FOR IR OR NR: _

CHECK ONE ANSWER FOR EACH ROW. This is very important for data analysis purposes. Check "YES" if the person has the listed condition; check "No" if they do not; check "Don't Know" if information is not available.

140	1 63	DOILLINI	044
\Box 1	□ 2	□ 99	Mood disorder (e.g., depression, mania, bipolar disorder, etc.)
\Box 1	□ 2	□ 99	Anxiety disorder (e.g., obsessive disorders, panic disorders, etc.)
\Box 1	□ 2	□ 99	Behavior challenges (e.g., aggression, self-injurious behavior, pica, etc.)
□ 1	□ 2	□ 99	Psychotic disorder (e.g., schizophrenia, hallucinations, etc.)
□ 1	□ 2	□ 99	Other mental illness/psychiatric diagnosis
□ 1	□ 2	□ 99	Autism spectrum disorder (e.g., autism, Asperger syndrome, pervasive developmental disorder)
□ 1	□ 2	□ 99	Cerebral palsy (spastic quadriplegia/diplegia)
□ 1	□ 2	□ 99	Brain injury
□ 1	□ 2	□ 99	Seizure disorder and/or neurological problem
□ 1	□ 2	□ 99	Chemical dependency
□ 1	□ 2	□ 99	Down syndrome
□ 1	□ 2	□ 99	Prader-Willi syndrome
□ 1	□ 2	□ 99	Fetal alcohol spectrum disorder (FASD)
□ 1	□ 2	□ 99	Limited or no vision – legally blind
□ 1	□ 2	□ 99	Hearing loss – severe or profound
□ 1	□ 2	□ 99	Other disabilities not listed:
□ 1	□ 2	□ 99	No other disabilities other than ID (if person has no other disabilities, check 'yes')

	ELATE DEATE > OTHER TICES
	information in IP
	GRA coding protocols : J drive→NCI-Research→ Mental
	Health & Medications Coding Procedures → Health and
_	Medication Questions and BI-14-15 Coding List

R then BI-14

or R then BI-15

- •If you are mining, highlight this question to indicate to schedulers that they need to ask this question when collected BI.
- •If you are scheduling and speaking with:
- •FAMILY→ ASK and write information VERBATIM in space provided. DO NOT check boxes or enter into ODESA.
- •STAFF → <u>DO NOT</u> ask.

Commented [VK27]:

BI-15 What health cond	itions are noted in t	this person's record?
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CHECK ONE ANSWER FOR EACH ROW. This is very important for data analysis purposes. Check "YES" if the person has the listed condition; check "No" if they do not; check "Don't Know" if information is not available.

No	Yes	Don't Know	
□ 1	□ 2	□ 99	Cardiovascular disease (e.g., coronary heart disease, angina)
□ 1	□ 2	□ 99	Diabetes (including Type 1 and Type 2)
□ 1	□ 2	□ 99	Cancer (e.g., breast, prostate, colon, lung, etc.)
□ 1	□ 2	□ 99	High blood pressure
□ 1	□ 2	□ 99	High cholesterol
□ 1	□ 2	□ 99	Dysphagia (i.e., difficulty swallowing)
□ 1	□ 2	□ 99	Pressure ulcers (bed sores)
□ 1	□ 2	□ 99	Alzheimer's disease or other dementia
□ 1	□ 2	□ 99	Oral health or dental problems that cause ongoing pain or difficulty eating
□ 1	□ 2	□ 99	Sleep apnea
□ 1	□ 2	□ 99	Other health conditions not listed:

he person has the	ENTERED BY GRAS ONLY- information in IP. Under medical
FOR IR OR NR:	GRA coding protocols: J drive→NCI-Research→ Mental Health & Medications Coding Procedures→ Health and Medication Questions and BI-14-15 Coding List
	•If you are mining, highlight this question to indicate to schedulers that they need to ask this question when collected BI. •If you are scheduling and speaking with: •FAMILY→ ASK and write information VERBATIM in space provided. DO NOT check boxes or enter into
	ODESA. •STAFF > DO NOT ask

Commented [VK28]: FOR C, CR, T, TR

□ 1 English □ 2 Other:
BI-17 What is this person's preferred means of communication? Recognizing that more than one means of communication may be used, please select the most frequently used method of communication that the person prefers to use. Check ONE—most frequently used. □ 1 Spoken ["Speaks English Only" or "Speaks/Reads/Writes English"] □ 2 Gestures/body language ["Gesture/Blink/Nod"] □ 3 Sign language or finger spelling ["Sign Language"] □ 4 Communication aid/device ["Communication Device"] □ 5 Other: □ 99 Don't know BI-18 How would you describe this person's mobility? Commented [VK30]: CCM: CONSUMER DETAILS → Personal Tab: Communication Box. PHONE CALL → A great way to ask: "How does this personmunicate their wants and needs?" NOTE: Try as much as possible to avoid coding answer "Other". Work to gather and confirm the most accuration information. SURVEYOR NEEDS TO VERIFY THIS QUESTION! Commented [VK31]: PHONE CALL
BI-17 What is this person's preferred means of communication? Recognizing that more than one means of communication may be used, please select the most frequently used method of communication that the person prefers to use. Check ONE—most frequently used. Spoken ["Speaks English Only" or "Speaks/Reads/Writes English"] Gestures/body language ["Gesture/Blink/Nod"] Sign language or finger spelling ["Sign Language"] Communication aid/device ["Communication Device"] Souther: Description: BI-18 How would you describe this person's mobility? Communication? Commented [VK30]: CCM: CONSUMER DETAILS → Personal Tab: Communication Box. PHONE CALL → A great way to ask: "How does this personmunicate their wants and needs?" NOTE: Try as much as possible to avoid coding answer "Other". Work to gather and confirm the most accuration information. SURVEYOR NEEDS TO VERIFY THIS QUESTION! Commented [VK31]: PHONE CALL
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Communication that the person prefers to use. Check ONE—most frequently used. □ 1 Spoken ["Speaks English Only" or "Speaks/Reads/Writes English"] □ 2 Gestures/body language ["Gesture/Blink/Nod"] □ 3 Sign language or finger spelling ["Sign Language"] □ 4 Communication aid/device ["Communication Device"] □ 5 Other: □ 99 Don't know Communication that the person prefers to use. Communication Box. PHONE CALL → A great way to ask: "How does this pecommunicate their wants and needs?" NOTE: Try as much as possible to avoid coding answer "Other". Work to gather and confirm the most accuration information. SURVEYOR NEEDS TO VERIFY THIS QUESTION! Commented [VK31]: PHONE CALL Communication Box. PHONE CALL → A great way to ask: "How does this pecommunicate their wants and needs?" Communication Box. PHONE CALL → A great way to ask: "How does this pecommunicate their wants and needs?" NOTE: Try as much as possible to avoid coding answer "Other". Work to gather and confirm the most accuration information. SURVEYOR NEEDS TO VERIFY THIS QUESTION!
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Spoken ["Speaks English Only" or "Speaks/Reads/Writes English"] Gestures/body language ["Gesture/Blink/Nod"] Sign language or finger spelling ["Sign Language"] Communication aid/device ["Communication Device"] Other: Don't know BI-18 How would you describe this person's mobility? Communication or "Speaks/Reads/Writes English"] Communicate their wants and needs?" NOTE: Try as much as possible to avoid coding answer "Other". Work to gather and confirm the most accuration information. SURVEYOR NEEDS TO VERIFY THIS QUESTION! Commented [VK31]: PHONE CALL
□ 3 Sign language or finger spelling ["Sign Language"] □ 4 Communication aid/device ["Communication Device"] □ 5 Other: □ 99 Don't know BI-18 How would you describe this person's mobility? Communication aid/device ["Communication Device"] SURVEYOR NEEDS TO VERIFY THIS QUESTION! Commented [VK31]: PHONE CALL
Gommented [VK31]: PHONE CALL Commented [VK31]: PHONE CALL
□ 4 Communication aid/device ["Communication Device"] □ 5 Other: □ 99 Don't know BI-18 How would you describe this person's mobility? Check ONE. Commented [VK31]: PHONE CALL
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BI-18 How would you describe this person's mobility? Check ONE. Commented [VK31]: PHONE CALL
Check ONE.
Check ONE.
☐ 1 Moves self around environment without aids
☐ 2 Moves self around environment with aids or uses wheelchair independently
□ 3 Non-ambulatory; always needs assistance to move around environment
99 Don't know
HEALTH
BI-19 Does this person have a primary care doctor or primary care practitioner? Commented [VK32]: QUESTION BI-19-BI-36→ PH
□ 1 No
2 Yes
□ 99 Don't know
BI-20 When was his/her last complete annual physical exam? (We're referring to a routine exam, not a visit for a specific problem or illness.)
Check ONE.
☐ 1 In the past year (anytime less than 12 months ago)
□ 2 One year ago or more
□ 99 Don't know
□ 99 Don't know
BI-21 When was his/her last dentist exam (routine preventative dental care)?
BI-21 When was his/her last dentist exam (routine preventative dental care)? Check ONE.
BI-21 When was his/her last dentist exam (routine preventative dental care)? Check ONE.
BI-21 When was his/her last dentist exam (routine preventative dental care)? Check ONE. 1 Within the last 6 months 2 Within the past year (more than 6 months ago but less than 12 months ago)
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BI-21 When was his/her last dentist exam (routine preventative dental care)? Check ONE. 1 Within the last 6 months 2 Within the past year (more than 6 months ago but less than 12 months ago)