HOME CARE PAGE

Some people are limited in what they can do because of a physical or mental condition; that is, they cannot do some of the daily activities that other people do.

1a. Because of a disability or health problem, does anyone in the family, (that is you, your --, etc.), receive or need help from another person, or use special equipment in –

If "Yes," ask 1b and c

	Y or "doesn't do"	N
(1) Walking, except for using stairs?		
(2) Going outside?		
(3) Using the toilet in the bathroom, including getting to the bathroom?		
(4) Bathing, including sponge baths?		
(5) Dressing?		
(6) Eating?		
(7) Getting in and out of bed or chairs?		

b. Who is this?

c. Does anyone else receive or need help or use special equipment in – ?

Person number (a)	Activity (b)	Doesn't do (c)	If "doesn't do," go to next line. Does -- use any SPECIAL EQUIPMENT in (activity)? (d)	Does -- receive or need the help of ANOTHER PERSON in (activity)? (e)	Does -- need help from another person in (activity) most of the time, some of the time, or once in a while? (f)
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ____ } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ____ } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ____ } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify ____ } Mark H box

2a. BECAUSE OF A DISABILITY OR HEALTH PROBLEM, does anyone in the family receive or need help from another person in –

If "Yes," ask 2b and c.

b. Who is this?

c. Does anyone else receive or need help in – ?

	Y	N
(1) Preparing their own meals?		
(2) Shopping for personal items, such as magazines, toilet items, or medicines?		
(3) Doing routine household chores, not including yard work?		
(4) Handling their own money?		

2b. ① 1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box

3a. Because of a disability or health problem does anyone in the family usually stay in bed all or most of the time? Y N *(4)*

b. Who is this? Mark box in person's column. — 3b. 1 ☐ Stays in bed *(H box THEN 3c)*

c. Anyone else? Y *(Reask 3b and c)* N

Mark box or ask:

4a. What (other) condition causes -- to (need help in activities in 1 and 2/(or) stay in bed)? — 4a. ☐ No H box *(NP)* ____

b. Does any other condition cause -- to (need help in activities in 1 and 2/(or) stay in bed)? — b. 1 Y *(Reask 4a and b)* 2 N

Mark box or ask:

c. Which of these conditions would you say is the MAIN condition that causes -- to (need help in activities in 1 and 2/(or) stay in bed)? — c. ☐ Old age only *(NP)* ☐ Only one condition ____ Main condition

HC1 Refer to item C2 to determine if a condition page was completed for the main condition in 4. Enter condition number, or mark box. — HC1 ____ *(NP)* Cond. number ☐ No condition page

5. When did -- first notice his (main condition in 4)? — 5. 1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago

HOME CARE PAGE – Continued

Person number (a)	Activity (b)	Doesn't do (c)	If "doesn't do," go to next line. Does -- use any SPECIAL EQUIPMENT in (activity)? (d)	Does -- receive or need the help of ANOTHER PERSON in (activity)? (e)	Does -- need help from another person in (activity) most of the time, some of the time, or once in a while? (f)
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify } Mark H box
		☐ Doesn't do (Mark H box, THEN 1c)	1 Y 2 N	1 Y 2 N (Next line)	1 ☐ All/most 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other – Specify } Mark H box

	②	③	④	⑤	⑥
2b.	1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box	1 ☐ Meals 2 ☐ Shopping 3 ☐ Chores 4 ☐ Handling money } Mark H box
3b.	1 ☐ Stays in bed (H box THEN 3c)	1 ☐ Stays in bed (H box THEN 3c)	1 ☐ Stays in bed (H box THEN 3c)	1 ☐ Stays in bed (H box THEN 3c)	1 ☐ Stays in bed (H box THEN 3c)
4a.	☐ No H box (NP)	☐ No H box (NP)	☐ No H box (NP)	☐ No H box (NP)	☐ No H box (NP)
b.	1 Y (Reask 4a and b) 2 N	1 Y (Reask 4a and b) 2 N	1 Y (Reask 4a and b) 2 N	1 Y (Reask 4a and b) 2 N	1 Y (Reask 4a and b) 2 N
c.	☐ Old age only (NP) ☐ Only one condition ____ Main condition	☐ Old age only (NP) ☐ Only one condition ____ Main condition	☐ Old age only (NP) ☐ Only one condition ____ Main condition	☐ Old age only (NP) ☐ Only one condition ____ Main condition	☐ Old age only (NP) ☐ Only one condition ____ Main condition
HC1	____ (NP) Cond. number ☐ No condition page	____ (NP) Cond. number ☐ No condition page	____ (NP) Cond. number ☐ No condition page	____ (NP) Cond. number ☐ No condition page	____ (NP) Cond. number ☐ No condition page
5.	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago	1 ☐ Last week 2 ☐ Week before 3 ☐ Past 2 weeks, DK which 4 ☐ 2 weeks – 3 months 5 ☐ Over 3–12 months 6 ☐ More than 12 months ago

HOME CARE PAGE – Continued

6a. Does anyone in the family have a colostomy, a urinary catheter, or any other device to help control bowel movements or urination? Y N *(7)*

b. Who is this? Mark "Device" box in person's column. — 6b. ☐ 1 Device

c. Anyone else? Y *(Reask 6b and c)* N

If "Device," ask 6d and e

d. Which does –– have – a colostomy, a catheter, or another type of device? — d. ☐ 1 Colostomy ☐ 2 Catheter ☐ 8 Other – *Specify*

e. Does –– receive or need help from another person in taking care of his (device in 6d)? — e. ☐ 1 Y *(Mark H box THEN NP)* ☐ 2 N

7a. (Besides ––) Does anyone (else) in the family have any accidents or any trouble controlling their bowel movements or urination? Y N *(8)*

b. Who is this? Mark "Trouble controlling" box in person's column. — 7b. ☐ 1 Trouble controlling

c. Anyone else? Y *(Reask 7b and c)* N

8a. Does anyone in the family (that is you, your, –– etc.) now use (any of the following special aids) –

If "Yes," ask 8b and c

	Y	N
(1) An artificial arm?	☐	☐
(2) An artificial leg?	☐	☐
(3) A brace of any kind? (If "Yes," ask: On what part of the body is the brace worn?)	☐	☐
(4) Crutches?	☐	☐
(5) A cane or walking stick?	☐	☐
(6) Special shoes?	☐	☐
(7) A wheel chair?	☐	☐
(8) A walker?	☐	☐
(9) A guide dog?	☐	☐
(10) Any other kind of aid for getting around?	☐	☐

b. Who is this? Mark box in person's column.

c. Anyone else?

8b. ☐ 1 Artificial arm ☐ 2 Artificial leg ☐ 3 Brace – *Part of body* ☐ 4 Crutches ☐ 5 Cane or walking stick ☐ 6 Special shoes ☐ 7 Wheel chair ☐ 8 Walker ☐ 9 Guide dog ☐ 10 Other – *Specify*

9a. Does anyone in the family use –

If "Yes," ask 9b and c

	Y	N
(1) Eyeglasses?	☐	☐
(2) Contact lenses?	☐	☐
(3) A hearing aid?	☐	☐

b. Who is this? Mark box in person's column

c. Anyone else?

9b. ☐ 1 Eyeglasses ☐ 2 Contact lenses ☐ 3 Hearing aid

10a. Does anyone in the family receive help here at home with –

If "Yes," ask 10b and c

	Y	N
(1) Receiving injections or shots?	☐	☐
(2) Physical therapy?	☐	☐
(3) Changing bandages?	☐	☐
(8) Any other nursing or medical treatments?	☐	☐

b. Who is this? Mark box in person's column

c. Anyone else?

10b. ☐ 1 Injections ☐ 2 Physical therapy ☐ 3 Bandages ☐ 8 Other – *Specify*

1 ☐ Device	6b.	1 ☐ Device	1 ☐ Device	6b.	1 ☐ Device	1 ☐ Device
1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify*	d.	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify*	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify*	d.	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify*	1 ☐ Colostomy 2 ☐ Catheter 8 ☐ Other – *Specify*
1 Y *(Mark H box THEN NP)* 2 N	e.	1 Y *(Mark H box THEN NP)* 2 N	1 Y *(Mark H box THEN NP)* 2 N	e.	1 Y *(Mark H box THEN NP)* 2 N	1 Y *(Mark H box THEN NP)* 2 N
1 ☐ Trouble controlling	7b.	1 ☐ Trouble controlling	1 ☐ Trouble controlling	7b.	1 ☐ Trouble controlling	1 ☐ Trouble controlling
1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify*	8b.	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify*	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify*	8b.	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify*	1 ☐ Artificial arm 2 ☐ Artificial leg 3 ☐ Brace – *Part of body* 4 ☐ Crutches 5 ☐ Cane or walking stick 6 ☐ Special shoes 7 ☐ Wheel chair 8 ☐ Walker 9 ☐ Guide dog 10 ☐ Other – *Specify*
1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	9b.	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	9b.	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid	1 ☐ Eyeglasses 2 ☐ Contact lenses 3 ☐ Hearing aid
1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify*	10b.	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify*	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify*	10b.	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify*	1 ☐ Injections 2 ☐ Physical therapy 3 ☐ Bandages 8 ☐ Other – *Specify*

HOME CARE PAGE – Continued

11a. During the past 12 months, (that is since (date) a year ago) has anyone in the family received MEALS that were prepared outside the home and brought in on a fairly regular basis? Y N *(12)*

b. Who received the meals? Mark "Meals" box in person's column. — 11b. 1 ☐ Meals

c. Anyone else? Y *(Reask 11b and c)* N

If "Meals" in 11b, ask 11d–e

d. Does –– NOW regularly receive meals that are prepared outside the home and brought in? — d. 1 Y 2 N *(NP)*

e. What agency, organization or program provides these meals for ––? — e. _____

12a. During the past 12 months, has anyone in the family received any care at home from a nurse? Exclude related HH members. Y N *(IHCP)*

b. Who received the care? Mark "Nurse" box in person's column. — 12b. 1 ☐ Nurse

c. Anyone else? Y *(Reask 12b and c)* N

FOOTNOTES

1 ☐ Meals	11b.	1 ☐ Meals	1 ☐ Meals	11b.	1 ☐ Meals	1 ☐ Meals
1 Y 2 N *(NP)*	d.	1 Y 2 N *(NP)*	1 Y 2 N *(NP)*	d.	1 Y 2 N *(NP)*	1 Y 2 N *(NP)*
_____	e.	_____	_____	e.	_____	_____
1 ☐ Nurse	12b.	1 ☐ Nurse	1 ☐ Nurse	12b.	1 ☐ Nurse	1 ☐ Nurse

FOOTNOTES

Complete for each person with H box

INDIVIDUAL HOME CARE PAGE

1. Person number _____

2a. Earlier you said that -- receives or needs the help of another person. Who helps --?
(Is -- helped by anyone who lives here, by any other friends or relatives, a nurse, or any other health care professionals who come into the home, or is -- helped by someone else?)

2a. 1 ☐ Related HH members
2 ☐ Nurse
3 ☐ Other health worker – *Specify* _____
4 ☐ Other relatives or friends
8 ☐ Other – *Specify* _____

b. Does anyone else help --?

b. Y *(Reask 2a and b)* N

If "Nurse" in 2a, ask:

3a. On the average, how many days per week does the nurse visit --?

3a. _____ Days per week

b. When the nurse visits, how many hours per day does he or she usually spend helping --?

b. 00 ☐ Less than 1 hour _____ Hours

c. Does anyone in the family, that is you, your --, etc. pay any part of the cost for the nurse?

c. 1 Y 2 N

d. Does any government agency or program help pay for the nurse?

d. 1 Y 2 N *(3f)*

e. What agency or program helps pay?

e. 1 ☐ Medicaid
2 ☐ Medicare
3 ☐ Health insurance
☐ Other – *Specify* _____

f. During the past 2 weeks, how many times was -- visited by the nurse?

f. _____ Number of times

If "Other health worker" in 2a, ask:

4a. On the average, how many days per week does the (other health worker) visit --?

4a. _____ Days per week

b. When the (other health worker) visits, how many hours per day does he or she usually spend helping --?

b. 00 ☐ Less than 1 hour _____ Hours

c. Does anyone in the family, that is you, your --, etc. pay any part of the cost for the (other health worker)?

c. 1 Y 2 N

d. Does any government agency or program help pay for the (other health worker)?

d. 1 Y 2 N *(4f)*

e. What agency or program helps pay?

e. 1 ☐ Medicaid
2 ☐ Medicare
3 ☐ Health insurance
☐ Other – *Specify* _____

f. During the past 2 weeks, how many times was -- visited by the (other health worker)?

f. _____ Number of times

HC2

HC2 1 ☐ Under 17 *(NP)* 2 ☐ 17+

5a. Does -- receive or need help from others in using public transportation, such as buses, trains, subways, or planes?

5a. 1 Y *(6)* 2 N 4 ☐ Doesn't use *(5c)*

b. Does -- use public transportation?

b. 1 Y *(6)* 2 N

c. If -- had to use public transportation, would -- need the help of other persons?

c. 1 Y 2 N

6a. Does -- drive a car?

6a. 1 Y *(7)* 2 N

b. Does -- not drive a car because of a disability or health problem or because of some other reason?

b. 1 ☐ Age 2 ☐ Disability 8 ☐ Other

7a. Does -- use the telephone without the help of another person?

7a. 1 Y *(8)* 2 N

b. Would -- be able to use the telephone in an emergency?

b. 1 Y 2 N

8a. During the 2 weeks outlined in red on the calendar, did -- have any visits from a friend, relative or neighbor?

8a. 1 Y 2 N *(8c)*

b. How many times during that period was -- visited by friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)

b. 1 ☐ 1–3 times 3 ☐ 13+ times
2 ☐ 4–12 times

c. During these 2 weeks, did -- go out to visit a friend, relative or neighbor?

c. 1 Y 2 N *(9)*

d. How many times during that period did -- go out to visit friends, relatives or neighbors? (Was it 3 or more times or less than 3 times?) (Was it 12 or more times or less than 12 times?)

d. 1 ☐ 1–3 times 3 ☐ 13+ times
2 ☐ 4–12 times

9. During the past 12 months, did -- go on a vacation?

9. 1 Y 2 N

10. Because of a disability or health problem, how often must someone be here with --, most of the time, some of the time, once in a while or never?

10. 1 ☐ Most/All 4 ☐ Never
2 ☐ Some 8 ☐ Other – *Specify* _____
3 ☐ Once

1.	**Person number** _____	1.	**Person number** _____	1.	**Person number** _____
2a.	1 ☐ Related HH members 2 ☐ Nurse 3 ☐ Other health worker — *Specify* _____ 4 ☐ Other relatives or friends 8 ☐ Other — *Specify* _____	2a.	1 ☐ Related HH members 2 ☐ Nurse 3 ☐ Other health worker — *Specify* _____ 4 ☐ Other relatives or friends 8 ☐ Other — *Specify* _____	2a.	1 ☐ Related HH members 2 ☐ Nurse 3 ☐ Other health worker — *Specify* _____ 4 ☐ Other relatives or friends 8 ☐ Other — *Specify* _____
b.	Y *(Reask 2a and b)* N	b.	Y *(Reask 2a and b)* N	b.	Y *(Reask 2a and b)* N
3a.	_____ Days per week	3a.	_____ Days per week	3a.	_____ Days per week
b.	00 ☐ Less than 1 hour _____ Hours	b.	00 ☐ Less than 1 hour _____ Hours	b.	00 ☐ Less than 1 hour _____ Hours
c.	1 Y 2 N	c.	1 Y 2 N	c.	1 Y 2 N
d.	1 Y 2 N *(3f)*	d.	1 N 2 N *(3f)*	d.	1 Y 2 N *(3f)*
e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other — *Specify* _____	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other — *Specify* _____	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other — *Specify* _____
f.	_____ Number of times	f.	_____ Number of times	f.	_____ Number of times
4a.	_____ Days per week	4a.	_____ Days per week	4a.	_____ Days per week
b.	00 ☐ Less than 1 hour _____ Hours	b.	00 ☐ Less than 1 hour _____ Hours	b.	00 ☐ Less than 1 hour _____ Hours
c.	1 Y 2 N	c.	1 Y 2 N	c.	1 Y 2 N
d.	1 Y 2 N *(4f)*	d.	1 Y 2 N *(4f)*	d.	1 Y 2 N *(4f)*
e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other — *Specify* _____	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other — *Specify* _____	e.	1 ☐ Medicaid 2 ☐ Medicare 3 ☐ Health insurance ☐ Other — *Specify* _____
f.	_____ Number of times	f.	_____ Number of times	f.	_____ Number of times
HC2	1 ☐ Under 17 *(NP)* 2 ☐ 17+	HC2	1 ☐ Under 17 *(NP)* 2 ☐ 17+	HC2	1 ☐ Under 17 *(NP)* 2 ☐ 17+
5a.	1 Y *(6)* 2 N 4 ☐ Doesn't use *(5c)*	5a.	1 Y *(6)* 2 N 4 ☐ Doesn't use *(5c)*	5a.	1 Y *(6)* 2 N 4 ☐ Doesn't use *(5c)*
b.	1 Y *(6)* 2 N	b.	1 Y *(6)* 2 N	b.	1 Y *(6)* 2 N
c.	1 Y 2 N	c.	1 Y 2 N	c.	1 Y 2 N
6a.	1 Y *(7)* 2 N	6a.	1 Y *(7)* 2 N	6a.	1 Y *(7)* 2 N
b.	1 ☐ Age 2 ☐ Disability 8 ☐ Other	b.	1 ☐ Age 2 ☐ Disability 8 ☐ Other	b.	1 ☐ Age 2 ☐ Disability 8 ☐ Other
7a.	1 Y *(8)* 2 N	7a.	1 Y *(8)* 2 N	7a.	1 Y *(8)* 2 N
b.	1 Y 2 N	b.	1 Y 2 N	b.	1 Y 2 N
8a.	1 Y 2 N *(8c)*	8a.	1 Y 2 N *(8c)*	8a.	1 Y 2 N *(8c)*
b.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	b.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	b.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times
c.	1 Y 2 N *(9)*	c.	1 Y 2 N *(9)*	c.	1 Y 2 N *(9)*
d.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	d.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times	d.	1 ☐ 1–3 times 2 ☐ 4–12 times 3 ☐ 13+ times
9.	1 Y 2 N	9.	1 Y 2 N	9.	1 Y 2 N
10.	1 ☐ Most/All 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other — *Specify* _____	10.	1 ☐ Most/All 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other — *Specify* _____	10.	1 ☐ Most/All 2 ☐ Some 3 ☐ Once 4 ☐ Never 8 ☐ Other — *Specify* _____