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# NHATS Round 8

Section EP [END OF LIFE PLANS AND CARE]

Sequence: 39

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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

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EP1

ep8eoltalk

R8 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

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EP2

ep8eoltalk2 to ep8eoltalk92

R8 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**

**ep8poweratty**

R8 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**

**ep8eolpow2 to ep8eolpow92**

R8 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**

**ep8livngwill**

R8 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

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**EP6**

**ep8paintrmnt**

R8 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

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**EP7**

**ep8talkrmnt**

R8 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

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**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

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**EP8A**

**ep8bstcre**

R8 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<br>WITH HELP FROM FRIENDS AND<br>FAMILY         |     |
| 2 | LIVING IN THEIR OWN HOME<br>WITH HELP FROM SOMEONE<br>PAID TO COME IN    |     |
| 3 | LIVING WITH AN ADULT CHILD   |     |
| 4 | LIVING IN AN ASSISTED LIVING<br>FACILITY OR CONTINUING CARE<br>RESIDENCE |     |
| 5 | LIVING IN A NURSING HOME   |     |
|   | REFUSED  | EP9 |
|   | DON'T KNOW   | EP9 |

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**EP8B****ep8sndbstcre**

R8 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<br>AND FAMILY         |
| 2 | LIVING IN THEIR OWN HOME WITH HELP FROM SOMEONE<br>PAID TO COME IN    |
| 3 | LIVING WITH AN ADULT CHILD  |
| 4 | LIVING IN AN ASSISTED LIVING FACILITY OR CONTINUING<br>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."

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**EP9****ep8money**

R8 EP9 FUTURE CARE USE MST MONEY

**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.

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