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

**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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>SPOUSE/PARTNER</td>
</tr>
<tr>
<td>3</td>
<td>DAUGHTER</td>
</tr>
<tr>
<td>4</td>
<td>SON</td>
</tr>
<tr>
<td>5</td>
<td>DAUGHTER-IN-LAW</td>
</tr>
<tr>
<td>6</td>
<td>SON-IN-LAW</td>
</tr>
<tr>
<td>7</td>
<td>STEPDAUGHTER</td>
</tr>
<tr>
<td>8</td>
<td>STEPSON</td>
</tr>
<tr>
<td>9</td>
<td>SISTER</td>
</tr>
<tr>
<td>10</td>
<td>BROTHER</td>
</tr>
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<td>11</td>
<td>SISTER-IN-LAW</td>
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<td>12</td>
<td>BROTHER-IN-LAW</td>
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<td>FATHER</td>
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<td>STEPFATHER</td>
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<td>18</td>
<td>FATHER-IN-LAW</td>
</tr>
<tr>
<td>19</td>
<td>GRANDDAUGHTER</td>
</tr>
<tr>
<td>20</td>
<td>GRANDSON</td>
</tr>
</tbody>
</table>
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

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**EP3**

**CODES**

1 YES
2 NO
3 REFUSED
4 DON’T KNOW

---

**EP4**

**CODES**

2 SPOUSE/PARTNER
3 DAUGHTER
4 SON
5 DAUGHTER-IN-LAW
6 SON-IN-LAW
7 STEPDAUGHTER
8 STEPSON
{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
3. REFUSED
4. DON’T KNOW

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

EP7  ep8talktrmnt  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

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  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,
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?

- LIVING IN THEIR OWN HOME
- LIVING IN THEIR OWN HOME WITH HELP FROM SOMEONE PAID TO COME IN
- LIVING WITH AN ADULT CHILD
- LIVING IN AN ASSISTED LIVING FACILITY OR CONTINUING CARE RESIDENCE
- LIVING IN A NURSING HOME
- REFUSED

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."

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?

- YES
- 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.