

IMPACT - CI Study Caregiver Interview

Date Reviewed	Initials	Date Entered	Initials
Participant Study ID:		Caregiver Initials:	
[pt_studyid]		[cginitials]	
Patient Initials:		Interview Date:	
[ptinitials]		[interview_date]	
Research Interviewer:		Interview Due:	
[interviewer_id]			

General Guidelines for the Interviewer

- Repeat the questions verbatim (as written). For each question, show response card when available or read out response choices, but do not read out the assigned code.
- Do not explain or clarify the meaning of the questions to the subject. If the subject does not understand the questions or is unsure of the answer, repeat the question. Ask the subject to respond based on his/her best understanding of the question. Reassure him/her that there are no correct or wrong answers and that we want their best response.
- Explain to the participant that this is a structured interview in which for most of the questions you will be providing the response categories and they need to select the answer from one of these categories (for example: “I am going to ask you questions about different activities and then you tell me if you do these activities ‘all the time’, ‘some of the time’ or ‘none’ of the time).

- If subject is unsure of an answer, code it -66 (Unsure).
- If you miss a question and cannot reach the subject to get an answer to the question, code it -77 (Missing).
- If subject refuses to answer a question, code it -88 (Refusal).
- If a question does not apply to the subject, code it -99 (Not Applicable).
- **If participant seems unwell at any point, notify the Research Center and ask the subject to call his/her nurse, physician, or 911. If participant seems dangerously unwell, call 911 immediately, then notify Research Center (212-760-3112).**

<i>Unsure</i> -66	<i>Missing</i> -77	<i>Refusal.....</i> -88	<i>Not applicable.....</i> -99
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IMPACT - CI Study Caregiver Interview

TIME BEGAN: __ __: __ __ AM \ PM (circle one)

[btime]

A. CAREGIVER ASSISTANCE

“Let’s get started”

Relationship to patient

A1. What is your relationship to [patient’s name]?

0.....Spouse

1.....Domestic Partner

2.....Parent

3.....Child

4.....Grandchild

5.....Son-in-law/ Daughter-in-law

6.....Sibling – brother or sister

7.....Niece, nephew or cousin

8.....Home Health Aide

9.....Home Attendant

10.....Friend

11.....Other, please specify: _____ [care01_other]

→

[care01]

A2. Do you live with [patient name]?

0.....No

1.....Yes (**skip to A4**)

→

[care02]

A3. How many minutes does it usually take to get from your home to [patient’s name]’s home?

[care03] *minutes*

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CAREGIVER TASK CHECKLIST

<i>“Now I am going to read a list of tasks that you may or may not be involved in while helping [patient’s name]. I want you to tell me whether or not you assist with this task – yes or no.”</i>			
TASKS	No	Yes	Variable Name
A4.1. Grooming and personal hygiene, such as, washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care	0	1	task01
A4.2. Dressing – upper body	0	1	task02
A4.3. Dressing – lower body	0	1	task03
A4.4. Bathing – entire body	0	1	task04
A4.5. Toilet Transferring – helping patient to and from toilet	0	1	task05
A4.6. Toileting hygiene – clothing adjustments, cleaning	0	1	task06
A4.7. Transferring - lifting and positioning from bed to chair	0	1	task07
A4.8. Walking or using wheelchair	0	1	task08
A4.9. Feeding	0	1	task09
A4.10. Preparing meals	0	1	task10
A4.11. Escorting to appointments; for example medical or hair salon	0	1	task11
A4.12. Laundry	0	1	task12
A4.13. Housekeeping	0	1	task13
A4.14. Shopping for food or other household items	0	1	task14
A4.15. Setting-up clinic and doctor appointments	0	1	task15
A4.16. Setting up other health care services, for example home care services	0	1	task16

A5. In a typical week, how many hours of assistance do you provide [patient’s name]?

_____ → [care04]

A6. How long have you been assisting [patient’s name] due to [his/her] disability or health condition?

[If less than 1 month then enter <1]

	months	[caremonths]
	years	[careyears]

Unsure -66	Missing-77	Refusal.....-88	Not applicable.....-99
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B. CAREGIVER MEDICATION MANAGEMENT ASSISTANCE

“Next I would like to ask you some questions about the medications [patient name] is taking and the help that you may provide [patient’s name] in managing [his or her] medications. Please answer the following questions to the best of your ability.”

B1. Do you have a list of the medications [patient’s name] takes? [Interviewer: you do not need to see the list, a yes or no is fine; any type of list handwritten, print out, etc... is a ‘Yes’]

0.....No
1.....Yes

_____ →

[med1]

“We are trying to understand medication complexity which includes the number of different medications a person takes, so it would be helpful if you can help us with the following questions. If you do not know the answer just let me know.”

B2. How many different medications does [patient’s name] currently takes? – include all the prescription and non-prescription/over-the counter medications that any of [his/her] doctors have asked [him/her] to take?

_____ →

[med2]

[caregiver can refer to their list if they have one, the bottles directly or the pill box, or ask another in the household to help provide this information]

B2a. As far as you know, how many of these are filled by a pharmacy – include ones that get picked up at a store or hospital or clinic and mail order prescriptions?

_____ →

[med3]

B2b. As far as you know, how many of these are non-prescription/over-the-counter medications, including vitamins and aspirin if the doctor suggested [patient’s name] to take them?

_____ →

[med4]

Note to interviewer – please make sure that B2a and B2b equals B2

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“Next I am going to read a list of tasks that you may or may not perform when helping [patient’s name] with [his/her] medications. I would like you to tell me if do or do not perform this task and whether or not you have received any teaching to help you with each task. There are no right or wrong answers; please give me your best response.”

[Interviewer: show response card; skip column B if the task is not applicable but complete column B even if column A is a ‘No’]

MEDICATION TASKS	Column A				Column B				
	N/A	No	Yes	Variable Name	I have received teaching. I do not need more.	I have received teaching. But I need more.	I have not received teaching. I do not need any.	I have not received teaching. But I need teaching.	Variable Name
B3.1. Ordering or picking up prescriptions		0	1	mta01	2	3	4	5	mtb01
B3.2. Giving [patient’s name][his/her] medication to take		0	1	mta02	2	3	4	5	mtb02
B3.3. Organizing medication in a pill box or other way		0	1	mta03	2	3	4	5	mtb03
B3.4. Reminding [patient’s name] to take their medications		0	1	mta04	2	3	4	5	mtb04
B3.5. Helping the patient keep a current medication list		0	1	mta05	2	3	4	5	mtb05
B3.6. Preparing oral medications, for example measuring liquid doses, mixing powder formulas, etc...	-99	0	1	mta06	2	3	4	5	mtb06
B3.7. Helping with oxygen mask (putting it on or adjusting the flow)	-99	0	1	mta07	2	3	4	5	mtb07
B3.8. Helping patient with injections (administering or filling)	-99	0	1	mta08	2	3	4	5	mtb09
B3.9. Caring for skin by applying topical creams	-99	0	1	mta09	2	3	4	5	mtb09
B3.10. Helping patient use inhaler	-99	0	1	mta10	2	3	4	5	mtb10
B3.11. Other, specify: [mta11_other]		0	1	mta11	2	3	4	5	mtb11

Unsure -66	Missing-77	Refusal..... -88	Not applicable..... -99
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B4. How often do you help [patient's name] with the medication tasks we just discussed?

0.....Daily

1.....A few times a week but not daily

2.....Once a week

3.....Less than once a week

4.....Does not help with any medication management

[med5]

B5. How important is it to you that [patient's name] always takes [his/her] medications as prescribed?

1....Not at all important

2....Somewhat important

3....Very important

[med6]

C. MEDICATION ADHERENCE AND BARRIERS

“How much problem or concern are you having in the following areas in relation to helping [patient's name] with [his/her] medication?”

	Not at all	Somewhat	A lot	Variable name
C1.1 [His/her] medication causes side effects	0	1	2	bmq1
C1.2. It is hard to remember all the doses	0	1	2	bmq2
C1.3. It is hard to pay for the medication	0	1	2	bmq3
C1.4. It is hard to open the container	0	1	2	bmq4
C1.5. It is hard to get [his/her] refills on time	0	1	2	bmq5
C1.6. The dosage times are inconvenient	0	1	2	bmq6

Source: Svarstad Barriers to Medications Questionnaire (BMQ)

“Please think back over the past 2 full days – yesterday and the day before – and think about all [patient's name]'s medications.”[interviewer – give the caregiver a moment to think it over]

“To the best of your knowledge...”

	None of the time	1-3 times	More than 3 times	Variable Name
C2.1. How often did [s/he] take any medications earlier or later than scheduled?	0	1	2	adhere1
C2.2. How often did [s/he] miss taking a medication either because it was forgotten or [s/he] decided not to take it?	0	1	2	adhere2
C2.3. How often did [s/he] take less of a dose of medication than prescribed?	0	1	2	adhere3
C2.4. How often [s/he] take more of a dose of medication than prescribed?	0	1	2	adhere4

Source: The above and the question directly below were adapted from question used in study by: William GC et al. 1998 – “Autonomous regulation and long-term medication adherence in outpatients”

Unsure -66
Missing-77
Refusal..... -88
Not applicable..... -99

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C3. Thinking through the past 7 days, since last <refer to the day of the week> and all the medication **dosages** that [patient's name] has been asked to take, what percentage (from 0% of the time to 100% of the time) would you say that [s/he] took exactly as they are prescribed; that is not early or late, not forgotten or skipped, but taken in the amount and in the time prescribed?

0% means [patient's name] **did not take any** of [his/her] medications dosages as prescribed [adhere5]

100% means [patient's name] **took all** of [his/her] dosages in the amount and at the time prescribed

[Interviewer note: Give the caregiver a moment to think through the past 7 days and make sure the % they give is between 0 and 100]

“Individuals have identified several issues regarding medication-taking behavior and we are interested in your experiences as a caregiver. There is no right or wrong answer. Please answer each question based on your experience with helping [patient's name] with [his/her] medications.”

<i>“When answering these questions, please think about all medications that [patient's name] doctor or doctors have suggested that [s/he] take.”</i>	No	Yes	Variable Name
C4. Thinking over the past two weeks, were there any days when you were not able to give [patient's name] [his/her] medicines?	0	1	morisky1
C5. Helping someone with their medications everyday can be a real inconvenience for some people. Do you ever feel overwhelmed about sticking to [patient's name] treatment plan?	0	1	morisky2

	Never/ Rarely	Once in a while	Sometimes	Usually	All the time	Variable Name
C6. How often do you have difficulty remembering to give [patient's name] all of [his/her] medications?	0	1	2	3	4	morisky3

Source: Morisky DE, Ang A, Krousel-Wood M, Ward H. Predictive Validity of a Medication Adherence Measure for Hypertension Control. Journal of Clinical Hypertension 2008; 10(5):348-354; modified

Unsure -66 Missing-77 Refusal.....-88 Not applicable..... -99

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D. PROCESS OF CARE

“Now I am going to ask you a little about the VNS services that were provided and about your interactions with the VNS nurse.”

“Since [patient’s name] admission to VNS on <<refer to patient admission date>>...”

	None of the time	A little of the time	Some of the time	Most of the time	Always	Variable Name
D1. How often did a VNS nurse talk to you about ways to manage [patient’s name]’s medications?	0	1	2	3	4	poc1
D2. How often did a VNS nurse ask you to talk about any problems with [patient’s name]’s medications and their effects?	0	1	2	3	4	poc2
D2a. Did [patient’s name] have any problems or side effects to medications while receiving home care services? [If no or unsure, skip to D3]	No 0	Yes 1				poc3
D2b. Did a VNS nurse help you to try resolve or address the issue with the medication?	No 0	Yes 1				poc4
D3. Were you given any educational materials to help manage [patient’s name]’s medications? [If no or unsure, skip to D4]	No 0	Yes 1				poc5
D3a. How often did a VNS nurse review the educational material to help manage [patient’s name] medications?	0	1	2	3	4	poc6
D4. How often did a VNS nurse provide you with information about how [patient’s name]’s medications influence [his/her] condition(s)?	0	1	2	3	4	poc7
D5. How often did a VNS nurse help you to set specific goals to improve [patient’s name] medication adherence – meaning taking medication as recommended?	0	1	2	3	4	poc8
D6. How often did a VNS nurse help you to make a plan that would help you manage [patient’s name] medications in daily life?	0	1	2	3	4	poc9
source: Assessment of Care for Chronic Conditions – shortened version – adapted for inquiry about medications						

Unsure -66 Missing-77 Refusal..... -88 Not applicable -99

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E. SYMPTOM CHECKLIST

“Now I am going to ask you about possible symptoms [patient’s name] may have experienced.”

<i>“In the <u>past 30 days</u> did you observe or did [patient’s name] report experiencing any of the following:”</i>			
	No	Yes	Variable Name
E1. Dizziness – Lightheadedness	0	1	syma01
E2. Falls (due to lightheadedness or other reasons)	0	1	syma02
E3. Headache	0	1	syma03
E4. Blurred vision	0	1	syma04
E5. Sedation/unexpected sleepiness/feeling lethargic	0	1	syma05
E6. Extreme weakness	0	1	syma06
E7. Confusion	0	1	syma07
E8. Loss of appetite	0	1	syma08
E9. Pain	0	1	syma09
E10. Insomnia	0	1	syma10
E11. Nausea or vomiting	0	1	syma11
E12. Diarrhea	0	1	syma12
E13. Constipation	0	1	syma13
E14. Bloating	0	1	syma14
E15. Cough	0	1	syma15
E16. Shortness of breath	0	1	syma16
E17. Wheezing	0	1	syma17
E18. Dry mouth	0	1	syma18
E19. Rash or itchiness	0	1	syma19
E20. Frequent urination	0	1	syma20
E21. Seizures – tremors	0	1	syma21
E22. Swollen legs or feet	0	1	syma22
E23. Bleeding	0	1	syma23
E24. Leg (muscle) cramps	0	1	syma24
E25. Chest pain or palpitations	0	1	syma25

<i>Unsure -66</i>	<i>Missing-77</i>	<i>Refusal..... -88</i>	<i>Not applicable..... -99</i>
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IMPACT - CI Study Caregiver Interview

F. USE OF HEALTH SERVICES

[Interviewer Note: Remember to take your time going through this section to get accurate data]

“Now I am going to ask you a few questions about health care services that [patient’s name] may have received since their VNS admission on <<refer to admission date>>.”

F1. [Patient’s name] started home care services on <refer to patient’s VNSNY admission date>, to the best of your knowledge, SINCE THIS DATE, did [s/he] go to a hospital emergency room for medical care? - do not include urgent care centers that are not part of a hospital.

0.....No (**skip to question F2**) [service01]
1.....Yes →

F1a. How many different times did [s/he] go to a hospital emergency room for medical care in this time period? *times* [service02]

F2. To the best of your knowledge, was [patient’s name] admitted to a hospital overnight since <refer to admission date>? Please count times when [s/he] was admitted directly to the hospital and those in which [s/he] was admitted from the ER -do not include hospital stay immediately prior to VNS admission?

0.....No (**skip to question F3**) [service03]
1.....Yes →

F2a. How many different times was [s/he] a patient in a hospital overnight in this time period? *times* [service04]

F2b. Altogether, how many nights did [s/he] stay in a hospital in this time period? *nights* [service05]

F3. To the best of your knowledge, was [patient’s name] a patient in a rehabilitation center or nursing home overnight since <refer to admission date> - do not include stays immediately prior to VNS admission?

0.....No (**skip to question F4**) [service06]
1.....Yes →

F3a. How many different times was [s/he] a patient in a rehab or nursing home overnight in this time period? *times* [service07]

F3b. Altogether, how many nights did s/he] stay in a rehab or nursing home in this time period? *nights* [service08]

Unsure -66 Missing-77 Refusal.....-88 Not applicable..... -99

IMPACT - CI Study Caregiver Interview

F4. To the best of your knowledge did [patient's name] receive medical care in a doctor's office or other outpatient setting since admission to VNS on <refer to admission date> - this should include routine appointments, but do not count doctors seen in an emergency room or while a patient in a hospital?

0.....No (skip to question F5) [service09]
 1.....Yes

F4a. How many different times did [s/he] receive care in a doctor's office or other outpatient setting in this time period?

times [service10]

F4b. Of the different doctor's visits, how many times did you go with [him/her]? (if 0, skip to F5)

times [service11]

F4c. Of these <refer to the number in F4b> doctors visits that you went on, how often did you or [patient's name] bring [his/her] medication list with you?

0.....Always
 1.....Usually
 2.....Sometimes
 3.....Never

[service12]

Since [patient's name] admission to VNS on <refer to admission date>, have you talked with any of [his/her] doctors about.....			
	No	Yes	Variable Name
F5.1. Reducing the number of medications [s/he] takes?	0	1	service13
F5.2. Reducing how often [s/he] takes the medications?	0	1	service14
F5.3. Changing a medication because of cost?	0	1	service15
F5.4. Any difficulties you may have about managing [patient's name] medications? Specify: [service16_text]	0	1	service16

Unsure -66	Missing-77	Refusal.....-88	Not applicable..... -99
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IMPACT - CI Study Caregiver Interview

G. MEDICATION MANAGEMENT

INTRODUCTION: *“Hassles are minor daily irritants. We are interested in knowing which of the following tasks associated with managing medications for [patient’s name] are hassles for you and how much of a hassle they are to you.”*

DIRECTIONS: *“For each of the following items please give me the number that represents the intensity of the hassle that you experience. The faces on this response card may help you decide which number to pick. If the item is not a hassle or does not apply to your situation, circle 0. If the item is a mild hassle, circle the number 2. If the hassle is one of the worst of all hassles, circle the number 5.”*

<i>Associated with management medications for [patient’s name]</i>	Not a hassle	Hardly a hassle at all	A mild hassle	A moderate hassle	A severe hassle	One of the worst of all hassles	Variable Name
G1. Knowing what to do if an emergency occurs	0	1	2	3	4	5	hassle01
G2. Finding clear information about the medication	0	1	2	3	4	5	hassle02
G3. Knowing why a medication is being given and if it is having the desired effect	0	1	2	3	4	5	hassle03
G4. Being comfortable talking to the doctor about medications	0	1	2	3	4	5	hassle04
G5. Having someone available to answer questions	0	1	2	3	4	5	hassle05
G6. Getting information within a reasonable timeframe	0	1	2	3	4	5	hassle06
G7. Feeling comfortable about making medication decisions	0	1	2	3	4	5	hassle07
G8. Knowing what questions to ask the physician	0	1	2	3	4	5	hassle08
G9. Understanding the directions and information I am given	0	1	2	3	4	5	hassle09
G10. Giving medications on time	0	1	2	3	4	5	hassle10
G11. Scheduling multiple medications throughout the day	0	1	2	3	4	5	hassle11
G12. Arguing with the care-recipient about when to take medications	0	1	2	3	4	5	hassle12
G13. Working medication schedules into my daily routine	0	1	2	3	4	5	hassle13
G14. Coordinating my medication schedules with those of the care-recipient	0	1	2	3	4	5	hassle14
G15. Sharing the responsibility with the care-recipient for keeping medication schedules	0	1	2	3	4	5	hassle15
G16. Remembering to give medications according to schedule	0	1	2	3	4	5	hassle16
G17. Admitting to the physician or others that I made a mistake	0	1	2	3	4	5	hassle17
G18. Knowing when to hold, increase, decrease a dose or discontinue the medication	0	1	2	3	4	5	hassle18
G19. Understanding when medications can be crushed, mixed, dissolved, etc.	0	1	2	3	4	5	hassle19
G20. Recognizing adverse (bad) side effects	0	1	2	3	4	5	hassle20
G21. Knowing how to give medication safely	0	1	2	3	4	5	hassle21
G22. Keeping medication prescriptions filled	0	1	2	3	4	5	hassle22
G23. Planning ahead to keep prescriptions filled over weekends and holidays	0	1	2	3	4	5	hassle23
G24. Managing medication prescriptions written by multiple physicians	0	1	2	3	4	5	hassle24

Source: Family Caregiver Administration Hassles Scale (FCMAHS); Travis et al, 2003

Unsure -66
Missing-77
Refusal.....-88
Not applicable..... -99

IMPACT - CI Study Caregiver Interview

“We have only 2 more section to go and then we will be done.”

H. USUAL SOURCE OF CARE AND CARGIVER CONFIDENCE

[source: Behavioral Risk Factor Surveillance System survey and SST from CAHPS Survey]

H1. When [patient’s name] is sick or needs advice about [his/her] health, what kind of place does [s/he] go most often – a clinic, doctor’s office, emergency room, urgent care center, or some other place?

- 0.....Doesn’t go anywhere on a regular basis
- 1.....Hospital clinic (outpatient department)
- 2.....Other type of clinic (including HMO clinic) [doc1]
- 3.....Doctor’s office →
- 4.....Hospital emergency room
- 5.....Urgent care center
- 6.....Some other place; specify: _____ [doc1_other]

H2. Is there one person that you think of as [patient’s name] personal doctor or health care provider?

- 0No → [doc2]
- 1Yes

H3. How many different doctors write [patient’s name] prescriptions?

→ [doc3]

H4. How confident are you that you can identify when it is necessary for you to get [patient’s name] medical care?

- 0.....Not at all confident → [doc4]
- 1.....Somewhat confident
- 2..... Completely confident

<i>“Please indicate how much you agree or disagree with the following statements.”</i>					
	Strongly Disagree	Disagree	Agree	Strongly Agree	Variable name
H5.1. I have a good understanding of the things I am responsible for in helping to manage [patient’s name]’s health	0	1	2	3	ctm1
H5.2. I clearly understand the <i>purpose</i> for [patient’s name] taking each of [his/her] medications.	0	1	2	3	ctm2
H5.3. I clearly understand <i>how</i> to help [patient’s name] take each of [his/her] medications, including how much [s/he] should take and when.	0	1	2	3	ctm3
H5.4. I clearly understand the possible <i>side effects</i> of each of [patient’s name] medications.	0	1	2	3	ctm4
Source: CTM-15, selected items					

Unsure -66	Missing-77	Refusal..... -88	Not applicable..... -99
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IMPACT - CI Study Caregiver Interview

I. MENTAL STATUS

“Now I am going to go through a brief mental status questionnaire, similar to the one we went through on the telephone. I know it may seem a little out of the ordinary but we ask this of all of are participants in this study.”

Question	Response	Incorrect Responses (mark X)	Variable name
I1a. What is the: a. date			SPMSQ01a
b. month			SPMSQ01b
c. year			SPMSQ01c
I2. What is the day of the week?			SPMSQ02
I3. What is the name of the street we are on?			SPMSQ03
I4. What is your phone number?			SPMSQ04
I5. How old are you?			SPMSQ05
I6. What year were you born?			SPMSQ06
I7. Who is the current president?			SPMSQ07
I8. Who was the president before him?			SPMSQ08
I9. In what city were you born?			SPMSQ09
I10. Please count backward from 20 by 3's [17-14-11-8-5-2]			SPMSQ10
		Total Errors:	
			[SPMSQ_TOT]

source: The Short Portable Mental Status Questionnaire (SPMSQ); Pfeiffer, E., 1975

<i>Unsure</i> -66	<i>Missing</i> -77	<i>Refusal.....</i> -88	<i>Not applicable.....</i> -99
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IMPACT - CI Study Caregiver Interview

J. DEMOGRAPHICS

“Now a few demographic questions and then we will be done.”

Marital Status and Age

J1. What is your current marital status?

- 1.....Married or Domestic Partnership
- 2.....Widowed
- 3.....Divorced
- 4.....Separated
- 5.....Never Married

_____ →

[demo01]

J2. What is your age?

_____ →

[demo02]

Health Status

J3. In general, would you say that your health is:

- 1.....Excellent
- 2.....Very Good
- 3.....Good
- 4.....Fair
- 5.....Poor

_____ →

[selfratedhth]

Gender

J4. What is your gender?

- 1.....Male
- 2.....Female

_____ →

[demo03]

Race

J5. Please tell me what your racial/ethnic background is: You may select more than one category.

(READCHOICES AND IF THE PERSON DOES NOT CHOOSE ANY OF THESE CATEGORIES, CIRCLE OTHER AND SPECIFY)

Do you consider yourself to be...?

- 1. American Indian or Alaska Native
- 2. Native Hawaiian, or Other Pacific Islander
- 3. Black or African American
- 4. Asia
- 5. White
- 6. Hispanic/Latino
- 7. Other, please specify: _____

[demo05a]

[demo05b]

[demo05c]

[demo05d]

[demo07_other]

Unsure -66 Missing-77 Refusal.....-88 Not applicable -99

IMPACT - CI Study Caregiver Interview

Education [source: RAND 2001]

J6. What is the highest grade or level of school that you have completed?
Probe: Did you graduate with a diploma or degree?
[Code trade school or technical college as “some college or 2-year degree”]

- 1.....8th grade or less
- 2.....Some high school, but did not graduate
- 3.....High school or GED → [demo06]
- 4.....Some college or 2-year degree
- 5.....4-year college graduate
- 6.....More than 4-year college degree

Employment Status [source: VNSNY TRIP version]

J7. What is your **current** work status?

- 1.....Retired because of disability
- 2.....Retired for other reasons; for example reached retirement age
- 3.....On disability leave
- 4.....Working Part-time → [demo07]
- 5.....Working Full-time
- 6.....Homemaker
- 7.....Unemployed
- 8.....Other, specify: _____ [demo07_other]

Income

[QUESTION J8: If participant is a **paid** caregiver (such as a home attendant or home health aide) skip J8]

“I have a question about total income for you and your spouse or partner. Income can come from a number of sources: like salaries, wages, social security, welfare, dividends, interest, and any other income. Think about your total household income for last year.”


J8. Roughly, would you say (your/you and your spouse’s/partner’s) annual income is:
[Interviewer: show response card]

- 1.....<\$5,000
- 2.....\$5,000 - \$9,999
- 3.....\$10,000 - 14,999 → [demo08]
- 4.....\$15,000 - 19,999
- 5.....\$20,000 - 29,999
- 6.....\$30,000 - 49,999
- 7.....\$50,000 - 75,000
- 8.....> \$ 75,000

IMPACT - CI Study Caregiver Interview

J9. Does [patient's name] own or rent [his/her] home?
[If home is owned by patient's or family then code it as "own"]

- 1.....Own
- 2.....Rent
- 3..... Exchange for rent or some other rent-free arrangement



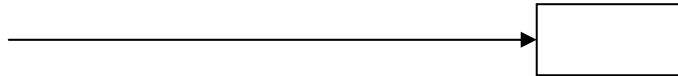
[demo09]

[QUESTION J10 should only be asked if caregiver is a relative but not the spouse or domestic partner as question J8 already covers this]

J10. If you were to estimate the annual income for [patient's name] and [his/her] spouse/partner, if applicable what would it be:

[Interviewer: show response card]

- 1.....<\$5,000
- 2.....\$5,000 - \$9,999
- 3.....\$10,000 - 14,999
- 4.....\$15,000 - 19,999
- 5.....\$20,000 - 29,999
- 6.....\$30,000 - 49,999
- 7.....\$50,000 - 75,000
- 8.....> \$ 75,000



[demo10]

“This completes our interview. Thank you for taking the time to answer these questions.”

Time Ended: ___ __: ___ __ AM \ PM (circle one)

[etime]

IMPACT - CI Study Caregiver Interview

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IMPACT - CI Study Caregiver Interview

[Interviewer] PLEASE SPEND A FEW MINUTES TO MAKE SURE THAT EACH ITEM IS CODED AND TO COMPLETE THE INTERVIEWER OBSERVATION SECTION BELOW.

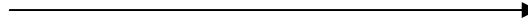
INTERVIEWER OBSERVATIONS (after leaving pt's home)

K. CONFIDENCE IN DATA

K1. Did anyone else besides the caregiver answer questions?

0No (**Skip to K2**)

1Yes



[end1]

K1.1. If yes, who? [Check all that apply]

___ patient

___ relative

___ home health aide/attendant

___ friend/neighbor

___ other (specify): _____

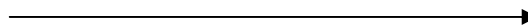
[no entry]

K2. Was respondent able to read response cards?

0No

1Yes

If no, why not: _____



[end2]

K3. Would you say the caregiver was:

0Fully alert (gave appropriate verbal response and fully attended to questions)

1Mostly alert (responded appropriately to most questions but had trouble understanding or attending to some)

2Moderately alert (could respond to simple commands and some questions)

3Mostly not alert (could attend only to simple commands)

4Definitely not alert (did not respond to any questions, commands, and could not be aroused)



[end3]

K4. Interviewer's confidence in data:

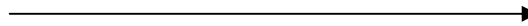
0Reasonable

1A few doubts.

2Moderate doubts

3Grave doubts

4Worthless



[end4]

If you have grave doubts or consider the data worthless call or email the Research Center at 212-760-3112 as soon as possible to explain.

Interviewer Comments:

[no entry]

Unsure -66 Missing-77 Refusal..... -88 Not applicable -99