
NHATS Round 2

Section EP [END OF LIFE PLANS AND CARE]

Sequence: 38

EP1PRE

EP1PRE

NOT ON FILE

QUESTION TEXT:

These last few questions are about planning for care at the end of life.
PRESS 1 AND ENTER TO CONTINUE

EP1

ep2eoltalk

R2 EP1 TALK END OF LIFE CARE

QUESTION TEXT:

{Have you/Has SP} talked to anyone about the types of medical treatment {you want or don't want/he/she wants or doesn't want} if {you become/SP becomes} seriously ill in the future?

CODES

1	YES	
2	NO	EP3
	REFUSED	EP3
	DON'T KNOW	EP3

EP2

ep2eoltalk2 to ep2eoltalk92

R2 EP2 PRSN TALK "relationship"

QUESTION TEXT:

How is that person related to {you/SP}?

PROBE: Anyone else?

SELECT ALL THAT APPLY

PRESS F1 FOR HELP SCREEN

CODES

2	SPOUSE/PARTNER
3	DAUGHTER
4	SON
5	DAUGHTER-IN-LAW
6	SON-IN-LAW
7	STEPDAUGHTER
8	STEPSON
9	SISTER
10	BROTHER
11	SISTER-IN-LAW
12	BROTHER-IN-LAW
13	MOTHER
14	STEPMOTHER
15	MOTHER-IN-LAW
16	FATHER
17	STEPFATHER

18	FATHER-IN-LAW
19	GRANDDAUGHTER
20	GRANDSON
21	NIECE
22	NEPHEW
23	AUNT
24	UNCLE
25	COUSIN
26	STEPDAUGHTER'S SON/DAUGHTER
27	STEPSON'S SON/DAUGHTER
28	DAUGHTER-IN-LAW'S SON/DAUGHTER
29	SON-IN-LAW'S SON/DAUGHTER
30	BOARDER/RENTER
31	PAID AIDE/HOUSEKEEPER/EMPLOYEE
32	ROOMMATE
33	EX-WIFE/EX-HUSBAND
34	BOYFRIEND/GIRLFRIEND
35	NEIGHBOR
36	FRIEND
37	SERVICE/SOMEONE FROM THE PLACE SP LIVES
38	CO-WORKER
39	MINISTER, PRIEST, OR OTHER CLERGY
40	PSYCHIATRIST, PSYCHOLOGIST, COUNSELOR, OR THERAPIST
91	OTHER RELATIVE
92	OTHER NONRELATIVE

EP3

ep2poweratty

R2 EP3 POWER OF ATTORNEY

QUESTION TEXT:

{Have you/Has SP} made any legal arrangements for someone to make decisions about {your/his/her} medical care if {you become/SP becomes} unable to make those decisions {yourself/himself/herself}? This is sometimes called a durable power of attorney for health care.

CODES

1	YES	
2	NO	EP5
	REFUSED	EP5
	DON'T KNOW	EP5

EP4

ep2eolpow2 to ep2eolpow92

R2 EP4 POW "relationship"

QUESTION TEXT:

How is the person who will make decisions related to {you/SP}?

PROBE: Anyone else?

SELECT ALL THAT APPLY

PRESS F1 FOR HELP SCREEN

CODES

2	SPOUSE/PARTNER
3	DAUGHTER
4	SON

- 5 DAUGHTER-IN-LAW
- 6 SON-IN-LAW
- 7 STEPDAUGHTER
- 8 STEPSON
- 9 SISTER
- 10 BROTHER
- 11 SISTER-IN-LAW
- 12 BROTHER-IN-LAW
- 13 MOTHER
- 14 STEPMOTHER
- 15 MOTHER-IN-LAW
- 16 FATHER
- 17 STEPFATHER
- 18 FATHER-IN-LAW
- 19 GRANDDAUGHTER
- 20 GRANDSON
- 21 NIECE
- 22 NEPHEW
- 23 AUNT
- 24 UNCLE
- 25 COUSIN
- 26 STEPDAUGHTER'S SON/DAUGHTER
- 27 STEPSON'S SON/DAUGHTER
- 28 DAUGHTER-IN-LAW'S SON/DAUGHTER
- 29 SON-IN-LAW'S SON/DAUGHTER
- 30 BOARDER/RENTER
- 31 PAID AIDE/HOUSEKEEPER/EMPLOYEE
- 32 ROOMMATE
- 33 EX-WIFE/EX-HUSBAND
- 34 BOYFRIEND/GIRLFRIEND
- 35 NEIGHBOR
- 36 FRIEND
- 37 SERVICE/SOMEONE FROM THE PLACE SP
LIVES
- 38 CO-WORKER
- 39 MINISTER, PRIEST, OR OTHER CLERGY
- 40 PSYCHIATRIST, PSYCHOLOGIST,
COUNSELOR, OR THERAPIST
- 91 OTHER RELATIVE
- 92 OTHER NONRELATIVE

EP5

ep2livngwill

R2 EP5 HAS LIVING WILL

QUESTION TEXT:

{Do you/Does SP} have a living will or advance directive? These are written instructions about the type of medical treatment you would want to receive if you were unconscious or unable to communicate.

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

BOX EP6PRE

BOX EP6PRE

NOT ON FILE

QUESTION TEXT:

If PROXY FLAG = 1 (YES), go to Section CL - Closing.
Otherwise, go to EP6PRE.

EP6PRE**EP6PRE**

NOT ON FILE

QUESTION TEXT:

Next, suppose you were at the end of your life, and you had a serious illness.

PRESS 1 AND ENTER TO CONTINUE

CODES

- 1 RECEIVE ALL TREATMENTS
- 2 STOP/REJECT ALL TREATMENTS
REFUSED
DON'T KNOW

EP6**ep2paintrmnt**

R2 EP6 CARE IF IN CONSTANT PAIN

QUESTION TEXT:

What if you could speak, walk, and recognize others, but you were in constant, severe physical pain?
Would you want to receive life-prolonging treatments or stop all treatments?

CODES

- 1 RECEIVE ALL TREATMENTS
- 2 STOP/REJECT ALL TREATMENTS
REFUSED
DON'T KNOW

EP7**ep2talktrmnt**

R2 EP7 CARE IF CANT TALK WALK

QUESTION TEXT:

What if you were not in pain, but could not speak, walk, or recognize others? Would you want to receive life-prolonging treatments or stop all treatments?

CODES

- 1 RECEIVE ALL TREATMENTS
- 2 STOP/REJECT ALL TREATMENTS
REFUSED
DON'T KNOW

EP8APRE**EP8APRE**

NOT ON FILE

QUESTION TEXT:

Some people develop difficulties in doing everyday activities as they age. We are interested in people's ideas about how best to provide care when this happens.

PRESS 1 AND ENTER TO CONTINUE

EP8A**ep2bstcre**

R2 EP8A BEST CARE FOR PAT

DISPLAY INSTRUCTIONS:

Display "he" if preloaded gender of SP = 1 (MALE).
Display "she" if preloaded gender of SP = 2 (FEMALE).

QUESTION TEXT:

SHOWCARD EP1

Imagine a person named Pat, who is 80 years old with health problems. Because of these problems, he/she} needs someone to help with bathing, dressing and getting around inside. Please look at this card and tell me what would be best for Pat?

- 1 LIVING IN THEIR OWN HOME WITH HELP FROM FRIENDS AND FAMILY
 - 2 LIVING IN THEIR OWN HOME WITH HELP FROM SOMEONE PAID TO COME IN
 - 3 LIVING WITH AN ADULT CHILD
 - 4 LIVING IN AN ASSISTED LIVING FACILITY OR CONTINUING CARE RESIDENCE
 - 5 LIVING IN A NURSING HOME
- REFUSED EP9
DON'T KNOW EP9

EP8B

ep2sndbstcre

R2 EP8B SECOND BEST CARE FOR PAT

DISPLAY INSTRUCTIONS:

Display "he" if preloaded gender of SP = 1 (MALE). Display "she" if preloaded gender of SP = 2 (FEMALE).

QUESTION TEXT:

SHOWCARD EP1

[Imagine a person named Pat, who is 80 years old with health problems. Because of these problems, {he/she} needs someone to help with bathing, dressing and getting around inside. Please look at this card and tell me what would be best for Pat?]

What do you think is next or second best?

- 1 LIVING IN THEIR OWN HOME WITH HELP FROM FRIENDS AND FAMILY
 - 2 LIVING IN THEIR OWN HOME WITH HELP FROM SOMEONE PAID TO COME IN
 - 3 LIVING WITH AN ADULT CHILD
 - 4 LIVING IN AN ASSISTED LIVING FACILITY OR CONTINUING CARE RESIDENCE
 - 5 LIVING IN A NURSING HOME
- REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Do not allow code selected at EP8A to be selected at EP8B.
If code selected at EP8B = code selected at EP8A, display message "RESPONSE ALREADY SELECTED AS FIRST OPTION. SELECT A DIFFERENT OPTION."

QUESTION TEXT:

Now, please think about the kind of daily care that you might need in the future.
Do you think that paying someone to care for you will use up most of your money?

CODES

- | | |
|---|--|
| 1 | YES |
| 2 | NO |
| 3 | DOESN'T HAVE ANY
MONEY TO PAY A
CAREGIVER |
| 4 | WOULD NOT USE A PAID
CAREGIVER
REFUSED
DON'T KNOW |

PROGRAMMER INSTRUCTIONS:

Go to Section CL -- Closing.
