SCREENING

	V=0		
	YES		SKIP TO THANK YOU
	NO		
	DON'T KNOW		
	REFUSED	.r	
A2.	During the past year, [have you/has he/has she] eaten at a senior commu program?	nity m	neal
	YES	.1	SKIP TO THANK YOU
	NO	.0	
	DON'T KNOW	.d	
	REFUSED	.r	
	DDOOD AMMED DOV (AUDA)		
	PROGRAMMER BOX (NUM) CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU.	ANK	
A3.	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA		program
A3.	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU. [Are you/Is he/Is she] currently in a home-delivered meals or meals-on-whome-delivered meals-on-whom-delivered meals-on-whome-delivered meals-on-whome-delivered meals-on-whom-delivered meal	neels	program SKIP TO THANK YOU
A3.	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU. [Are you/Is he/Is she] currently in a home-delivered meals or meals-on-where meals are delivered to [your/his/her] home?	neels	-
АЗ.	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU. [Are you/Is he/Is she] currently in a home-delivered meals or meals-on-where meals are delivered to [your/his/her] home? YES	neels .1	-
A3.	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU. [Are you/Is he/Is she] currently in a home-delivered meals or meals-on-where meals are delivered to [your/his/her] home? YES	.1 .0	-
A3.	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU. [Are you/Is he/Is she] currently in a home-delivered meals or meals-on-where meals are delivered to [your/his/her] home? YES	neels .1 .0 .d .r	SKIP TO THANK YOU
	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU. [Are you/Is he/Is she] currently in a home-delivered meals or meals-on-wl where meals are delivered to [your/his/her] home? YES	.1 .0 .d .r	SKIP TO THANK YOU
	CATI: IF A1 AND A2 ARE DON'T KNOW OR REFUSED, SKIP TO THA YOU. [Are you/Is he/Is she] currently in a home-delivered meals or meals-on-where meals are delivered to [your/his/her] home? YES	neels .1 .0 .d .r meals	SKIP TO THANK YOU
	[Are you/Is he/Is she] currently in a home-delivered meals or meals-on-wiwhere meals are delivered to [your/his/her] home? YES	.1 .0 .d .r meals	SKIP TO THANK YOU

PROGRAMMER BOX (NUM)

CATI: IF A3 AND A4 ARE DON'T KNOW OR REFUSED, GO TO THANK YOU.

A5.	[Do you/Does he/Does she] currently live in a nursing home?		
	YES	1	SKIP TO THANK YOU
	NO	0	
	DON'T KNOW	d	SKIP TO THANK YOU
	REFUSED	r	SKIP TO THANK YOU
A6.	[Do you/Does he/Does she] currently live in a rehabilitation facili	ty?	
	YES	1	
	NO	0	SKIP TO A8
	DON'T KNOW	d	SKIP TO A8
	REFUSED	r	SKIP TO A8
A7.	Will [you/he/she] be living in the rehabilitation facility for more th	an two more	weeks?
	YES	1	SKIP TO THANK YOU
	NO	0	
	DON'T KNOW	d	SKIP TO THANK YOU
	REFUSED	r	SKIP TO THANK YOU
A8.	Please tell me how difficult it is for [you/him/her] to go out of you own without the help of another person. [Do you/Does he/Does s some difficulty, much difficulty, or [are you/is he/is she] unable to [your/his/her] own without the help of another person?	he] have no	difficulty,
		CODE ONE	<u>ONLY</u>
	NO DIFFICULTY	1	SKIP TO A13
	SOME DIFFICULTY	2	
	MUCH DIFFICULTY	3	
	UNABLE TO DO	4	
	DON'T KNOW	d	
	REFUSED	r	

A9.	Is the difficulty because of a medical problem, a physical condition, an emotional or psychological problem, or a lack of transportation?	
	CODE ALL THAT APPLY	<u>′</u>
	MEDICAL PROBLEM1	
	PHYSICAL CONDITION2	
	EMOTIONAL OR PSYCHOLOGICAL PROBLEM3	
	LACK OF TRANSPORTATION4	
	NONE OF THE ABOVE5	
	DON'T KNOWd	
	REFUSEDr	
	PROGRAMMER BOX A10	
	CATI: IF A8 = 3 OR 4 AND A9 = 1, 2, OR 3 ASK A10; ELSE GO TO A13	
	, , , , , , , , , , , , , , , , , , , ,	
A10.	Please tell me how difficult it is for [you/him/her] to walk from one room to another on the same level by [yourself/himself/herself]. [Do you/Does he/Does she] have no difficulty, some difficulty, much difficulty, or [are you/is he/is she] unable to go from room to room by [yourself/himself/herself] without the help of another person?	
	CODE ONE ONLY	
	NO DIFFICULTY1	
	SOME DIFFICULTY2	
	MUCH DIFFICULTY3	
	UNABLE TO DO4	
	DON'T KNOWd	
	REFUSEDr	
A11.	Please tell me how difficult it is for [you/him/her] to stand up from an armless chair by [yourself/himself/herself]. [Do you/Does he/Does she] have no difficulty, some difficulty, much difficulty, or [are you/is he/is she] unable to get up from an armless chair by [yourself/himself/herself] without the help of another person?	
	CODE ONE ONLY	
	NO DIFFICULTY1	
	SOME DIFFICULTY2	
	MUCH DIFFICULTY3	
	UNABLE TO DO4	
	DON'T KNOWd	
	REFUSEDr	

Please tell me how difficult it is for [you/him/her] to get in or out of bed by [yourself/himself/herself]. [Do you/Does he/Does she] have no difficulty, some difficulty, much difficulty, or [are you/is he/is she] unable to get in or out of bed by [yourself/himself/herself] without the help of another person?			
	CODE ONE (<u>ONLY</u>	
NO DIFFICULTY	1		
SOME DIFFICULTY	2		
MUCH DIFFICULTY	3		
UNABLE TO DO	4		
DON'T KNOW	d		
REFUSED	r		
[Are you/Is he/Is she] able to prepare hot meals [yoursel	f/himself/herself]?		
YES	1	SKIP TO A14	
NO	0		
DON'T KNOW	d	SKIP TO A14	
REFUSED	r	SKIP TO A14	
Is there someone living in [your/his/her] household who [you/him/her]?	can prepare hot meals	s for	
YES	1		
NO	0		
DON'T KNOW	d		
REFUSED	r		
	[yourself/himself/herself]. [Do you/Does he/Does she] ha much difficulty, or [are you/is he/is she] unable to get in [yourself/himself/herself] without the help of another per NO DIFFICULTY	[yourself/himself/herself]. [Do you/Does he/Does she] have no difficulty, some much difficulty, or [are you/is he/is she] unable to get in or out of bed by [yourself/himself/herself] without the help of another person? CODE ONE (In the first of the property)	

A15. I would like [your/his/her] help with a survey to find out how the U.S. Department of Health and Human Services, Administration on Aging can help meet the needs of older Americans. The survey has two parts. The first part is about [your/his/her] general health and dietary habits. The second part is about what [you/he/she] ate and drank over a 24 hour period. 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/his/her] 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/him/her] a check for \$50 within a few weeks of completing the survey.

One of our trained interviewers will be calling you shortly to set up an appointment to complete the interview at your convienence. May I please confirm some information . . .

	(STRING (NUM))	
FIRST NAME		
	(STRING (NUM))	
MIDDLE INITIAL/NAME		
LAST NAME	(STRING (NUM))	
LIGITY WIL		
STREET 1		
STREET 2		
STREET 3		
CITY		
STATE		
ZIP		
_ _ - _ - _ (RANGE) (RANGE) (RANGE)		Thank you for your time
DON'T KNOW	d	Thank you for your time
REFUSED	r	Thank you for your time

SOFT CHECK: IF CONDITION (e.g. Exchange = 555); Soft check statement/question

HARD CHECK: IF CONDITION (e.g. Area code LE 200); Hard check statement/question

THANK YOU. Thank you for your time. We look forward to your participation in our study.