

|   |       |                                |
|---|-------|--------------------------------|
| START_27 Col. 9390 Character 4  |       |                                |
| Set A41Start Time   |       |                                |
| Freq  | Value | Label                          |
| 1301  | -     | Time: HHMM                     |
| HFO_1 Col. 9394 Character 1   |       |                                |
| 1 If you were unable to help [sample person], is there someone else who would do the things you do?   |       |                                |
| Freq  | Value | Label                          |
| 750   | 1     | Yes                            |
| 488   | 2     | No                             |
| 24  | D     | Don't Know                     |
| 23  | R     | Refused to Answer              |
| HFO_2 Col. 9395 Character 1   |       |                                |
| 2 Have you ever received any respite or caregiver support services from a government source to assist you in providing care for [sample person]?                                  |       |                                |
| Freq  | Value | Label                          |
| 130   | 1     | Yes                            |
| 1128  | 2     | No                             |
| 4   | D     | Don't Know                     |
| 22  | R     | Refused to Answer              |
| 3. There are many services available to help you provide help to an older person such as [sample person]. Please tell me whether you have ever used the following service or not. |       |                                |
| HFO_3A Col. 9396 Character 1  |       |                                |
| a Have you ever requested information about how to get financial help for [sample person]?  |       |                                |
| Freq  | Value | Label                          |
| 145   | 1     | Yes                            |
| 1108  | 2     | No                             |
| 7   | D     | Don't Know                     |
| 24  | R     | Refused to Answer              |
| HFO_3B_1 Col. 9397 Character 1  |       |                                |
| b Who provided you with this service?   |       |                                |
| Freq  | Value | Label                          |
| 3   | 1     | Church or synagogue            |
| 83  | 2     | Community or government agency |
| 1   | 3     | Caregiver's employer           |

|    |   |  |
|----|---|--|
| 12 | 4 | Individual or private agency for which caregiver is paying |
| 21 | 5 | Doctor, pharmacist, social worker, other health provider   |
| 25 | 6 | Other - Specify in HFO_3B_S                                |

HFO\_3C Col. 9398 Character 1

c How would you rate that financial information service? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 79   | 1     | Did not meet needs at all |
| 31   | 2     | Partly met needs          |
| 34   | 3     | Fully met needs           |
| 1    | D     | Don't Know                |

HFO\_3D\_1 Col. 9399 Character 2

3d For what reasons have you never done this?

| Freq | Value | Label  |
|------|-------|--|
| 748  | 1     | Had no need for it                                       |
| 53   | 10    | No special reason/never thought of it                    |
| 56   | 11    | Other - Specify in HFO_3D_S below                        |
| 19   | 2     | Service is not available                                 |
| 183  | 3     | Not aware of service                                     |
| 7    | 4     | Cost, can't afford                                       |
| 2    | 5     | Can't find qualified people                              |
| 14   | 6     | Don't want an outsider coming in/strangers               |
| 6    | 7     | Bureaucracy too complex, hassle, couldn't access service |
| 1    | 8     | Language barrier   |
| 16   | 9     | Not eligible, make too much money, income too high       |
| 3    | D     | Don't Know   |

4. Have you ever...

HFO\_4A Col. 9401 Character 1

4a ...taken part in support groups for caregivers?

| Freq | Value | Label             |
|------|-------|-------------------|
| 54   | 1     | Yes               |
| 1203 | 2     | No                |
| 3    | D     | Don't Know        |
| 24   | R     | Refused to Answer |

HFO\_4B\_1 Col. 9402 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 6    | 1     | Church or synagogue  |
| 18   | 2     | Community or government agency                             |
| 5    | 3     | Caregiver's employer                                       |
| 6    | 4     | Individual or private agency for which caregiver is paying |
| 11   | 5     | Doctor, pharmacist, social worker, other health provider   |
| 8    | 6     | Other - Specify in HFO_4B_S below                          |

HFO\_4C Col. 9403 Character 1

c How would you rate that support group? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 7    | 1     | Did not meet needs at all |
| 19   | 2     | Partly met needs          |
| 28   | 3     | Fully met needs           |

HFO\_4D\_1 Col. 9404 Character 2

4d For what reasons have you never done this?

| Freq | Value | Label  |
|------|-------|--|
| 835  | 1     | Had no need for it                                       |
| 75   | 10    | No special reason/never thought of it                    |
| 89   | 11    | Other - Specify in HFO_4D_S below                        |
| 33   | 2     | Service is not available                                 |
| 146  | 3     | Not aware of service                                     |
| 4    | 4     | Cost, can't afford                                       |
| 1    | 5     | Can't find qualified people                              |
| 8    | 6     | Don't want an outsider coming in/strangers               |
| 2    | 7     | Bureaucracy too complex, hassle, couldn't access service |
| 2    | 8     | Language barrier   |
| 4    | 9     | Not eligible, make too much money, income too high       |
| 4    | D     | Don't Know   |

5. Have you ever used a service to...

HFO\_5A Col. 9406 Character 1

5a ...temporarily take care of [sample person] so that you get some time away?

| Freq | Value | Label             |
|------|-------|-------------------|
| 101  | 1     | Yes               |
| 1154 | 2     | No                |
| 4    | D     | Don't Know        |
| 25   | R     | Refused to Answer |

HFO\_5B\_1 Col. 9407 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 2    | 1     | Church or synagogue  |
| 21   | 2     | Community or government agency                             |
| 6    | 3     | Caregiver's employer                                       |
| 44   | 4     | Individual or private agency for which caregiver is paying |
| 6    | 5     | Doctor, pharmacist, social worker, other health provider   |
| 22   | 6     | Other - Specify in HFO_5B_S below                          |

HFO\_5C Col. 9408 Character 1

c How would you rate that temporary care service? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 5    | 1     | Did not meet needs at all |
| 15   | 2     | Partly met needs          |
| 81   | 3     | Fully met needs           |

HFO\_5D\_1 Col. 9409 Character 2

5d For what reasons have you never done this?

| Freq | Value | Label  |
|------|-------|--|
| 840  | 1     | Had no need for it                                       |
| 33   | 2     | Service is not available                                 |
| 105  | 3     | Not aware of service                                     |
| 31   | 4     | Cost, can't afford                                       |
| 6    | 5     | Can't find qualified people                              |
| 32   | 6     | Don't want an outsider coming in/strangers               |
| 6    | 7     | Bureaucracy too complex, hassle, couldn't access service |
| 1    | 8     | Language barrier   |
| 6    | 9     | Not eligible, make too much money, income too high       |
| 50   | 10    | No special reason/never thought of it                    |
| 41   | 11    | Other - Specify in HFO_5D_S below                        |
| 3    | D     | Don't Know   |

6. Have you ever enrolled [sample person] in a program...\

HFO\_6A Col. 9411 Character 1

6a ...outside the home such as an Adult Day Care or senior center?

| Freq | Value | Label      |
|------|-------|------------|
| 60   | 1     | Yes        |
| 1199 | 2     | No         |
| 2    | D     | Don't Know |

23 R Refused to Answer

HFO\_6B\_1 Col. 9412 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 5    | 1     | Church or synagogue  |
| 32   | 2     | Community or government agency                             |
| 1    | 3     | Caregiver's employer                                       |
| 13   | 4     | Individual or private agency for which caregiver is paying |
| 2    | 5     | Doctor, pharmacist, social worker, other health provider   |
| 7    | 6     | Other - Specify in HFO_6B_S below                          |

HFO\_6C Col. 9413 Character 1

c How would you rate that Adult Day Care/senior center? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 8    | 1     | Did not meet needs at all |
| 19   | 2     | Partly met needs          |
| 31   | 3     | Fully met needs           |
| 2    | D     | Don't Know                |

HFO\_6D\_1 Col. 9414 Character 2

6d For what reasons have you never done this?

| Freq | Value | Label  |
|------|-------|--|
| 860  | 1     | Had no need for it                                       |
| 51   | 10    | No special reason/never thought of it                    |
| 123  | 11    | Other - Specify in HFO_6D_S below                        |
| 36   | 2     | Service is not available                                 |
| 56   | 3     | Not aware of service                                     |
| 21   | 4     | Cost, can't afford                                       |
| 5    | 5     | Can't find qualified people                              |
| 34   | 6     | Don't want an outsider coming in/strangers               |
| 3    | 7     | Bureaucracy too complex, hassle, couldn't access service |
| 2    | 8     | Language barrier   |
| 3    | 9     | Not eligible, make too much money, income too high       |
| 4    | D     | Don't Know   |
| 1    | R     | Refused to Answer  |

7. Have you ever had a service come help with...

HFO\_7A Col. 9416 Character 1

7a ...personal care or nursing care at [sample person]'s home?

| Freq | Value | Label             |
|------|-------|-------------------|
| 431  | 1     | Yes               |
| 825  | 2     | No                |
| 4    | D     | Don't Know        |
| 24   | R     | Refused to Answer |

HFO\_7B\_1 Col. 9417 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 5    | 1     | Church or synagogue  |
| 120  | 2     | Community or government agency                             |
| 13   | 3     | Caregiver's employer                                       |
| 116  | 4     | Individual or private agency for which caregiver is paying |
| 139  | 5     | Doctor, pharmacist, social worker, other health provider   |
| 36   | 6     | Other - Specify in HFO_7B_S below                          |
| 2    | D     | Don't Know   |

HFO\_7C Col. 9418 Character 1

c How would you rate that personal, or nursing care service? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 32   | 1     | Did not meet needs at all |
| 95   | 2     | Partly met needs          |
| 302  | 3     | Fully met needs           |
| 1    | D     | Don't Know                |
| 1    | R     | Refused to Answer         |

HFO\_7D\_1 Col. 9419 Character 2

7d For what reasons have you never done this?

| Freq | Value | Label  |
|------|-------|--|
| 684  | 1     | Had no need for it                                       |
| 27   | 10    | No special reason/never thought of it                    |
| 15   | 11    | Other - Specify in HFO_7D_S below                        |
| 18   | 2     | Service is not available                                 |
| 34   | 3     | Not aware of service                                     |
| 16   | 4     | Cost, can't afford                                       |
| 1    | 5     | Can't find qualified people                              |
| 15   | 6     | Don't want an outsider coming in/strangers               |
| 3    | 7     | Bureaucracy too complex, hassle, couldn't access service |
| 1    | 8     | Language barrier   |
| 8    | 9     | Not eligible, make too much money, income too high       |
| 1    | D     | Don't Know   |

8. Have you ever had a service come...

HFO\_8A Col. 9421 Character 1

8a ...help you with housework at [sample person]'s home?

| Freq | Value | Label             |
|------|-------|-------------------|
| 208  | 1     | Yes               |
| 1047 | 2     | No                |
| 3    | D     | Don't Know        |
| 24   | R     | Refused to Answer |

HFO\_8B\_1 Col. 9422 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 43   | 2     | Community or government agency                             |
| 9    | 3     | Caregiver's employer                                       |
| 120  | 4     | Individual or private agency for which caregiver is paying |
| 12   | 5     | Doctor, pharmacist, social worker, other health provider   |
| 24   | 6     | Other - Specify in HFO_8B_S below                          |

HFO\_8C Col. 9423 Character 1

c How would you rate that housework? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 12   | 1     | Did not meet needs at all |
| 45   | 2     | Partly met needs          |
| 149  | 3     | Fully met needs           |
| 2    | D     | Don't Know                |

HFO\_8D\_1 Col. 9424 Character 2

8d For what reasons have you never done this?

| Freq | Value | Label  |
|------|-------|--|
| 827  | 1     | Had no need for it                                       |
| 30   | 10    | No special reason/never thought of it                    |
| 21   | 11    | Other - Specify in HFO_8D_S below                        |
| 25   | 2     | Service is not available                                 |
| 54   | 3     | Not aware of service                                     |
| 49   | 4     | Cost, can't afford                                       |
| 1    | 5     | Can't find qualified people                              |
| 28   | 6     | Don't want an outsider coming in/strangers               |
| 2    | 7     | Bureaucracy too complex, hassle, couldn't access service |
| 8    | 9     | Not eligible, make too much money, income too high       |

|   |   |                   |
|---|---|-------------------|
| 1 | D | Don't Know        |
| 1 | R | Refused to Answer |

9. Have you ever had an outside service...

HFO\_9A Col. 9426 Character 1

9a ...deliver meals to [sample person]'s home?

| Freq | Value | Label             |
|------|-------|-------------------|
| 154  | 1     | Yes               |
| 1099 | 2     | No                |
| 5    | D     | Don't Know        |
| 23   | R     | Refused to Answer |

HFO\_9B\_1 Col. 9427 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 5    | 1     | Church or synagogue  |
| 93   | 2     | Community or government agency                             |
| 2    | 3     | Caregiver's employer                                       |
| 24   | 4     | Individual or private agency for which caregiver is paying |
| 3    | 5     | Doctor, pharmacist, social worker, other health provider   |
| 26   | 6     | Other - Specify in HFO_9B_S below                          |
| 1    | D     | Don't Know   |

HFO\_9C Col. 9428 Character 1

c. c. How would you rate that meal service? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 19   | 1     | Did not meet needs at all |
| 41   | 2     | Partly met needs          |
| 94   | 3     | Fully met needs           |

HFO\_9D\_1 Col. 9429 Character 2

9d For what reasons have you never done this?

| Freq | Value | Label                                 |
|------|-------|---------------------------------------|
| 925  | 1     | Had no need for it                    |
| 29   | 10    | No special reason/never thought of it |
| 34   | 11    | Other - Specify in HFO_9D_S below     |
| 30   | 2     | Service is not available              |
| 37   | 3     | Not aware of service                  |
| 13   | 4     | Cost, can't afford                    |



|    |   |  |
|----|---|--|
| 20 | 6 | Don't want an outsider coming in/strangers               |
| 5  | 7 | Bureaucracy too complex, hassle, couldn't access service |
| 5  | 9 | Not eligible, make too much money, income too high       |
| 1  | D | Don't Know   |

10. Have you ever had an outside service...

HFO\_10A Col. 9431 Character 1

10a ...provide transportation for [sample person]?

| Freq | Value | Label             |
|------|-------|-------------------|
| 145  | 1     | Yes               |
| 1108 | 2     | No                |
| 5    | D     | Don't Know        |
| 23   | R     | Refused to Answer |

HFO\_10B1 Col. 9432 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 2    | 1     | Church or synagogue  |
| 68   | 2     | Community or government agency                             |
| 3    | 3     | Caregiver's employer                                       |
| 26   | 4     | Individual or private agency for which caregiver is paying |
| 21   | 5     | Doctor, pharmacist, social worker, other health provider   |
| 25   | 6     | Other - Specify in HFO_10BS below                          |

HFO\_10C Col. 9433 Character 1

c How would you rate that transportation service? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 11   | 1     | Did not meet needs at all |
| 31   | 2     | Partly met needs          |
| 101  | 3     | Fully met needs           |
| 2    | D     | Don't Know                |

HFO\_10D1 Col. 9434 Character 2

10d For what reasons have you never done this?

| Freq | Value | Label                                 |
|------|-------|---------------------------------------|
| 944  | 1     | Had no need for it                    |
| 22   | 10    | No special reason/never thought of it |
| 21   | 11    | Other - Specify IN HFO_10D2 BELOW     |
| 36   | 2     | Service is not available              |

|    |   |  |
|----|---|--|
| 53 | 3 | Not aware of service                                     |
| 7  | 4 | Cost, can't afford                                       |
| 2  | 5 | Can't find qualified people                              |
| 16 | 6 | Don't want an outsider coming in/strangers               |
| 4  | 7 | Bureaucracy too complex, hassle, couldn't access service |
| 2  | 9 | Not eligible, make too much money, income too high       |
| 1  | D | Don't Know   |

11. Have you ever had modifications made...

HFO\_11A Col. 9436 Character 1

11a ...in [SAMPNAME]'s house to make things easier for [him/her]?

| Freq | Value | Label             |
|------|-------|-------------------|
| 265  | 1     | Yes               |
| 988  | 2     | No                |
| 5    | D     | Don't Know        |
| 23   | R     | Refused to Answer |

HFO\_11B1 Col. 9437 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 1    | 1     | Church or synagogue  |
| 11   | 2     | Community or government agency                             |
| 2    | 3     | Caregiver's employer                                       |
| 85   | 4     | Individual or private agency for which caregiver is paying |
| 7    | 5     | Doctor, pharmacist, social worker, other health provider   |
| 159  | 6     | Other - Specify in HFO_11B2 below                          |

HFO\_11C Col. 9438 Character 1

c How would you rate that home modification? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 11   | 1     | Did not meet needs at all |
| 44   | 2     | Partly met needs          |
| 210  | 3     | Fully met needs           |

HFO\_11D1 Col. 9439 Character 2

11d For what reasons have you never done this?

| Freq | Value | Label                                 |
|------|-------|---------------------------------------|
| 854  | 1     | Had no need for it                    |
| 18   | 10    | No special reason/never thought of it |

|    |    |  |
|----|----|--|
| 25 | 11 | Other - Specify in HFO_11D2 below                        |
| 10 | 2  | Service is not available                                 |
| 34 | 3  | Not aware of service                                     |
| 38 | 4  | Cost, can't afford                                       |
| 3  | 6  | Don't want an outsider coming in/strangers               |
| 1  | 7  | Bureaucracy too complex, hassle, couldn't access service |
| 3  | 9  | Not eligible, make too much money, income too high       |
| 2  | D  | Don't Know   |

12. Have you ever obtained assistive devices...

HFO\_12A Col. 9441 Character 1

12a ...such as wheelchairs, walkers, etc., for [sample person]?

| Freq | Value | Label             |
|------|-------|-------------------|
| 628  | 1     | Yes               |
| 627  | 2     | No                |
| 3    | D     | Don't Know        |
| 23   | R     | Refused to Answer |

HFO\_12B1 Col. 9442 Character 1

b Who provided you with this service?

| Freq | Value | Label  |
|------|-------|--|
| 7    | 1     | Church or synagogue  |
| 97   | 2     | Community or government agency                             |
| 4    | 3     | Caregiver's employer                                       |
| 125  | 4     | Individual or private agency for which caregiver is paying |
| 230  | 5     | Doctor, pharmacist, social worker, other health provider   |
| 154  | 6     | Other - Specify in HFO_12B2 below                          |
| 11   | D     | Don't Know   |

HFO\_12C Col. 9443 Character 1

c How would you rate that wheelchair, walker, or other assistive device? Did it meet your needs fully, only partly, or not at all?

| Freq | Value | Label                     |
|------|-------|---------------------------|
| 37   | 1     | Did not meet needs at all |
| 84   | 2     | Partly met needs          |
| 505  | 3     | Fully met needs           |
| 2    | D     | Don't Know                |

HFO\_12D1 Col. 9444 Character 2

12d For what reasons have you never done this?

| Freq | Value | Label  |
|------|-------|--|
| 557  | 1     | Had no need for it                                       |
| 12   | 10    | No special reason/never thought of it                    |
| 28   | 11    | Other - Specify in HFO_12D2 beliw                        |
| 8    | 2     | Service is not available                                 |
| 13   | 3     | Not aware of service                                     |
| 3    | 4     | Cost, can't afford                                       |
| 1    | 6     | Don't want an outsider coming in/strangers               |
| 1    | 7     | Bureaucracy too complex, hassle, couldn't access service |
| 2    | 9     | Not eligible, make too much money, income too high       |
| 1    | D     | Don't Know   |
| 1    | R     | Refused to Answer  |

**INTERVIEWER: RECORD UP TO 2 RESPONSES. ENTER 'N' FOR NOTHING**

HFO\_13\_1 Col. 9446 Character 2

a Sometimes, people who provide care to an older person could use some assistance. Please think about your situation, and tell me any kinds of help, information, or support that you would use as a caregiver. Response number 1:

| Freq | Value | Label   |
|------|-------|---|
| 306  | 1     | Extra money; more money to help pay for things; financial support                                 |
| 138  | 2     | Free time; time for myself, a break   |
| 40   | 3     | A central place to go/to call to find out what kind of help is available/where to get it          |
| 22   | 4     | Someone to talk to/counseling/support group   |
| 51   | 5     | Help with housekeeping  |
| 6    | 6     | Help with shopping  |
| 29   | 7     | Help with transportation, getting to places   |
| 15   | 8     | Help with making meals  |
| 22   | 9     | Help with bathing, dressing, grooming, toileting, feeding, other personal care                    |
| 4    | 10    | Help with medicines (administering, side effects, etc.)   |
| 15   | 11    | Information about [sample person]'s condition   |
| 26   | 12    | Information about developments or changes in laws which might affect your situation               |
| 6    | 13    | Help in understanding how to select nursing home/group home/other facility                        |
| 9    | 14    | Help in understanding how to pay for nursing homes, adult day care, or other services (financing) |
| 11   | 15    | Information about services for persons with Alzheimer's/memory problems                           |
| 24   | 16    | Help dealing with bureaucracy to get services   |
| 15   | 17    | Tax break, stipend, government subsidy  |
| 78   | 18    | Other - Specify in HFO_13_3 below   |
| 400  | N     | Nothing   |
| 34   | D     | Don't Know  |

29 R Refused to Answer

HFO\_13\_3 Col. 9448 Character 30

| Freq | Value | Label                           |
|------|-------|---------------------------------|
| 77   | -     | Verbatim Responses, Not Recoded |

HFO\_13\_4 Col. 9478 Character 2

b Response number 2:

| Freq | Value | Label   |
|------|-------|---|
| 52   | 1     | Extra money; more money to help pay for things; financial support                                 |
| 111  | 2     | Free time; time for myself, a break   |
| 42   | 3     | A central place to go/to call to find out what kind of help is available/where to get it          |
| 23   | 4     | Someone to talk to/counseling/support group   |
| 52   | 5     | Help with housekeeping  |
| 10   | 6     | Help with shopping  |
| 33   | 7     | Help with transportation, getting to places   |
| 20   | 8     | Help with making meals  |
| 34   | 9     | Help with bathing, dressing, grooming, toileting, feeding, other personal care                    |
| 16   | 10    | Help with medicines (administering, side effects, etc.)   |
| 9    | 11    | Information about [sample person]'s condition   |
| 49   | 12    | Information about developments or changes in laws which might affect your situation               |
| 8    | 13    | Help in understanding how to select nursing home/group home/other facility                        |
| 19   | 14    | Help in understanding how to pay for nursing homes, adult day care, or other services (financing) |
| 36   | 15    | Information about services for persons with Alzheimer's/memory problems                           |
| 51   | 16    | Help dealing with bureaucracy to get services   |
| 49   | 17    | Tax break, stipend, government subsidy  |
| 70   | 18    | Other - Specify in HFO_13_5 below   |
| 39   | D     | Don't Know  |
| 1    | R     | Refused to Answer   |

HFO\_13\_5 Col. 9480 Character 30

| Freq | Value | Label                           |
|------|-------|---------------------------------|
| 70   | -     | Verbatim Responses, Not Recoded |

END\_HFO Col. 9510 Character 4

Set End Time

| Freq | Value | Label      |
|------|-------|------------|
| 1293 | -     | Time: HHMM |

CUML\_HFO Col. 9514 Character 4  
Subtract HFO start time from HFO end time

| Freq | Value | Label      |
|------|-------|------------|
| 1293 | -     | Time: HHMM |