Earlier in the interview you mentioned that — needed help of some kind here at home. I am going to read a list of different kinds of personal care some people need in the home. Please tell me if — needs help in any of the following ways.

1a. Does — need help — in walking up stairs or getting from room to room? 
No

1b. Does — need help — in dressing or putting on shoes?
No

1c. Does — need help — with bathing (shaving) or other toilet activities? 
No

1d. Does — need help — in eating or having meals served in bed?
No

1e. Does — need help — with changing bandages? 
No

1f. Does — need help — in receiving injections? 
No

1g. Does — need help — with other treatments? 
No

If "Yes," ask: What kinds of treatment?

Specify

If "No," ask: Who helps —?

Did anyone else help —?

Does anyone else help —?

IF PERSON IS NOT RECEIVING CARE (All "No's" to question 1a), reconcile differences between answers in Q. 25 or 26c and Q. 1a above or describe the situation in the footnote space below.

1. For what condition(s) does — need help or care?

Specify condition(s)

2. How long has — received help or care at home? 
Mark one box:

0 1 month or less
1 Over 1 to 6 months
2 Over 6 to 12 months
3 Over 1 to 2 years
4 Over 2 to 5 years
5 Over 5 years

3. Because of —'s health, must someone be in the house with him all of the time, part of the time, or only when providing the needed help or care?

1 All of the time
2 Part of the time
3 Only when providing the needed help or care

For each person, other than a nurse, listed in 1b, ask:

5a. Is — a nurse, a physical therapist, or some other kind of health worker?

If "Name" reported in Q. 1b or 5a, ask:

5b. Is the nurse that cares for — a registered nurse, a practical nurse, or some other kind of nurse?

(Determine the type(s) of person(s) providing the care in question 1 and mark appropriate box in column (3) of Table II.)

FOOTNOTES: