

LABEL

A10B1_AMN_10B1_1 What is the amount of the Medicare Supplement Policy premium that [SAMPNAME] pays? AMOUNT

A10B1_AMN_10B1_2 What is the amount of the Medicare Supplement Policy premium that [SAMPNAME] pays? Payment Per:

A10B1_AMN_10B1SP Specify: _____

A5B01_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B01_INS_5B01 What is the name of this plan?

A5B02_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B02_INS_5B02 What is the name of this plan?

A5B03_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B03_INS_5B03 What is the name of this plan?

A5B04_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B04_INS_5B04 What is the name of this plan?

A5B05_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B05_INS_5B05 What is the name of this plan?

A5B06_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B06_INS_5B06 What is the name of this plan?

A5B07_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B07_INS_5B07 What is the name of this plan?

A5B08_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B08_INS_5B08 What is the name of this plan?

A5B09_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B09_INS_5B09 What is the name of this plan?

A5B10_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B10_INS_5B10 What is the name of this plan?

A5B11_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B11_INS_5B11 What is the name of this plan?

A5B12_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B12_INS_5B12 What is the name of this plan?

A5B13_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B13_INS_5B13 What is the name of this plan?

A5B14_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B14_INS_5B14 What is the name of this plan?

A5B15_A (Do you/Does) [SAMPNAME] have any more health insurance plans?

A5B15_INS_5B15 What is the name of this plan?

A5B16_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B16_INS_5B16 What is the name of this plan?
A5B17_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B17_INS_5B17 What is the name of this plan?
A5B18_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B18_INS_5B18 What is the name of this plan?
A5B19_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B19_INS_5B19 What is the name of this plan?
A5B20_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B20_INS_5B20 What is the name of this plan?
ACS_1 (Do you/Does) [SAMPNAME] currently drink any kind of alcoholic beverages, such as beer, wine, or liquor?
ACS_2 How often (do you/does) [SAMPNAME] drink any alcoholic beverages, such as beer, wine, or liquor?
ACS_3 On the days that (you)/[SAMPNAME] (drink/drinks), how many drinks (do you/does) [SAMPNAME] have on the average, per day?
ACS_4A (Have you/Has) [SAMPNAME] smoked at least 100 cigarettes in (your/his/her) entire life?
ACS_4B How old (were you/was) [SAMPNAME] when (you/he/she) first started smoking cigarettes fairly regularly?
ACS_4C (Do you/Does) [SAMPNAME] now smoke cigarettes every day, some days, or not at all?
ACS_5_T1 On the average, how many cigarettes (do you/does) [SAMPNAME] usually smoke in a day?
ACS_5B (Approximately) how old (were you/was) [SAMPNAME] when (you/he/she) quit?
ACS_5CT1 When (you)/[SAMPNAME] smoked regularly, on the average, how many cigarettes did (you/he/she) usually smoke in a day?
ACS_5D On how many of the past 30 days did (you)/[SAMPNAME] smoke cigarettes?
ACS_5E On the average, on those [ACS_5D] days, how many cigarettes did (you)/[SAMPNAME] smoke?
ACS_COMPLETE ACS COMPLETION CHECK
ACSPROXY IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING T
ADL_10B_I You said that (you)/[SAMPNAME] has had help in (CAPI fills ALL items equal to 1 from ADL_CK4). Who regularly helps with
ADL_10D Who helps (you)/[SAMPNAME] the most with (CAPI fills all ADL items equal to 1 from ADL_CK4)?
ADL_1A During the past week, that is, since last (FILL day), did any person help (you)/[SAMPNAME] eat?
ADL_1B Did (you)/[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?
ADL_1C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?
ADL_1D Did someone feed (you)/[SAMPNAME]?
ADL_1E Did someone help (you)/[SAMPNAME] cut meat or butter bread?
ADL_1F Did (you)/[SAMPNAME] also use special utensils or special dishes to help (you/him/her) eat?
ADL_1G How often did (you)/[SAMPNAME] receive help or use special utensils or special dishes-most of the time, some of the time, or o
ADL_1H About how long (have you/has) [SAMPNAME] had help eating or used special dishes or special utensils?
ADL_1I About how long (have you/has)/[SAMPNAME] not eaten?

- ADL_2A Since last (FILL day), did any person help (you)/[SAMPNAME] get in or out of bed (or didnt (you/he/she) get out of bed at all for
- ADL_2B Did (you)/[SAMPNAME] use special equipment like a wheelchair, walker, or cane to help (you/him/her) to get in or out of bed?
- ADL_2C Did someone usually stay nearby (you)/[SAMPNAME] just in case (you/he/she) might need help?
- ADL_2D Did someone actually LIFT (you)/[SAMPNAME] in or out of bed?
- ADL_2E Did (you)/[SAMPNAME] also use special equipment like a wheelchair, railing, walker, or cane to help (you/him/her) to get out of
- ADL_2F_1 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Wheelchair
- ADL_2F_2 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Railing
- ADL_2F_3 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Walker
- ADL_2F_4 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Cane
- ADL_2F_5 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Crutches
- ADL_2F_6 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Lift
- ADL_2F_7 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Other Device - Specify
- ADL_2F_8 Specify device
- ADL_2F_DK What kind of special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW
- ADL_2F_RF What kind of special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
- ADL_2G Since last week, how often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, (
- ADL_2H About how long (have you/has) [SAMPNAME] had help or used special equipment to get in or out of bed?
- ADL_2I About how long (have you/has) [SAMPNAME] been unable to get out of bed?
- ADL_3A Since last (FILL current system day) did any person help (you)/[SAMPNAME] get around inside or didnt (you/he/her) get around
- ADL_3B Did (you)/[SAMPNAME] use special equipment like a wheelchair, cane, or other device to help (you/him/her) get around inside?
- ADL_3C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need some help?
- ADL_3D Did (you)/[SAMPNAME] also use special equipment like a wheelchair, cane, other device to help (you/him/her) get around inside?
- ADL_3E Did (you)/[SAMPNAME] use a wheelchair?
- ADL_3F (Are you/Is) [SAMPNAME] able to get around inside at all without the wheelchair?
- ADL_3G_DK Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? DON'T KNOW
- ADL_3G_RF Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? REFUSED
- ADL_3G01 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Railing
- ADL_3G02 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Walker
- ADL_3G03 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Cane
- ADL_3G04 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Crutches
- ADL_3G05 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Elevator/escalator
- ADL_3G06 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Orthopedic shoes
- ADL_3G07 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Brace (leg or back)
- ADL_3G08 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Prosthesis

ADL_3G09 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Oxygen/respirator

ADL_3G10 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Furniture/walls

ADL_3G11 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Chairlift on stairs

ADL_3G12 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Other device - Specify

ADL_3G13 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? None

ADL_3G14 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Specify

ADL_3H How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally

ADL_3I About how long (have you/has) [SAMPNAME] had help or used special equipment to get around inside?

ADL_3J About how long (have you/has) [SAMPNAME] been unable to get around inside?

ADL_4A Since last (FILL day), did any person usually help (you)/[SAMPNAME] to get dressed or didnt (you/he/she) get dressed at all?

ADL_4B Did (you)/[SAMPNAME] wear special clothing or use special equipment to help (you/him/her) get dressed?

ADL_4C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?

ADL_4D Did someone put on all (your)/[SAMPNAME] clothes for him/her?

ADL_4E Did someone also use special equipment to help (you)/[SAMPNAME] dress or use special clothing?

ADL_4F How often did (you)/[SAMPNAME] receive help or use special equipment or clothing - most of the time, some of the time, or only occasionally

ADL_4G About how long (have you/has) [SAMPNAME] had help dressing or used special equipment or clothing?

ADL_4H During the past week, did someone help (you)/[SAMPNAME] change (your/his/her) pajamas or gown?

ADL_4I About how long (have you/has) [SAMPNAME] been unable to dress?

ADL_5A Since last (FILL day), did any person help (you)/[SAMPNAME] bathe, or (were/was) (you/he/she) unable to bathe at all?

ADL_5B Did (you)/[SAMPNAME] use special equipment like a shower seat, tub stool or grab bar to help (you/him/her) bathe?

ADL_5C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?

ADL_5D Did someone bathe (you)/ [SAMPNAME]?

ADL_5E Did someone help (you)/[SAMPNAME] get into or out of the bathtub or shower?

ADL_5F Did (you)/[SAMPNAME] also use special equipment like a shower seat, tub stool, or grab bars to help (you/him/her) bathe?

ADL_5G_1 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Shower seat/tub stool

ADL_5G_2 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Grab bars/handle bars at sink

ADL_5G_3 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Hand-held shower

ADL_5G_4 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Walker/cane

ADL_5G_5 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Rubber mat

ADL_5G_6 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Other device - Specify

ADL_5G_7 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? - Specify

ADL_5G_DK What kind of special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW

ADL_5G_RF What kind of special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED

ADL_5H How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally

- ADL_5I About how long (have you/has) [SAMPNAME] had help or used special equipment to bathe?
- ADL_5J Did (you)/[SAMPNAME] wash (your/his/her) body at a sink or basin?
- ADL_5K During the past week, did (you)/[SAMPNAME] have a bed bath?
- ADL_5L About how long (have you/has) [SAMPNAME] been unable to bathe?
- ADL_6A Since last (FILL day), did any person help (you)/[SAMPNAME] get to the bathroom or use the toilet, or didnt (you/he/she) use th
- ADL_6B Did (you)/[SAMPNAME] use special equipment like a raised toilet, bedside commode, or grab bar to help (you/him/her) to use th
- ADL_6C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help to use the toilet?
- ADL_6D Did someone usually help (you)/[SAMPNAME] get to the toilet?
- ADL_6E Did someone help (you)/[SAMPNAME] to get on or off the toilet, arrange (your/his/her) clothes, or clean (you/him/her)?
- ADL_6F Did (you)/[SAMPNAME] also use special equipment like a raised toilet, bedside commode, or grab bar to help (you/him/her) use
- ADL_6G_1 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Raised toilet
- ADL_6G_2 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Portable toilet/bedside commode
- ADL_6G_3 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Rail/grab bar
- ADL_6G_4 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Bedpan or urinal
- ADL_6G_5 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Cane/walker
- ADL_6G_6 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Specify other device
- ADL_6G_7 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Specify
- ADL_6G_DK What kind of special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW
- ADL_6G_RF What kind of special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
- ADL_6H Did (you)/[SAMPNAME] take care of (your/his/her) toilet needs by using any OTHER special equipment like a bedpan, portable
- ADL_6I_1 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Bed pan
- ADL_6I_2 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Portable toilet/bedside commode
- ADL_6I_3 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Special underwear/diapers
- ADL_6I_4 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify other device
- ADL_6I_5 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify
- ADL_6I_DK What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW
- ADL_6I_RF What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
- ADL_6J How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasiona
- ADL_6K About how long (have you/has) [SAMPNAME] had help using the toilet or used special equipment?
- ADL_6L Did (you)/ [SAMPNAME] take care of (your/his/her) toilet needs by using any OTHER special equipment like a bedpan, portable
- ADL_6M_1 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Bed pan
- ADL_6M_2 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Portable toilet/bedside commode
- ADL_6M_3 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Special underwear/diapers
- ADL_6M_4 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Catheter

ADL_6M_5 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify other device

ADL_6M_6 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify

ADL_6M_DK What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW

ADL_6M_RF What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED

ADL_6N About how long (have you/has) [SAMPNAME] been unable to use the toilet?

ADL_6O (Do you/Does) [SAMPNAME] use a device such as a urinary catheter or a colostomy bag?

ADL_6P (Do you/Does) [SAMPNAME] take care of it by (yourself/himself/herself) OR does someone help (you/him/her) to take care of it?

ADL_6Q About how long (have you/has) [SAMPNAME] been using it?

ADL_6R During the past week, (have you/has) [SAMPNAME] sometimes had trouble controlling (your/his/her) bladder or bowels so that

ADL_6S Does someone help (you)/[SAMPNAME] clean up OR (do you/does) (he/she) take care of it by (yourself/himself/herself)?

ADL_6T About how long (have you/has) [SAMPNAME] had this problem?

ADL_7A You said that (you)/[SAMPNAME] didnt get any help during the past week with: (FILL with ADL item(s) which not equal to 1). Di

ADL_7B_1 For which of these things did someone usually stay nearby? Anything else? Eating

ADL_7B_2 For which of these things did someone usually stay nearby? Anything else? Getting in/out of bed

ADL_7B_4 For which of these things did someone usually stay nearby? Anything else? Getting around inside

ADL_7B_7 For which of these things did someone usually stay nearby? Anything else? Dressing

ADL_7B_8 For which of these things did someone usually stay nearby? Anything else? Bathing

ADL_7B_9 For which of these things did someone usually stay nearby? Anything else? Getting to the bathroom or using the toilet

ADL_7B_DK For which of these things did someone usually stay nearby? Anything else? DON'T KNOW

ADL_7B_RF For which of these things did someone usually stay nearby? Anything else? REFUSED

ADL_7C About how long (have you/has) [SAMPNAME] had someone stay nearby just in case (you/he/she) might need help with any of tl

ADL_8A_1 (Do you/Does) [SAMPNAME] NEED help with: Eating

ADL_8A_2 (Do you/Does) [SAMPNAME] NEED help with: Getting in/out of bed

ADL_8A_4 (Do you/Does) [SAMPNAME] NEED help with: Getting around inside

ADL_8A_7 (Do you/Does) [SAMPNAME] NEED help with: Dressing

ADL_8A_8 (Do you/Does) [SAMPNAME] NEED help with: Bathing

ADL_8A_9 (Do you/Does) [SAMPNAME] NEED help with: Getting to the bathroom or using the toilet

ADL_9A_0 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait

ADL_9A_1 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait

ADL_9A_2 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait

ADL_9A_4 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait

ADL_9A_7 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait

ADL_9A_8 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait

ADL_9A_9 Could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait to do or did (you/he/sf

ADL_9A_DK Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wa

ADL_9A_RF Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wa

ADL_9B How often did this happen in the past week-often, sometimes or almost never?

ADL_BED ACTIVITIES OF DAILY LIVING - BED

ADL_BTH ACTIVITIES OF DAILY LIVING - BATH

ADL_CK3 CAPI: Refer to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI. Are all six ADL variables = 1?

ADL_CK4 CAPI: Refer to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI. Are all six ADL variables = 1?

ADL_CK5 CAPI: Was the Sample Person helped by another person in any ADL item? Refer to ADL_1A ADL_1C ADL_7B_1 ADL_2A AD

ADL_CK6 CAPI: Number of ADL helpers.

ADL_COMPLETE CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is complete. ADL_1A, ADL_2A,

ADL_DRS ACTIVITIES OF DAILY LIVING - DRESSING

ADL_EAT ACTIVITIES OF DAILY LIVING - EATING

ADL_IBD ACTIVITIES OF DAILY LIVING - BEDFAST

ADL_INS ACTIVITIES OF DAILY LIVING - INSIDE ACTIVITY

ADL_NAR ACTIVITIES OF DAILY LIVING - NO INSIDE ACTIVITY

ADL_TOI ACTIVITIES OF DAILY LIVING - TOILETING

ADL_WHL ACTIVITIES OF DAILY LIVING - WHEELCHAIR

ADLFLG02 Spouse Helped with ADL

ADLFLG03 Helper 3 Helped with ADL

ADLFLG04 Helper 4 Helped with ADL

ADLFLG05 Helper 5 Helped with ADL

ADLFLG06 Helper 6 Helped with ADL

ADLFLG07 Helper 7 Helped with ADL

ADLFLG08 Helper 8 Helped with ADL

ADLFLG09 Helper 9 Helped with ADL

ADLFLG10 Helper 10 Helped with ADL

ADLFLG11 Helper 11 Helped with ADL

ADLFLG12 Helper 12 Helped with ADL

ADLFLG13 Helper 13 Helped with ADL

ADLFLG14 Helper 14 Helped with ADL

ADLFLG15 Helper 15 Helped with ADL

ADLFLG16 Helper 16 Helped with ADL

ADLFLG17 Helper 17 Helped with ADL

ADLFLG18 Helper 18 Helped with ADL

ADLFLG19 Helper 19 Helped with ADL

ADLFLG20 Helper 20 Helped with ADL

ADLPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?

AGE_GROUP 5 year age cohorts: 1=65-69 2=70-74 3=75-79 4=80-84 5=85-89 6=90-94 7=95-99 8=100-104 9=105+

AKH_1 Are you paid to help [SAMPNAME]?

AKH_6A Can [SAMPNAME] be left at home without anyone else present?

AKH_6B_H_R How many hours at a time, on the average, can [SAMPNAME] be left at home with no one else present?

AKH_6C Can [SAMPNAME] be left alone in a room as long as someone else is at home?

AKH_6D_H_R How many hours at a time, on the average, can [SAMPNAME] be left alone in a room?

AKH_7A Is your sleep ever interrupted because you have to take care of [SAMPNAME]?

AKH_7B About how many times in an average week is your sleep interrupted because you have to take care of [SAMPNAME]?

AKH_8_A I have to take care of [SAMPNAME] when I don't feel well enough. TRUE or FALSE?

AKH_8_B [SAMPNAME] needs special medical care that I cannot give. TRUE or FALSE?

AKH_8_C Taking care of [SAMPNAME] is hard on me emotionally. TRUE or FALSE?

AKH_8_D This time, please tell me if the statement is TRUE, FALSE, or DOES NOT APPLY. Lifting or moving [SAMPNAME] is difficult.

AKH_AD_A In the past week, did you - Help [SAMPNAME] walk around inside or get around inside with a wheelchair or similar device?

AKH_AD_B In the past week, did you - Help [SAMPNAME] eat?

AKH_AD_C In the past week, did you - Help [SAMPNAME] get in or out of bed?

AKH_AD_D In the past week, did you - Help [SAMPNAME] get dressed - by getting and putting on the clothes [he/she] wears during the

AKH_AD_E In the past week, did you - Give [SAMPNAME] shots or injections?

AKH_AD_F In the past week, did you - Give [SAMPNAME] medicine, pills, or change (his/her) bandages?

AKH_AT_A On the days that you helped, how many times per day, on the average, did you - Help [SAMPNAME] walk around inside or get around inside with a wheelchair or similar device?

AKH_AT_B On the days that you helped, how many times per day, on the average, did you - Help [SAMPNAME] eat?

AKH_AT_C On the days that you helped, how many times per day, on the average, did you - Help [SAMPNAME] get in or out of bed?

AKH_AT_D On the days that you helped, how many times per day, on the average, did you - Help [SAMPNAME] get dressed - by getting and putting on the clothes [he/she] wears during the

AKH_AT_E On the days that you helped, how many times per day, on the average, did you - Give [SAMPNAME] shots or injections?

AKH_AT_F On the days that you helped, how many times per day, on the average, did you - Give [SAMPNAME] medicine, pills, or change (his/her) bandages?

AKH_BOT1 Does helping [SAMPNAME] (CAPI fills any of the four activities in question 5 [AKH_TO]) ever bother you?

AKH_BOT2 How much does it bother you?

AKH_BTH1 In the past week, that is since last [day], did you help [SAMPNAME] bathe by helping (him/her) get into or out of the bathtub?

AKH_BTH2 How many times in the past week did you help [SAMPNAME] bathe?

AKH_BTH3 Did you actually bathe [SAMPNAME]?

AKH_CKAD CAPI: If "Yes" was answered to any part (A thru F) of the question above, ask only the relevant parts of the question below.

AKH_CKID CAPI: If "Yes" was answered to any part (A thru I) of the question above, ask only the relevant parts of the question below.

AKH_CKTO CAPI: If "Yes" was answered to any Part (A thru D) of the question above, ask only the relevant parts of the question below.

AKH_GEN On average, about how many hours do you spend helping [SAMPNAME] in a typical week?

AKH_ID_A In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Preparing special foods or fixing equipment?

AKH_ID_B In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Managing [SAMPNAME]'s money?

AKH_ID_C In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Making telephone calls for [SAMPNAME]?

AKH_ID_D In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Doing things around the house, such as cleaning, etc.

AKH_ID_E In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Doing [SAMPNAME]'s laundry?

AKH_ID_F In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Shopping for [SAMPNAME]'s groceries?

AKH_ID_G In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Doing other small errands for [SAMPNAME]?

AKH_ID_H In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Helping [SAMPNAME] get around?

AKH_ID_I In the past week, that is since last [day], did you, BECAUSE OF [SAMPNAME]'s DISABILITY, help (him/her) by - Helping [SAMPNAME] get around?

AKH_IT_A In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Preparing special foods or fixing equipment?

AKH_IT_B In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Managing [SAMPNAME]'s money?

AKH_IT_C In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Making telephone calls for [SAMPNAME]?

AKH_IT_D In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Doing things around the house, such as cleaning, etc.

AKH_IT_E In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Doing [SAMPNAME]'s laundry?

AKH_IT_F In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Shopping for [SAMPNAME]'s groceries?

AKH_IT_G In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Doing other small errands for [SAMPNAME]?

AKH_IT_H In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Helping [SAMPNAME] get around?

AKH_IT_I In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Helping [SAMPNAME] get around?

AKH_TO_A In the past week, did you help [sample person] do any of the following? Did you help [SAMPNAME] - Use the toilet by helping with a bed pan?

AKH_TO_B In the past week, that is since last [day], did you help [sample person] With a bed pan?

AKH_TO_C In the past week, that is since last [day], did you help [sample person] With a catheter or colostomy bag?

AKH_TO_D In the past week, that is since last [day], did you help [sample person] Clean up after bladder or bowel accidents?

AKH_TT_A On the days that you helped, how many times per day, on the average, did you help [SAMPNAME] - Use the toilet by helping with a bed pan?

AKH_TT_B On the days that you helped, how many times per day, on the average, did you help [SAMPNAME] - With a bed pan?

AKH_TT_C On the days that you helped, how many times per day, on the average, did you help [SAMPNAME] - With a catheter or colostomy bag?

AKH_TT_D On the days that you helped, how many times per day, on the average, did you help [SAMPNAME] - Clean up after bladder or bowel accidents?

AM2W4_AMN2_WHO5 Respondents relationship to sample person. Other Staff-Specify

AMN_1_I1 In what month and year was [SAMPNAME] most recently admitted to this institution? - MONTH

AMN_1_I2 In what month and year was [SAMPNAME] most recently admitted to this institution? - YEAR

AMN_10 Is [SAMPNAME] NOW covered by TRICARE/CHAMPUS or CHAMPVA, or some other military health care?

AMN_10A Is [SAMPNAME] now covered by a Medicare Supplement Policy?

AMN_10B Does [SAMPNAME] pay for this policy or does (his/her) employer pay for this policy or both?

AMN_10C1 (Excluding any Medicare Supplement Policy), does [SAMPNAME] have a long-term care policy that covers nursing home care?

AMN_10C2 Does [SAMPNAME] pay for the policy or does an employer, a former employer, or some other group pay, or both?

AMN_10C3 Does [SAMPNAME] pay ongoing premiums or is this coverage part of another form of insurance?

AMN_10D1 What is the amount of the premium that [SAMPNAME] pays? AMOUNT

AMN_10D1SP What is the amount of the premium that [SAMPNAME] pays? PER PERIOD - OTHER, SPECIFY

AMN_10D2 What is the amount of the premium that [SAMPNAME] pays? PER PERIOD

AMN_11 In addition to Medicare and Medicaid, is [SAMPNAME] now covered by a private health insurance plan or an HMO which pays a premium?

AMN_2_1 Just before [SAMPNAME] was admitted to (FILL institution), what type of place was [SAMPNAME] living in?

AMN_3A Not counting this time, in the last four years, how many times has [SAMPNAME] been a patient in a nursing or convalescent home?

AMN_3B11 When was [SAMPNAME] admitted (that time/the last time)? MONTH 1ST PRIOR ADMISSION

AMN_3B12 When was [SAMPNAME] admitted (that time/the last time)? YEAR 1ST PRIOR ADMISSION

AMN_3B21 When was [SAMPNAME] admitted the time before that? MONTH 2ND PRIOR ADMISSION

AMN_3B22 When was [SAMPNAME] admitted the time before that? YEAR 2ND PRIOR ADMISSION

AMN_3B31 When was [SAMPNAME] admitted the time before that? MONTH 3RD PRIOR ADMISSION

AMN_3B32 When was [SAMPNAME] admitted the time before that? YEAR 3RD PRIOR ADMISSION

AMN_3B41 When was [SAMPNAME] admitted the time before that? MONTH 4TH PRIOR ADMISSION

AMN_3B42 When was [SAMPNAME] admitted the time before that? YEAR 4TH PRIOR ADMISSION

AMN_4_2 Just before [SAMPNAME] was admitted to (FILL institution), what type of place was [SAMPNAME] living in? SPECIFY

AMN_4A In the last 12 months has [SAMPNAME] been a patient in a hospital overnight or longer?

AMN_4B How many times?

AMN_4C11 When was [SAMPNAME] admitted (that time/the last time)? MONTH 1ST PRIOR ADMISSION

AMN_4C12 When was [SAMPNAME] admitted (that time/the last time)? YEAR 1ST PRIOR ADMISSION

AMN_4C21 When was [SAMPNAME] admitted the time before that? MONTH 2ND PRIOR ADMISSION

AMN_4C22 When was [SAMPNAME] admitted the time before that? YEAR 2ND PRIOR ADMISSION

AMN_4C31 When was [SAMPNAME] admitted the time before that? MONTH 3RD PRIOR ADMISSION

AMN_4C32 When was [SAMPNAME] admitted the time before that? YEAR 3RD PRIOR ADMISSION

AMN_5A_DK At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]?

AMN_5A_RF At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]'s relative or friend?

AMN_5A_SP At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]'s spouse or partner?

AMN_5A01_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]'s relative or friend?

AMN_5A02_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]'s spouse or partner?

AMN_5A03_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]'s relative or friend?

AMN_5A04_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]'s spouse or partner?

AMN_5A05_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was it [SAMPNAME]'s relative or friend?

AMN_5A06_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A07_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A08_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A09_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A10_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A11_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5B How much was the cost per month?

AMN_5C Who paid the most?

AMN_6A_DK Who is paying for [SAMPNAME]'s room, board, and nursing care now? DON'T KNOW

AMN_6A_RF Who is paying for [SAMPNAME]'s room, board, and nursing care now? REFUSED

AMN_6A_SP Who is paying for [SAMPNAME]'s room, board, and nursing care now? SPECIFY

AMN_6A01_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Sample person (including Social Security)

AMN_6A02_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Spouse

AMN_6A03_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Children

AMN_6A04_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Other Relatives

AMN_6A05_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Nonrelatives

AMN_6A06_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Private Insurance

AMN_6A07_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Medicare

AMN_6A08_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Medicaid

AMN_6A09_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Other Public Assistance

AMN_6A10_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? VA, TRICARE/CHAMPUS, CHAMPVA

AMN_6A11_R Who is paying for [SAMPNAME]'s room, board, and nursing care now? Other-Specify

AMN_6ACK CAPI: Refer to AMN_6A01_R-AMN_6A11_R above. How many payers are marked in 4a (AMN_6A)?

AMN_6B What is the cost per month?

AMN_6C Who pays the most?

AMN_7_M1 In what month and year did Medicaid begin paying these charges? MONTH

AMN_7_M2 In what month and year did Medicaid begin paying these charges? YEAR

AMN_9 Now I'd like to ask you about any health insurance which [SAMPNAME] has. Is [SAMPNAME] covered by any public assistance p

AMN_9_1 What is the name of that program?

AMN_9B01 What is the name of this plan? PLAN 1

AMN_9B02 What is the name of this plan? PLAN 2

AMN_9B03 What is the name of this plan? PLAN 3

AMN_9B04 What is the name of this plan? PLAN 4

AMN_9B05 What is the name of this plan? PLAN 5

AMN_9B06 What is the name of this plan? PLAN 6
AMN_9B07 What is the name of this plan? PLAN 7
AMN_9B08 What is the name of this plan? PLAN 8
AMN_9B09 What is the name of this plan? PLAN 9
AMN_9B10 What is the name of this plan? PLAN 10
AMN_9B11 What is the name of this plan? PLAN 11
AMN_9B12 What is the name of this plan? PLAN 12
AMN_9B13 What is the name of this plan? PLAN 13
AMN_9B14 What is the name of this plan? PLAN 14
AMN_9B15 What is the name of this plan? PLAN 15
AMN_9B16 What is the name of this plan? PLAN 16
AMN_9B17 What is the name of this plan? PLAN 17
AMN_9B18 What is the name of this plan? PLAN 18
AMN_9B19 What is the name of this plan? PLAN 19
AMN_9B20 What is the name of this plan? PLAN 20
AMN_9C01 Is [AMN_9B1-20] an HMO? PLAN 1
AMN_9C02 Is [AMN_9B1-20] an HMO? PLAN 2
AMN_9C03 Is [AMN_9B1-20] an HMO? PLAN 3
AMN_9C04 Is [AMN_9B1-20] an HMO? PLAN 4
AMN_9C05 Is [AMN_9B1-20] an HMO? PLAN 5
AMN_9C06 Is [AMN_9B1-20] an HMO? PLAN 6
AMN_9C07 Is [AMN_9B1-20] an HMO? PLAN 7
AMN_9C08 Is [AMN_9B1-20] an HMO? PLAN 8
AMN_9C09 Is [AMN_9B1-20] an HMO? PLAN 9
AMN_9C10 Is [AMN_9B1-20] an HMO? PLAN 10
AMN_9C11 Is [AMN_9B1-20] an HMO? PLAN 11
AMN_9C12 Is [AMN_9B1-20] an HMO? PLAN 12
AMN_9C13 Is [AMN_9B1-20] an HMO? PLAN 13
AMN_9C14 Is [AMN_9B1-20] an HMO? PLAN 14
AMN_9C15 Is [AMN_9B1-20] an HMO? PLAN 15
AMN_9C16 Is [AMN_9B1-20] an HMO? PLAN 16
AMN_9C17 Is [AMN_9B1-20] an HMO? PLAN 17
AMN_9C18 Is [AMN_9B1-20] an HMO? PLAN 18
AMN_9C19 Is [AMN_9B1-20] an HMO? PLAN 19

AMN_9C20 Is [AMN_9B1-20] an HMO? PLAN 20
AMN_9D01 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 1
AMN_9D02 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 2
AMN_9D03 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 3
AMN_9D04 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 4
AMN_9D05 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 5
AMN_9D06 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 6
AMN_9D07 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 7
AMN_9D08 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 8
AMN_9D09 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 9
AMN_9D10 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 10
AMN_9D11 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 11
AMN_9D12 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 12
AMN_9D13 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 13
AMN_9D14 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 14
AMN_9D15 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 15
AMN_9D16 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 16
AMN_9D17 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 17
AMN_9D18 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 18
AMN_9D19 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 19
AMN_9D20 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 20
AMN_9E01 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 1
AMN_9E02 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 2
AMN_9E03 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 3
AMN_9E04 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 4
AMN_9E05 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 5
AMN_9E06 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 6
AMN_9E07 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 7
AMN_9E08 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 8
AMN_9E09 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 9
AMN_9E10 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 10
AMN_9E11 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 11
AMN_9E12 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 12
AMN_9E13 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 13

AMN_9E14 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 14
AMN_9E15 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 15
AMN_9E16 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 16
AMN_9E17 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 17
AMN_9E18 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 18
AMN_9E19 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 19
AMN_9E20 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 20
AMN_9F01 Does [SAMPNAME] have any more health insurance plans? PLAN 1
AMN_9F02 Does [SAMPNAME] have any more health insurance plans? PLAN 2
AMN_9F03 Does [SAMPNAME] have any more health insurance plans? PLAN 3
AMN_9F04 Does [SAMPNAME] have any more health insurance plans? PLAN 4
AMN_9F05 Does [SAMPNAME] have any more health insurance plans? PLAN 5
AMN_9F06 Does [SAMPNAME] have any more health insurance plans? PLAN 6
AMN_9F07 Does [SAMPNAME] have any more health insurance plans? PLAN 7
AMN_9F08 Does [SAMPNAME] have any more health insurance plans? PLAN 8
AMN_9F09 Does [SAMPNAME] have any more health insurance plans? PLAN 9
AMN_9F10 Does [SAMPNAME] have any more health insurance plans? PLAN 10
AMN_9F11 Does [SAMPNAME] have any more health insurance plans? PLAN 11
AMN_9F12 Does [SAMPNAME] have any more health insurance plans? PLAN 12
AMN_9F13 Does [SAMPNAME] have any more health insurance plans? PLAN 13
AMN_9F14 Does [SAMPNAME] have any more health insurance plans? PLAN 14
AMN_9F15 Does [SAMPNAME] have any more health insurance plans? PLAN 15
AMN_9F16 Does [SAMPNAME] have any more health insurance plans? PLAN 16
AMN_9F17 Does [SAMPNAME] have any more health insurance plans? PLAN 17
AMN_9F18 Does [SAMPNAME] have any more health insurance plans? PLAN 18
AMN_9F19 Does [SAMPNAME] have any more health insurance plans? PLAN 19
AMN_9F20 Does [SAMPNAME] have any more health insurance plans? PLAN 20
AMN_CK4 CAPI: Refer to AMN_5A01_R-AMN_5A11_R above. How many payers are marked in 3a (AMN_5A_R)?
AMN_CK5 CAPI: Refer to date of current admission in question 1 above. Was [SAMPNAME] admitted in the current date and month?
AMN_COMPLETE CAPI: If 50% of the below listed variables do not contain D, R, or -5, then the module is complete. AMN_3_I1 AMN_3_
AMN_WHO1_R Respondents relationship to [SAMPNAME].
AMN_WHO2 Other relative-Specify
AMN_WHO3 Other Nonrelative-Specify
AMN2_WHO4 Respondents relationship to sample person.

ANYCHILD How many living children, including natural, adopted, and step children (do you/does) [SAMPNAME] have?
 ANYINHH Other than (your)/[SAMPNAME]s (FILL spouse), is there anyone who is living or staying here with (you/him/her) now?
 BASEWGT Basic weight
 BED_1_SP What kind of health care facility or institution is (FILL name of facility)? SPECIFY
 BED_1TG_1 What kind of health care facility or institution is (FILL name of facility)? Hospital, other than SNF or ICF unit
 BED_1TG_2 What kind of health care facility or institution is (FILL name of facility)? Skilled nursing facility (SNF)
 BED_1TG_3 What kind of health care facility or institution is (FILL name of facility)? Intermediate care facility (ICF)
 BED_1TG_4 What kind of health care facility or institution is (FILL name of facility)? Assisted Living Center
 BED_1TG_5 What kind of health care facility or institution is (FILL name of facility)? Other (non-certified) nursing home
 BED_1TG_6 What kind of health care facility or institution is (FILL name of facility)? Domiciliary or personal care facility
 BED_1TG_7 What kind of health care facility or institution is (FILL name of facility)? Institution/facility for the mentally retarded/developmentally disabled
 BED_1TG_8 What kind of health care facility or institution is (FILL name of facility)? Mental health center/facility
 BED_1TG_9 What kind of health care facility or institution is (FILL name of facility)? Other-Specify below in BED_1_SP
 BED_1TG_DK What kind of health care facility or institution is (FILL name of facility)? DON'T KNOW
 BED_1TG_RF What kind of health care facility or institution is (FILL name of facility)? REFUSED
 BED_2 What is the total number of beds regularly maintained for residents here?
 BED_3A Is (FILL institution name) certified as a Medicare skilled nursing facility?
 BED_3B Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?
 BED_3C Is (FILL institution name) certified as a Medicaid skilled nursing facility?
 BED_3D How many beds are certified as Medicaid skilled nursing facility beds?
 BED_3E Is (FILL institution name) certified as a Medicaid Intermediate care facility?
 BED_3F How many are certified as Medicaid Intermediate care facility beds?
 BED_3G How many beds are NOT certified under either Medicare or Medicaid?
 BED_COMPLETE CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is complete. BED_1TG_DK OR
 BED_WHO1_1 Respondents relationship to sample person.
 BED_WHO1_2 Staff member - Specify
 BYEAR SAMPLE PERSON BIRTH YEAR
 CENSUS_CROSSWGT CENSUS BUREAU SCREENER CROSS-SECTIONAL WEIGHT
 CG_COMPLETE CAPI: If less than 50% of the CRITICAL PATH variables are marked D, R, or -5, then the interview is complete.
 CG_OPEN May I speak to [CGNAME]?
 CG_OUTCOME CAREGIVER OUTCOME
 CG_REASON CAREGIVER REASON
 CG_SPCIFY Other, CAREGIVER REASON Specify
 CG_TIME CAREGIVER INTERVIEW TIME HHMM (MILITARY FORMAT)

CGD_1A_CG_ADVLTR Recently, we mailed a letter explaining our survey. Did you receive the letter?

CGD_1B We have your full name listed as [CGNAME]. Is this correct?

CGD_3C Are you Spanish, Hispanic, or Latino?

CGD_3C1 Are you Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or some other Spanish, Hispanic, or L

CGD_3C2 What is the name of your other Spanish, Hispanic, or Latino group?

CGD_3CS What is the name of your other Spanish, Hispanic, or Latino group? OTHER - SPECIFY

CGD_3DTG_1 WHITE - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Nat

CGD_3DTG_2 Black - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Nativ

CGD_3DTG_3 American Indian or Alaska Native- Please choose one or more races that you consider yourself to be: White; Black; Ame

CGD_3DTG_4 Asian- Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

CGD_3DTG_5 Native Hawaiian or Other Pacific Islander- Please choose one or more races that you consider yourself to be: White; Blac

CGD_3DTG_6 OTHER - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Na

CGD_3DTG_DK DON'T KNOW - Please choose one or more races that you consider yourself to be: White; Black; American Indian or A

CGD_3DTG_RF REFUSED - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alask

CGD_3ETG_1 Which of the following Asian categories are you? - ASIAN INDIAN

CGD_3ETG_2 Which of the following Asian categories are you? - CHINESE

CGD_3ETG_3 Which of the following Asian categories are you? - FILIPINO

CGD_3ETG_4 Which of the following Asian categories are you? - JAPANESE

CGD_3ETG_5 Which of the following Asian categories are you? - KOREAN

CGD_3ETG_6 Which of the following Asian categories are you? - VIETNAMESE

CGD_3ETG_7 Which of the following Asian categories are you? - OTHER ASIAN

CGD_3ETG_DK Which of the following Asian categories are you? - DON'T KNOW

CGD_3ETG_RF Which of the following Asian categories are you? - REFUSED

CGD_3FTG_1 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - NATIVE HAWAIIAN

CGD_3FTG_2 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - GUAMANIAN OR CHAMORRO

CGD_3FTG_3 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - SAMOAN

CGD_3FTG_4 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - OTHER PACIFIC ISLANDER

CGD_3FTG_DK Which of the following Native Hawaiian or Other Pacific Islander categories are you? - DONT KNOW

CGD_3FTG_RF Which of the following Native Hawaiian or Other Pacific Islander categories are you? - REFUSED

CGD_3G_SP What is the name of your other race group(s)? - SPECIFY

CGD_3GTG_1 What is the name of your other race group(s)? - ALEUT

CGD_3GTG_10 What is the name of your other race group(s)? - BLACK

CGD_3GTG_11 What is the name of your other race group(s)? - BRAZILIAN

CGD_3GTG_12 What is the name of your other race group(s)? - CAUCASIAN

CGD_3GTG_13 What is the name of your other race group(s)? - CHICANO
 CGD_3GTG_14 What is the name of your other race group(s)? - CHINESE
 CGD_3GTG_15 What is the name of your other race group(s)? - CREOLE
 CGD_3GTG_16 What is the name of your other race group(s)? - CUBAN OR CUBAN AMERICAN
 CGD_3GTG_17 What is the name of your other race group(s)? - ESKIMO
 CGD_3GTG_18 What is the name of your other race group(s)? - EUROPEAN
 CGD_3GTG_19 What is the name of your other race group(s)? - FILIPINO
 CGD_3GTG_2 What is the name of your other race group(s)? - AFRICAN AMERICAN
 CGD_3GTG_20 What is the name of your other race group(s)? - GERMAN
 CGD_3GTG_21 What is the name of your other race group(s)? - GUAMANIAN OR CHAMORRO
 CGD_3GTG_22 What is the name of your other race group(s)? - HISPANIC
 CGD_3GTG_23 What is the name of your other race group(s)? - JAMAICAN
 CGD_3GTG_24 What is the name of your other race group(s)? - JAPANESE
 CGD_3GTG_25 What is the name of your other race group(s)? - KOREAN
 CGD_3GTG_26 What is the name of your other race group(s)? - LATIN AMERICAN
 CGD_3GTG_27 What is the name of your other race group(s)? - LATINO
 CGD_3GTG_28 What is the name of your other race group(s)? - MEXICAN OR MEXICAN AMERICAN
 CGD_3GTG_29 What is the name of your other race group(s)? - NATIVE AMERICAN
 CGD_3GTG_3 What is the name of your other race group(s)? - AFRICAN NATION, ETHNIC GROUP, OR TRIBE
 CGD_3GTG_30 What is the name of your other race group(s)? - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 CGD_3GTG_31 What is the name of your other race group(s)? - NEGRO
 CGD_3GTG_32 What is the name of your other race group(s)? - PUERTO RICAN
 CGD_3GTG_33 What is the name of your other race group(s)? - SAMOAN
 CGD_3GTG_34 What is the name of your other race group(s)? - SCOTS-IRISH
 CGD_3GTG_35 What is the name of your other race group(s)? - SPANISH
 CGD_3GTG_36 What is the name of your other race group(s)? - VIETNAMESE
 CGD_3GTG_37 What is the name of your other race group(s)? - WEST INDIAN
 CGD_3GTG_38 What is the name of your other race group(s)? - WHITE
 CGD_3GTG_39 What is the name of your other race group(s)? - NO RACE GIVEN
 CGD_3GTG_4 What is the name of your other race group(s)? - AMERICAN
 CGD_3GTG_40 What is the name of your other race group(s)? - OTHER - SPECIFY
 CGD_3GTG_5 What is the name of your other race group(s)? - AMERICAN INDIAN OR ALASKA NATIVE
 CGD_3GTG_6 What is the name of your other race group(s)? - ANGLO-SAXON
 CGD_3GTG_7 What is the name of your other race group(s)? - ARAB

CGD_3GTG_8 What is the name of your other race group(s)? - ASIAN

CGD_3GTG_9 What is the name of your other race group(s)? - ASIAN INDIAN

CGD_3GTG_DK What is the name of your other race group(s)? - DONT KNOW

CGD_3GTG_RF What is the name of your other race group(s)? - REFUSED

CGD_3H We have your highest level of regular school completed as [SPEDUCA]. Is this correct?

CGD_3I What is the highest level of regular school you have completed or the highest degree you have received?

CGD_4A We have your address listed as (CAPI refers to [CP2ADD1, CP2ADD2, CP2PO, CP2ST, CP2ZP5, CP2ZP4]).

CGE_1_A As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME]. I d

CGE_1_B As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME]. Ta

CGE_1_C As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME]. I h

CGE_1_D As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME]. Tæ

CGE_1_E As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME]. Cæ

CGE_10 To what extent has there been any family conflict over care - giving regarding [SAMPNAME]? Would you say theres been a lot (

CGE_11_A How much disagreement have you had with anyone in your family because they: Dont spend enough time with [SAMPNAME

CGE_11_B How much disagreement have you had with anyone in your family because they: Dont do their share in caring for [SAMPNAM

CGE_11_C How much disagreement have you had with anyone in your family because they: Dont show enough respect for [SAMPNAM

CGE_11_D How much disagreement have you had with anyone in your family because they: Lack patience with [SAMPNAME]?

CGE_12_A How much disagreement have you had with anyone in your family because they: Dont visit or telephone you enough?

CGE_12_B How much disagreement have you had with anyone in your family because they: Dont give you enough help?

CGE_12_C How much disagreement have you had with anyone in your family because they: Dont show enough appreciation of your wor

CGE_12_D How much disagreement have you had with anyone in your family because they: Give you unwanted advice?

CGE_13_A Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w

CGE_13_B Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w

CGE_13_C Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree v

CGE_13_D Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree v

CGE_13_E Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree v

CGE_13_F Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w

CGE_13_G Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree v

CGE_13_H Please indicate the extent to which you agree or disagree with the following statements: You have at least one friend or relati

CGE_14_A Here are some things that some people do when they are under stress from caregiving. How often do you do them? Spend ti

CGE_14_B Here are some things that some people do when they are under stress from caregiving. How often do you do them? Eat.

CGE_14_C Here are some things that some people do when they are under stress from caregiving. How often do you do them? Take so

CGE_14_D Here are some things that some people do when they are under stress from caregiving. How often do you do them? Drink so

CGE_14_E Here are some things that some people do when they are under stress from caregiving. How often do you do them? Prayer/\

CGE_14_F Here are some things that some people do when they are under stress from caregiving. How often do you do them? Talk with

CGE_14_G Here are some things that some people do when they are under stress from caregiving. How often do you do them? Spend time

CGE_14_H Here are some things that some people do when they are under stress from caregiving. How often do you do them? Smoke.

CGE_14_I Here are some things that some people do when they are under stress from caregiving. How often do you do them? Watch TV

CGE_14_J Here are some things that some people do when they are under stress from caregiving. How often do you do them? Read.

CGE_14_K Here are some things that some people do when they are under stress from caregiving. How often do you do them? Get help

CGE_14_L Here are some things that some people do when they are under stress from caregiving. How often do you do them? (If specific)

CGE_14_S Here are some things that some people do when they are under stress from caregiving. How often do you do them? Other -

CGE_15_A There may be or may have been other ways in which providing care to [SAMPNAME] affects your life. As a caregiver, have you

CGE_15_B There may be or may have been other ways in which providing care to [SAMPNAME] affects your life. As a caregiver, have you

CGE_2 On a scale from 1 to 5, where 1 is not a strain at all and 5 is very much of a strain, how much of a physical strain would you say that caregiving

CGE_3 Using the scale from 1 to 5, where 1 is not at all stressful and 5 is very stressful, how emotionally stressful would you say that caregiving

CGE_4 Using the same scale from 1 to 5 where 1 is no hardship at all and 5 is a great deal of hardship, how much of a financial hardship would you say that caregiving

CGE_5_A Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each statement

CGE_5_B Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each statement

CGE_5_C Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each statement

CGE_5_D Here are some statements about your energy level and the time it takes to do the things you have to do. You work hard as a caregiver

CGE_6 On a scale from 1 to 10 where 1 is not much stress at all, and 10 is a great deal of stress, how much stress does it cause you to experience

CGE_7_A Providing help to [SAMPNAME] has - Made me feel good about myself.

CGE_7_B Providing help to [SAMPNAME] has - Enabled me to appreciate life more.

CGE_8_A In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many days

CGE_8_B In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many days

CGE_8_C In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many days

CGE_8_D In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many days

CGE_8_E In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? Hide belongings

CGE_8_F In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? Cry easily

CGE_8_G In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? Act depressed

CGE_8B_H In the past week, how many days did [SAMPNAME]: Cling to you or follow you around?

CGE_8B_I In the past week, how many days did [SAMPNAME]: Become restless or agitated?

CGE_8B_J In the past week, how many days did [SAMPNAME]: Become irritable or angry?

CGE_8B_K In the past week, how many days did [SAMPNAME]: Swear or use foul language?

CGE_8B_L In the past week, how many days did [SAMPNAME]: Become suspicious, or believe someone is going to harm (him/her)?

CGE_8B_M In the past week, how many days did [SAMPNAME]: Threaten people?

CGE_8B_N In the past week, how many days did [SAMPNAME]: Show sexual behavior or interest at the wrong time/place?

CGE_8B_O In the past week, how many days did [SAMPNAME]: Destroy or damage property?
CGE_9 Do you feel that other relatives are doing their fair share of caregiving for [SAMPNAME]?
CGFMXE01 Whose name was on the check? Family Member 1
CGFMXE02 Whose name was on the check? Family Member 2
CGFMXE03 Whose name was on the check? Family Member 3
CGFMXE04 Whose name was on the check? Family Member 4
CGFMXE05 Whose name was on the check? Family Member 5
CGFMXE06 Whose name was on the check? Family Member 6
CGFMXE07 Whose name was on the check? Family Member 7
CGFMXE08 Whose name was on the check? Family Member 8
CGFMXE09 Whose name was on the check? Family Member 9
CGFMXE10 Whose name was on the check? Family Member 10
CGFMXE11 Whose name was on the check? Family Member 11
CGFMXE12 Whose name was on the check? Family Member 12
CGFMXE13 Whose name was on the check? Family Member 13
CGFMXE14 Whose name was on the check? Family Member 14
CGFMXE15 Whose name was on the check? Family Member 15
CGFMXE16 Whose name was on the check? Family Member 16
CGFMXE17 Whose name was on the check? Family Member 17
CGFMXE18 Whose name was on the check? Family Member 18
CGFMXE19 Whose name was on the check? Family Member 19
CGFMXE20 Whose name was on the check? Family Member 20
CGHOME CAPI: Is primary caregiver a member of sample persons household? (Refer to HHMEM_01-20 in the Control Card where 01-2
CGL_NO Person number of helper who helps the most because of disability or health problem
CGPRES IS (CAREGIVER) CURRENTLY RESPONDING FOR (SAMPLE PERSON) OR IS (CAREGIVER) CURRENTLY PRESENT?
CGREL_R Relationship of Primary Caregiver to Sample Person
CGREL1_SP Relationship of Primary Caregiver to Sample Person - Specify
CGROS_TYPE_1 Type of Caregiver Roster Entry - 1
CGROS_TYPE_10 Type of Caregiver Roster Entry - 10
CGROS_TYPE_11 Type of Caregiver Roster Entry - 11
CGROS_TYPE_12 Type of Caregiver Roster Entry - 12
CGROS_TYPE_13 Type of Caregiver Roster Entry - 13
CGROS_TYPE_14 Type of Caregiver Roster Entry - 14
CGROS_TYPE_15 Type of Caregiver Roster Entry - 15

CGROS_TYPE_16 Type of Caregiver Roster Entry - 16
CGROS_TYPE_17 Type of Caregiver Roster Entry - 17
CGROS_TYPE_18 Type of Caregiver Roster Entry - 18
CGROS_TYPE_19 Type of Caregiver Roster Entry - 19
CGROS_TYPE_2 Type of Caregiver Roster Entry - 2
CGROS_TYPE_20 Type of Caregiver Roster Entry - 20
CGROS_TYPE_3 Type of Caregiver Roster Entry - 3
CGROS_TYPE_4 Type of Caregiver Roster Entry - 4
CGROS_TYPE_5 Type of Caregiver Roster Entry - 5
CGROS_TYPE_6 Type of Caregiver Roster Entry - 6
CGROS_TYPE_7 Type of Caregiver Roster Entry - 7
CGROS_TYPE_8 Type of Caregiver Roster Entry - 8
CGROS_TYPE_9 Type of Caregiver Roster Entry - 9
CGWHEN We will have some questions to ask [CGNAME] about the experience helping (you)/[SAMPNAME]. When will be the best time?
CH_ADD03 Member of children Roster 3
CH_ADD04 Member of children Roster 4
CH_ADD05 Member of children Roster 5
CH_ADD06 Member of children Roster 6
CH_ADD07 Member of children Roster 7
CH_ADD08 Member of children Roster 8
CH_ADD09 Member of children Roster 9
CH_ADD10 Member of children Roster 10
CH_ADD11 Member of children Roster 11
CH_ADD12 Member of children Roster 12
CH_ADD13 Member of children Roster 13
CH_ADD14 Member of children Roster 14
CH_ADD15 Member of children Roster 15
CH_ADD16 Member of children Roster 16
CH_ADD17 Member of children Roster 17
CH_ADD18 Member of children Roster 18
CH_ADD19 Member of children Roster 19
CH_ADD20 Member of children Roster 20
CHFAM_03 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_04 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_05 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_06 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_07 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_08 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_09 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_10 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_11 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_12 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_13 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_14 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_15 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_16 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_17 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_18 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_19 How many children under 15 years of age live with [ROS_NAME_3-20]?

CHFAM_20 How many children under 15 years of age live with [ROS_NAME_3-20]?

CK_CG_AD CAPI: Does CGHOME=1?

CK_CG_ED CAPI: Does CGREL_R=SPOUSE and SPEDUCA=31 through 47?

CK_CG_MS CAPI: Does CGREL_R = Spouse

CKDISAB CAPI: Refer to (IDLs) IDL_HVW IDL_LTW IDL_LND IDL_MLS IDL_SHP IDL_OUT IDL_WLK IDL_MON IDL_TEL (ADLs) ADL_

CLS_1A Did you and [SAMPNAME] live together before (he/she) needed your care?

CLS_1B Before you began living together, did you live less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles av

CLS_2A If you didnt have to help [SAMPNAME] because of (his/her) disability, do you think you would still live together in the same hous

CLS_2B Would you live in the same neighborhood, in a different neighborhood but in the same city or town, or somewhere else?

CLS_3_HR About how long does it take you to get to [SAMPNAME]s house from where you live by the usual way? HOURS

CLS_3_MN About how long does it take you to get to [SAMPNAME]s house from where you live by the usual way? MINUTES

CLS_4A Have you ever changed your place of residence because of [SAMPNAME]s disability?

CLS_4B Did you make that move from less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, between 50

CLS_5A Has [SAMPNAME] ever changed (his/her) place of residence to live closer to you because of (his/her) disability?

CLS_5B Did [SAMPNAME] make that move from less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, t

CLS_5D Did [SAMPNAME] move mainly so that it would be more convenient for you to take care of (him/her)?

CLS_6A Have you ever wanted to change your place of residence but did not because you needed to live close to [SAMPNAME] becaus

CLS_6B Would you have liked to live in a different neighborhood in the same city or town, or somewhere else?

CLS_7_1 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has beer

CLS_7_2 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_3 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_4 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_5 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_6 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_S I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_CK1 Refer to CGREL_R. Is relationship spouse?

CLS_CK2 Refer to CGHOME. Does caregiver live with SAMPNAME?

CND_1A01 Now Im going to read you a list of medical conditions. (Do you/Does) [SAMPNAME] NOW have any of the following:

CND_1A02 (Do you/Does) [SAMPNAME] NOW have any of the following: Paralysis?

CND_1A03 (Do you/Does) [SAMPNAME] NOW have any of the following: Other permanent numbness or stiffness (besides paralysis/rhe

CND_1A04 (Do you/Does) [SAMPNAME] NOW have any of the following: Multiple Sclerosis?

CND_1A05 (Do you/Does) [SAMPNAME] NOW have any of the following: Cerebral palsy?

CND_1A06 (Do you/Does) [SAMPNAME] NOW have any of the following: Epilepsy?

CND_1A07 (Do you/Does) [SAMPNAME] NOW have any of the following: Parkinsons disease?

CND_1A08 (Do you/Does) [SAMPNAME] NOW have any of the following: Glaucoma?

CND_1A09 (Do you/Does) [SAMPNAME] NOW have any of the following: Diabetes?

CND_1A10 (Do you/Does) [SAMPNAME] NOW have any of the following: Cancer?

CND_1A11 (Do you/Does) [SAMPNAME] NOW have any of the following: Frequent constipation?

CND_1A12 (Do you/Does) [SAMPNAME] NOW have any of the following: Frequent trouble sleeping?

CND_1A13 (Do you/Does) [SAMPNAME] NOW have any of the following: Frequent severe headaches?

CND_1A14 (Do you/Does) [SAMPNAME] NOW have any of the following: Obesity or (are you/is) [SAMPNAME] overweight?

CND_1A15 (Do you/Does) [SAMPNAME] NOW have any of the following: Arteriosclerosis or hardening of the arteries?

CND_1A16 (Do you/Does) [SAMPNAME] NOW have any of the following: Chronic pain?

CND_1A17 (Do you/Does) [SAMPNAME] NOW have any of the following: Pressure sores or skin ulcers?

CND_1B_1 (Do you/Does) [SAMPNAME] NOW have: Alzheimers disease?

CND_1B_2 (Do you/Does) [SAMPNAME] NOW have: Mental retardation?

CND_1B_3 (Do you/Does) [SAMPNAME] NOW have: Dementia?

CND_2_01 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? A heart attack?

CND_2_02 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? Any other heart problem?

CND_2_03 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? Hypertension or high blood pressure?

CND_2_04 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? A stroke?

CND_2_05 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? Circulation trouble in (your)/[SAMPNAME]s a

CND_2_06 (Have you/Has) [SAMPNAME] had Pneumonia in LAST 12 months?

CND_2_07 (Have you/Has) [SAMPNAME] had Bronchitis in LAST 12 months?
CND_2_08 (Have you/Has) [SAMPNAME] had Flu in LAST 12 months?
CND_2_09 (Have you/Has) [SAMPNAME] had Emphysema in LAST 12 months?
CND_2_10 (Have you/Has) [SAMPNAME] had Asthma in LAST 12 months?
CND_2_11 (Have you/Has) [SAMPNAME] had a broken hip in LAST 12 months?
CND_2_12 (Have you/Has) [SAMPNAME] had other broken bones in LAST 12 months?
CND_2Z_SP Are there any reasons why [SAMPNAME] cannot participate in this survey? SPECIFY
CND_2ZTG_1 Are there any reasons why [SAMPNAME] cannot participate in this survey? Access is denied
CND_2ZTG_2 Are there any reasons why [SAMPNAME] cannot participate in this survey? Sample person is incapable of speech
CND_2ZTG_3 Are there any reasons why [SAMPNAME] cannot participate in this survey? Sample person comatose
CND_2ZTG_4 Are there any reasons why [SAMPNAME] cannot participate in this survey? Sample person is a danger to self or others
CND_2ZTG_5 Are there any reasons why [SAMPNAME] cannot participate in this survey? Other Reasons--Please specify below in CND
CND_2ZTG_6 Are there any reasons why [SAMPNAME] cannot participate in this survey? NO REASON
CND_CK2 CAPI: Refer to CNDPROXY at beginning of this part.
CND_CK3_R CAPI: Refer to GROUP variable.
CNDPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
COM_DATE COMMUNITY INTERVIEW DATE MMDDYYYY
COM_TIME COMMUNITY INTERVIEW TIME HHMM (MILITARY FORMAT)
COND_COMPLETE CONDITIONS COMPLETION CHECK
CPREL1_1 What is the relationship of this contact person to [SAMPNAME]?
CPREL1_SP What is the relationship of this contact person to [SAMPNAME]? SPECIFY
CPREL2_1 What is the relationship of this contact person to [SAMPNAME]?
CPREL2_SP What is the relationship of this contact person to [SAMPNAME]? SPECIFY
CWS_10 Has taking care of [SAMPNAME] ever kept you from looking for a job?
CWS_11A Have you ever had to turn down a job because you were taking care of [SAMPNAME]?
CWS_11B How long ago did this happen (the last time)?
CWS_12_1 In your experience as both a worker and caregiver, did you ever - Have to go from working full time to part-time?
CWS_12_2 In your experience as both a worker and caregiver, did you ever - Have to take a less demanding job?
CWS_12_3 In your experience as both a worker and caregiver, did you ever - Have to turn down a promotion?
CWS_12_4 In your experience as both a worker and caregiver, did you ever - Choose early retirement?
CWS_12_5 In your experience as both a worker and caregiver, did you ever - Lose any job?
CWS_12B How would you rate your employers attitude toward the demands of your caregiving: Would you say they were very understanding?
CWS_13_1 From your own personal experience, how much do you agree or disagree with the following statements about your present work?
CWS_13_2 From your own personal experience, how much do you agree or disagree with the following statements about your present work?

CWS_13_3 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_13_4 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_13_5 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_1A How long ago did you start taking care of [SAMPNAME] because of (his/her) disability?
CWS_1B Do you provide more care, less care, or the same amount of care now as you did then?
CWS_1C How long ago did you start taking care of [SAMPNAME] as much as you do now?
CWS_2B Are you now married, widowed, divorced, separated, partnered (not married), or never married?
CWS_2C FR: ENTER WITHOUT ASKING IF APPARENT. Are you Male or Female?
CWS_3A Are you currently working for pay at a job or business?
CWS_3B How many hours per week do you usually work?
CWS_3C Are you working fewer hours than you would like to because you help [SAMPNAME]?
CWS_4A Have you ever worked at a job for pay?
CWS_4B How long ago did you stop working at your last job?
CWS_4C_1 What was the MAIN reason you stopped working at that job?
CWS_4C_S What was the MAIN reason you stopped working at that job? SPECIFY
CWS_4D Would you have continued working longer if you were not taking care of [SAMPNAME]?
CWS_5A Have you ever worked fewer hours a week at a job than you wanted to because you were taking care of [SAMPNAME]?
CWS_5B How long ago did this happen (the last time)?
CWS_6A Have you ever had to rearrange your schedule at a job because you had to take care of [SAMPNAME]?
CWS_6B How long ago did this happen (the last time)?
CWS_7A (Besides what you have already told me) Have you ever had to take time off without pay from a job because you had to take ca
CWS_7B How long ago did this happen (the last time)?
CWS_7C_N How long were you off from work without pay (the last time)? Number:
CWS_7C_U How long were you off from work without pay (the last time)? Units:
CWS_8A Have you ever had to quit a job because you were taking care of [SAMPNAME]?
CWS_8B How long ago did this happen (the last time)?
CWS_9A For whom (do/did) you work?
CWS_9B What kind of business (is/was) this?
CWS_9C What kind of work (are/were) you doing?
CWS_9D What (are/were) your most important duties?
CWS_9E (Are/Were) you an employee of:
CWS_9F Is this business incorporated?
CWS_9G (Is/Was) this a nonprofit organization?
CWS_CK2 [Refer to 4b (CWS_4B) and 1a (CWS_A)] if CWS_4B gt CWS_1A] Did caregiver stop working BEFORE he/she began caring

CWS_CK3 [Refer to 3a (CWS_3A), 4a (CWS_4A), and 4b (CWS_4B)] Is caregiver currently or did caregiver ever have to work and take care of someone?
CWS_CK4 Is caregiver currently working?

DATECG CAREGIVER INTERVIEW DATE MMDDYYYY

DEA_01_M We would like to ask you a few questions about [SAMPNAME]. When did he/she die? MONTH

DEA_01_Y We would like to ask you a few questions about [SAMPNAME]. When did he/she die? YEAR

DEA_02 Did [SAMPNAME] die before or after April 1, 2004?

DEA_03 Were you knowledgeable about [SAMPNAME]'s health and general care while he/she was living?

DEA_04 Do you know of someone who knew about [SAMPNAME]'s health and general care?

DEA_05_R What is (your/that persons) relationship to [SAMPNAME]?

DOWORK (Are you/Is) [SAMPNAME] currently working?

DSPWORK Is (your)/[SAMPNAME]'s (FILL spouse) currently working?

DT_6B Are you Spanish, Hispanic, or Latino?

DT_6C1 Are you Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or some other Spanish, Hispanic, or Latino?

DT_6C2_1 What is the name of your other Spanish, Hispanic, or Latino group?

DT_6C2_2 What is the name of your other Spanish, Hispanic, or Latino group? OTHER - SPECIFY

DT_6D1TG_1 Which of the following Asian categories are you? - ASIAN INDIAN

DT_6D1TG_2 Which of the following Asian categories are you? - CHINESE

DT_6D1TG_3 Which of the following Asian categories are you? - FILIPINO

DT_6D1TG_4 Which of the following Asian categories are you? - JAPANESE

DT_6D1TG_5 Which of the following Asian categories are you? - KOREAN

DT_6D1TG_6 Which of the following Asian categories are you? - VIETNAMESE

DT_6D1TG_7 Which of the following Asian categories are you? - OTHER ASIAN

DT_6D1TG_DK Which of the following Asian categories are you? - DON'T KNOW

DT_6D1TG_RF Which of the following Asian categories are you? - REFUSED

DT_6D2TG_1 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - NATIVE HAWAIIAN

DT_6D2TG_2 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - GUAMANIAN OR CHAMORRO

DT_6D2TG_3 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - SAMOAN

DT_6D2TG_4 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - OTHER PACIFIC ISLANDER

DT_6D2TG_DK Which of the following Native Hawaiian or Other Pacific Islander categories are you? - DONT KNOW

DT_6D2TG_RF Which of the following Native Hawaiian or Other Pacific Islander categories are you? - REFUSED

DT_6D3_SP What is the name of your other race group(s)? - SPECIFY

DT_6D3TG_1 What is the name of your other race group(s)? - ALEUT

DT_6D3TG_10 What is the name of your other race group(s)? - BLACK

- DT_6D3TG_11 What is the name of your other race group(s)? - BRAZILIAN
- DT_6D3TG_12 What is the name of your other race group(s)? - CAUCASIAN
- DT_6D3TG_13 What is the name of your other race group(s)? - CHICANO
- DT_6D3TG_14 What is the name of your other race group(s)? - CHINESE
- DT_6D3TG_15 What is the name of your other race group(s)? - CREOLE
- DT_6D3TG_16 What is the name of your other race group(s)? - CUBAN OR CUBAN AMERICAN
- DT_6D3TG_17 What is the name of your other race group(s)? - ESKIMO
- DT_6D3TG_18 What is the name of your other race group(s)? - EUROPEAN
- DT_6D3TG_19 What is the name of your other race group(s)? - FILIPINO
- DT_6D3TG_2 What is the name of your other race group(s)? - AFRICAN AMERICAN
- DT_6D3TG_20 What is the name of your other race group(s)? - GERMAN
- DT_6D3TG_21 What is the name of your other race group(s)? - GUAMANIAN OR CHAMORRO
- DT_6D3TG_22 What is the name of your other race group(s)? - HISPANIC
- DT_6D3TG_23 What is the name of your other race group(s)? - JAMAICAN
- DT_6D3TG_24 What is the name of your other race group(s)? - JAPANESE
- DT_6D3TG_25 What is the name of your other race group(s)? - KOREAN
- DT_6D3TG_26 What is the name of your other race group(s)? - LATIN AMERICAN
- DT_6D3TG_27 What is the name of your other race group(s)? - LATINO
- DT_6D3TG_28 What is the name of your other race group(s)? - MEXICAN OR MEXICAN AMERICAN
- DT_6D3TG_29 What is the name of your other race group(s)? - NATIVE AMERICAN
- DT_6D3TG_3 What is the name of your other race group(s)? - AFRICAN NATION, ETHNIC GROUP, OR TRIBE
- DT_6D3TG_30 What is the name of your other race group(s)? - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- DT_6D3TG_31 What is the name of your other race group(s)? - NEGRO
- DT_6D3TG_32 What is the name of your other race group(s)? - PUERTO RICAN
- DT_6D3TG_33 What is the name of your other race group(s)? - SAMOAN
- DT_6D3TG_34 What is the name of your other race group(s)? - SCOTS-IRISH
- DT_6D3TG_35 What is the name of your other race group(s)? - SPANISH
- DT_6D3TG_36 What is the name of your other race group(s)? - VIETNAMESE
- DT_6D3TG_37 What is the name of your other race group(s)? - WEST INDIAN
- DT_6D3TG_38 What is the name of your other race group(s)? - WHITE
- DT_6D3TG_39 What is the name of your other race group(s)? - NO RACE GIVEN
- DT_6D3TG_4 What is the name of your other race group(s)? - AMERICAN
- DT_6D3TG_40 What is the name of your other race group(s)? - OTHER - SPECIFY
- DT_6D3TG_5 What is the name of your other race group(s)? - AMERICAN INDIAN OR ALASKA NATIVE

DT_6D3TG_6 What is the name of your other race group(s)? - ANGLO-SAXON

DT_6D3TG_7 What is the name of your other race group(s)? - ARAB

DT_6D3TG_8 What is the name of your other race group(s)? - ASIAN

DT_6D3TG_9 What is the name of your other race group(s)? - ASIAN INDIAN

DT_6D3TG_DK What is the name of your other race group(s)? - DONT KNOW

DT_6D3TG_RF What is the name of your other race group(s)? - REFUSED

DT_6DTG_1 WHITE - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

DT_6DTG_2 Black - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

DT_6DTG_3 American Indian or Alaska Native- Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

DT_6DTG_4 Asian- Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native;

DT_6DTG_5 Native Hawaiian or Other Pacific Islander- Please choose one or more races that you consider yourself to be: White; Black;

DT_6DTG_6 OTHER - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

DT_6DTG_DK DON'T KNOW - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

DT_6DTG_RF REFUSED - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

DT_ADVLTTR Recently, we mailed a letter explaining our survey. Did (NAME/you) receive the letter signed by the Director of the Census?

DT_CC_COMPLETE CAPI: If 50% of the following variables do not have responses of D, R or -5, then the Control Card is complete: DT

DT_CHK_CHILD CHECK CHILDREN CAPI: Refer to 10c (ROS_REL_3-20) and 10d (MEM03-20).

DT_CHMARST03 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST04 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST05 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST06 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST07 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST08 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST09 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST10 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST11 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST12 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST13 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST14 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST15 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST16 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST17 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST18 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST19 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHMARST20 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never

DT_CHROS_I Are there any more children?

DT_CHSPWORK03 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 3

DT_CHSPWORK04 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 4

DT_CHSPWORK05 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 5

DT_CHSPWORK06 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 6

DT_CHSPWORK07 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 7

DT_CHSPWORK08 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 8

DT_CHSPWORK09 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 9

DT_CHSPWORK10 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 10

DT_CHSPWORK11 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 11

DT_CHSPWORK12 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 12

DT_CHSPWORK13 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 13

DT_CHSPWORK14 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 14

DT_CHSPWORK15 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 15

DT_CHSPWORK16 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 16

DT_CHSPWORK17 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 17

DT_CHSPWORK18 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 18

DT_CHSPWORK19 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 19

DT_CHSPWORK20 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 20

DT_CHWORK03 How many hours does [ROS_NAME_3-20] usually work per week? 3

DT_CHWORK04 How many hours does [ROS_NAME_3-20] usually work per week? 4

DT_CHWORK05 How many hours does [ROS_NAME_3-20] usually work per week? 5

DT_CHWORK06 How many hours does [ROS_NAME_3-20] usually work per week? 6

DT_CHWORK07 How many hours does [ROS_NAME_3-20] usually work per week? 7

DT_CHWORK08 How many hours does [ROS_NAME_3-20] usually work per week? 8

DT_CHWORK09 How many hours does [ROS_NAME_3-20] usually work per week? 9

DT_CHWORK10 How many hours does [ROS_NAME_3-20] usually work per week? 10

DT_CHWORK11 How many hours does [ROS_NAME_3-20] usually work per week? 11

DT_CHWORK12 How many hours does [ROS_NAME_3-20] usually work per week? 12

DT_CHWORK13 How many hours does [ROS_NAME_3-20] usually work per week? 13

DT_CHWORK14 How many hours does [ROS_NAME_3-20] usually work per week? 14

DT_CHWORK15 How many hours does [ROS_NAME_3-20] usually work per week? 15

DT_CHWORK16 How many hours does [ROS_NAME_3-20] usually work per week? 16

DT_CHWORK17 How many hours does [ROS_NAME_3-20] usually work per week? 17

DT_CHWORK18 How many hours does [ROS_NAME_3-20] usually work per week? 18

DT_CHWORK19 How many hours does [ROS_NAME_3-20] usually work per week? 19

DT_CHWORK20 How many hours does [ROS_NAME_3-20] usually work per week? 20

DT_CKDETAIL CAPI displays one of the following based on DT_CKDETAIL:

DT_CKPERM CAPI: If DTPR_REL_R = 17-23, 25, 26, D, R display: FR: DO YOU HAVE [SAMPNAME]S PERMISSION TO DISCUSS (H

DT_CKSCAF I have (your)/[SAMPNAME]s military service status listed as served/never served. Is this correct?

DT_CKSEDU I have (your)/[SAMPNAME]s educational attainment level listed as [SCN_EDUCA]. Is this correct?

DT_CKSMAR1 I have (your) [SAMPNAME]s marital status listed as [SCN_24_R]. Is this correct?

DT_CKSRACE I have (your)/[SAMPNAME]s race listed as [race variable] Is this correct?

DT_DETRE_R FR: DO NOT READ ALOUD. IS RESPONDENT THE SAMPLE PERSON OR A PROXY OR BOTH? CHOOSE ONE.

DT_INC_1A Did (you)/[SAMPNAME] EVER serve on active duty in the Armed Forces of the United States?

DT_INC_1BTG_1 When did (you)/[SAMPNAME] serve? Any other period of service? World War I (April 17 - Nov 18)

DT_INC_1BTG_2 When did (you)/[SAMPNAME] serve? Any other period of service? World War II (Sept 40 - July 47)

DT_INC_1BTG_3 When did (you)/[SAMPNAME] serve? Any other period of service? Korean War (June 50 - Jan 55)

DT_INC_1BTG_4 When did (you)/[SAMPNAME] serve? Any other period of service? Vietnam War (Aug 64 - April 75)

DT_INC_1BTG_5 When did (you)/[SAMPNAME] serve? Any other period of service? Post Vietnam (May 75 - present)

DT_INC_1BTG_6 When did (you)/[SAMPNAME] serve? Any other period of service? Other Service (All other periods)

DT_INC_1BTG_DK When did (you)/[SAMPNAME] serve? Any other period of service? Dont Know

DT_INC_1BTG_RF When did (you)/[SAMPNAME] serve? Any other period of service? Refused

DT_INC_1C (Were you/Was) [SAMPNAME] EVER an active member of a National Guard or military reserve unit?

DT_INC_1D (Were/Was) ALL of (your)/[SAMPNAME]s active duty service related to National Guard or military reserve training?

DT_INC_2A (Do you/Does) [SAMPNAME] have a disability related to service in the Armed Forces of the United States?

DT_INC_2B What is (your)/[SAMPNAME]s current VA disability rating?

DT_INST_APPT FR: YOU MUST CONDUCT THE NEXT PORTION OF THE INTERVIEW WITH A FACILITY ADMINISTRATOR OR NU

DT_OUTCOME DETAILED INTERVIEW OUTCOME

DT_PROXY FR: DO NOT READ ALOUD. IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CI

DT_PROXYCK CAPI: Set = Proxy.

DT_PRWHR_SP FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Specify

DT_Q_ADMCLOSE Thank you very much for your help. I would like to complete the interview with [SAMPNAME]. May I speak with (him

DT_Q_OPEN We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the

DT_Q_STAFF FR: ARE YOU NOW SPEAKING WITH INSTITUTIONAL STAFF?

DT_QUARTERS_S1 What type of residence does [SAMPNAME] live in? Active Adult Community/Senior Complex - (Specify in DT_QUAI

DT_QUARTERS_S2 What type of residence does [SAMPNAME] live in? Nonstaff unit in other institution (Specify in DT_QUARTERS_S2
DT_REASON FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW?
DT_ROSTER_I What are the names of all (other) persons living or staying here now? Anyone else?
DT_SPCIFY FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW? SPECIFY
DT_SPHHPRX I would like to speak with the person who is most knowledgable about (his/her) health conditions and physical activities.
DT_SPIN_1999 Was (your)/[SAMPNAME]s (FILL spouse) living or staying with (you/him/her) in 1999?
DT_STDT DETAILED CONTROL CARD DATE MMDDYYYY
DT_STTM DETAILED CONTROL CARD INTERVIEW TIME HHMM (MILITARY FORMAT)
DTPR_REL_R What is your relationship to [SAMPNAME]?
DTPR_REL_SP What is your relationship to [SAMPNAME]? SPECIFY
DTPR_RES Do you reside with [SAMPNAME]?
DTPR_WH1 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. FR was denied access to sample person.
DTPR_WH2_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person is mentally incapable.
DTPR_WH3_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person is physically incapable.
DTPR_WH4_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person has hearing/speech problem.
DTPR_WH5_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person cannot speak English.
DTPR_WH6_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person is temporarily absent beyond interview time.
DTPR_WH7_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Other- Specify in DT_PRWHY_SP
EDUCA What is the highest level of regular school (you)/[SAMPNAME] have completed or the highest degree (you/he/she) has received'
FAM_XA01 Whose name was on the check? FR: ENTER LINE NUMBER. 1
FAM_XA02 Whose name was on the check? FR: ENTER LINE NUMBER. 2
FAM_XA03 Whose name was on the check? FR: ENTER LINE NUMBER. 3
FAM_XA04 Whose name was on the check? FR: ENTER LINE NUMBER. 4
FAM_XA05 Whose name was on the check? FR: ENTER LINE NUMBER. 5
FAM_XA06 Whose name was on the check? FR: ENTER LINE NUMBER. 6
FAM_XA07 Whose name was on the check? FR: ENTER LINE NUMBER. 7
FAM_XA08 Whose name was on the check? FR: ENTER LINE NUMBER. 8
FAM_XA09 Whose name was on the check? FR: ENTER LINE NUMBER. 9
FAM_XA10 Whose name was on the check? FR: ENTER LINE NUMBER. 10
FAM_XA11 Whose name was on the check? FR: ENTER LINE NUMBER. 11
FAM_XA12 Whose name was on the check? FR: ENTER LINE NUMBER. 12
FAM_XA13 Whose name was on the check? FR: ENTER LINE NUMBER. 13
FAM_XA14 Whose name was on the check? FR: ENTER LINE NUMBER. 14
FAM_XA15 Whose name was on the check? FR: ENTER LINE NUMBER. 15

FAM_XA16 Whose name was on the check? FR: ENTER LINE NUMBER. 16
 FAM_XA17 Whose name was on the check? FR: ENTER LINE NUMBER. 17
 FAM_XA18 Whose name was on the check? FR: ENTER LINE NUMBER. 18
 FAM_XA19 Whose name was on the check? FR: ENTER LINE NUMBER. 19
 FAM_XA20 Whose name was on the check? FR: ENTER LINE NUMBER. 20
 FAM_XB01 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 1
 FAM_XB02 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 2
 FAM_XB03 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 3
 FAM_XB04 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 4
 FAM_XB05 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 5
 FAM_XB06 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 6
 FAM_XB07 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 7
 FAM_XB08 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 8
 FAM_XB09 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 9
 FAM_XB10 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 10
 FAM_XB11 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 11
 FAM_XB12 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 12
 FAM_XB13 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 13
 FAM_XB14 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 14
 FAM_XB15 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 15
 FAM_XB16 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 16
 FAM_XB17 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 17
 FAM_XB18 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 18
 FAM_XB19 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 19
 FAM_XB20 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 20
 FAM_XC01 Whose name was on the check? FR: ENTER LINE NUMBER. 1
 FAM_XC02 Whose name was on the check? FR: ENTER LINE NUMBER. 2
 FAM_XC03 Whose name was on the check? FR: ENTER LINE NUMBER. 3
 FAM_XC04 Whose name was on the check? FR: ENTER LINE NUMBER. 4
 FAM_XC05 Whose name was on the check? FR: ENTER LINE NUMBER. 5
 FAM_XC06 Whose name was on the check? FR: ENTER LINE NUMBER. 6
 FAM_XC07 Whose name was on the check? FR: ENTER LINE NUMBER. 7
 FAM_XC08 Whose name was on the check? FR: ENTER LINE NUMBER. 8
 FAM_XC09 Whose name was on the check? FR: ENTER LINE NUMBER. 9

FAM_XC10 Whose name was on the check? FR: ENTER LINE NUMBER. 10
 FAM_XC11 Whose name was on the check? FR: ENTER LINE NUMBER. 11
 FAM_XC12 Whose name was on the check? FR: ENTER LINE NUMBER. 12
 FAM_XC13 Whose name was on the check? FR: ENTER LINE NUMBER. 13
 FAM_XC14 Whose name was on the check? FR: ENTER LINE NUMBER. 14
 FAM_XC15 Whose name was on the check? FR: ENTER LINE NUMBER. 15
 FAM_XC16 Whose name was on the check? FR: ENTER LINE NUMBER. 16
 FAM_XC17 Whose name was on the check? FR: ENTER LINE NUMBER. 17
 FAM_XC18 Whose name was on the check? FR: ENTER LINE NUMBER. 18
 FAM_XC19 Whose name was on the check? FR: ENTER LINE NUMBER. 19
 FAM_XC20 Whose name was on the check? FR: ENTER LINE NUMBER. 20
 FAM_XD01 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 1
 FAM_XD02 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 2
 FAM_XD03 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 3
 FAM_XD04 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 4
 FAM_XD05 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 5
 FAM_XD06 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 6
 FAM_XD07 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 7
 FAM_XD08 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 8
 FAM_XD09 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 9
 FAM_XD10 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 10
 FAM_XD11 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 11
 FAM_XD12 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 12
 FAM_XD13 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 13
 FAM_XD14 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 14
 FAM_XD15 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 15
 FAM_XD16 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 16
 FAM_XD17 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 17
 FAM_XD18 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 18
 FAM_XD19 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 19
 FAM_XD20 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 20
 FAM_XF1 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 1
 FAM_XF10 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 2
 FAM_XF11 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 3

- FAM_XF12 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 4
- FAM_XF13 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 5
- FAM_XF14 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 6
- FAM_XF15 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 7
- FAM_XF16 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 8
- FAM_XF17 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 9
- FAM_XF18 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 10
- FAM_XF19 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 11
- FAM_XF2 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 12
- FAM_XF20 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 13
- FAM_XF3 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 14
- FAM_XF4 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 15
- FAM_XF5 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 16
- FAM_XF6 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 17
- FAM_XF7 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 18
- FAM_XF8 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 19
- FAM_XF9 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 20
- G_21B1 Now only consider you (and your spouse). Which category on this card represents the total combined income before deductions:
- G1_21B1 Would it be \$25,000 or more?
- G2_21B1 Would it be \$10,000 or more?
- G3_21B1 Would it be \$5,000 or more?
- G4_21B1 Would it be \$50,000 or more?
- G5_21B1 Would it be \$75,000 or more?
- GIC_12A During (FILL previous month), did you (or any members of your family who live here) receive Social Security benefits or Railroad Retirement benefits?
- GIC_12B How much did you (and all members of the family) receive in (FILL previous month)?
- GIC_12C Which category would you say best represents the amount that you (and all members of the family) received in [previous month]?
- GIC_13A During (FILL previous month), did you (or any members of your family who live here) receive any other retirement, pension, or annuity?
- GIC_13B How much did you (and all members of the family) receive in (FILL previous month)?
- GIC_13C Which category would you say best represents the amount you (and all members of the family) received in (FILL previous month)?
- GIC_14A During the last month, did you (or any members of your family who live here) receive Supplemental Security Income, that is, SSI?
- GIC_14B How much did you (and all members of the family) receive in (FILL previous month)?
- GIC_14C Which category would you say best represents the amount you (and all members of the family) received in (FILL previous month)?
- GIC_17A During (FILL previous month), did you (or any members of your family who live here) receive food stamps?
- GIC_17B What was the value of the stamps received?

- GIC_17C Which category would you say best represents the value of the stamps received?
- GIC_18A During (FILL previous month), did you (or any members of your family who live here) receive any payments from Temporary As
- GIC_18B How much did you (and all members of the family) receive in (FILL previous month)?
- GIC_18C Which category would you say best represents the amount that you (and all members of the family) received in (FILL previous
- GIC_19A During (FILL previous month) did you (or any members of your family who live here) receive any (other) welfare payments?
- GIC_19B_I Whose name was on the check? FR: ENTER LINE NUMBER. ENTER ALL THAT APPLY. ENTER (N) FOR NO MORE PEO
- GIC_19C1 How much was the check for?
- GIC_19C2 Which category would you say best represents the amount the check was for?
- GIC_19D_I Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.
- GIC_1A Compared to other people your age, would you say your health, in general, is excellent, good, fair, or poor?
- GIC_21A During the last twelve months, what was the total combined income before deductions for you (and all members of your family
- GIC_21A1 Would it be \$25,000 or more?
- GIC_21A2 Would it be \$10,000 or more?
- GIC_21A3 Would it be \$5,000 or more?
- GIC_21A4 Would it be \$50,000 or more?
- GIC_21A5 Would it be \$75,000 or more?
- GIC_CK1 Is caregiver a member of [SAMPNAME]'s household?
- GIC_CK2 Are relatives other than spouse living with the caregiver?
- GIC_CKHP [Refer to GIC_HVW, GIC_LTW, GIC_LND, GIC_MLS, GIC_SHP, GIC_OUTA, GIC_OUTB, GIC_WLK3, GIC_MON, GIC_TEL
- GIC_HHME Other than yourself, is there anyone else currently living or staying in your home?
- GIC_HVW Do you usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows OR does sor
- GIC_ID01 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 1
- GIC_ID02 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 2
- GIC_ID03 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 3
- GIC_ID04 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 4
- GIC_ID05 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 5
- GIC_ID06 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 6
- GIC_ID07 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 7
- GIC_ID08 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 8
- GIC_ID09 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 9
- GIC_ID10 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 10
- GIC_ID11 What is the MAIN condition?
- GIC_IDL1 You said that health or age has kept you from: (CAPI fills based on prior answers: About how long has your health or age kept
- GIC_LND Do you usually do your own laundry OR does someone usually help you do your own laundry because of a disability or health

GIC_LTW Do you usually do light work around the house such as straightening up, putting things away, or washing dishes OR does som
GIC_MED Does someone usually help you take your medicine because of a disability or health problem?
GIC_MLS Do you usually prepare your own meals OR does someone usually help you prepare your own meals because of a disability or
GIC_MON Do you usually manage your own money by yourself including things like keeping track of bills or handling cash or does some
GIC_MS1 Caregiver household member marital status: Is [MEMNAM1-20] now: 1
GIC_MS10 Caregiver household member marital status: Is [MEMNAM1-20] now: 10
GIC_MS11 Caregiver household member marital status: Is [MEMNAM1-20] now: 11
GIC_MS12 Caregiver household member marital status: Is [MEMNAM1-20] now: 12
GIC_MS13 Caregiver household member marital status: Is [MEMNAM1-20] now: 13
GIC_MS14 Caregiver household member marital status: Is [MEMNAM1-20] now: 14
GIC_MS15 Caregiver household member marital status: Is [MEMNAM1-20] now: 15
GIC_MS16 Caregiver household member marital status: Is [MEMNAM1-20] now: 16
GIC_MS17 Caregiver household member marital status: Is [MEMNAM1-20] now: 17
GIC_MS18 Caregiver household member marital status: Is [MEMNAM1-20] now: 18
GIC_MS19 Caregiver household member marital status: Is [MEMNAM1-20] now: 19
GIC_MS2 Caregiver household member marital status: Is [MEMNAM1-20] now: 2
GIC_MS20 Caregiver household member marital status: Is [MEMNAM1-20] now: 20
GIC_MS3 Caregiver household member marital status: Is [MEMNAM1-20] now: 3
GIC_MS4 Caregiver household member marital status: Is [MEMNAM1-20] now: 4
GIC_MS5 Caregiver household member marital status: Is [MEMNAM1-20] now: 5
GIC_MS6 Caregiver household member marital status: Is [MEMNAM1-20] now: 6
GIC_MS7 Caregiver household member marital status: Is [MEMNAM1-20] now: 7
GIC_MS8 Caregiver household member marital status: Is [MEMNAM1-20] now: 8
GIC_MS9 Caregiver household member marital status: Is [MEMNAM1-20] now: 9
GIC_OUTA When you go outside, does someone usually help you get around because of a disability or health problem?
GIC_OUTB When you go outside, do you use special equipment like a cane or walker or a guide dog to help you get around because of :
GIC_OWN In (FILL previous month), about how much of your own money have you spent taking care of [SAMPNAME]?
GIC_OWNC Which category would you say best represents the amount of your own money you have spent taking care of [SAMPNAME]
GIC_SHP Do you usually shop for groceries, that is, go to the store, select the items, and get them home OR does someone usually help
GIC_TEL Do you usually make your own telephone calls without the help of another person or does someone usually help you make you
GIC_WLK1 How do you USUALLY go places outside of walking distance?
GIC_WLK2 How do you USUALLY go places outside of walking distance? Specify
GIC_WLK3 Does someone usually help you go places outside of walking distance because of a disability or health problem?
GICAGE1 Caregiver household member age: How old is [MEMNAM1-20] as of today? 1

GICAGE10 Caregiver household member age: How old is [MEMNAM1-20] as of today? 10
 GICAGE11 Caregiver household member age: How old is [MEMNAM1-20] as of today? 11
 GICAGE12 Caregiver household member age: How old is [MEMNAM1-20] as of today? 12
 GICAGE13 Caregiver household member age: How old is [MEMNAM1-20] as of today? 13
 GICAGE14 Caregiver household member age: How old is [MEMNAM1-20] as of today? 14
 GICAGE15 Caregiver household member age: How old is [MEMNAM1-20] as of today? 15
 GICAGE16 Caregiver household member age: How old is [MEMNAM1-20] as of today? 16
 GICAGE17 Caregiver household member age: How old is [MEMNAM1-20] as of today? 17
 GICAGE18 Caregiver household member age: How old is [MEMNAM1-20] as of today? 18
 GICAGE19 Caregiver household member age: How old is [MEMNAM1-20] as of today? 19
 GICAGE2 Caregiver household member age: How old is [MEMNAM1-20] as of today? 2
 GICAGE20 Caregiver household member age: How old is [MEMNAM1-20] as of today? 20
 GICAGE3 Caregiver household member age: How old is [MEMNAM1-20] as of today? 3
 GICAGE4 Caregiver household member age: How old is [MEMNAM1-20] as of today? 4
 GICAGE5 Caregiver household member age: How old is [MEMNAM1-20] as of today? 5
 GICAGE6 Caregiver household member age: How old is [MEMNAM1-20] as of today? 6
 GICAGE7 Caregiver household member age: How old is [MEMNAM1-20] as of today? 7
 GICAGE8 Caregiver household member age: How old is [MEMNAM1-20] as of today? 8
 GICAGE9 Caregiver household member age: How old is [MEMNAM1-20] as of today? 9
 GICMOR1 Is there anyone else who is currently living or staying with you? 1
 GICMOR10 Is there anyone else who is currently living or staying with you? 10
 GICMOR11 Is there anyone else who is currently living or staying with you? 11
 GICMOR12 Is there anyone else who is currently living or staying with you? 12
 GICMOR13 Is there anyone else who is currently living or staying with you? 13
 GICMOR14 Is there anyone else who is currently living or staying with you? 14
 GICMOR15 Is there anyone else who is currently living or staying with you? 15
 GICMOR16 Is there anyone else who is currently living or staying with you? 16
 GICMOR17 Is there anyone else who is currently living or staying with you? 17
 GICMOR18 Is there anyone else who is currently living or staying with you? 18
 GICMOR19 Is there anyone else who is currently living or staying with you? 19
 GICMOR2 Is there anyone else who is currently living or staying with you? 2
 GICMOR20 Is there anyone else who is currently living or staying with you? 20
 GICMOR3 Is there anyone else who is currently living or staying with you? 3
 GICMOR4 Is there anyone else who is currently living or staying with you? 4

GICMOR5 Is there anyone else who is currently living or staying with you? 5

GICMOR6 Is there anyone else who is currently living or staying with you? 6

GICMOR7 Is there anyone else who is currently living or staying with you? 7

GICMOR8 Is there anyone else who is currently living or staying with you? 8

GICMOR9 Is there anyone else who is currently living or staying with you? 9

GICREL1_R What is [MEMNAM1-20]s relationship to you? 1

GICREL10_R What is [MEMNAM1-20]s relationship to you? 10

GICREL11_R What is [MEMNAM1-20]s relationship to you? 11

GICREL12_R What is [MEMNAM1-20]s relationship to you? 12

GICREL13_R What is [MEMNAM1-20]s relationship to you? 13

GICREL14_R What is [MEMNAM1-20]s relationship to you? 14

GICREL15_R What is [MEMNAM1-20]s relationship to you? 15

GICREL16_R What is [MEMNAM1-20]s relationship to you? 16

GICREL17_R What is [MEMNAM1-20]s relationship to you? 17

GICREL18_R What is [MEMNAM1-20]s relationship to you? 18

GICREL19_R What is [MEMNAM1-20]s relationship to you? 19

GICREL2_R What is [MEMNAM1-20]s relationship to you? 2

GICREL20_R What is [MEMNAM1-20]s relationship to you? 20

GICREL3_R What is [MEMNAM1-20]s relationship to you? 3

GICREL4_R What is [MEMNAM1-20]s relationship to you? 4

GICREL5_R What is [MEMNAM1-20]s relationship to you? 5

GICREL6_R What is [MEMNAM1-20]s relationship to you? 6

GICREL7_R What is [MEMNAM1-20]s relationship to you? 7

GICREL8_R What is [MEMNAM1-20]s relationship to you? 8

GICREL9_R What is [MEMNAM1-20]s relationship to you? 9

GICSEX1 Is [MEMNAM1-20] male or female? 1

GICSEX10 Is [MEMNAM1-20] male or female? 10

GICSEX11 Is [MEMNAM1-20] male or female? 11

GICSEX12 Is [MEMNAM1-20] male or female? 12

GICSEX13 Is [MEMNAM1-20] male or female? 13

GICSEX14 Is [MEMNAM1-20] male or female? 14

GICSEX15 Is [MEMNAM1-20] male or female? 15

GICSEX16 Is [MEMNAM1-20] male or female? 16

GICSEX17 Is [MEMNAM1-20] male or female? 17

GICSEX18 Is [MEMNAM1-20] male or female? 18

GICSEX19 Is [MEMNAM1-20] male or female? 19

GICSEX2 Is [MEMNAM1-20] male or female? 2

GICSEX20 Is [MEMNAM1-20] male or female? 20

GICSEX3 Is [MEMNAM1-20] male or female? 3

GICSEX4 Is [MEMNAM1-20] male or female? 4

GICSEX5 Is [MEMNAM1-20] male or female? 5

GICSEX6 Is [MEMNAM1-20] male or female? 6

GICSEX7 Is [MEMNAM1-20] male or female? 7

GICSEX8 Is [MEMNAM1-20] male or female? 8

GICSEX9 Is [MEMNAM1-20] male or female? 9

GROUP 1=UNIMPAIRED,HEALTHY 2=IMPAIRED 3=LONGITUDINAL 4=INSTITUTIONALIZED

H1HH02 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l

H1HH03 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l

Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr

HABH Have Always Been Health Flag

HALFSAMP Half sample code

- HCK202 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 2
- HCK203 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 3
- HCK204 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 4
- HCK205 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 5
- HCK206 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 6
- HCK207 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 7
- HCK208 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 8
- HCK209 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 9
- HCK210 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 10
- HCK211 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 11
- HCK212 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 12
- HCK213 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 13
- HCK214 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 14
- HCK215 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 15
- HCK216 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 16
- HCK217 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 17
- HCK218 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 18
- HCK219 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 19
- HCK220 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 20
- HCK302 CAPI: Refer to HLP CKH1. - HELPER 2
- HCK303 CAPI: Refer to HLP CKH1. - HELPER 3
- HCK304 CAPI: Refer to HLP CKH1. - HELPER 4
- HCK305 CAPI: Refer to HLP CKH1. - HELPER 5
- HCK306 CAPI: Refer to HLP CKH1. - HELPER 6
- HCK307 CAPI: Refer to HLP CKH1. - HELPER 7
- HCK308 CAPI: Refer to HLP CKH1. - HELPER 8
- HCK309 CAPI: Refer to HLP CKH1. - HELPER 9
- HCK310 CAPI: Refer to HLP CKH1. - HELPER 10

HCK311 CAPI: Refer to HLP CKH1. - HELPER 11
HCK312 CAPI: Refer to HLP CKH1. - HELPER 12
HCK313 CAPI: Refer to HLP CKH1. - HELPER 13
HCK314 CAPI: Refer to HLP CKH1. - HELPER 14
HCK315 CAPI: Refer to HLP CKH1. - HELPER 15
HCK316 CAPI: Refer to HLP CKH1. - HELPER 16
HCK317 CAPI: Refer to HLP CKH1. - HELPER 17
HCK318 CAPI: Refer to HLP CKH1. - HELPER 18
HCK319 CAPI: Refer to HLP CKH1. - HELPER 19
HCK320 CAPI: Refer to HLP CKH1. - HELPER 20
HCK402 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 2
HCK403 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 3
HCK404 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 4
HCK405 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 5
HCK406 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 6
HCK407 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 7
HCK408 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 8
HCK409 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 9
HCK410 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 10
HCK411 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 11
HCK412 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 12
HCK413 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 13
HCK414 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 14
HCK415 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 15
HCK416 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 16
HCK417 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 17
HCK418 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 18
HCK419 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 19
HCK420 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 20
HCKH102 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or ur
HCKH103 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or ur
HCKH104 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or ur
HCKH105 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or ur
HCKH106 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or ur

HFO_10B1 Who provided you with this service?
HFO_10BS Who provided you with this service? SPECIFY
HFO_10C How would you rate that transportation service? Did it meet your needs fully, only partly, or not at all?
HFO_10D1 For what reason have you never done this?
HFO_10DS For what reason have you never done this? SPECIFY
HFO_11A Have you ever had modifications made in [SAMPNAME]'s house to make things easier for (him/her)?
HFO_11B1 Who provided you with this service?
HFO_11BS Who provided you with this service? SPECIFY
HFO_11C How would you rate that home modification? Did it meet your needs fully, only partly, or not at all?
HFO_11D1 For what reason have you never done this?
HFO_11DS For what reason have you never done this? SPECIFY
HFO_12A Have you ever obtained assistive devices, such as wheelchairs, walkers, etc., for [SAMPNAME]?
HFO_12B1 Who provided you with this service?
HFO_12BS Who provided you with this service? SPECIFY
HFO_12C How would you rate that wheelchair, walker, or other assistive Did it meet your needs fully, only partly, or not at all?
HFO_12D1 For what reason have you never done this?
HFO_12DS For what reason have you never done this? SPECIFY
HFO_13_1_R Sometimes, people who provide care to an older person could use some assistance. Please think about your situation, and
HFO_13_3 Please think about your situation, and tell me any kinds of help, information, or support that you would use as a caregiver. Re
HFO_13_4_R Sometimes, people who provide care to an older person could use some assistance. Please think about your situation, and
HFO_13_5 Please think about your situation, and tell me any kinds of help, information, or support that you would use as a caregiver. Re
HFO_2 Have you ever received any respite or caregiver support services from a government source to assist you in providing care for [S.
HFO_3A Please tell me whether you have ever used the following service or not. Have you ever requested information about how to get
HFO_3B_1 Who provided you with this service?
HFO_3B_S Who provided you with this service? SPECIFY
HFO_3C How would you rate that financial information service? Did it meet your needs fully, only partly, or not at all?
HFO_3D_1 For what reason have you never done this?
HFO_3D_S For what reason have you never done this? SPECIFY
HFO_4A Have you ever taken part in support groups for caregivers?
HFO_4B_1 Who provided you with this service?
HFO_4B_S Who provided you with this service? SPECIFY
HFO_4C How would you rate that support group? Did it meet your needs fully, only partly, or not at all?
HFO_4D_1 For what reason have you never done this?
HFO_4D_HFP_4D_S For what reason have you never done this? SPECIFY

HFO_5A Have you ever used a service to temporarily take care of [SAMPNAME] so that you get some time away?
HFO_5B_1 Who provided you with this service?
HFO_5B_S Who provided you with this service? SPECIFY
HFO_5C How would you rate that temporary care service? Did it meet your needs fully, only partly, or not at all?
HFO_5D_1 For what reason have you never done this?
HFO_5D_S For what reason have you never done this? SPECIFY
HFO_6A Have you ever enrolled [SAMPNAME] in a program outside the home such as an Adult Day Care or senior center?
HFO_6B_1 Who provided you with this service?
HFO_6B_S Who provided you with this service? SPECIFY
HFO_6C How would you rate that Adult Day Care/senior center? Did it meet your needs fully, only partly, or not at all?
HFO_6D_1 For what reason have you never done this?
HFO_6D_S For what reason have you never done this? SPECIFY
HFO_7A Have you ever had a service come help with personal care or nursing care at [SAMPNAME]'s home?
HFO_7B_1 Who provided you with this service?
HFO_7B_S Who provided you with this service? SPECIFY
HFO_7C How would you rate that personal, or nursing care service? Did it meet your needs fully, only partly, or not at all?
HFO_7D_1 For what reason have you never done this?
HFO_7D_S For what reason have you never done this? SPECIFY
HFO_8A Have you ever had a service come help you with housework at [SAMPNAME]'s home?
HFO_8B_1 Who provided you with this service?
HFO_8B_S Who provided you with this service? SPECIFY
HFO_8C How would you rate that housework? Did it meet your needs fully, only partly, or not at all?
HFO_8D_1 For what reason have you never done this?
HFO_8D_S For what reason have you never done this? SPECIFY
HFO_9A Have you ever had an outside service deliver meals to [SAMPNAME]'s home?
HFO_9B_1 Who provided you with this service?
HFO_9B_S Who provided you with this service? SPECIFY
HFO_9C How would you rate that meal service? Did it meet your needs fully, only partly, or not at all?
HFO_9D_1 For what reason have you never done this?
HFO_9D_S For what reason have you never done this? SPECIFY
HHEDU03 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU04 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU05 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU06 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r

HHMEM_03 Does [ROS_NAME_3-20] usually live here? 3
 HHMEM_04 Does [ROS_NAME_3-20] usually live here? 4
 HHMEM_05 Does [ROS_NAME_3-20] usually live here? 5
 HHMEM_06 Does [ROS_NAME_3-20] usually live here? 6
 HHMEM_07 Does [ROS_NAME_3-20] usually live here? 7
 HHMEM_08 Does [ROS_NAME_3-20] usually live here? 8
 HHMEM_09 Does [ROS_NAME_3-20] usually live here? 9
 HHMEM_10 Does [ROS_NAME_3-20] usually live here? 10
 HHMEM_11 Does [ROS_NAME_3-20] usually live here? 11
 HHMEM_12 Does [ROS_NAME_3-20] usually live here? 12
 HHMEM_13 Does [ROS_NAME_3-20] usually live here? 13
 HHMEM_14 Does [ROS_NAME_3-20] usually live here? 14
 HHMEM_15 Does [ROS_NAME_3-20] usually live here? 15
 HHMEM_16 Does [ROS_NAME_3-20] usually live here? 16
 HHMEM_17 Does [ROS_NAME_3-20] usually live here? 17
 HHMEM_18 Does [ROS_NAME_3-20] usually live here? 18
 HHMEM_19 Does [ROS_NAME_3-20] usually live here? 19
 HHMEM_20 Does [ROS_NAME_3-20] usually live here? 20
 HHSPWORK03 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 3
 HHSPWORK04 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 4
 HHSPWORK05 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 5
 HHSPWORK06 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 6
 HHSPWORK07 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 7
 HHSPWORK08 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 8
 HHSPWORK09 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 9
 HHSPWORK10 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 10
 HHSPWORK11 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 11
 HHSPWORK12 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 12
 HHSPWORK13 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 13
 HHSPWORK14 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 14
 HHSPWORK15 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 15
 HHSPWORK16 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 16
 HHSPWORK17 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 17
 HHSPWORK18 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 18

HHSPWORK19 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 19
 HHSPWORK20 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 20
 HHWORK03 How many hours does [ROS_NAME_3-20] usually work per week? 3
 HHWORK04 How many hours does [ROS_NAME_3-20] usually work per week? 4
 HHWORK05 How many hours does [ROS_NAME_3-20] usually work per week? 5
 HHWORK06 How many hours does [ROS_NAME_3-20] usually work per week? 6
 HHWORK07 How many hours does [ROS_NAME_3-20] usually work per week? 7
 HHWORK08 How many hours does [ROS_NAME_3-20] usually work per week? 8
 HHWORK09 How many hours does [ROS_NAME_3-20] usually work per week? 9
 HHWORK10 How many hours does [ROS_NAME_3-20] usually work per week? 10
 HHWORK11 How many hours does [ROS_NAME_3-20] usually work per week? 11
 HHWORK12 How many hours does [ROS_NAME_3-20] usually work per week? 12
 HHWORK13 How many hours does [ROS_NAME_3-20] usually work per week? 13
 HHWORK14 How many hours does [ROS_NAME_3-20] usually work per week? 14
 HHWORK15 How many hours does [ROS_NAME_3-20] usually work per week? 15
 HHWORK16 How many hours does [ROS_NAME_3-20] usually work per week? 16
 HHWORK17 How many hours does [ROS_NAME_3-20] usually work per week? 17
 HHWORK18 How many hours does [ROS_NAME_3-20] usually work per week? 18
 HHWORK19 How many hours does [ROS_NAME_3-20] usually work per week? 19
 HHWORK20 How many hours does [ROS_NAME_3-20] usually work per week? 20
 HLP_1H How much time on an average day (are you/is) [SAMPNAME] receiving helper assistance from persons or organizations? HOU
 HLP_1M How much time on an average day (are you/is) [SAMPNAME] receiving helper assistance from persons or organizations? MINL
 HLP_FLG_10 HELPER FLAG 10
 HLP_FLG_11 HELPER FLAG 11
 HLP_FLG_12 HELPER FLAG 12
 HLP_FLG_13 HELPER FLAG 13
 HLP_FLG_14 HELPER FLAG 14
 HLP_FLG_15 HELPER FLAG 15
 HLP_FLG_16 HELPER FLAG 16
 HLP_FLG_17 HELPER FLAG 17
 HLP_FLG_18 HELPER FLAG 18
 HLP_FLG_19 HELPER FLAG 19
 HLP_FLG_2 HELPER FLAG - SPOUSE
 HLP_FLG_20 HELPER FLAG 20

HLP_FLG_3 HELPER FLAG 3

HLP_FLG_4 HELPER FLAG 4

HLP_FLG_5 HELPER FLAG 5

HLP_FLG_6 HELPER FLAG 6

HLP_FLG_7 HELPER FLAG 7

HLP_FLG_8 HELPER FLAG 8

HLP_FLG_9 HELPER FLAG 9

HLPPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?

HNC_1A What is the reason that (you)/[SAMPNAME] and the other household member(s) are living together NOW? Is that because of a

HNC_1B Is it to share living expenses?

HNC_1C_1 Did (you)/[SAMPNAME] come to live with the other household member(s), or did the other household member(s) come to live

HNC_1C_2 Did (you)/[SAMPNAME] come to live with the other household member(s), or did the other household member(s) come to live

HNC_1D_1 When did (you)/[SAMPNAME] and (any of) other household member(s) start living together? MONTH

HNC_1D_3 When did (you)/[SAMPNAME] and (any of) other household member(s) start living together? YEAR

HNC_2A All things considered, how satisfied are (you)/[SAMPNAME] with the place in which you are living - would you say that you are

HNC_2B Is this place part of a building or community intended for older or retired, or disabled persons?

HNC_3_0 Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? None

HNC_3_1 Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Extra handrails

HNC_3_2 Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Ramps

HNC_3_3 Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Elevators or stairs

HNC_3_4 Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Extra wide door

HNC_3_5 Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Push bars on door

HNC_3_6 Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Raised toilet

HNC_3_DK Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Dont Know

HNC_3_RF Which of these things (do you/does) [SAMPNAME] have in (your/his/her) (house/apartment)? Anything else? Refused

HNC_4_0 Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? None

HNC_4_1 Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Extra handrails (

HNC_4_2 Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Ramps

HNC_4_3 Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Elevators or stairs

HNC_4_4 Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Extra wide doors

HNC_4_5 Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Push bars on door

HNC_4_6 Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Raised toilet

HNC_4_DK Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Dont Know

HNC_4_RF Which of these things would make things easier or more comfortable for (you)/[SAMPNAME]? Anything else? Refused

HNC_5A Is there a toilet conveniently located to the room in which (you)/[SAMPNAME] sleep(s)? This includes portable toilets.

HNC_5B Is there a toilet conveniently located to the room in which (you)/[SAMPNAME] spend(s) most of (your/his/her) day? This includes

HNC_6 All things considered, how satisfied are (you)/[SAMPNAME] with this neighborhood - would you say that (you/he/she) (are/is) very

HNC_7A Is there a conveniently located food or grocery store in this neighborhood?

HNC_7B Is there a conveniently located drug store or pharmacy in this neighborhood?

HNC_8A Is crime a serious problem in this neighborhood?

HNC_8B During the past year, (have you/has) [SAMPNAME] (or any other members of (your/his/her) household) been a victim of a crime

HNC_CK2 FR: IN WHAT TYPE OF AREA IS THIS ADDRESS?

HNC_CK31 FR: WHAT ARE THE LIVING QUARTERS? ASK ABOUT ELEVATOR ONLY IF NOT OBVIOUS.

HNC_CK32 FR: WHAT ARE THE LIVING QUARTERS? ASK ABOUT ELEVATOR ONLY IF NOT OBVIOUS. SPECIFY

HNC_CK4 Are person(s), other than spouse, older than 18 years of age, currently living with (you)/[SAMPNAME] ?

HNC_CK5 CAPI: Refer to HNCPROXY at the beginning of this part. Respondent is:

HNC_CK6 CAPI: Refer to HNCPROXY at the beginning of this part. Respondent is:

HNCPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING

HOMETG_10 Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? DONT KNOW

HOMETG_11 Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? REFUSED

HOWFAR03 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 3

HOWFAR04 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 4

HOWFAR05 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 5

HOWFAR06 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 6

HOWFAR07 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 7

HOWFAR08 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 8

HOWFAR09 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 9

HOWFAR10 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 10

HOWFAR11 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 11

HOWFAR12 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 12

HOWFAR13 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 13

HOWFAR14 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 14

HOWFAR15 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 15

HOWFAR16 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 16

HOWFAR17 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 17

HOWFAR18 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 18

HOWFAR19 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 19

HOWFAR20 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 20

HPA_1EM_05 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_06 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_07 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_08 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_09 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_10 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_11 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_12 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_13 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_14 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_15 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_16 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_17 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_18 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_19 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1EM_20 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_

HPA_1G_03 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 3

HPA_1G_04 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 4

HPA_1G_05 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 5

HPA_1G_06 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 6

HPA_1G_07 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 7

HPA_1G_08 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 8

HPA_1G_09 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 9

HPA_1G_10 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 10

HPA_1G_11 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 11

HPA_1G_12 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 12

HPA_1G_13 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 13

HPA_1G_14 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 14

HPA_1G_15 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 15

HPA_1G_16 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 16

HPA_1G_17 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 17

HPA_1G_18 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 18

HPA_1G_19 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 19

HPA_1G_20 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 20

HPA_1H_03 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 3
HPA_1H_04 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 4
HPA_1H_05 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 5
HPA_1H_06 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 6
HPA_1H_07 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 7
HPA_1H_08 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 8
HPA_1H_09 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 9
HPA_1H_10 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 10
HPA_1H_11 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 11
HPA_1H_12 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 12
HPA_1H_13 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 13
HPA_1H_14 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 14
HPA_1H_15 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 15
HPA_1H_16 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 16
HPA_1H_17 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 17
HPA_1H_18 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 18
HPA_1H_19 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 19
HPA_1H_20 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 20
HPA_1J_03 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_04 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_05 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_06 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_07 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_08 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_09 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_10 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_11 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_12 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_13 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_14 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_15 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_16 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_17 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_18 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL

HPA1N_03_SP Who paid? Anyone else? SPECIFY - 3
 HPA1N_04_SP Who paid? Anyone else? SPECIFY - 4
 HPA1N_05_SP Who paid? Anyone else? SPECIFY - 5
 HPA1N_06_SP Who paid? Anyone else? SPECIFY - 6
 HPA1N_07_SP Who paid? Anyone else? SPECIFY - 7
 HPA1N_08_SP Who paid? Anyone else? SPECIFY - 8
 HPA1N_09_SP Who paid? Anyone else? SPECIFY - 9
 HPA1N_10_SP Who paid? Anyone else? SPECIFY - 10
 HPA1N_11_SP Who paid? Anyone else? SPECIFY - 11
 HPA1N_12_SP Who paid? Anyone else? SPECIFY - 12
 HPA1N_13_SP Who paid? Anyone else? SPECIFY - 13
 HPA1N_14_SP Who paid? Anyone else? SPECIFY - 14
 HPA1N_15_SP Who paid? Anyone else? SPECIFY - 15
 HPA1N_16_SP Who paid? Anyone else? SPECIFY - 16
 HPA1N_17_SP Who paid? Anyone else? SPECIFY - 17
 HPA1N_18_SP Who paid? Anyone else? SPECIFY - 18
 HPA1N_19_SP Who paid? Anyone else? SPECIFY - 19
 HPA1N_20_SP Who paid? Anyone else? SPECIFY - 20
 HPA1N_DK03 Who paid? Anyone else? DONT KNOW - 3
 HPA1N_DK04 Who paid? Anyone else? DONT KNOW - 4
 HPA1N_DK05 Who paid? Anyone else? DONT KNOW - 5
 HPA1N_DK06 Who paid? Anyone else? DONT KNOW - 6
 HPA1N_DK07 Who paid? Anyone else? DONT KNOW - 7
 HPA1N_DK08 Who paid? Anyone else? DONT KNOW - 8
 HPA1N_DK09 Who paid? Anyone else? DONT KNOW - 9
 HPA1N_DK10 Who paid? Anyone else? DONT KNOW - 10
 HPA1N_DK11 Who paid? Anyone else? DONT KNOW - 11
 HPA1N_DK12 Who paid? Anyone else? DONT KNOW - 12

HPA1N_DK13 Who paid? Anyone else? DONT KNOW - 13
 HPA1N_DK14 Who paid? Anyone else? DONT KNOW - 14
 HPA1N_DK15 Who paid? Anyone else? DONT KNOW - 15
 HPA1N_DK16 Who paid? Anyone else? DONT KNOW - 16
 HPA1N_DK17 Who paid? Anyone else? DONT KNOW - 17
 HPA1N_DK18 Who paid? Anyone else? DONT KNOW - 18
 HPA1N_DK19 Who paid? Anyone else? DONT KNOW - 19
 HPA1N_DK20 Who paid? Anyone else? DONT KNOW - 20
 HPA1N_RF03 Who paid? Anyone else? REFUSED - 3
 HPA1N_RF04 Who paid? Anyone else? REFUSED - 4
 HPA1N_RF05 Who paid? Anyone else? REFUSED - 5
 HPA1N_RF06 Who paid? Anyone else? REFUSED - 6
 HPA1N_RF07 Who paid? Anyone else? REFUSED - 7
 HPA1N_RF08 Who paid? Anyone else? REFUSED - 8
 HPA1N_RF09 Who paid? Anyone else? REFUSED - 9
 HPA1N_RF10 Who paid? Anyone else? REFUSED - 10
 HPA1N_RF11 Who paid? Anyone else? REFUSED - 11
 HPA1N_RF12 Who paid? Anyone else? REFUSED - 12
 HPA1N_RF13 Who paid? Anyone else? REFUSED - 13
 HPA1N_RF14 Who paid? Anyone else? REFUSED - 14
 HPA1N_RF15 Who paid? Anyone else? REFUSED - 15
 HPA1N_RF16 Who paid? Anyone else? REFUSED - 16
 HPA1N_RF17 Who paid? Anyone else? REFUSED - 17
 HPA1N_RF18 Who paid? Anyone else? REFUSED - 18
 HPA1N_RF19 Who paid? Anyone else? REFUSED - 19
 HPA1N_RF20 Who paid? Anyone else? REFUSED - 20
 HPA1N1103 Who paid? Anyone else? Fee for service insurance plans - 3
 HPA1N1104 Who paid? Anyone else? Fee for service insurance plans - 4
 HPA1N1105 Who paid? Anyone else? Fee for service insurance plans - 5
 HPA1N1106 Who paid? Anyone else? Fee for service insurance plans - 6
 HPA1N1107 Who paid? Anyone else? Fee for service insurance plans - 7
 HPA1N1108 Who paid? Anyone else? Fee for service insurance plans - 8
 HPA1N1109 Who paid? Anyone else? Fee for service insurance plans - 9
 HPA1N1110 Who paid? Anyone else? Fee for service insurance plans - 10

HPA1N1111 Who paid? Anyone else? Fee for service insurance plans - 11
 HPA1N1112 Who paid? Anyone else? Fee for service insurance plans - 12
 HPA1N1113 Who paid? Anyone else? Fee for service insurance plans - 13
 HPA1N1114 Who paid? Anyone else? Fee for service insurance plans - 14
 HPA1N1115 Who paid? Anyone else? Fee for service insurance plans - 15
 HPA1N1116 Who paid? Anyone else? Fee for service insurance plans - 16
 HPA1N1117 Who paid? Anyone else? Fee for service insurance plans - 17
 HPA1N1118 Who paid? Anyone else? Fee for service insurance plans - 18
 HPA1N1119 Who paid? Anyone else? Fee for service insurance plans - 19
 HPA1N1120 Who paid? Anyone else? Fee for service insurance plans - 20
 HPA1N1203 Who paid? Anyone else? HMO/prepaid group - 3
 HPA1N1204 Who paid? Anyone else? HMO/prepaid group - 4
 HPA1N1205 Who paid? Anyone else? HMO/prepaid group - 5
 HPA1N1206 Who paid? Anyone else? HMO/prepaid group - 6
 HPA1N1207 Who paid? Anyone else? HMO/prepaid group - 7
 HPA1N1208 Who paid? Anyone else? HMO/prepaid group - 8
 HPA1N1209 Who paid? Anyone else? HMO/prepaid group - 9
 HPA1N1210 Who paid? Anyone else? HMO/prepaid group - 10
 HPA1N1211 Who paid? Anyone else? HMO/prepaid group - 11
 HPA1N1212 Who paid? Anyone else? HMO/prepaid group - 12
 HPA1N1213 Who paid? Anyone else? HMO/prepaid group - 13
 HPA1N1214 Who paid? Anyone else? HMO/prepaid group - 14
 HPA1N1215 Who paid? Anyone else? HMO/prepaid group - 15
 HPA1N1216 Who paid? Anyone else? HMO/prepaid group - 16
 HPA1N1217 Who paid? Anyone else? HMO/prepaid group - 17
 HPA1N1218 Who paid? Anyone else? HMO/prepaid group - 18
 HPA1N1219 Who paid? Anyone else? HMO/prepaid group - 19
 HPA1N1220 Who paid? Anyone else? HMO/prepaid group - 20
 HPA1N1303 Who paid? Anyone else? Medicare - 3
 HPA1N1304 Who paid? Anyone else? Medicare - 4
 HPA1N1305 Who paid? Anyone else? Medicare - 5
 HPA1N1306 Who paid? Anyone else? Medicare - 6
 HPA1N1307 Who paid? Anyone else? Medicare - 7
 HPA1N1308 Who paid? Anyone else? Medicare - 8

HPA1N1309 Who paid? Anyone else? Medicare - 9
 HPA1N1310 Who paid? Anyone else? Medicare - 10
 HPA1N1311 Who paid? Anyone else? Medicare - 11
 HPA1N1312 Who paid? Anyone else? Medicare - 12
 HPA1N1313 Who paid? Anyone else? Medicare - 13
 HPA1N1314 Who paid? Anyone else? Medicare - 14
 HPA1N1315 Who paid? Anyone else? Medicare - 15
 HPA1N1316 Who paid? Anyone else? Medicare - 16
 HPA1N1317 Who paid? Anyone else? Medicare - 17
 HPA1N1318 Who paid? Anyone else? Medicare - 18
 HPA1N1319 Who paid? Anyone else? Medicare - 19
 HPA1N1320 Who paid? Anyone else? Medicare - 20
 HPA1N1403 Who paid? Anyone else? Medicaid - 3
 HPA1N1404 Who paid? Anyone else? Medicaid - 4
 HPA1N1405 Who paid? Anyone else? Medicaid - 5
 HPA1N1406 Who paid? Anyone else? Medicaid - 6
 HPA1N1407 Who paid? Anyone else? Medicaid - 7
 HPA1N1408 Who paid? Anyone else? Medicaid - 8
 HPA1N1409 Who paid? Anyone else? Medicaid - 9
 HPA1N1410 Who paid? Anyone else? Medicaid - 10
 HPA1N1411 Who paid? Anyone else? Medicaid - 11
 HPA1N1412 Who paid? Anyone else? Medicaid - 12
 HPA1N1413 Who paid? Anyone else? Medicaid - 13
 HPA1N1414 Who paid? Anyone else? Medicaid - 14
 HPA1N1415 Who paid? Anyone else? Medicaid - 15
 HPA1N1416 Who paid? Anyone else? Medicaid - 16
 HPA1N1417 Who paid? Anyone else? Medicaid - 17
 HPA1N1418 Who paid? Anyone else? Medicaid - 18
 HPA1N1419 Who paid? Anyone else? Medicaid - 19
 HPA1N1420 Who paid? Anyone else? Medicaid - 20
 HPA1N1503 Who paid? Anyone else? Household member(s) - 3
 HPA1N1504 Who paid? Anyone else? Household member(s) - 4
 HPA1N1505 Who paid? Anyone else? Household member(s) - 5
 HPA1N1506 Who paid? Anyone else? Household member(s) - 6

HPA1N1507 Who paid? Anyone else? Household member(s) - 7
 HPA1N1508 Who paid? Anyone else? Household member(s) - 8
 HPA1N1509 Who paid? Anyone else? Household member(s) - 9
 HPA1N1510 Who paid? Anyone else? Household member(s) - 10
 HPA1N1511 Who paid? Anyone else? Household member(s) - 11
 HPA1N1512 Who paid? Anyone else? Household member(s) - 12
 HPA1N1513 Who paid? Anyone else? Household member(s) - 13
 HPA1N1514 Who paid? Anyone else? Household member(s) - 14
 HPA1N1515 Who paid? Anyone else? Household member(s) - 15
 HPA1N1516 Who paid? Anyone else? Household member(s) - 16
 HPA1N1517 Who paid? Anyone else? Household member(s) - 17
 HPA1N1518 Who paid? Anyone else? Household member(s) - 18
 HPA1N1519 Who paid? Anyone else? Household member(s) - 19
 HPA1N1520 Who paid? Anyone else? Household member(s) - 20
 HPA1N1603 Who paid? Anyone else? Child(ren) not in household - 3
 HPA1N1604 Who paid? Anyone else? Child(ren) not in household - 4
 HPA1N1605 Who paid? Anyone else? Child(ren) not in household - 5
 HPA1N1606 Who paid? Anyone else? Child(ren) not in household - 6
 HPA1N1607 Who paid? Anyone else? Child(ren) not in household - 7
 HPA1N1608 Who paid? Anyone else? Child(ren) not in household - 8
 HPA1N1609 Who paid? Anyone else? Child(ren) not in household - 9
 HPA1N1610 Who paid? Anyone else? Child(ren) not in household - 10
 HPA1N1611 Who paid? Anyone else? Child(ren) not in household - 11
 HPA1N1612 Who paid? Anyone else? Child(ren) not in household - 12
 HPA1N1613 Who paid? Anyone else? Child(ren) not in household - 13
 HPA1N1614 Who paid? Anyone else? Child(ren) not in household - 14
 HPA1N1615 Who paid? Anyone else? Child(ren) not in household - 15
 HPA1N1616 Who paid? Anyone else? Child(ren) not in household - 16
 HPA1N1617 Who paid? Anyone else? Child(ren) not in household - 17
 HPA1N1618 Who paid? Anyone else? Child(ren) not in household - 18
 HPA1N1619 Who paid? Anyone else? Child(ren) not in household - 19
 HPA1N1620 Who paid? Anyone else? Child(ren) not in household - 20
 HPA1N1703 Who paid? Anyone else? Father - 3
 HPA1N1704 Who paid? Anyone else? Father - 4

HPA1N1705 Who paid? Anyone else? Father - 5
HPA1N1706 Who paid? Anyone else? Father - 6
HPA1N1707 Who paid? Anyone else? Father - 7
HPA1N1708 Who paid? Anyone else? Father - 8
HPA1N1709 Who paid? Anyone else? Father - 9
HPA1N1710 Who paid? Anyone else? Father - 10
HPA1N1711 Who paid? Anyone else? Father - 11
HPA1N1712 Who paid? Anyone else? Father - 12
HPA1N1713 Who paid? Anyone else? Father - 13
HPA1N1714 Who paid? Anyone else? Father - 14
HPA1N1715 Who paid? Anyone else? Father - 15
HPA1N1716 Who paid? Anyone else? Father - 16
HPA1N1717 Who paid? Anyone else? Father - 17
HPA1N1718 Who paid? Anyone else? Father - 18
HPA1N1719 Who paid? Anyone else? Father - 19
HPA1N1720 Who paid? Anyone else? Father - 20
HPA1N1803 Who paid? Anyone else? Mother - 3
HPA1N1804 Who paid? Anyone else? Mother - 4
HPA1N1805 Who paid? Anyone else? Mother - 5
HPA1N1806 Who paid? Anyone else? Mother - 6
HPA1N1807 Who paid? Anyone else? Mother - 7
HPA1N1808 Who paid? Anyone else? Mother - 8
HPA1N1809 Who paid? Anyone else? Mother - 9
HPA1N1810 Who paid? Anyone else? Mother - 10
HPA1N1811 Who paid? Anyone else? Mother - 11
HPA1N1812 Who paid? Anyone else? Mother - 12
HPA1N1813 Who paid? Anyone else? Mother - 13
HPA1N1814 Who paid? Anyone else? Mother - 14
HPA1N1815 Who paid? Anyone else? Mother - 15
HPA1N1816 Who paid? Anyone else? Mother - 16
HPA1N1817 Who paid? Anyone else? Mother - 17
HPA1N1818 Who paid? Anyone else? Mother - 18
HPA1N1819 Who paid? Anyone else? Mother - 19
HPA1N1820 Who paid? Anyone else? Mother - 20

HPA1N1903 Who paid? Anyone else? Son-in-law - 3
HPA1N1904 Who paid? Anyone else? Son-in-law - 4
HPA1N1905 Who paid? Anyone else? Son-in-law - 5
HPA1N1906 Who paid? Anyone else? Son-in-law - 6
HPA1N1907 Who paid? Anyone else? Son-in-law - 7
HPA1N1908 Who paid? Anyone else? Son-in-law - 8
HPA1N1909 Who paid? Anyone else? Son-in-law - 9
HPA1N1910 Who paid? Anyone else? Son-in-law - 10
HPA1N1911 Who paid? Anyone else? Son-in-law - 11
HPA1N1912 Who paid? Anyone else? Son-in-law - 12
HPA1N1913 Who paid? Anyone else? Son-in-law - 13
HPA1N1914 Who paid? Anyone else? Son-in-law - 14
HPA1N1915 Who paid? Anyone else? Son-in-law - 15
HPA1N1916 Who paid? Anyone else? Son-in-law - 16
HPA1N1917 Who paid? Anyone else? Son-in-law - 17
HPA1N1918 Who paid? Anyone else? Son-in-law - 18
HPA1N1919 Who paid? Anyone else? Son-in-law - 19
HPA1N1920 Who paid? Anyone else? Son-in-law - 20
HPA1N2003 Who paid? Anyone else? Daughter-in-law - 3
HPA1N2004 Who paid? Anyone else? Daughter-in-law - 4
HPA1N2005 Who paid? Anyone else? Daughter-in-law - 5
HPA1N2006 Who paid? Anyone else? Daughter-in-law - 6
HPA1N2007 Who paid? Anyone else? Daughter-in-law - 7
HPA1N2008 Who paid? Anyone else? Daughter-in-law - 8
HPA1N2009 Who paid? Anyone else? Daughter-in-law - 9
HPA1N2010 Who paid? Anyone else? Daughter-in-law - 10
HPA1N2011 Who paid? Anyone else? Daughter-in-law - 11
HPA1N2012 Who paid? Anyone else? Daughter-in-law - 12
HPA1N2013 Who paid? Anyone else? Daughter-in-law - 13
HPA1N2014 Who paid? Anyone else? Daughter-in-law - 14
HPA1N2015 Who paid? Anyone else? Daughter-in-law - 15
HPA1N2016 Who paid? Anyone else? Daughter-in-law - 16
HPA1N2017 Who paid? Anyone else? Daughter-in-law - 17
HPA1N2018 Who paid? Anyone else? Daughter-in-law - 18

HPA1N2019 Who paid? Anyone else? Daughter-in-law - 19
 HPA1N2020 Who paid? Anyone else? Daughter-in-law - 20
 HPA1N2103 Who paid? Anyone else? Brother - 3
 HPA1N2104 Who paid? Anyone else? Brother - 4
 HPA1N2105 Who paid? Anyone else? Brother - 5
 HPA1N2106 Who paid? Anyone else? Brother - 6
 HPA1N2107 Who paid? Anyone else? Brother - 7
 HPA1N2108 Who paid? Anyone else? Brother - 8
 HPA1N2109 Who paid? Anyone else? Brother - 9
 HPA1N2110 Who paid? Anyone else? Brother - 10
 HPA1N2111 Who paid? Anyone else? Brother - 11
 HPA1N2112 Who paid? Anyone else? Brother - 12
 HPA1N2113 Who paid? Anyone else? Brother - 13
 HPA1N2114 Who paid? Anyone else? Brother - 14
 HPA1N2115 Who paid? Anyone else? Brother - 15
 HPA1N2116 Who paid? Anyone else? Brother - 16
 HPA1N2117 Who paid? Anyone else? Brother - 17
 HPA1N2118 Who paid? Anyone else? Brother - 18
 HPA1N2119 Who paid? Anyone else? Brother - 19
 HPA1N2120 Who paid? Anyone else? Brother - 20
 HPA1N2203 Who paid? Anyone else? Sister - 3
 HPA1N2204 Who paid? Anyone else? Sister - 4
 HPA1N2205 Who paid? Anyone else? Sister - 5
 HPA1N2206 Who paid? Anyone else? Sister - 6
 HPA1N2207 Who paid? Anyone else? Sister - 7
 HPA1N2208 Who paid? Anyone else? Sister - 8
 HPA1N2209 Who paid? Anyone else? Sister - 9
 HPA1N2210 Who paid? Anyone else? Sister - 10
 HPA1N2211 Who paid? Anyone else? Sister - 11
 HPA1N2212 Who paid? Anyone else? Sister - 12
 HPA1N2213 Who paid? Anyone else? Sister - 13
 HPA1N2214 Who paid? Anyone else? Sister - 14
 HPA1N2215 Who paid? Anyone else? Sister - 15
 HPA1N2216 Who paid? Anyone else? Sister - 16

HPA1N2217 Who paid? Anyone else? Sister - 17
HPA1N2218 Who paid? Anyone else? Sister - 18
HPA1N2219 Who paid? Anyone else? Sister - 19
HPA1N2220 Who paid? Anyone else? Sister - 20
HPA1N2303 Who paid? Anyone else? Other male relative - 3
HPA1N2304 Who paid? Anyone else? Other male relative - 4
HPA1N2305 Who paid? Anyone else? Other male relative - 5
HPA1N2306 Who paid? Anyone else? Other male relative - 6
HPA1N2307 Who paid? Anyone else? Other male relative - 7
HPA1N2308 Who paid? Anyone else? Other male relative - 8
HPA1N2309 Who paid? Anyone else? Other male relative - 9
HPA1N2310 Who paid? Anyone else? Other male relative - 10
HPA1N2311 Who paid? Anyone else? Other male relative - 11
HPA1N2312 Who paid? Anyone else? Other male relative - 12
HPA1N2313 Who paid? Anyone else? Other male relative - 13
HPA1N2314 Who paid? Anyone else? Other male relative - 14
HPA1N2315 Who paid? Anyone else? Other male relative - 15
HPA1N2316 Who paid? Anyone else? Other male relative - 16
HPA1N2317 Who paid? Anyone else? Other male relative - 17
HPA1N2318 Who paid? Anyone else? Other male relative - 18
HPA1N2319 Who paid? Anyone else? Other male relative - 19
HPA1N2320 Who paid? Anyone else? Other male relative - 20
HPA1N2403 Who paid? Anyone else? Other female relative - 3
HPA1N2404 Who paid? Anyone else? Other female relative - 4
HPA1N2405 Who paid? Anyone else? Other female relative - 5
HPA1N2406 Who paid? Anyone else? Other female relative - 6
HPA1N2407 Who paid? Anyone else? Other female relative - 7
HPA1N2408 Who paid? Anyone else? Other female relative - 8
HPA1N2409 Who paid? Anyone else? Other female relative - 9
HPA1N2410 Who paid? Anyone else? Other female relative - 10
HPA1N2411 Who paid? Anyone else? Other female relative - 11
HPA1N2412 Who paid? Anyone else? Other female relative - 12
HPA1N2413 Who paid? Anyone else? Other female relative - 13
HPA1N2414 Who paid? Anyone else? Other female relative - 14

HPA1N2415 Who paid? Anyone else? Other female relative - 15
HPA1N2416 Who paid? Anyone else? Other female relative - 16
HPA1N2417 Who paid? Anyone else? Other female relative - 17
HPA1N2418 Who paid? Anyone else? Other female relative - 18
HPA1N2419 Who paid? Anyone else? Other female relative - 19
HPA1N2420 Who paid? Anyone else? Other female relative - 20
HPA1N2503 Who paid? Anyone else? Male friend - 3
HPA1N2504 Who paid? Anyone else? Male friend - 4
HPA1N2505 Who paid? Anyone else? Male friend - 5
HPA1N2506 Who paid? Anyone else? Male friend - 6
HPA1N2507 Who paid? Anyone else? Male friend - 7
HPA1N2508 Who paid? Anyone else? Male friend - 8
HPA1N2509 Who paid? Anyone else? Male friend - 9
HPA1N2510 Who paid? Anyone else? Male friend - 10
HPA1N2511 Who paid? Anyone else? Male friend - 11
HPA1N2512 Who paid? Anyone else? Male friend - 12
HPA1N2513 Who paid? Anyone else? Male friend - 13
HPA1N2514 Who paid? Anyone else? Male friend - 14
HPA1N2515 Who paid? Anyone else? Male friend - 15
HPA1N2516 Who paid? Anyone else? Male friend - 16
HPA1N2517 Who paid? Anyone else? Male friend - 17
HPA1N2518 Who paid? Anyone else? Male friend - 18
HPA1N2519 Who paid? Anyone else? Male friend - 19
HPA1N2520 Who paid? Anyone else? Male friend - 20
HPA1N2603 Who paid? Anyone else? Female friend - 3
HPA1N2604 Who paid? Anyone else? Female friend - 4
HPA1N2605 Who paid? Anyone else? Female friend - 5
HPA1N2606 Who paid? Anyone else? Female friend - 6
HPA1N2607 Who paid? Anyone else? Female friend - 7
HPA1N2608 Who paid? Anyone else? Female friend - 8
HPA1N2609 Who paid? Anyone else? Female friend - 9
HPA1N2610 Who paid? Anyone else? Female friend - 10
HPA1N2611 Who paid? Anyone else? Female friend - 11
HPA1N2612 Who paid? Anyone else? Female friend - 12

HPA1N2613 Who paid? Anyone else? Female friend - 13
 HPA1N2614 Who paid? Anyone else? Female friend - 14
 HPA1N2615 Who paid? Anyone else? Female friend - 15
 HPA1N2616 Who paid? Anyone else? Female friend - 16
 HPA1N2617 Who paid? Anyone else? Female friend - 17
 HPA1N2618 Who paid? Anyone else? Female friend - 18
 HPA1N2619 Who paid? Anyone else? Female friend - 19
 HPA1N2620 Who paid? Anyone else? Female friend - 20
 HPA1N2703 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 3
 HPA1N2704 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 4
 HPA1N2705 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 5
 HPA1N2706 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 6
 HPA1N2707 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 7
 HPA1N2708 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 8
 HPA1N2709 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 9
 HPA1N2710 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 10
 HPA1N2711 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 11
 HPA1N2712 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 12
 HPA1N2713 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 13
 HPA1N2714 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 14
 HPA1N2715 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 15
 HPA1N2716 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 16
 HPA1N2717 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 17
 HPA1N2718 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 18
 HPA1N2719 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 19
 HPA1N2720 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 20
 HPACTHR03 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 3
 HPACTHR04 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 4
 HPACTHR05 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 5
 HPACTHR06 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 6
 HPACTHR07 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 7
 HPACTHR08 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 8
 HPACTHR09 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 9
 HPACTHR10 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 10

HPACTHR11 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 11
 HPACTHR12 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 12
 HPACTHR13 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 13
 HPACTHR14 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 14
 HPACTHR15 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 15
 HPACTHR16 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 16
 HPACTHR17 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 17
 HPACTHR18 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 18
 HPACTHR19 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 19
 HPACTHR20 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 20
 HPADLHR03 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 3
 HPADLHR04 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 4
 HPADLHR05 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 5
 HPADLHR06 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 6
 HPADLHR07 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 7
 HPADLHR08 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 8
 HPADLHR09 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 9
 HPADLHR10 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 10
 HPADLHR11 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 11
 HPADLHR12 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 12
 HPADLHR13 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 13
 HPADLHR14 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 14
 HPADLHR15 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 15
 HPADLHR16 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 16
 HPADLHR17 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 17
 HPADLHR18 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 18
 HPADLHR19 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 19
 HPADLHR20 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 20
 HPAPAY_03 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
 HPAPAY_04 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
 HPAPAY_05 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
 HPAPAY_06 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
 HPAPAY_07 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
 HPAPAY_08 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH

HPAPAY_09 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_10 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_11 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_12 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_13 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_14 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_15 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_16 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_17 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_18 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_19 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_20 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPER_03 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_04 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_05 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_06 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_07 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_08 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_09 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_10 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_11 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_12 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_13 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_14 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_15 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_16 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_17 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_18 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_19 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
HPAPER_20 Per? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) REC
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be

During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPNAME] with those things? - MINUTES - 19

During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPNAME] with those things? - MINUTES - 20

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 3

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 4

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 5

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 6

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 7

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 8

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 9

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 10

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 11

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 12

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 13

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 14

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 15

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 16

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 17

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 18

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 19

Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 20

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 3

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 4

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 5

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 6

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 7

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 8

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 9

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 10

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 11

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 12

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 13

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 14

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 15

Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 16

How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 13
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 14
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 15
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 16
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 17
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 18
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 19
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 20
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 3
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 4
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 5
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 6
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 7
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 8
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 9
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 10
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 11
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 12
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 13
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 14
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 15
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 16
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 17
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 18
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 19
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 20
HPB1L1_03 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_04 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_05 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_06 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_07 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_08 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_09 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_10 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE

HPB1L1_11 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_12 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_13 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_14 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_15 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_16 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_17 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_18 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_19 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
HPB1L1_20 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE
Who paid? Anyone else? SPECIFY - 3
Who paid? Anyone else? SPECIFY - 4
Who paid? Anyone else? SPECIFY - 5
Who paid? Anyone else? SPECIFY - 6
Who paid? Anyone else? SPECIFY - 7
Who paid? Anyone else? SPECIFY - 8
Who paid? Anyone else? SPECIFY - 9
Who paid? Anyone else? SPECIFY - 10
Who paid? Anyone else? SPECIFY - 11
Who paid? Anyone else? SPECIFY - 12
Who paid? Anyone else? SPECIFY - 13
Who paid? Anyone else? SPECIFY - 14
Who paid? Anyone else? SPECIFY - 15
Who paid? Anyone else? SPECIFY - 16
Who paid? Anyone else? SPECIFY - 17
Who paid? Anyone else? SPECIFY - 18
Who paid? Anyone else? SPECIFY - 19
Who paid? Anyone else? SPECIFY - 20
Who paid? Anyone else? DON'T KNOW - 3
Who paid? Anyone else? DON'T KNOW - 4
Who paid? Anyone else? DON'T KNOW - 5
Who paid? Anyone else? DON'T KNOW - 6
Who paid? Anyone else? DON'T KNOW - 7
Who paid? Anyone else? DON'T KNOW - 8

Who paid? Anyone else? DON'T KNOW - 9
Who paid? Anyone else? DON'T KNOW - 10
Who paid? Anyone else? DON'T KNOW - 11
Who paid? Anyone else? DON'T KNOW - 12
Who paid? Anyone else? DON'T KNOW - 13
Who paid? Anyone else? DON'T KNOW - 14
Who paid? Anyone else? DON'T KNOW - 15
Who paid? Anyone else? DON'T KNOW - 16
Who paid? Anyone else? DON'T KNOW - 17
Who paid? Anyone else? DON'T KNOW - 18
Who paid? Anyone else? DON'T KNOW - 19
Who paid? Anyone else? DON'T KNOW - 20
Who paid? Anyone else? REFUSED - 3
Who paid? Anyone else? REFUSED - 4
Who paid? Anyone else? REFUSED - 5
Who paid? Anyone else? REFUSED - 6
Who paid? Anyone else? REFUSED - 7
Who paid? Anyone else? REFUSED - 8
Who paid? Anyone else? REFUSED - 9
Who paid? Anyone else? REFUSED - 10
Who paid? Anyone else? REFUSED - 11
Who paid? Anyone else? REFUSED - 12
Who paid? Anyone else? REFUSED - 13
Who paid? Anyone else? REFUSED - 14
Who paid? Anyone else? REFUSED - 15
Who paid? Anyone else? REFUSED - 16
Who paid? Anyone else? REFUSED - 17
Who paid? Anyone else? REFUSED - 18
Who paid? Anyone else? REFUSED - 19
Who paid? Anyone else? REFUSED - 20
Who paid? Anyone else? Fee for service insurance plans - 3
Who paid? Anyone else? Fee for service insurance plans - 4
Who paid? Anyone else? Fee for service insurance plans - 5
Who paid? Anyone else? Fee for service insurance plans - 6

Who paid? Anyone else? Fee for service insurance plans - 7
Who paid? Anyone else? Fee for service insurance plans - 8
Who paid? Anyone else? Fee for service insurance plans - 9
Who paid? Anyone else? Fee for service insurance plans - 10
Who paid? Anyone else? Fee for service insurance plans - 11
Who paid? Anyone else? Fee for service insurance plans - 12
Who paid? Anyone else? Fee for service insurance plans - 13
Who paid? Anyone else? Fee for service insurance plans - 14
Who paid? Anyone else? Fee for service insurance plans - 15
Who paid? Anyone else? Fee for service insurance plans - 16
Who paid? Anyone else? Fee for service insurance plans - 17
Who paid? Anyone else? Fee for service insurance plans - 18
Who paid? Anyone else? Fee for service insurance plans - 19
Who paid? Anyone else? Fee for service insurance plans - 20
Who paid? Anyone else? HMO/prepaid group - 3
Who paid? Anyone else? HMO/prepaid group - 4
Who paid? Anyone else? HMO/prepaid group - 5
Who paid? Anyone else? HMO/prepaid group - 6
Who paid? Anyone else? HMO/prepaid group - 7
Who paid? Anyone else? HMO/prepaid group - 8
Who paid? Anyone else? HMO/prepaid group - 9
Who paid? Anyone else? HMO/prepaid group - 10
Who paid? Anyone else? HMO/prepaid group - 11
Who paid? Anyone else? HMO/prepaid group - 12
Who paid? Anyone else? HMO/prepaid group - 13
Who paid? Anyone else? HMO/prepaid group - 14
Who paid? Anyone else? HMO/prepaid group - 15
Who paid? Anyone else? HMO/prepaid group - 16
Who paid? Anyone else? HMO/prepaid group - 17
Who paid? Anyone else? HMO/prepaid group - 18
Who paid? Anyone else? HMO/prepaid group - 19
Who paid? Anyone else? HMO/prepaid group - 20
Who paid? Anyone else? Medicare - 3
Who paid? Anyone else? Medicare - 4

Who paid? Anyone else? Medicare - 5
Who paid? Anyone else? Medicare - 6
Who paid? Anyone else? Medicare - 7
Who paid? Anyone else? Medicare - 8
Who paid? Anyone else? Medicare - 9
Who paid? Anyone else? Medicare - 10
Who paid? Anyone else? Medicare - 11
Who paid? Anyone else? Medicare - 12
Who paid? Anyone else? Medicare - 13
Who paid? Anyone else? Medicare - 14
Who paid? Anyone else? Medicare - 15
Who paid? Anyone else? Medicare - 16
Who paid? Anyone else? Medicare - 17
Who paid? Anyone else? Medicare - 18
Who paid? Anyone else? Medicare - 19
Who paid? Anyone else? Medicare - 20
Who paid? Anyone else? Medicaid - 3
Who paid? Anyone else? Medicaid - 4
Who paid? Anyone else? Medicaid - 5
Who paid? Anyone else? Medicaid - 6
Who paid? Anyone else? Medicaid - 7
Who paid? Anyone else? Medicaid - 8
Who paid? Anyone else? Medicaid - 9
Who paid? Anyone else? Medicaid - 10
Who paid? Anyone else? Medicaid - 11
Who paid? Anyone else? Medicaid - 12
Who paid? Anyone else? Medicaid - 13
Who paid? Anyone else? Medicaid - 14
Who paid? Anyone else? Medicaid - 15
Who paid? Anyone else? Medicaid - 16
Who paid? Anyone else? Medicaid - 17
Who paid? Anyone else? Medicaid - 18
Who paid? Anyone else? Medicaid - 19
Who paid? Anyone else? Medicaid - 20

Who paid? Anyone else? Household member(s) - 3
 Who paid? Anyone else? Household member(s) - 4
 Who paid? Anyone else? Household member(s) - 5
 Who paid? Anyone else? Household member(s) - 6
 Who paid? Anyone else? Household member(s) - 7
 Who paid? Anyone else? Household member(s) - 8
 Who paid? Anyone else? Household member(s) - 9
 Who paid? Anyone else? Household member(s) - 10
 Who paid? Anyone else? Household member(s) - 11
 Who paid? Anyone else? Household member(s) - 12
 Who paid? Anyone else? Household member(s) - 13
 Who paid? Anyone else? Household member(s) - 14
 Who paid? Anyone else? Household member(s) - 15
 Who paid? Anyone else? Household member(s) - 16
 Who paid? Anyone else? Household member(s) - 17
 Who paid? Anyone else? Household member(s) - 18
 Who paid? Anyone else? Household member(s) - 19
 Who paid? Anyone else? Household member(s) - 20
 Who paid? Anyone else? Child(ren) not in household -3
 Who paid? Anyone else? Child(ren) not in household -4
 Who paid? Anyone else? Child(ren) not in household -5
 Who paid? Anyone else? Child(ren) not in household -6
 Who paid? Anyone else? Child(ren) not in household -7
 Who paid? Anyone else? Child(ren) not in household -8
 Who paid? Anyone else? Child(ren) not in household -9
 Who paid? Anyone else? Child(ren) not in household -10
 Who paid? Anyone else? Child(ren) not in household -11
 Who paid? Anyone else? Child(ren) not in household -12
 Who paid? Anyone else? Child(ren) not in household -13
 Who paid? Anyone else? Child(ren) not in household -14
 Who paid? Anyone else? Child(ren) not in household -15
 Who paid? Anyone else? Child(ren) not in household -16
 Who paid? Anyone else? Child(ren) not in household -17
 Who paid? Anyone else? Child(ren) not in household -18

Who paid? Anyone else? Child(ren) not in household -19
Who paid? Anyone else? Child(ren) not in household -20
Who paid? Anyone else? Father - 3
Who paid? Anyone else? Father - 4
Who paid? Anyone else? Father - 5
Who paid? Anyone else? Father - 6
Who paid? Anyone else? Father - 7
Who paid? Anyone else? Father - 8
Who paid? Anyone else? Father - 9
Who paid? Anyone else? Father - 10
Who paid? Anyone else? Father - 11
Who paid? Anyone else? Father - 12
Who paid? Anyone else? Father - 13
Who paid? Anyone else? Father - 14
Who paid? Anyone else? Father - 15
Who paid? Anyone else? Father - 16
Who paid? Anyone else? Father - 17
Who paid? Anyone else? Father - 18
Who paid? Anyone else? Father - 19
Who paid? Anyone else? Father - 20
Who paid? Anyone else? Mother - 3
Who paid? Anyone else? Mother - 4
Who paid? Anyone else? Mother - 5
Who paid? Anyone else? Mother - 6
Who paid? Anyone else? Mother - 7
Who paid? Anyone else? Mother - 8
Who paid? Anyone else? Mother - 9
Who paid? Anyone else? Mother - 10
Who paid? Anyone else? Mother - 11
Who paid? Anyone else? Mother - 12
Who paid? Anyone else? Mother - 13
Who paid? Anyone else? Mother - 14
Who paid? Anyone else? Mother - 15
Who paid? Anyone else? Mother - 16

Who paid? Anyone else? Mother - 17
Who paid? Anyone else? Mother - 18
Who paid? Anyone else? Mother - 19
Who paid? Anyone else? Mother - 20
Who paid? Anyone else? Son-in-law - 3
Who paid? Anyone else? Son-in-law - 4
Who paid? Anyone else? Son-in-law - 5
Who paid? Anyone else? Son-in-law - 6
Who paid? Anyone else? Son-in-law - 7
Who paid? Anyone else? Son-in-law - 8
Who paid? Anyone else? Son-in-law - 9
Who paid? Anyone else? Son-in-law - 10
Who paid? Anyone else? Son-in-law - 11
Who paid? Anyone else? Son-in-law - 12
Who paid? Anyone else? Son-in-law - 13
Who paid? Anyone else? Son-in-law - 14
Who paid? Anyone else? Son-in-law - 15
Who paid? Anyone else? Son-in-law - 16
Who paid? Anyone else? Son-in-law - 17
Who paid? Anyone else? Son-in-law - 18
Who paid? Anyone else? Son-in-law - 19
Who paid? Anyone else? Son-in-law - 20
Who paid? Anyone else? Daughter-in-law - 3
Who paid? Anyone else? Daughter-in-law - 4
Who paid? Anyone else? Daughter-in-law - 5
Who paid? Anyone else? Daughter-in-law - 6
Who paid? Anyone else? Daughter-in-law - 7
Who paid? Anyone else? Daughter-in-law - 8
Who paid? Anyone else? Daughter-in-law - 9
Who paid? Anyone else? Daughter-in-law - 10
Who paid? Anyone else? Daughter-in-law - 11
Who paid? Anyone else? Daughter-in-law - 12
Who paid? Anyone else? Daughter-in-law - 13
Who paid? Anyone else? Daughter-in-law - 14

Who paid? Anyone else? Daughter-in-law - 15
Who paid? Anyone else? Daughter-in-law - 16
Who paid? Anyone else? Daughter-in-law - 17
Who paid? Anyone else? Daughter-in-law - 18
Who paid? Anyone else? Daughter-in-law - 19
Who paid? Anyone else? Daughter-in-law - 20
Who paid? Anyone else? Brother - 3
Who paid? Anyone else? Brother - 4
Who paid? Anyone else? Brother - 5
Who paid? Anyone else? Brother - 6
Who paid? Anyone else? Brother - 7
Who paid? Anyone else? Brother - 8
Who paid? Anyone else? Brother - 9
Who paid? Anyone else? Brother - 10
Who paid? Anyone else? Brother - 11
Who paid? Anyone else? Brother - 12
Who paid? Anyone else? Brother - 13
Who paid? Anyone else? Brother - 14
Who paid? Anyone else? Brother - 15
Who paid? Anyone else? Brother - 16
Who paid? Anyone else? Brother - 17
Who paid? Anyone else? Brother - 18
Who paid? Anyone else? Brother - 19
Who paid? Anyone else? Brother - 20
Who paid? Anyone else? Sister -3
Who paid? Anyone else? Sister -4
Who paid? Anyone else? Sister -5
Who paid? Anyone else? Sister -6
Who paid? Anyone else? Sister -7
Who paid? Anyone else? Sister -8
Who paid? Anyone else? Sister -9
Who paid? Anyone else? Sister -10
Who paid? Anyone else? Sister -11
Who paid? Anyone else? Sister -12

Who paid? Anyone else? Sister -13
 Who paid? Anyone else? Sister -14
 Who paid? Anyone else? Sister -15
 Who paid? Anyone else? Sister -16
 Who paid? Anyone else? Sister -17
 Who paid? Anyone else? Sister -18
 Who paid? Anyone else? Sister -19
 Who paid? Anyone else? Sister -20
 Who paid? Anyone else? Other male relative -3
 Who paid? Anyone else? Other male relative -4
 Who paid? Anyone else? Other male relative -5
 Who paid? Anyone else? Other male relative -6
 Who paid? Anyone else? Other male relative -7
 Who paid? Anyone else? Other male relative -8
 Who paid? Anyone else? Other male relative -9
 Who paid? Anyone else? Other male relative -10
 Who paid? Anyone else? Other male relative -11
 Who paid? Anyone else? Other male relative -12
 Who paid? Anyone else? Other male relative -13
 Who paid? Anyone else? Other male relative -14
 Who paid? Anyone else? Other male relative -15
 Who paid? Anyone else? Other male relative -16
 Who paid? Anyone else? Other male relative -17
 Who paid? Anyone else? Other male relative -18
 Who paid? Anyone else? Other male relative -19
 Who paid? Anyone else? Other male relative -20
 Who paid? Anyone else? Other female relative -3
 Who paid? Anyone else? Other female relative -4
 Who paid? Anyone else? Other female relative -5
 Who paid? Anyone else? Other female relative -6
 Who paid? Anyone else? Other female relative -7
 Who paid? Anyone else? Other female relative -8
 Who paid? Anyone else? Other female relative -9
 Who paid? Anyone else? Other female relative -10

Who paid? Anyone else? Other female relative -11
 Who paid? Anyone else? Other female relative -12
 Who paid? Anyone else? Other female relative -13
 Who paid? Anyone else? Other female relative -14
 Who paid? Anyone else? Other female relative -15
 Who paid? Anyone else? Other female relative -16
 Who paid? Anyone else? Other female relative -17
 Who paid? Anyone else? Other female relative -18
 Who paid? Anyone else? Other female relative -19
 Who paid? Anyone else? Other female relative -20
 Who paid? Anyone else? Male friend - 3
 Who paid? Anyone else? Male friend - 4
 Who paid? Anyone else? Male friend - 5
 Who paid? Anyone else? Male friend - 6
 Who paid? Anyone else? Male friend - 7
 Who paid? Anyone else? Male friend - 8
 Who paid? Anyone else? Male friend - 9
 Who paid? Anyone else? Male friend - 10
 Who paid? Anyone else? Male friend - 11
 Who paid? Anyone else? Male friend - 12
 Who paid? Anyone else? Male friend - 13
 Who paid? Anyone else? Male friend - 14
 Who paid? Anyone else? Male friend - 15
 Who paid? Anyone else? Male friend - 16
 Who paid? Anyone else? Male friend - 17
 Who paid? Anyone else? Male friend - 18
 Who paid? Anyone else? Male friend - 19
 Who paid? Anyone else? Male friend - 20
 Who paid? Anyone else? Female friend -3
 Who paid? Anyone else? Female friend -4
 Who paid? Anyone else? Female friend -5
 Who paid? Anyone else? Female friend -6
 Who paid? Anyone else? Female friend -7
 Who paid? Anyone else? Female friend -8

Who paid? Anyone else? Female friend -9
Who paid? Anyone else? Female friend -10
Who paid? Anyone else? Female friend -11
Who paid? Anyone else? Female friend -12
Who paid? Anyone else? Female friend -13
Who paid? Anyone else? Female friend -14
Who paid? Anyone else? Female friend -15
Who paid? Anyone else? Female friend -16
Who paid? Anyone else? Female friend -17
Who paid? Anyone else? Female friend -18
Who paid? Anyone else? Female friend -19
Who paid? Anyone else? Female friend -20
Who paid? Anyone else? Other - 3
Who paid? Anyone else? Other - 4
Who paid? Anyone else? Other - 5
Who paid? Anyone else? Other - 6
Who paid? Anyone else? Other - 7
Who paid? Anyone else? Other - 8
Who paid? Anyone else? Other - 9
Who paid? Anyone else? Other - 10
Who paid? Anyone else? Other - 11
Who paid? Anyone else? Other - 12
Who paid? Anyone else? Other - 13
Who paid? Anyone else? Other - 14
Who paid? Anyone else? Other - 15
Who paid? Anyone else? Other - 16
Who paid? Anyone else? Other - 17
Who paid? Anyone else? Other - 18
Who paid? Anyone else? Other - 19
Who paid? Anyone else? Other - 20
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 3
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 4
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 5
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 6

What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 7
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 8
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 9
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 10
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 11
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 12
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 13
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 14
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 15
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 16
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 17
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 18
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 19
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 20
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 3
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 4
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 5
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 6
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 7
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 8
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 9
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 10
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 11
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 12
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 13
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 14
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 15
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 16
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 17
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 18
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 19
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS - 20
How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) RECEIVED
How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) RECEIVED

HS_CODE H=HEALTHY SUPPLEMENT - Never institutional or disabled for 1994 & 1999 waves

HS_DATE Healthy Supplement Date

HSFACTOR Healthy Supplement Factor

I_AGE SAMPLE PERSON AGE 1 APRIL 2004

I_HEAL_TYP HEALTHY SAMPLE FRAME TYPE

I_SCRN_TYP TYPE OF SCREENER

1=MALE 2=FEMALE

IAA_1002_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - No longer needed/wanted /able to maintain home

IAA_1003_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Wanted less expensive house to maintain

IAA_1004_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Married/widowed/divorced/separated

IAA_1005_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - To be closer to family/friends

IAA_1006_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - To help cover medical expenses

IAA_1007_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Employment related

IAA_1008_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Retired and relocated

IAA_1009_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - To be convenient to public transportation/public ser

IAA_1010_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Other

IAA_1013 Were any of the proceeds from the sale of this house used to to cover health care costs?

IAA_10A Since 1999, (have you/has) [SAMPNAME] or (your/his/her) spouse sold a house? Include primary residence, secondary or vaca

IAA_10B What year did (you)/[SAMPNAME]s spouse sell this house?

IAA_12A What is the present value of (your)/[SAMPNAME]s and (your/his/her) spouses home (and lot/farm), that is, about how much wo

IAA_12A1 (Do you/Does) [SAMPNAME] or (your/his/her) spouse own a house, condo or farm?

IAA_12B Which category on this card would you say best represents the present value of (your)/[SAMPNAME]s and (your/his/her) spous

IAA_12C Is there a mortgage or other indebtedness on (your)/[SAMPNAME]s home (and lot/farm) at the present time?

IAA_12D1 About how much is still owed?

IAA_12D2 Which category on this card would you say best represents the present amount still owed?

IAA_12E About how much is (your)/[SAMPNAME]s monthly mortgage payment?

IAA_12F Which category would you say best represents the monthly mortgage payment?

IAA_1A During the last month, that is, the month of (FILL previous month) did (you)/[SAMPNAME] receive Social Security benefits or Rai

IAA_1AS During the last month, that is, the month of (FILL previous month), did (your)/[SAMPNAME]s spouse receive Social Security be

IAA_1B How much did (you)/[SAMPNAME] receive in (FILL previous month)?

IAA_1BS How much did (your)/[SAMPNAME]s spouse receive in (FILL previous month)?

IAA_1C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?

IAA_1CS Which category would you say best represents the amount (your)/[SAMPNAME]s spouse received in (FILL previous month)?

IAA_3A During (FILL previous month), did (you)/[SAMPNAME] receive Supplemental Security Income, that is SSI payments? These can

- IAA_3AS During (FILL previous month), did (your)/[SAMPNAME]s spouse receive Supplemental Security Income, that is SSI payments?
- IAA_3B How much did (you)/[SAMPNAME] receive in (FILL previous month)?
- IAA_3BS How much did (your)/[SAMPNAME]s spouse receive in (FILL previous month)?
- IAA_3C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?
- IAA_3CS Which category would you say best represents the amount (your)/[SAMPNAME]s spouse received in (FILL previous month)?
- IAA_7A Did (your)/[SAMPNAME]s spouse receive any (other) welfare payments in (FILL previous month)?
- IAA_7B Whose name was on the check?
- IAA_7BS Whose name was on the check? - SPECIFY
- IAA_7C How much was the check for?
- IAA_7DCK CAPI: Refer to Persons Roster. Is anyone other than Sample Person listed in the roster?
- IAA_7E Which category would you say best represents the amount of the check?
- IAA_8 Which category on this card represents the total combined income before deductions during (FILL previous month) for (you)/[SAMPNAME]?
- IAA_B2A During the last month, that is, in (FILL previous month) did (you)/[SAMPNAME] receive any other retirement, pension, or annuit
- IAA_B2AS During the last month, that is, in the month of (FILL previous month), did (your)/[SAMPNAME]s spouse receive any other retire
- IAA_B2B How much did (you)/[SAMPNAME] receive?
- IAA_B2BS How much did [(your)/[SAMPNAME]s spouse receive?
- IAA_B2C Which category would you say best represents the amount (you)/[SAMPNAME] in (FILL previous month)?
- IAA_B2CS Which category would you say best represents the amount (your)/[SAMPNAME]s spouse received in (FILL previous month)?
- IAA_CK2 Is DT_MARSTAT equal to 1? NAME]s spouse received in (FILL previous month)?
- IAA_CK8 Did home sale help cover medical cost (reason 5 in 10c, IAA_1006_R = 1)?
- IAA_COMPLETE IAA COMPLETION CHECK CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is c
- IAA_WHO1_R Respondents relationship to [SAMPNAME].
- IAA_WHO2 Respondents relationship to [SAMPNAME]. Other relative - Specify
- IAA_WHO3 Respondents relationship to [SAMPNAME]. Other Nonrelative - Specify
- IAA_XA01 Whom did the check cover? Anyone else? - SAMPLE PERSON
- IAA_XA02 Whom did the check cover? Anyone else? - SPOUSE
- IAA_XA03 Whom did the check cover? Anyone else? - 3
- IAA_XA04 Whom did the check cover? Anyone else? - 4
- IAA_XA05 Whom did the check cover? Anyone else? - 5
- IAA_XA06 Whom did the check cover? Anyone else? - 6
- IAA_XA07 Whom did the check cover? Anyone else? - 7
- IAA_XA08 Whom did the check cover? Anyone else? - 8
- IAA_XA09 Whom did the check cover? Anyone else? - 9
- IAA_XA10 Whom did the check cover? Anyone else? - 10

- IAA_XA11 Whom did the check cover? Anyone else? - 11
- IAA_XA12 Whom did the check cover? Anyone else? - 12
- IAA_XA13 Whom did the check cover? Anyone else? - 13
- IAA_XA14 Whom did the check cover? Anyone else? - 14
- IAA_XA15 Whom did the check cover? Anyone else? - 15
- IAA_XA16 Whom did the check cover? Anyone else? - 16
- IAA_XA17 Whom did the check cover? Anyone else? - 17
- IAA_XA18 Whom did the check cover? Anyone else? - 18
- IAA_XA19 Whom did the check cover? Anyone else? - 19
- IAA_XA20 Whom did the check cover? Anyone else? - 20
- IAA_XR_I FR: ENTER (N) FOR NO OTHER PERSON NAMED.
- IAD_1A During the past week, that is, since last (FILL current week day), did any person help (you/him/her) eat?
- IAD_1B Did someone feed (you)/[SAMPNAME]?
- IAD_1C Did someone help (you)/[SAMPNAME] cut meat or butter bread?
- IAD_1D Did (you)/[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?
- IAD_2A Since last (FILL current week day) did (you)/[SAMPNAME] get out of bed at all for any reason whatsoever?
- IAD_2B Did any person help (you)/[SAMPNAME] get in or out of bed?
- IAD_2C Did someone actually LIFT (you)/[SAMPNAME] in or out of bed?
- IAD_2D Did (you)/[SAMPNAME] use special equipment like a wheelchair, railing, walker, or cane to help (you/him/her) get out of bed?
- IAD_3A Since last (FILL current week day) did (you)/[SAMPNAME] get around indoors at all?
- IAD_3B Did any person help (you)/[SAMPNAME] get around indoors?
- IAD_3C Did (you)/[SAMPNAME] also use special equipment like a wheelchair, cane, other device to help (you/him/her) get around indoor?
- IAD_3D Did (you)/[SAMPNAME] use a wheelchair?
- IAD_3E (Are you/Is) [SAMPNAME] able to get around at all without the wheelchair?
- IAD_4A Since last (FILL current week day), did (you)/[SAMPNAME] get dressed at all?
- IAD_4B Did any person usually help (you)/[SAMPNAME] get dressed?
- IAD_4C Did someone put on all (your)/[SAMPNAME]s clothes for (you/him/her)?
- IAD_4D Did (you)/[SAMPNAME] wear special clothing or use special equipment to help (you/him/her) dress?
- IAD_4E Did someone help change (your)/[SAMPNAME]s pajamas or gown?
- IAD_5A Since last (FILL current week day) (were you/was) [SAMPNAME] able to take a bath or shower at all?
- IAD_5B Did any person help (you)/[SAMPNAME] take a bath or shower?
- IAD_5C Did someone bathe (you)/[SAMPNAME]?
- IAD_5D Did someone help (you)/[SAMPNAME] get in or out of the tub or shower?
- IAD_5E Did (you)/[SAMPNAME] use special equipment like a shower seat, tub stool or grab bar to help (you/him/her) bathe?

IAD_5F Did (you)/[SAMPNAME] wash (your/his/her) body at a sink or basin?
 IAD_5G During the past week, did (you)/[SAMPNAME] have a bed bath?
 IAD_6A Since last (FILL current week day) did (you)/[SAMPNAME] use the toilet at all?
 IAD_6B Did any person help (you)/[SAMPNAME] get to the bathroom or use the toilet?
 IAD_6C Did someone help (you)/[SAMPNAME] to get on or off the toilet, arrange (your/his/her) clothes, or clean (yourself/himself/herself)
 IAD_6D Did (you)/[SAMPNAME] take care of (your/his/her) toilet needs by using any special equipment like a bedpan/portable toilet/com
 IAD_6E (Do you/Does) [SAMPNAME] use a device such as a urinary catheter or a colostomy bag?
 IAD_6F (Do you/Does) [SAMPNAME] take care of it by himself/herself OR did someone help (you/him/her) take care of it?
 IAD_6G During the past week, (have you/has) [SAMPNAME] sometimes had trouble controlling (your/his/her) bladder or bowels so that (
 IAD_6H (Do you/Does) [SAMPNAME] clean it up by (yourself/himself/herself) or does someone help (you/him/her) to take care of it?
 IAD_7A (Do you/Does) [SAMPNAME] get around outdoors at all either with or without help?
 IAD_7B When (you)/[SAMPNAME] goes outdoors, does someone usually help (you/him/her) get around?
 IAD_7C When (you)/[SAMPNAME] goes outdoors, is special equipment like a cane or a walker used?
 IAD_7D (Do you/Does) [SAMPNAME] usually use this equipment alone or with help from another person?
 IAD_CND1 I would first like to ask a few questions regarding [SAMPNAME]'s current condition. Does (he/she) NOW have: Alzheimers dis
 IAD_CND2 I would first like to ask a few questions regarding [SAMPNAME]'s current condition. Does (he/she) NOW have: Mental retarda
 IAD_CND3 I would first like to ask a few questions regarding [SAMPNAME]'s current condition. Does (he/she) NOW have: Dementia?
 IAD_WHO1 Respondent is:
 IAD_WHO1A_1 Respondents relationship to [SAMPNAME].
 IAD_WHO2 Respondents relationship to [SAMPNAME]. Other relative-Specify
 IAD_WHO3 Respondents relationship to [SAMPNAME]. Other Nonrelative-Specify
 IADL_COMPLETE CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is complete. IAD_1A, IAD_2A, I
 IADW_A_1_SP1 Respondents relationship to [SAMPNAME]. Other relative-Specify
 IADW_A_1_SP2 Respondents relationship to [SAMPNAME]. Other Nonrelative-Specify
 ICH_DL_13B What is the MAIN condition?
 ICH_DL_CK5 CAPI: Main Condition If IDL_1302 equal to -5, N, D, R, store 1 in ICH_DL_13B.
 ICH_DL_CK6A CAPI: Refer to SELHLP_FLG_2-20. Are there any helpers listed in the person roster?
 IDL_10A Does someone usually help (you)/[SAMPNAME] take (your/his/her) medicine?
 IDL_10A1 Is the reason (you)/[SAMPNAME] cannot take (your/his/her) own medicine because of a disability or health problem, or is there
 IDL_10B_I TAKE MEDICINE - Who regularly helps with this? Anyone else? - person or organization in roster
 IDL_11A Is there a telephone in this house/apartment?
 IDL_11B Is this a regular phone or a phone with special equipment such as an amplifier or an enlarged dialer?
 IDL_11C (Do you/Does) [SAMPNAME] usually make (your/his/her) own telephone calls without the help of another person?
 IDL_11D If (you)/[SAMPNAME] had to make (your/his/her) own telephone calls, could (you/he/she) do it?

IDL_11E Is the reason (you)/[SAMPNAME] cannot make (your/his/her) own telephone calls because of a disability or health problem (inc
IDL_11E2 Is the reason (you)/[SAMPNAME] cannot make (your/his/her) own telephone calls because of a disability or health problem (in
IDL_11F Who helps (you)/[SAMPNAME] the most with (CAPI fills IDL items receiving help
IDL_12_R About how long has health or age kept (you)/[SAMPNAME] from doing (this/any of these things)?
IDL_1301 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1302 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1303 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1304 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1305 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1306 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1307 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1308 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1309 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1310 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1A (Do you/Does) [SAMPNAME] usually do heavy work around the house such as moving furniture, scrubbing floors, or washing wir
IDL_1B If (you)/[SAMPNAME] had to do heavy work around the house, could (you/he/she) do it?
IDL_1C_1 What is the reason (you)/[SAMPNAME] cannot do heavy work around the house - is that because of a disability or health prob
IDL_1C_2 What is the reason (you)/[SAMPNAME] cannot do heavy work around the house - is that because of a disability or health prob
IDL_2A (Do you/Does) [SAMPNAME] usually do light work around the house such as straightening up, putting things away, or washing d
IDL_2B If (you)/[SAMPNAME] had to do light work around the house, could (you/he/she) do it?
IDL_2C_1 What is the reason (you)/[SAMPNAME] cannot do light work around the house - is that because of a disability or health proble
IDL_2C_2 What is the reason (you)/[SAMPNAME] cannot do light work around the house - is that because of a disability or health proble
IDL_3A (Do you/Does) [SAMPNAME] usually do (your/his/her) own laundry?
IDL_3B If (you)/[SAMPNAME] had to do (your/his/her) own laundry, could (you/he/she) do it?
IDL_3C_1 What is the reason (you)/[SAMPNAME] cannot do (your/his/her) own laundry - is that because of a disability or health problem
IDL_3C_2 What is the reason (you)/[SAMPNAME] cannot do (your/his/her) own laundry - is that because of a disability or health problem
IDL_3E_I HOUSE WORK - Who regularly helps with this? Anyone else? - person or organization in roster
IDL_4A (Do you/Does) [SAMPNAME] usually prepare (your/his/her) own meals?
IDL_4B If (you)/[SAMPNAME] had to prepare (your/his/her) own meals, could (you/he/she) do it?
IDL_4C_1 What is the reason (you)/[SAMPNAME] cannot prepare (your/his/her) own meals - is that because of a disability or health prob
IDL_4C_2 What is the reason (you)/[SAMPNAME] cannot prepare (your/his/her) own meals - is that because of a disability or health prob
IDL_4E_I PREPARE MEALS - Who regularly helps with this? Anyone else? - person or organization in roster
IDL_5A (Do you/Does) [SAMPNAME] usually shop for groceries, that is, go to the store, select the items, and get them home?
IDL_5B If (you)/[SAMPNAME] had to do (your/his/her) own grocery shopping, could (you/he/she) do it?

IDL_5C_1 What is the reason (you)/[SAMPNAME] cannot shop for groceries - is that because of a disability or health problem, or is there

IDL_5C_2 What is the reason (you)/[SAMPNAME] cannot shop for groceries - is that because of a disability or health problem, or is there

IDL_5E_I SHOP - Who regularly helps with this? Anyone else? - person or organization in roster

IDL_6A (Do you/Does) [SAMPNAME] get around outside at all, either with help or without help?

IDL_6B When (you)/[SAMPNAME] goes outside, does someone usually help (you/him/her) get around?

IDL_6C_I GETTING AROUND OUTSIDE - Who regularly helps with this? Anyone else? - person or organization in roster

IDL_6F When (you)/[SAMPNAME] goes outside, (do you/does) (he/she) use special equipment like a cane or walker or a guide dog to he

IDL_6G_DK What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? DONT KNOW

IDL_6G_RF What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? REFUSED

IDL_6G01 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Guide dog

IDL_6G02 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Cane

IDL_6G03 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Walker

IDL_6G04 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Wheelchair

IDL_6G05 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Crutches

IDL_6G06 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Orthopedic shoes

IDL_6G07 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Brace (leg or back)

IDL_6G08 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Prosthesis

IDL_6G09 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Oxygen/respirator

IDL_6G10 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Ramp

IDL_6G11 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Handrail

IDL_6G12 What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Other device - Specify

IDL_6G13 What kind of special equipment (do you/does) [SAMPNAME] use? - SPECIFY

IDL_6H (Do you/Does) [SAMPNAME] usually use [IDL_6G01-12] by (yourself/himself/herself) or with help from another person?

IDL_6J_1 What is the reason (you)/[SAMPNAME] does not get around outside? Is it because of a disability or health problem, or is there

IDL_6J_2 What is the reason (you)/[SAMPNAME] does not get around outside? Is it because of a disability or health problem, or is there

IDL_7A_1 How (do you/does) [SAMPNAME] USUALLY go places outside of walking distance?

IDL_7A_SP How (do you/does) [SAMPNAME] USUALLY go places outside of walking distance? SPECIFY

IDL_7B Does someone usually help (you)/[SAMPNAME] go places outside of walking distance?

IDL_7C If (you)/[SAMPNAME] had to go places outside of walking distance by (yourself/himself/herself), could (you/he/she) do it?

IDL_7D_I GOING PLACES - Who regularly helps with this? Anyone else? - person or organization in roster

IDL_7G_1 Is the reason (you)/[SAMPNAME] (do/does) not go places outside of walking distance by self because of a disability or health

IDL_7G_2 Is the reason (you)/[SAMPNAME] (do/does) not go places outside of walking distance by self because of a disability or health

IDL_7H If (you)/[SAMPNAME] had to go places outside of walking distance by (yourself/himself/herself), could (you/he/she) do it?

IDL_7I (Do you/Does) [SAMPNAME] NEED any help getting around outside of walking distance?

IDL_8A1 Does someone regularly help (you)/[SAMPNAME] with housework and laundry or (do you/does) (he/she) do housework and laundry?
 IDL_8A2_I HOUSEWORK/LAUNDRY - Who regularly helps with this? Anyone else? - person or organization in roster
 IDL_8B1 Does someone regularly prepare meals for (you)/[SAMPNAME] to eat here?
 IDL_8B2_I PREPARE MEALS - Who regularly helps with this? Anyone else? - person or organization in roster
 IDL_8C1 Does someone regularly help (you)/[SAMPNAME] shop for groceries or do (your/his/her) grocery shopping for (you/him/her)?
 IDL_8C2_I SHOP - Who regularly helps with this? Anyone else? - person or organization in roster
 IDL_9A (Do you/Does) [SAMPNAME] usually manage (your/his/her) own money by (yourself/himself/herself) including things like keeping bank accounts?
 IDL_9B If (you)/[SAMPNAME] had to manage (your/his/her) own money, could (you/he/she) do it?
 IDL_9C_1 Is the reason (you)/[SAMPNAME] cannot manage (your/his/her) own money because of a disability or health problem, or is the reason (you)/[SAMPNAME] cannot manage (your/his/her) own money because of a disability or health problem, or is the reason (you)/[SAMPNAME] cannot manage (your/his/her) own money because of a disability or health problem?
 IDL_9C_2 Is the reason (you)/[SAMPNAME] cannot manage (your/his/her) own money because of a disability or health problem, or is the reason (you)/[SAMPNAME] cannot manage (your/his/her) own money because of a disability or health problem?
 IDL_9E_I MANAGE MONEY - Who regularly helps with this? Anyone else? - person or organization in roster
 IDL_CK2 CAPI: Refer to ADL_IBD, ADL_NAR (bedfast, no inside activity). Are either or both of these variables equal to 1?
 IDL_CK3 CAPI: Refer to IDL_1C_1, IDL_2C_1, and IDL_3C_1. Are any of the three IDL variables = 1?
 IDL_CK3B CAPI: If ADL_CK5 = 1, then refer to IDL_1B, IDL_2B, and IDL_3B. Are any of the three IDL variables = 2?
 IDL_CK4 CAPI: (1) Refer to (IDLs) IDL_HVW, IDL_LTW, IDL_LND, IDL_MLS, IDL_SHP, IDL_OUT, or IDL_WLK, OR IDL_MON, IDL_TELEPHONE
 IDL_CK4C CAPI: Is ADL_CK5 = 1 AND IDL_4B = 2?
 IDL_CK5C CAPI: Is ADL_CK5 = 1 AND IDL_5B = 2?
 IDL_CK6 CAPI: Is IDL_6B = 1 OR IDL_6H = 2?
 IDL_CK7 CAPI: Is ADL_CK5 = 1 AND IDL_7C = 2?
 IDL_CK9 CAPI: Is ADL_CK5 = 1 and IDL_9B = 2?
 IDL_CKH CAPI: Number of IDL helpers.
 IDL_COMPLETE IDL COMPLETION CHECK CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is complete.
 IDL_HVW INSTRUMENTAL ACTIVITY OF DAILY LIVING - HEAVY HOUSEWORK
 IDL_LND INSTRUMENTAL ACTIVITY OF DAILY LIVING - LAUNDRY
 IDL_LTW INSTRUMENTAL ACTIVITY OF DAILY LIVING - LIGHT HOUSEWORK
 IDL_MLS INSTRUMENTAL ACTIVITY OF DAILY LIVING - PREPARE MEALS
 IDL_MON INSTRUMENTAL ACTIVITY OF DAILY LIVING - MANAGE MONEY
 IDL_OUT INSTRUMENTAL ACTIVITY OF DAILY LIVING - GET AROUND OUTSIDE
 IDL_SHP INSTRUMENTAL ACTIVITY OF DAILY LIVING - GROCERY SHOPPING
 IDL_TEL INSTRUMENTAL ACTIVITY OF DAILY LIVING - TELEPHONE
 IDL_WLK INSTRUMENTAL ACTIVITY OF DAILY LIVING - GO PLACES OUTSIDE OF WALKING DISTANCE
 IDL04_10E (Do you/Does) [SAMPNAME] NEED any help taking (your/his/her) medicine?
 IDL04_3D Does someone usually help (you)/[SAMPNAME] with work around the house or with (your/his/her) laundry or do it for (you/him/herself)?
 IDL04_3H (Do you/Does) [SAMPNAME] NEED any help doing work around the house or with (your/his/her) laundry?

IDL04_4D Does another person or organization usually prepare meals for (you)/[SAMPNAME] to eat here?

IDL04_4H (Do you/Does) [SAMPNAME] NEED someone to prepare meals for (you/him/her)?

IDL04_5D Does someone usually help (you)/[SAMPNAME] shop for groceries or do it for (you/him/her)?

IDL04_5H (Do you/Does) [SAMPNAME] NEED any help shopping for groceries?

IDL04_6I (Do you/Does) [SAMPNAME] NEED any help getting around outside?

IDL04_9D Does someone usually help (you/him/her) with managing (your/his/her) money, like keeping track of (your/his/her) bills or handl

IDL04_9H (Do you/Does) [SAMPNAME] NEED any help managing (your/his/her) money like keeping track of your/his/her bills or handlin

IDL10A1_SP Is the reason (you)/[SAMPNAME] cannot take (your/his/her) own medicine because of a disability or health problem, or is th

IDLFLG_10 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 10

IDLFLG_11 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 11

IDLFLG_12 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 12

IDLFLG_13 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 13

IDLFLG_14 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 14

IDLFLG_15 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 15

IDLFLG_16 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 16

IDLFLG_17 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 17

IDLFLG_18 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 18

IDLFLG_19 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 19

IDLFLG_2 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - SPOUSE

IDLFLG_20 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 20

IDLFLG_3 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 3

IDLFLG_4 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 4

IDLFLG_5 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 5

IDLFLG_6 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 6

IDLFLG_7 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 7

IDLFLG_8 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 8

IDLFLG_9 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 9

IDLPROXY3 FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDIN

INC_13A Did (you)/[SAMPNAME] (or any family member who lives here) receive food stamps in (FILL previous month)?

INC_13AC CAPI: Refer to HHMEM_01-20 and REL_1-20. How many family members are in the household?

INC_13B1 What was the value of the stamps received in (FILL previous month)?

INC_13B2 Which category best represents the total value of the stamps received in (FILL previous month)?

INC_13C1 How long (have you/has) [SAMPNAME] received food stamps? YEARS

INC_13C2 How long (have you/has) [SAMPNAME] received food stamps? MONTHS

INC_14A In (1 month prior to current system month), did (you)/[SAMPNAME] (or any members of (your/his/her) family who live here) receive any (other) welfare payments in (1 month prior to current system month)? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_14B_I Whose name was on the check? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_14C1 How much was the check for?

INC_14C2 Which category would you say best represents the amount the check was for?

INC_14D_I Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_15A Did (you)/[SAMPNAME] (or any members of (your/his/her) family who live here) receive any (other) welfare payments in (1 month prior to current system month)? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_15B_I Whose name was on the check? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_15BC CAPI: Refer to HHMEM_01-20 and REL_1-20 in the Control Card. Are there any family members in the household?

INC_15C1 How much was the check for?

INC_15C3 Which category would you say best represents the amount the check was for?

INC_15D_I Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_18A Which category on this card represents (your)/[SAMPNAME]'s total family household income before deductions during the LAST 12 MONTHS? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_18A1 Would it be \$25,000 or more?

INC_18A2 Would it be \$10,000 or more?

INC_18A3 Would it be \$5,000 or more?

INC_18A4 Would it be \$50,000 or more?

INC_18A5 Would it be \$75,000 or more?

INC_18B Now only consider ([SAMPNAME] and spouse). Which category on this card represents the total combined income before deductions during the LAST 12 MONTHS? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_18B1 Would it be \$25,000 or more?

INC_18B2 Would it be \$10,000 or more?

INC_18B3 Would it be \$5,000 or more?

INC_18B4 Would it be \$50,000 or more?

INC_18B5 Would it be \$75,000 or more?

INC_19 How many vehicles, including cars, vans, trailers, motorcycles, or other vehicles are owned by (you)/[SAMPNAME] (and all members of (your/his/her) family who live here)? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_1A Did (you)/[SAMPNAME] EVER serve on active duty in the Armed Forces of the United States?

INC_1B_1 When did (you)/[SAMPNAME] serve? Any other period of service? World War I (April 17 - Nov 18)

INC_1B_2 When did (you)/[SAMPNAME] serve? Any other period of service? World War II (Sept 40 - July 47)

INC_1B_3 When did (you)/[SAMPNAME] serve? Any other period of service? Korean War (June 50 - Jan 55)

INC_1B_4 When did (you)/[SAMPNAME] serve? Any other period of service? Vietnam War (Aug 64 - April 75)

INC_1B_5 When did (you)/[SAMPNAME] serve? Any other period of service? Post Vietnam (May 75 - present)

INC_1B_6 When did (you)/[SAMPNAME] serve? Any other period of service? Other Service (All other periods)

INC_1B_DK When did (you)/[SAMPNAME] serve? Any other period of service? Dont Know

INC_1B_RF When did (you)/[SAMPNAME] serve? Any other period of service? Refused

INC_1C (Were you/Was) [SAMPNAME] EVER an active member of a National Guard or military reserve unit?

- INC_1D Was ALL of (your)/[SAMPNAME]s active duty service related to National Guard or military reserve training?
- INC_20_DK Why did ((you)/[SAMPNAME] or spouse) sell this house? DON'T KNOW
- INC_20_RF Why did ((you)/[SAMPNAME] or spouse) sell this house? REFUSED
- INC_2002 Why did ((you)/[SAMPNAME] or spouse) sell this house? No longer needed/wanted/able to maintain home
- INC_2003 Why did ((you)/[SAMPNAME] or spouse) sell this house? Wanted less expensive house to maintain
- INC_2004 Why did ((you)/[SAMPNAME] or spouse) sell this house? Married/widowed/divorced/separated
- INC_2005 Why did ((you)/[SAMPNAME] or spouse) sell this house? To be closer to family/friends
- INC_2006 Why did ((you)/[SAMPNAME] or spouse) sell this house? To help cover medical expenses
- INC_2007 Why did ((you)/[SAMPNAME] or spouse) sell this house? Employment related
- INC_2008 Why did ((you)/[SAMPNAME] or spouse) sell this house? Retired and relocated
- INC_2009 Why did ((you)/[SAMPNAME] or spouse) sell this house? To be convenient to public transportation/public services
- INC_2010 Why did ((you)/[SAMPNAME] or spouse) sell this house? Other
- INC_2013 Were any of the proceeds from the sale of this house used to cover health care costs?
- INC_20A Since 1999, (have you/has) ([SAMPNAME] or your/his/her spouse) sold a house? Include primary residence, secondary or vac:
- INC_20B What year did ((you)/[SAMPNAME] or spouse) sell this house?
- INC_21A (Were you/Was) [SAMPNAME] living quarters owned or being bought by someone in (your/his/her) household?
- INC_21B (Were you/Was) [SAMPNAME] living quarters rented for cash OR are they occupied without payment of cash rent?
- INC_22A About how much is the rent each month?
- INC_22B Which category would (you)/[SAMPNAME] say best represents the amount of the rent?
- INC_23_I In whose name is this house/apartment rented? Anyone else? FR: ENTER LINE NUMBER. ENTER (O) FOR OTHER PERSC
- INC_24A What is the present value of this home (and lot/farm), that is, how much would it bring if (you)/[SAMPNAME] sold it on todays m
- INC_24B Which category on this card would you say best represents the present value of this home?
- INC_24C Is there a mortgage or other indebtedness on this home (and lot/farm) at the present time?
- INC_24D1 About how much is still owed?
- INC_24D2 Which category on this card would you say best represents the present amount still owed?
- INC_24E1 About how much is (your)/[SAMPNAME]s monthly mortgage payment?
- INC_24E2 Which category would you say best represents (your)/[SAMPNAME]s monthly mortgage payment?
- INC_25_I Who owns this (house/apartment)? Anyone else? FR: ENTER LINE NUMBER(S). ENTER (O) FOR OTHER PERSON NOT LI
- INC_2A (Do you/Does) [SAMPNAME] have a disability related to service in the Armed Forces of the United States?
- INC_2B What is (your)/[SAMPNAME]s current VA disability rating?
- INC_4_1 Which of these types of places (are you/is) [SAMPNAME] living in now?
- INC_4_2 Which of these types of places (are you/is) [SAMPNAME] living in now? Specify
- INC_5A During the last month, that is, in the month of (FILL previous month), did (you)/[SAMPNAME] receive Social Security benefits or
- INC_5B How much did (you)/[SAMPNAME] receive in (FILL previous month)?

- INC_5C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?
- INC_5D During (FILL previous month), did any family members who live with (you)/[SAMPNAME] receive Social Security benefits or Rail
- INC_5E02 Did (FILL family member name, age 15+) receive these payments? - SPOUSE
- INC_5E03 Did (FILL family member name, age 15+) receive these payments? - 3
- INC_5E04 Did (FILL family member name, age 15+) receive these payments? - 4
- INC_5E05 Did (FILL family member name, age 15+) receive these payments? - 5
- INC_5E06 Did (FILL family member name, age 15+) receive these payments? - 6
- INC_5E07 Did (FILL family member name, age 15+) receive these payments? - 7
- INC_5E08 Did (FILL family member name, age 15+) receive these payments? - 8
- INC_5E09 Did (FILL family member name, age 15+) receive these payments? - 9
- INC_5E10 Did (FILL family member name, age 15+) receive these payments? - 10
- INC_5E11 Did (FILL family member name, age 15+) receive these payments? - 11
- INC_5E12 Did (FILL family member name, age 15+) receive these payments? - 12
- INC_5E13 Did (FILL family member name, age 15+) receive these payments? - 13
- INC_5E14 Did (FILL family member name, age 15+) receive these payments? - 14
- INC_5E15 Did (FILL family member name, age 15+) receive these payments? - 15
- INC_5E16 Did (FILL family member name, age 15+) receive these payments? - 16
- INC_5E17 Did (FILL family member name, age 15+) receive these payments? - 17
- INC_5E18 Did (FILL family member name, age 15+) receive these payments? - 18
- INC_5E19 Did (FILL family member name, age 15+) receive these payments? - 19
- INC_5E20 Did (FILL family member name, age 15+) receive these payments? - 20
- INC_5F02 How much did (family member name, age 15+) receive in (FILL previous month)? - SPOUSE
- INC_5F03 How much did (family member name, age 15+) receive in (FILL previous month)? - 3
- INC_5F04 How much did (family member name, age 15+) receive in (FILL previous month)? - 4
- INC_5F05 How much did (family member name, age 15+) receive in (FILL previous month)? - 5
- INC_5F06 How much did (family member name, age 15+) receive in (FILL previous month)? - 6
- INC_5F07 How much did (family member name, age 15+) receive in (FILL previous month)? - 7
- INC_5F08 How much did (family member name, age 15+) receive in (FILL previous month)? - 8
- INC_5F09 How much did (family member name, age 15+) receive in (FILL previous month)? - 9
- INC_5F10 How much did (family member name, age 15+) receive in (FILL previous month)? - 10
- INC_5F11 How much did (family member name, age 15+) receive in (FILL previous month)? - 11
- INC_5F12 How much did (family member name, age 15+) receive in (FILL previous month)? - 12
- INC_5F13 How much did (family member name, age 15+) receive in (FILL previous month)? - 13
- INC_5F14 How much did (family member name, age 15+) receive in (FILL previous month)? - 14

INC_5F15 How much did (family member name, age 15+) receive in (FILL previous month)? - 15
 INC_5F16 How much did (family member name, age 15+) receive in (FILL previous month)? - 16
 INC_5F17 How much did (family member name, age 15+) receive in (FILL previous month)? - 17
 INC_5F18 How much did (family member name, age 15+) receive in (FILL previous month)? - 18
 INC_5F19 How much did (family member name, age 15+) receive in (FILL previous month)? - 19
 INC_5F20 How much did (family member name, age 15+) receive in (FILL previous month)? - 20
 INC_5G02 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G03 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G04 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G05 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G06 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G07 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G08 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G09 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G10 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G11 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G12 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G13 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G14 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G15 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G16 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G17 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G18 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G19 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_5G20 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_7A During the last month, that is, in the month of (FILL previous month), did (you)/[SAMPNAME] receive any other retirement, pensi
 INC_7B How much did (you)/[SAMPNAME] receive in (FILL previous month)?
 INC_7C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?
 INC_7D During (FILL previous month), did any family members who live with (you)/[SAMPNAME] receive any other retirement, pension,
 INC_7E02 Did (family member name, age 15+) receive these payments? - SPOUSE
 INC_7E03 Did (family member name, age 15+) receive these payments? - 3
 INC_7E04 Did (family member name, age 15+) receive these payments? - 4
 INC_7E05 Did (family member name, age 15+) receive these payments? - 5
 INC_7E06 Did (family member name, age 15+) receive these payments? - 6

- INC_7E07 Did (family member name, age 15+) receive these payments? - 7
- INC_7E08 Did (family member name, age 15+) receive these payments? - 8
- INC_7E09 Did (family member name, age 15+) receive these payments? - 9
- INC_7E10 Did (family member name, age 15+) receive these payments? - 10
- INC_7E11 Did (family member name, age 15+) receive these payments? - 11
- INC_7E12 Did (family member name, age 15+) receive these payments? - 12
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- INC_7E14 Did (family member name, age 15+) receive these payments? - 14
- INC_7E15 Did (family member name, age 15+) receive these payments? - 15
- INC_7E16 Did (family member name, age 15+) receive these payments? - 16
- INC_7E17 Did (family member name, age 15+) receive these payments? - 17
- INC_7E18 Did (family member name, age 15+) receive these payments? - 18
- INC_7E19 Did (family member name, age 15+) receive these payments? - 19
- INC_7E20 Did (family member name, age 15+) receive these payments? - 20
- INC_7F02 How much did (family member name, age 15+) receive in [[last month]]? - SPOUSE
- INC_7F03 How much did (family member name, age 15+) receive in [[last month]]? - 3
- INC_7F04 How much did (family member name, age 15+) receive in [[last month]]? - 4
- INC_7F05 How much did (family member name, age 15+) receive in [[last month]]? - 5
- INC_7F06 How much did (family member name, age 15+) receive in [[last month]]? - 6
- INC_7F07 How much did (family member name, age 15+) receive in [[last month]]? - 7
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- INC_7F09 How much did (family member name, age 15+) receive in [[last month]]? - 9
- INC_7F10 How much did (family member name, age 15+) receive in [[last month]]? - 10
- INC_7F11 How much did (family member name, age 15+) receive in [[last month]]? - 11
- INC_7F12 How much did (family member name, age 15+) receive in [[last month]]? - 12
- INC_7F13 How much did (family member name, age 15+) receive in [[last month]]? - 13
- INC_7F14 How much did (family member name, age 15+) receive in [[last month]]? - 14
- INC_7F15 How much did (family member name, age 15+) receive in [[last month]]? - 15
- INC_7F16 How much did (family member name, age 15+) receive in [[last month]]? - 16
- INC_7F17 How much did (family member name, age 15+) receive in [[last month]]? - 17
- INC_7F18 How much did (family member name, age 15+) receive in [[last month]]? - 18
- INC_7F19 How much did (family member name, age 15+) receive in [[last month]]? - 19
- INC_7F20 How much did (family member name, age 15+) receive in [[last month]]? - 20
- INC_7G02 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)

INC_7G03 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_7G04 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_7G05 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_7G06 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_7G07 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_7G08 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

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INC_7G18 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_7G19 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_7G20 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9A During the last month, that is, in the month of (FILL previous month), did (you)/[SAMPNAME] receive Supplemental Security Incc

INC_9B How much did (you)/[SAMPNAME] receive in (FILL previous month)?

INC_9C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?

INC_9D During (FILL previous month), did any family members who live with (you)/[SAMPNAME] receive Supplemental Security Income

INC_9E02 Did (family member name, age 15+) receive these payments? - SPOUSE

INC_9E03 Did (family member name, age 15+) receive these payments? - 3

INC_9E04 Did (family member name, age 15+) receive these payments? - 4

INC_9E05 Did (family member name, age 15+) receive these payments? - 5

INC_9E06 Did (family member name, age 15+) receive these payments? - 6

INC_9E07 Did (family member name, age 15+) receive these payments? - 7

INC_9E08 Did (family member name, age 15+) receive these payments? - 8

INC_9E09 Did (family member name, age 15+) receive these payments? - 9

INC_9E10 Did (family member name, age 15+) receive these payments? - 10

INC_9E11 Did (family member name, age 15+) receive these payments? - 11

INC_9E12 Did (family member name, age 15+) receive these payments? - 12

INC_9E13 Did (family member name, age 15+) receive these payments? - 13

INC_9E14 Did (family member name, age 15+) receive these payments? - 14
 INC_9E15 Did (family member name, age 15+) receive these payments? - 15
 INC_9E16 Did (family member name, age 15+) receive these payments? - 16
 INC_9E17 Did (family member name, age 15+) receive these payments? - 17
 INC_9E18 Did (family member name, age 15+) receive these payments? - 18
 INC_9E19 Did (family member name, age 15+) receive these payments? - 19
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 INC_9F02 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - SPOUSE
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 INC_9F04 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 4
 INC_9F05 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 5
 INC_9F06 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 6
 INC_9F07 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 7
 INC_9F08 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 8
 INC_9F09 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 9
 INC_9F10 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 10
 INC_9F11 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 11
 INC_9F12 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 12
 INC_9F13 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 13
 INC_9F14 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 14
 INC_9F15 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 15
 INC_9F16 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 16
 INC_9F17 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 17
 INC_9F18 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 18
 INC_9F19 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 19
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 INC_9G02 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_9G03 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_9G04 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_9G05 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
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 INC_9G08 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
 INC_9G09 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)

INC_9G10 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G11 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G12 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G13 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G14 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G15 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G16 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G17 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G18 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G19 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_9G20 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month),

INC_CK2A CAPI: Refer to HHMEM_01-20, REL_1-20 and SELREL02_A-20 APXAGExx in the Control Card. Are there any family members

INC_CK3 CAPI: Refer to REL_1-20, HHMEM_01-20, and AGEXX (?APXAGE01-20?) in the Control Card. How many family members over

INC_CK5 CAPI: Refer to HHMEM_01-20, REL_1_R-REL_20_R, and APXAGE03-20 in the Control Card. How many family members in the household

INC_CK7 CAPI: Refer to HHMEM01-20, REL_1-20, and APXAGE01-20 in the Control Card. How many family members in the household

INC_CK9 CAPI: Refer to INC_CK7. How many family members in the household are 15 years of age or older?

INC20C_SP Why did ((you)/[SAMPNAME] or spouse) sell this house? - SPECIFY

INCPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING

INS_1 Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. (Are you/Is) [SAMPNAME]

INS_1B (Are you/Is) [SAMPNAME] covered by a Medicare HMO? In this state, such programs include: (CAPI fills in the names of state-subsidized

INS_2A During the past 12 months, (have you/has) [SAMPNAME] received health care which has been or will be paid for by Medicaid or

INS_2B (Do you/Does) [SAMPNAME] NOW have a Medicaid card?

INS_2C_1 May I please see (your)/[SAMPNAME]'s card?

INS_2C_2 May I please see (your)/[SAMPNAME]'s card? OTHER CARD SEEN - SPECIFY

INS_3A (Are you/Is) [SAMPNAME] NOW covered by any OTHER public assistance program that pays for health care?

INS_3B What is the name of that program?

INS_4 (Are you/Is) [SAMPNAME] NOW covered by TRICARE/CHAMPUS or CHAMPVA, or some other military health care, which are provided

INS_5A In addition to Medicare and Medicaid, (are you/is) [SAMPNAME] now covered by a private health insurance plan or an HMO which

INS_5C1 Is [A5B01_INS_5B01-20] an HMO? - PLAN 1

INS_5C10 Is [A5B01_INS_5B01-20] an HMO? - PLAN 10

INS_5C11 Is [A5B01_INS_5B01-20] an HMO? - PLAN 11

INS_5C12 Is [A5B01_INS_5B01-20] an HMO? - PLAN 12

INS_5C13 Is [A5B01_INS_5B01-20] an HMO? - PLAN 13

INS_5C14 Is [A5B01_INS_5B01-20] an HMO? - PLAN 14

INS_5C15 Is [A5B01_INS_5B01-20] an HMO? - PLAN 15
 INS_5C16 Is [A5B01_INS_5B01-20] an HMO? - PLAN 16
 INS_5C17 Is [A5B01_INS_5B01-20] an HMO? - PLAN 17
 INS_5C18 Is [A5B01_INS_5B01-20] an HMO? - PLAN 18
 INS_5C19 Is [A5B01_INS_5B01-20] an HMO? - PLAN 19
 INS_5C2 Is [A5B01_INS_5B01-20] an HMO? - PLAN 2
 INS_5C20 Is [A5B01_INS_5B01-20] an HMO? - PLAN 20
 INS_5C3 Is [A5B01_INS_5B01-20] an HMO? - PLAN 3
 INS_5C4 Is [A5B01_INS_5B01-20] an HMO? - PLAN 4
 INS_5C5 Is [A5B01_INS_5B01-20] an HMO? - PLAN 5
 INS_5C6 Is [A5B01_INS_5B01-20] an HMO? - PLAN 6
 INS_5C7 Is [A5B01_INS_5B01-20] an HMO? - PLAN 7
 INS_5C8 Is [A5B01_INS_5B01-20] an HMO? - PLAN 8
 INS_5C9 Is [A5B01_INS_5B01-20] an HMO? - PLAN 9
 INS_5D1 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 1
 INS_5D10 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 10
 INS_5D11 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 11
 INS_5D12 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 12
 INS_5D13 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 13
 INS_5D14 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 14
 INS_5D15 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 15
 INS_5D16 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 16
 INS_5D17 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 17
 INS_5D18 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 18
 INS_5D19 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 19
 INS_5D2 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 2
 INS_5D20 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 20
 INS_5D3 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 3
 INS_5D4 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 4
 INS_5D5 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 5
 INS_5D6 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 6
 INS_5D7 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 7
 INS_5D8 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 8
 INS_5D9 Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 9

INS_5E1 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 1
 INS_5E10 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 10
 INS_5E11 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 11
 INS_5E12 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 12
 INS_5E13 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 13
 INS_5E14 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 14
 INS_5E15 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 15
 INS_5E16 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 16
 INS_5E17 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 17
 INS_5E18 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 18
 INS_5E19 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 19
 INS_5E2 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 2
 INS_5E20 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 20
 INS_5E3 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 3
 INS_5E4 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 4
 INS_5E5 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 5
 INS_5E6 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 6
 INS_5E7 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 7
 INS_5E8 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 8
 INS_5E9 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 9
 INS_6A (Are you/Is) [SAMPNAME] now covered by a Medicare Supplement Policy?
 INS_6B (Do you/Does) [SAMPNAME] pay for this policy or (do you/does) [SAMPNAME] employer pay for this policy or both?
 INS_6B1 What is the amount of the Medicare Supplement Policy premium that (you)/[SAMPNAME] pays? DOLLARS
 INS_6B3 What is the amount of the Medicare Supplement Policy premium that (you)/[SAMPNAME] pays? PER PERIOD
 INS_6B4 What is the amount of the Medicare Supplement Policy premium that (you)/[SAMPNAME] pays? PER PERIOD - SPECIFY
 INS_6C1 (Excluding any Medicare Supplement Policy), (do you/does) [SAMPNAME] have a long-term care policy that covers nursing ho
 INS_6C2 (Do you/Does) [SAMPNAME] pay for the policy or does an employer, a former employer, or some other group pay, or both?
 INS_6C3 (Do you/Does) [SAMPNAME] pay ongoing premiums or is this coverage part of another form of insurance?
 INS_6D_1 What is the amount of the premium that (you)/[SAMPNAME] pays? DOLLARS
 INS_6D_3 What is the amount of the premium that (you)/[SAMPNAME] pays? PER PERIOD
 INS_6D_4 What is the amount of the premium that (you)/[SAMPNAME] pays? PER PERIOD - SPECIFY

INSMOR10 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 10
 INSMOR11 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 11

INSMOR12 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 12
INSMOR13 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 13
INSMOR14 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 14
INSMOR15 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 15
INSMOR16 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 16
INSMOR17 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 17
INSMOR18 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 18
INSMOR19 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 19
INSMOR2 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 2
INSMOR3 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 3
INSMOR4 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 4
INSMOR5 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 5
INSMOR6 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 6
INSMOR7 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 7
INSMOR8 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 8
INSMOR9 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 9
INST_APPT FR: YOU MUST CONDUCT THE NEXT PORTION OF THE INTERVIEW WITH A FACILITY ADMINISTRATOR OR NURSI
INST_DATE INSTITUTIONAL INTERVIEW DATE MMDDYYYY
INST_TIME INSTITUTIONAL INTERVIEW TIME HHMM (MILITARY FORMAT)
INSTIN_CK CHECK INSTITUTIONAL CAPI: Is GROUP = 4?
LASTSE03 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 3
LASTSE04 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 4
LASTSE05 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 5
LASTSE06 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 6
LASTSE07 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 7
LASTSE08 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 8
LASTSE09 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 9
LASTSE10 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 10
LASTSE11 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 11
LASTSE12 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 12
LASTSE13 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 13
LASTSE14 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 14
LASTSE15 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 15
LASTSE16 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 16

LASTSE17 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 17
LASTSE18 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 18
LASTSE19 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 19
LASTSE20 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 20
LND_FLG_10 LAUNDRY HELP FLAG - 10
LND_FLG_11 LAUNDRY HELP FLAG - 11
LND_FLG_12 LAUNDRY HELP FLAG - 12
LND_FLG_13 LAUNDRY HELP FLAG - 13
LND_FLG_14 LAUNDRY HELP FLAG - 14
LND_FLG_15 LAUNDRY HELP FLAG - 15
LND_FLG_16 LAUNDRY HELP FLAG - 16
LND_FLG_17 LAUNDRY HELP FLAG - 17
LND_FLG_18 LAUNDRY HELP FLAG - 18
LND_FLG_19 LAUNDRY HELP FLAG - 19
LND_FLG_2 LAUNDRY HELP FLAG - 2
LND_FLG_20 LAUNDRY HELP FLAG - 20
LND_FLG_3 LAUNDRY HELP FLAG - 3
LND_FLG_4 LAUNDRY HELP FLAG - 4
LND_FLG_5 LAUNDRY HELP FLAG - 5
LND_FLG_6 LAUNDRY HELP FLAG - 6
LND_FLG_7 LAUNDRY HELP FLAG - 7
LND_FLG_8 LAUNDRY HELP FLAG - 8
LND_FLG_9 LAUNDRY HELP FLAG - 9
LONG1_FL CAPI: Is 10a (SCN_16A), 10b (SCN_16B), or 10c (SCN_16C) marked yes?
LONG2_FL CAPI: Is 13a (SCN_19), 13b (SCN_20A), or 13c (SCN_20B) marked yes?
LTC_FLAG TYPE OF DETAILED INTERVIEW, 1=INSTITUTIONAL 2=COMMUNITY 3=COMMUNITY WITH CAREGIVER
LTC_FLAG_SPV TYPE OF DETAILED INTERVIEW SELECTED AT TIME OF SCREENER PERSONAL VISIT, 1=INSTITUTIONAL 2 = (C
MARSTAT MARITAL STATUS
MEM03 Does [ROS_NAME_3-20] usually live here? - 3
MEM04 Does [ROS_NAME_3-20] usually live here? - 4
MEM05 Does [ROS_NAME_3-20] usually live here? - 5
MEM06 Does [ROS_NAME_3-20] usually live here? - 6
MEM07 Does [ROS_NAME_3-20] usually live here? - 7
MEM08 Does [ROS_NAME_3-20] usually live here? - 8

MEM09 Does [ROS_NAME_3-20] usually live here? - 9
MEM10 Does [ROS_NAME_3-20] usually live here? - 10
MEM11 Does [ROS_NAME_3-20] usually live here? - 11
MEM12 Does [ROS_NAME_3-20] usually live here? - 12
MEM13 Does [ROS_NAME_3-20] usually live here? - 13
MEM14 Does [ROS_NAME_3-20] usually live here? - 14
MEM15 Does [ROS_NAME_3-20] usually live here? - 15
MEM16 Does [ROS_NAME_3-20] usually live here? - 16
MEM17 Does [ROS_NAME_3-20] usually live here? - 17
MEM18 Does [ROS_NAME_3-20] usually live here? - 18
MEM19 Does [ROS_NAME_3-20] usually live here? - 19
MEM20 Does [ROS_NAME_3-20] usually live here? - 20
MLS_FLG_10 MEALS HELP FLAG - 10
MLS_FLG_11 MEALS HELP FLAG - 11
MLS_FLG_12 MEALS HELP FLAG - 12
MLS_FLG_13 MEALS HELP FLAG - 13
MLS_FLG_14 MEALS HELP FLAG - 14
MLS_FLG_15 MEALS HELP FLAG - 15
MLS_FLG_16 MEALS HELP FLAG - 16
MLS_FLG_17 MEALS HELP FLAG - 17
MLS_FLG_18 MEALS HELP FLAG - 18
MLS_FLG_19 MEALS HELP FLAG - 19
MLS_FLG_2 MEALS HELP FLAG - 2
MLS_FLG_20 MEALS HELP FLAG - 20
MLS_FLG_3 MEALS HELP FLAG - 3
MLS_FLG_4 MEALS HELP FLAG - 4
MLS_FLG_5 MEALS HELP FLAG - 5
MLS_FLG_6 MEALS HELP FLAG - 6
MLS_FLG_7 MEALS HELP FLAG - 7
MLS_FLG_8 MEALS HELP FLAG - 8
MLS_FLG_9 MEALS HELP FLAG - 9
MNT_1 What is the date today?
MNT_10 Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.
MNT_11_SP FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - SPECIFY

MNT_11TG_1 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - FR was denied access to sample person
MNT_11TG_10 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Specify other
MNT_11TG_2 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person is mentally incapable
MNT_11TG_3 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person is physically incapable
MNT_11TG_4 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person has hearing/speech problem
MNT_11TG_5 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person cannot speak English
MNT_11TG_6 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person has had a stroke
MNT_11TG_7 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person has Alzheimers disease
MNT_11TG_8 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person comatose
MNT_11TG_9 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person is a danger to self or others
MNT_2 What day of the week is it?
MNT_3 What is your street address?
MNT_3_I What is the name of this place?
MNT_4 In what State is this?
MNT_5 How old are you?
MNT_6 When were you born?
MNT_7 Who is the President of the United States now?
MNT_8 Who was the President just before him?
MNT_9 Who was the President just before him?
MNT_CK4 CAPI: Refer to all Cognitive Functioning questions 1 through 10. Are any of these questions coded D or R?
MNT_COMPLETE MNT COMPLETION CHECK CAPI: If MNT_11 is answered or 50 % of the below listed variables do not contain R, the
MNT_I1A_R IF THE SAMPLE PERSON IS UNABLE TO RESPOND, DO NOT ATTEMPT TO ADMINISTER THIS SECTION OF THE QL
MNTPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
MON_FLG_10 MANAGING MONEY HELP FLAG - 10
MON_FLG_11 MANAGING MONEY HELP FLAG - 11
MON_FLG_12 MANAGING MONEY HELP FLAG - 12
MON_FLG_13 MANAGING MONEY HELP FLAG - 13
MON_FLG_14 MANAGING MONEY HELP FLAG - 14
MON_FLG_15 MANAGING MONEY HELP FLAG - 15
MON_FLG_16 MANAGING MONEY HELP FLAG - 16
MON_FLG_17 MANAGING MONEY HELP FLAG - 17
MON_FLG_18 MANAGING MONEY HELP FLAG - 18
MON_FLG_19 MANAGING MONEY HELP FLAG - 19
MON_FLG_2 MANAGING MONEY HELP FLAG - 2

MON_FLG_20 MANAGING MONEY HELP FLAG - 20
 MON_FLG_3 MANAGING MONEY HELP FLAG - 3
 MON_FLG_4 MANAGING MONEY HELP FLAG - 4
 MON_FLG_5 MANAGING MONEY HELP FLAG - 5
 MON_FLG_6 MANAGING MONEY HELP FLAG - 6
 MON_FLG_7 MANAGING MONEY HELP FLAG - 7
 MON_FLG_8 MANAGING MONEY HELP FLAG - 8
 MON_FLG_9 MANAGING MONEY HELP FLAG - 9
 MPP_10A In the last month, that is, since (FILL date), how many times did (you)/[SAMPNAME] receive nursing services at home from so
 MPP_10B_I Who provided these at home nursing services? ENTER (N) FOR NO MORE HELPERS GIVEN.
 MPP_11_DK What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Dont Know
 MPP_11_RF What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Refused
 MPP_1101 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? FR: RECORD VE
 MPP_1102 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? FR: RECORD VE
 MPP_1103 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? FR: RECORD VE
 MPP_1105 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Financial
 MPP_1106 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Time
 MPP_1107 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Availability of a d
 MPP_1108 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Transportation
 MPP_1109 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Not free to leave
 MPP_1110 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Problem not serio
 MPP_1111 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Afraid to find out
 MPP_1112 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Weather
 MPP_1113 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Other reason(s)
 MPP_11A In the last month, that is since (FILL date), did (you)/[SAMPNAME] have any health problem or condition about which (you/he/
 MPP_1213 Who will end up paying? Anyone else? Fee for service insurance plans
 MPP_1214 Who will end up paying? Anyone else? Son-in-law
 MPP_1215 Who will end up paying? Anyone else? HMO/prepaid group
 MPP_1216 Who will end up paying? Anyone else? Daughter-in-law
 MPP_1217 Who will end up paying? Anyone else? Medicare
 MPP_1218 Who will end up paying? Anyone else? Brother
 MPP_1219 Who will end up paying? Anyone else? Medicaid
 MPP_1220 Who will end up paying? Anyone else? Sister
 MPP_1221 Who will end up paying? Anyone else? Veterans Administration (VA)

MPP_1222 Who will end up paying? Anyone else? Other male relative
 MPP_1223 Who will end up paying? Anyone else? Household member(s)
 MPP_1224 Who will end up paying? Anyone else? Other female relative
 MPP_1225 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
 MPP_1226 Who will end up paying? Anyone else? Male friend
 MPP_1227 Who will end up paying? Anyone else? Female friend
 MPP_1228 Who will end up paying? Anyone else? Father
 MPP_1229 Who will end up paying? Anyone else? Other - specify
 MPP_1230 Who will end up paying? Anyone else? Mother
 MPP_12A How many different prescription medicines were taken by or obtained for (you)/[SAMPNAME] in the last month?
 MPP_12B Will (you)/[SAMPNAME] end up paying any of the charges for this/these prescription(s)?
 MPP_12D Will insurance, Medicaid, or anyone else, including any members of (your)/[SAMPNAME] family, end up paying any of the cha
 MPP_13A (Are you/Is) [SAMPNAME] taking any prescription medicine now to help calm (you/him/her) down?
 MPP_13B (Are you/Is) [SAMPNAME] taking any prescription medicine now to help raise (your/his/her) spirits or to relieve depression?
 MPP_13C (Are you/Is) [SAMPNAME] taking any prescription medicine now to help (you/him/her) sleep?
 MPP_1A How many times (have you/has) [SAMPNAME] EVER been a patient in a nursing home, convalescent, or rest home?
 MPP_1C_1 When (were you/was) [SAMPNAME] admitted the last time? MONTH
 MPP_1C_2 When (were you/was) [SAMPNAME] admitted the last time? YEAR
 MPP_1C21 When (were you/was) [SAMPNAME] admitted the time before that? MONTH
 MPP_1C22 When (were you/was) [SAMPNAME] admitted the time before that? YEAR
 MPP_1D_1 How long (were you/was) [SAMPNAME] in the nursing home the last time? (Days OR Months) DAYS
 MPP_1D_2 How long (were you/was) [SAMPNAME] in the nursing home the last time? (Days OR Months) MONTH
 MPP_1D21 How long (were you/was) [SAMPNAME] in nursing home (that time)? (Days OR Months) DAYS
 MPP_1D22 How long (were you/was) [SAMPNAME] in nursing home (that time)? (Days OR Months) MONTH
 MPP_1E (Are you/Is) [SAMPNAME] now on a waiting list to go into a nursing home?
 MPP_2A How many times (have you/has) [SAMPNAME] been a patient in a hospital overnight or longer, in the last 12 months?
 MPP_2C_1 When (were you/was) [SAMPNAME] admitted the last time? MONTH
 MPP_2C_2 When (were you/was) [SAMPNAME] admitted the last time? YEAR
 MPP_2C21 When (were you/was) [SAMPNAME] admitted the time before that? MONTH
 MPP_2C22 When (were you/was) [SAMPNAME] admitted the time before that? YEAR
 MPP_2D_1 How long (were you/was) [SAMPNAME] in the hospital the last time? (Days OR Months) DAYS
 MPP_2D_2 How long (were you/was) [SAMPNAME] in the hospital the last time? (Days OR Months) MONTHS
 MPP_2D21 How long (were you/was) [SAMPNAME] in the hospital that time? (Days OR Months) DAYS
 MPP_2D22 How long (were you/was) [SAMPNAME] in the hospital that time? (Days OR Months) MONTHS

MPP_3A In the last month, that is, since (FILL date), did (you)/[SAMPNAME] see a physical therapist, occupational therapist, speech the
MPP_3B_1 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Physical therapist
MPP_3B_2 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Occupational therapist
MPP_3B_3 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Speech therapist
MPP_3B_4 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Hearing therapist
MPP_3B_DK Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Dont Know
MPP_3B_RF Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Refused
MPP_3CH How many times did (you)/[SAMPNAME] see the hearing therapist in the last month?
MPP_3CO How many times did (you)/[SAMPNAME] see the occupational therapist in the last month?
MPP_3CP How many times did (you)/[SAMPNAME] see the physical therapist in the last month?
MPP_3CS How many times did (you)/[SAMPNAME] see the speech therapist in the last month?
MPP_3DH Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DH - Hearing therapist
MPP_3DO Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DO - Occupational Therapist
MPP_3DP Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DP - Physical therapist
MPP_3DS Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DS -Speech Therapist
MPP_3E Will (you)/[SAMPNAME] end up paying any of the charges for (that visit/all those visits)?
MPP_3G Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, end up paying any
MPP_3I_DK Who will end up paying? Anyone else? Dont Know
MPP_3I_RF Who will end up paying? Anyone else? Refused
MPP_3I_SP Who will end up paying? Anyone else? - Specify
MPP_3I01 Who will end up paying? Anyone else? Fee for service insurance plans
MPP_3I02 Who will end up paying? Anyone else? Son-in-law
MPP_3I03 Who will end up paying? Anyone else? HMO/prepaid group
MPP_3I04 Who will end up paying? Anyone else? Daughter-in-law
MPP_3I05 Who will end up paying? Anyone else? Medicare
MPP_3I06 Who will end up paying? Anyone else? Brother
MPP_3I07 Who will end up paying? Anyone else? Medicaid
MPP_3I08 Who will end up paying? Anyone else? Sister
MPP_3I09 Who will end up paying? Anyone else? Veterans Administration (VA)
MPP_3I10 Who will end up paying? Anyone else? Other male relative
MPP_3I11 Who will end up paying? Anyone else? Household member(s)
MPP_3I12 Who will end up paying? Anyone else? Other female relative
MPP_3I13 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
MPP_3I14 Who will end up paying? Anyone else? Male friend

MPP_3I15 Who will end up paying? Anyone else? Father
MPP_3I16 Who will end up paying? Anyone else? Female friend
MPP_3I17 Who will end up paying? Anyone else? Mother
MPP_3I18 Who will end up paying? Anyone else? Other - Specify
MPP_4A In the last month, that is, since (FILL date), did (you)/[SAMPNAME] discuss any personal problems with a psychiatrist, psychologist,
MPP_4B How many times (have you/has) [SAMPNAME] seen one of these mental health professionals in the last month?
MPP_4C Will (you)/[SAMPNAME] end up paying any of the charges for (that visit/all those visits)?
MPP_4E Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, end up paying any
MPP_4G_DK Who will end up paying? Anyone else? DON'T KNOW
MPP_4G_RF Who will end up paying? Anyone else? REFUSED
MPP_4G_SP Who will end up paying? Anyone else? SPECIFY
MPP_4G01 Who will end up paying? Anyone else? Fee for service insurance plans
MPP_4G02 Who will end up paying? Anyone else? Son-in-law
MPP_4G03 Who will end up paying? Anyone else? HMO/prepaid group
MPP_4G04 Who will end up paying? Anyone else? Daughter-in-law
MPP_4G05 Who will end up paying? Anyone else? Medicare
MPP_4G06 Who will end up paying? Anyone else? Brother
MPP_4G07 Who will end up paying? Anyone else? Medicaid
MPP_4G08 Who will end up paying? Anyone else? Sister
MPP_4G09 Who will end up paying? Anyone else? Veterans Administration (VA)
MPP_4G10 Who will end up paying? Anyone else? Other male relative
MPP_4G11 Who will end up paying? Anyone else? Household member(s)
MPP_4G12 Who will end up paying? Anyone else? Other female relative
MPP_4G13 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
MPP_4G14 Who will end up paying? Anyone else? Male friend
MPP_4G15 Who will end up paying? Anyone else? Father
MPP_4G16 Who will end up paying? Anyone else? Female friend
MPP_4G17 Who will end up paying? Anyone else? Mother
MPP_4G18 Who will end up paying? Anyone else? Specify other
MPP_5A In the last month, that is, since (FILL date), did (you)/[SAMPNAME] receive care from a dentist, foot doctor/podiatrist, optometrist,
MPP_5B_1 Which of these did (you)/[SAMPNAME] see? Anyone else? Dentist
MPP_5B_2 Which of these did (you)/[SAMPNAME] see? Anyone else? Foot doctor/Podiatrist
MPP_5B_3 Which of these did (you)/[SAMPNAME] see? Anyone else? Optometrist/Eye Doctor
MPP_5B_4 Which of these did (you)/[SAMPNAME] see? Anyone else? Chiropractor

MPP_5B_DK Which of these did (you)/[SAMPNAME] see? Anyone else? Dont Know
MPP_5B_RF Which of these did (you)/[SAMPNAME] see? Anyone else? Refused
MPP_5CC How many times did (you)/[SAMPNAME] see the Chiropractor in the last month?
MPP_5CD How many times did (you)/[SAMPNAME] see the Dentist in the last month?
MPP_5CF How many times did (you)/[SAMPNAME] see the Podiatrist/Foot Doctor in the last month?
MPP_5CT How many times did (you)/[SAMPNAME] see the Optometrist/Eye Doctor in the last month?
MPP_5E Will (you)/[SAMPNAME] end up paying any of the charges for that visit/all those visits?
MPP_5F Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, end up paying any
MPP_5G_DK Who will end up paying? Anyone else? DON'T KNOW
MPP_5G_RF Who will end up paying? Anyone else? REFUSED
MPP_5G_SP Who will end up paying? Anyone else? SPECIFY
MPP_5G01 Who will end up paying? Anyone else? Fee for service insurance plans
MPP_5G02 Who will end up paying? Anyone else? Son-in-law
MPP_5G03 Who will end up paying? Anyone else? HMO/prepaid group
MPP_5G04 Who will end up paying? Anyone else? Daughter-in-law
MPP_5G05 Who will end up paying? Anyone else? Medicare
MPP_5G06 Who will end up paying? Anyone else? Brother
MPP_5G07 Who will end up paying? Anyone else? Medicaid
MPP_5G08 Who will end up paying? Anyone else? Sister
MPP_5G09 Who will end up paying? Anyone else? Veterans Administration (VA)
MPP_5G10 Who will end up paying? Anyone else? Other male relative
MPP_5G11 Who will end up paying? Anyone else? Household member(s)
MPP_5G12 Who will end up paying? Anyone else? Other female relative
MPP_5G13 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
MPP_5G14 Who will end up paying? Anyone else? Male friend
MPP_5G15 Who will end up paying? Anyone else? Father
MPP_5G16 Who will end up paying? Anyone else? Female friend
MPP_5G17 Who will end up paying? Anyone else? Mother
MPP_5G18 Who will end up paying? Anyone else? Specify other
MPP_6A How many times in the last month, that is, did (you)/[SAMPNAME] go to an emergency room, hospital clinic or freestanding trea
MPP_7A (Not counting any visits youve already told me about) in the last month, that is, since (FILL date), how many times did (you)/[SA
MPP_8A In the last month, that is, since (FILL date), how many times did (you)/[SAMPNAME] see a doctor in (your/his/her) home? (Do N
MPP_9 (Do you/Does) [SAMPNAME] have a regular source of medical care, like a family doctor, a clinic, or some other medical person c
MPP12F_SP Who will end up paying? Anyone else? SPECIFY

MPP12FTG_19 Who will end up paying? Anyone else? Dont Know
MPP12FTG_20 Who will end up paying? Anyone else? Refused
MPPPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
NRSFLG02 Helped with home nursing services - 2
NRSFLG03 Helped with home nursing services - 3
NRSFLG04 Helped with home nursing services - 4
NRSFLG05 Helped with home nursing services - 5
NRSFLG06 Helped with home nursing services - 6
NRSFLG07 Helped with home nursing services - 7
NRSFLG08 Helped with home nursing services - 8
NRSFLG09 Helped with home nursing services - 9
NRSFLG10 Helped with home nursing services - 10
NRSFLG11 Helped with home nursing services - 11
NRSFLG12 Helped with home nursing services - 12
NRSFLG13 Helped with home nursing services - 13
NRSFLG14 Helped with home nursing services - 14
NRSFLG15 Helped with home nursing services - 15
NRSFLG16 Helped with home nursing services - 16
NRSFLG17 Helped with home nursing services - 17
NRSFLG18 Helped with home nursing services - 18
NRSFLG19 Helped with home nursing services - 19
NRSFLG20 Helped with home nursing services - 20
NSA_1_T1 What is (your)/[SAMPNAME]s current height (without shoes on)? FEET
NSA_1_T2 What is (your)/[SAMPNAME]s current height (without shoes on)? INCHES
NSA_11A (Do you/does) [SAMPNAME] eat at least one serving of dairy products (milk, cheese, yogurt) per day?
NSA_11B (Do you/does) [SAMPNAME] eat at least two or more servings of legumes, beans, or eggs per week?
NSA_11C (Do you/does) [SAMPNAME] eat meat, fish or poultry every day?
NSA_12 (Do you/does) [SAMPNAME] eat at least two or more servings of fruits or vegetables per day?
NSA_13 How many cups of fluid (water, juice, coffee, tea, milk...) (do you/does) [SAMPNAME] consume per day?
NSA_14 (do you/does) [SAMPNAME] consider (yourself/himself/herself) to be malnourished, or (do you/does) (he/she) have no nutritional needs?
NSA_2 What is (your)/[SAMPNAME]s current weight?
NSA_3 What was (your)/[SAMPNAME]s weight when (you/he/she) (were/was) 50 years of age?
NSA_4 What was (your)/[SAMPNAME]s weight last (month) one year ago?
NSA_5A (Do you/Does) [SAMPNAME] regularly go to a senior center?

NSA_5B (Do you/Does) [SAMPNAME] regularly go to an adult day care center?

NSA_5D Does this adult day care center provide (you)/[SAMPNAME] with transportation between the center and (your/his/her) home?

NSA_6A On a typical day, how many meals (do you/does) [SAMPNAME] eat?

NSA_7A In a typical week, how many meals (do you/does) [SAMPNAME] eat at home?

NSA_7B In a typical week, of those meals eaten at home, how many are brought in for (you)/[SAMPNAME] by someone else?

NSA_7D In a typical week, how many meals (do you/does) [SAMPNAME] eat in a senior center or some other place with special meals for

NSA_7E (Do you/Does) [SAMPNAME] have meals delivered to (you/him/her) home by an agency or organization like MEALS ON WHEELS?

NSA_7F In a typical week, how many of (you)/[SAMPNAME] meals are from home delivered meals programs like MEAL ON WHEELS?

NSA_8A (Do you/Does) [SAMPNAME] usually take a vitamin and/or mineral supplement once a week or more?

NSA_9A_1 On a usual day, how much time (do you/does) [SAMPNAME] spend on vigorous activities such as digging in the garden, strolling

NSA_9A_2 On a usual day, how much time (do you/does) [SAMPNAME] spend on vigorous activities such as digging in the garden, strolling

NSA_9B_1 On a usual day, how much time (do you/does) [SAMPNAME] spend on - moderate activities such as housework, light sports, walking

NSA_9B_2 On a usual day, how much time (do you/does) [SAMPNAME] spend on - moderate activities such as housework, light sports, walking

NSA_9C_1 On a usual day, how much time (do you/does) [SAMPNAME] spend on light activities such as office work, driving a car, strolling

NSA_9C_2 On a usual day, how much time (do you/does) [SAMPNAME] spend on light activities such as office work, driving a car, strolling

NSA_CK5 CAPI: Refer to ADL_IBD (bedfast) and ADL_NAR (no inside activity). Does ADL_IBD and/or ADL_NAR equal 1?

NSA_COMPLETE If 50 % of the variables do not contain D, R, or -5, the module is complete. NSA_1_T1 NSA_1_T2 NSA_2 NSA_3 NSA_4 NSA_5 NSA_6 NSA_7 NSA_8 NSA_9 NSA_10 NSA_11 NSA_12 NSA_13 NSA_14 NSA_15 NSA_16 NSA_17 NSA_18 NSA_19 NSA_20 NSA_21 NSA_22 NSA_23 NSA_24 NSA_25 NSA_26 NSA_27 NSA_28 NSA_29 NSA_30 NSA_31 NSA_32 NSA_33 NSA_34 NSA_35 NSA_36 NSA_37 NSA_38 NSA_39 NSA_40 NSA_41 NSA_42 NSA_43 NSA_44 NSA_45 NSA_46 NSA_47 NSA_48 NSA_49 NSA_50 NSA_51 NSA_52 NSA_53 NSA_54 NSA_55 NSA_56 NSA_57 NSA_58 NSA_59 NSA_60 NSA_61 NSA_62 NSA_63 NSA_64 NSA_65 NSA_66 NSA_67 NSA_68 NSA_69 NSA_70 NSA_71 NSA_72 NSA_73 NSA_74 NSA_75 NSA_76 NSA_77 NSA_78 NSA_79 NSA_80 NSA_81 NSA_82 NSA_83 NSA_84 NSA_85 NSA_86 NSA_87 NSA_88 NSA_89 NSA_90 NSA_91 NSA_92 NSA_93 NSA_94 NSA_95 NSA_96 NSA_97 NSA_98 NSA_99 NSA_100 NSA_101 NSA_102 NSA_103 NSA_104 NSA_105 NSA_106 NSA_107 NSA_108 NSA_109 NSA_110 NSA_111 NSA_112 NSA_113 NSA_114 NSA_115 NSA_116 NSA_117 NSA_118 NSA_119 NSA_120 NSA_121 NSA_122 NSA_123 NSA_124 NSA_125 NSA_126 NSA_127 NSA_128 NSA_129 NSA_130 NSA_131 NSA_132 NSA_133 NSA_134 NSA_135 NSA_136 NSA_137 NSA_138 NSA_139 NSA_140 NSA_141 NSA_142 NSA_143 NSA_144 NSA_145 NSA_146 NSA_147 NSA_148 NSA_149 NSA_150 NSA_151 NSA_152 NSA_153 NSA_154 NSA_155 NSA_156 NSA_157 NSA_158 NSA_159 NSA_160 NSA_161 NSA_162 NSA_163 NSA_164 NSA_165 NSA_166 NSA_167 NSA_168 NSA_169 NSA_170 NSA_171 NSA_172 NSA_173 NSA_174 NSA_175 NSA_176 NSA_177 NSA_178 NSA_179 NSA_180 NSA_181 NSA_182 NSA_183 NSA_184 NSA_185 NSA_186 NSA_187 NSA_188 NSA_189 NSA_190 NSA_191 NSA_192 NSA_193 NSA_194 NSA_195 NSA_196 NSA_197 NSA_198 NSA_199 NSA_200 NSA_201 NSA_202 NSA_203 NSA_204 NSA_205 NSA_206 NSA_207 NSA_208 NSA_209 NSA_210 NSA_211 NSA_212 NSA_213 NSA_214 NSA_215 NSA_216 NSA_217 NSA_218 NSA_219 NSA_220 NSA_221 NSA_222 NSA_223 NSA_224 NSA_225 NSA_226 NSA_227 NSA_228 NSA_229 NSA_230 NSA_231 NSA_232 NSA_233 NSA_234 NSA_235 NSA_236 NSA_237 NSA_238 NSA_239 NSA_240 NSA_241 NSA_242 NSA_243 NSA_244 NSA_245 NSA_246 NSA_247 NSA_248 NSA_249 NSA_250 NSA_251 NSA_252 NSA_253 NSA_254 NSA_255 NSA_256 NSA_257 NSA_258 NSA_259 NSA_260 NSA_261 NSA_262 NSA_263 NSA_264 NSA_265 NSA_266 NSA_267 NSA_268 NSA_269 NSA_270 NSA_271 NSA_272 NSA_273 NSA_274 NSA_275 NSA_276 NSA_277 NSA_278 NSA_279 NSA_280 NSA_281 NSA_282 NSA_283 NSA_284 NSA_285 NSA_286 NSA_287 NSA_288 NSA_289 NSA_290 NSA_291 NSA_292 NSA_293 NSA_294 NSA_295 NSA_296 NSA_297 NSA_298 NSA_299 NSA_300 NSA_301 NSA_302 NSA_303 NSA_304 NSA_305 NSA_306 NSA_307 NSA_308 NSA_309 NSA_310 NSA_311 NSA_312 NSA_313 NSA_314 NSA_315 NSA_316 NSA_317 NSA_318 NSA_319 NSA_320 NSA_321 NSA_322 NSA_323 NSA_324 NSA_325 NSA_326 NSA_327 NSA_328 NSA_329 NSA_330 NSA_331 NSA_332 NSA_333 NSA_334 NSA_335 NSA_336 NSA_337 NSA_338 NSA_339 NSA_340 NSA_341 NSA_342 NSA_343 NSA_344 NSA_345 NSA_346 NSA_347 NSA_348 NSA_349 NSA_350 NSA_351 NSA_352 NSA_353 NSA_354 NSA_355 NSA_356 NSA_357 NSA_358 NSA_359 NSA_360 NSA_361 NSA_362 NSA_363 NSA_364 NSA_365 NSA_366 NSA_367 NSA_368 NSA_369 NSA_370 NSA_371 NSA_372 NSA_373 NSA_374 NSA_375 NSA_376 NSA_377 NSA_378 NSA_379 NSA_380 NSA_381 NSA_382 NSA_383 NSA_384 NSA_385 NSA_386 NSA_387 NSA_388 NSA_389 NSA_390 NSA_391 NSA_392 NSA_393 NSA_394 NSA_395 NSA_396 NSA_397 NSA_398 NSA_399 NSA_400 NSA_401 NSA_402 NSA_403 NSA_404 NSA_405 NSA_406 NSA_407 NSA_408 NSA_409 NSA_410 NSA_411 NSA_412 NSA_413 NSA_414 NSA_415 NSA_416 NSA_417 NSA_418 NSA_419 NSA_420 NSA_421 NSA_422 NSA_423 NSA_424 NSA_425 NSA_426 NSA_427 NSA_428 NSA_429 NSA_430 NSA_431 NSA_432 NSA_433 NSA_434 NSA_435 NSA_436 NSA_437 NSA_438 NSA_439 NSA_440 NSA_441 NSA_442 NSA_443 NSA_444 NSA_445 NSA_446 NSA_447 NSA_448 NSA_449 NSA_450 NSA_451 NSA_452 NSA_453 NSA_454 NSA_455 NSA_456 NSA_457 NSA_458 NSA_459 NSA_460 NSA_461 NSA_462 NSA_463 NSA_464 NSA_465 NSA_466 NSA_467 NSA_468 NSA_469 NSA_470 NSA_471 NSA_472 NSA_473 NSA_474 NSA_475 NSA_476 NSA_477 NSA_478 NSA_479 NSA_480 NSA_481 NSA_482 NSA_483 NSA_484 NSA_485 NSA_486 NSA_487 NSA_488 NSA_489 NSA_490 NSA_491 NSA_492 NSA_493 NSA_494 NSA_495 NSA_496 NSA_497 NSA_498 NSA_499 NSA_500 NSA_501 NSA_502 NSA_503 NSA_504 NSA_505 NSA_506 NSA_507 NSA_508 NSA_509 NSA_510 NSA_511 NSA_512 NSA_513 NSA_514 NSA_515 NSA_516 NSA_517 NSA_518 NSA_519 NSA_520 NSA_521 NSA_522 NSA_523 NSA_524 NSA_525 NSA_526 NSA_527 NSA_528 NSA_529 NSA_530 NSA_531 NSA_532 NSA_533 NSA_534 NSA_535 NSA_536 NSA_537 NSA_538 NSA_539 NSA_540 NSA_541 NSA_542 NSA_543 NSA_544 NSA_545 NSA_546 NSA_547 NSA_548 NSA_549 NSA_550 NSA_551 NSA_552 NSA_553 NSA_554 NSA_555 NSA_556 NSA_557 NSA_558 NSA_559 NSA_560 NSA_561 NSA_562 NSA_563 NSA_564 NSA_565 NSA_566 NSA_567 NSA_568 NSA_569 NSA_570 NSA_571 NSA_572 NSA_573 NSA_574 NSA_575 NSA_576 NSA_577 NSA_578 NSA_579 NSA_580 NSA_581 NSA_582 NSA_583 NSA_584 NSA_585 NSA_586 NSA_587 NSA_588 NSA_589 NSA_590 NSA_591 NSA_592 NSA_593 NSA_594 NSA_595 NSA_596 NSA_597 NSA_598 NSA_599 NSA_600 NSA_601 NSA_602 NSA_603 NSA_604 NSA_605 NSA_606 NSA_607 NSA_608 NSA_609 NSA_610 NSA_611 NSA_612 NSA_613 NSA_614 NSA_615 NSA_616 NSA_617 NSA_618 NSA_619 NSA_620 NSA_621 NSA_622 NSA_623 NSA_624 NSA_625 NSA_626 NSA_627 NSA_628 NSA_629 NSA_630 NSA_631 NSA_632 NSA_633 NSA_634 NSA_635 NSA_636 NSA_637 NSA_638 NSA_639 NSA_640 NSA_641 NSA_642 NSA_643 NSA_644 NSA_645 NSA_646 NSA_647 NSA_648 NSA_649 NSA_650 NSA_651 NSA_652 NSA_653 NSA_654 NSA_655 NSA_656 NSA_657 NSA_658 NSA_659 NSA_660 NSA_661 NSA_662 NSA_663 NSA_664 NSA_665 NSA_666 NSA_667 NSA_668 NSA_669 NSA_670 NSA_671 NSA_672 NSA_673 NSA_674 NSA_675 NSA_676 NSA_677 NSA_678 NSA_679 NSA_680 NSA_681 NSA_682 NSA_683 NSA_684 NSA_685 NSA_686 NSA_687 NSA_688 NSA_689 NSA_690 NSA_691 NSA_692 NSA_693 NSA_694 NSA_695 NSA_696 NSA_697 NSA_698 NSA_699 NSA_700 NSA_701 NSA_702 NSA_703 NSA_704 NSA_705 NSA_706 NSA_707 NSA_708 NSA_709 NSA_710 NSA_711 NSA_712 NSA_713 NSA_714 NSA_715 NSA_716 NSA_717 NSA_718 NSA_719 NSA_720 NSA_721 NSA_722 NSA_723 NSA_724 NSA_725 NSA_726 NSA_727 NSA_728 NSA_729 NSA_730 NSA_731 NSA_732 NSA_733 NSA_734 NSA_735 NSA_736 NSA_737 NSA_738 NSA_739 NSA_740 NSA_741 NSA_742 NSA_743 NSA_744 NSA_745 NSA_746 NSA_747 NSA_748 NSA_749 NSA_750 NSA_751 NSA_752 NSA_753 NSA_754 NSA_755 NSA_756 NSA_757 NSA_758 NSA_759 NSA_760 NSA_761 NSA_762 NSA_763 NSA_764 NSA_765 NSA_766 NSA_767 NSA_768 NSA_769 NSA_770 NSA_771 NSA_772 NSA_773 NSA_774 NSA_775 NSA_776 NSA_777 NSA_778 NSA_779 NSA_780 NSA_781 NSA_782 NSA_783 NSA_784 NSA_785 NSA_786 NSA_787 NSA_788 NSA_789 NSA_790 NSA_791 NSA_792 NSA_793 NSA_794 NSA_795 NSA_796 NSA_797 NSA_798 NSA_799 NSA_800 NSA_801 NSA_802 NSA_803 NSA_804 NSA_805 NSA_806 NSA_807 NSA_808 NSA_809 NSA_810 NSA_811 NSA_812 NSA_813 NSA_814 NSA_815 NSA_816 NSA_817 NSA_818 NSA_819 NSA_820 NSA_821 NSA_822 NSA_823 NSA_824 NSA_825 NSA_826 NSA_827 NSA_828 NSA_829 NSA_830 NSA_831 NSA_832 NSA_833 NSA_834 NSA_835 NSA_836 NSA_837 NSA_838 NSA_839 NSA_840 NSA_841 NSA_842 NSA_843 NSA_844 NSA_845 NSA_846 NSA_847 NSA_848 NSA_849 NSA_850 NSA_851 NSA_852 NSA_853 NSA_854 NSA_855 NSA_856 NSA_857 NSA_858 NSA_859 NSA_860 NSA_861 NSA_862 NSA_863 NSA_864 NSA_865 NSA_866 NSA_867 NSA_868 NSA_869 NSA_870 NSA_871 NSA_872 NSA_873 NSA_874 NSA_875 NSA_876 NSA_877 NSA_878 NSA_879 NSA_880 NSA_881 NSA_882 NSA_883 NSA_884 NSA_885 NSA_886 NSA_887 NSA_888 NSA_889 NSA_890 NSA_891 NSA_892 NSA_893 NSA_894 NSA_895 NSA_896 NSA_897 NSA_898 NSA_899 NSA_900 NSA_901 NSA_902 NSA_903 NSA_904 NSA_905 NSA_906 NSA_907 NSA_908 NSA_909 NSA_910 NSA_911 NSA_912 NSA_913 NSA_914 NSA_915 NSA_916 NSA_917 NSA_918 NSA_919 NSA_920 NSA_921 NSA_922 NSA_923 NSA_924 NSA_925 NSA_926 NSA_927 NSA_928 NSA_929 NSA_930 NSA_931 NSA_932 NSA_933 NSA_934 NSA_935 NSA_936 NSA_937 NSA_938 NSA_939 NSA_940 NSA_941 NSA_942 NSA_943 NSA_944 NSA_945 NSA_946 NSA_947 NSA_948 NSA_949 NSA_950 NSA_951 NSA_952 NSA_953 NSA_954 NSA_955 NSA_956 NSA_957 NSA_958 NSA_959 NSA_960 NSA_961 NSA_962 NSA_963 NSA_964 NSA_965 NSA_966 NSA_967 NSA_968 NSA_969 NSA_970 NSA_971 NSA_972 NSA_973 NSA_974 NSA_975 NSA_976 NSA_977 NSA_978 NSA_979 NSA_980 NSA_981 NSA_982 NSA_983 NSA_984 NSA_985 NSA_986 NSA_987 NSA_988 NSA_989 NSA_990 NSA_991 NSA_992 NSA_993 NSA_994 NSA_995 NSA_996 NSA_997 NSA_998 NSA_999 NSA_1000

NSAPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?

NURSE Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health professional?

OBS_1A1_I What is the PROXY's name? ENTER N FOR NO MORE.

OBS_2_1 What is [OBS_1A1_NM]'s in 2,3,4) relationship to (you)/[SAMPNAME]?

OBS_2_2 What is [OBS_1A1_NM]'s in 2,3,4) relationship to (you)/[SAMPNAME]? SPECIFY

OBS_3 How many years (have you/has) [OBS_1A1_NM] known sample person?

OBS_4 Is [OBS_1A1_NM] paid to help?

OBS_5A Do (you)/[SAMPNAME] and [OBS_1A1_NM] live together?

OBS_5B Does [OBS_1A1_NM] live with (you)/[SAMPNAME]?

OBS_7_1 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY UNDERSTANDING QUESTIONS, INCONSISTENT ANSWERS, OR INABILITY TO FOLLOW DIRECTIONS?

OBS_7_2 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY UNDERSTANDING QUESTIONS, INCONSISTENT ANSWERS, OR INABILITY TO FOLLOW DIRECTIONS?

OBS_7_3 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY UNDERSTANDING QUESTIONS, INCONSISTENT ANSWERS, OR INABILITY TO FOLLOW DIRECTIONS?

OBS_7_4 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY UNDERSTANDING QUESTIONS, INCONSISTENT ANSWERS, OR INABILITY TO FOLLOW DIRECTIONS?

OBS_7_5 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY UNDERSTANDING QUESTIONS, INCONSISTENT ANSWERS, OR INABILITY TO FOLLOW DIRECTIONS?

OBS_7_6 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY UNDERSTANDING QUESTIONS, INCONSISTENT ANSWERS, OR INABILITY TO FOLLOW DIRECTIONS?

OBS_7_SP FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY UNDERSTANDING QUESTIONS, INCONSISTENT ANSWERS, OR INABILITY TO FOLLOW DIRECTIONS?

OBS_8 FR: HOW WAS THE COMMUNITY INTERVIEW, EXCLUSIVE OF THE SCREENER INTERVIEW, CONDUCTED?

OBS_CKH CAPI: Refer to HHMEM01-20 in the Control Card. If HHMEM_01-20 equals 1, add 1 to OBS_CKH.

OBS_CKP CAPI: Check for new proxy

OBS_FR1 WHO ANSWERED QUESTIONS DURING THIS SURVEY?

OBS_WH01 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. FR w

OBS_WH02 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Samj

OBS_WH03 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Samj

OBS_WH04 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Samj

OBS_WH05 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Samj

OBS_WH06 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Samj

OBS_WH07 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Othe

OBS_WHY_KEY FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION.

OBS_WHY_SP FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. S

OFN_1 Compared to other persons the same age, would you say that (you)/[SAMPNAME]'s health is excellent, good, fair, or poor?

OFN_10B How often in the past month did (you/he/she) see (your/his/her) friends?

OFN_10C How often in the past month did (you)/[SAMPNAME] speak with (your/his/her) friends, on the telephone?

OFN_10D Would you like to see or talk to your friends more often, less often, or as often as you do now?

OFN_11 Sometimes people feel that they have nobody to tell their troubles to. Would you say you feel this way most of the time, some o

OFN_12A Now I'm going to ask you some questions about things people often do indoors. About how many hours a day (do you/does) [S

OFN_13A About how many hours a day (do you/does) [SAMPNAME] usually watch television?

OFN_14 (Do you/Does) [SAMPNAME] have any pets?

OFN_15_1 During the past week did (you)/[SAMPNAME] read a book, magazine, or newspaper?

OFN_15_2 During the past week did (you)/[SAMPNAME] work on a hobby, like painting, sewing, or arts and crafts?

OFN_15_3 During the past week did (you)/[SAMPNAME] play games such as cards, solitaire, or work on a puzzle?

OFN_15_4 During the past week did (you)/[SAMPNAME] listen to records, tapes, or compact discs?

OFN_16_1 During the past month did (you)/[SAMPNAME] go to a religious service?

OFN_16_2 During the past month did (you)/[SAMPNAME] attend a meeting of a civic, religious, professional or recreational club or organ

OFN_17_1 During the last two weeks, have (you)/[SAMPNAME] felt so sad, blue, or depressed that (you/he/she) - Did not feel like doing

OFN_17_2 During the last two weeks, have (you)/[SAMPNAME] felt so sad, blue, or depressed that (you/he/she) - Could not sleep like (y

OFN_17_3 During the last two weeks, have (you)/[SAMPNAME] felt so sad, blue, or depressed that (you/he/she) - Lost your appetite or c

OFN_18 Taken all together, how would (you)/[SAMPNAME] say things are these days - would you say that (you/he/she) (are/is) very hap

OFN_19 Generally speaking, how satisfied are (you)/[SAMPNAME] with your life as a whole - would (you/he/she) say (you/he/she) (are/is

OFN_2 How often do (you)/[SAMPNAME] avoid doing things because (you/he/she) (do/does) not have enough energy to do them - woul

OFN_3 (Do you/Does) [SAMPNAME] ever feel (you/he/she) needs the help of a doctor or counselor for a mental or emotional problem?

OFN_4A (Were you/Was) [SAMPNAME] ever hospitalized for a mental or emotional problem?

OFN_4B (Were you/Was) [SAMPNAME] hospitalized for a mental or emotional problem in the last 5 years?

OFN_5A Has a doctor EVER advised (you)/[SAMPNAME] either recently or a long time ago - to get treatment for a mental or emotional p

OFN_5B Has a doctor told (you)/[SAMPNAME] to get treatment for a mental or emotional problem in the last 5 years?

OFN_8A Does anyone phone or check on (you)/[SAMPNAME] regularly just to make sure (you/he/she) is all right?

OFN_8C (Do you/Does) [SAMPNAME] NEED someone to phone or check on (you/him/her) regularly just to make sure (you/he/she) is all

OFN_9B Not counting relatives who live here, how many times in the past month did (you)/[SAMPNAME] see (your/his/her) relatives, incl

OFN_9C In the past month, how often did (you)/[SAMPNAME] speak with (your/his/her) relatives, on the telephone?

OFN_9D Would you like to see or talk to your relatives more often, less often, or as often as you do now?

OFN_CK2 CAPI: Refer to OFNPROXY at the beginning of this part. Respondent is:

OFN_CK3 CAPI refers to OFNPROXY at the beginning of this part. Respondent is:

OFN_CK4 CAPI refers to OFNPROXY at the beginning of this part. Respondent is:

OFN_CK6 CAPI: Refer to OFNPROXY at the beginning of this part. Respondent is:

OFN_COMPLETE If 50 % of the variables do not contain D, R, or -5, the module is complete. OFN_1 OFN_4A OFN_5A OFN_8A OFN_8

OFN18B10_R Who regularly does this? Anyone else? 10 Father-in-law

OFN18B11_R Who regularly does this? Anyone else? 11 Brother

OFN18B12_R Who regularly does this? Anyone else? 12 Sister

OFN18B13_R Who regularly does this? Anyone else? 13 Brother-in-law

OFN18B14_R Who regularly does this? Anyone else? 14 Sister-in-law

OFN18B15_R Who regularly does this? Anyone else? 15 Other male relative

OFN18B16_R Who regularly does this? Anyone else? 16 Other female relative

OFN18B17_R Who regularly does this? Anyone else? 17 Male friend

OFN18B18_R Who regularly does this? Anyone else? 18 Female friend

OFN18B19_R Who regularly does this? Anyone else? 19 Male neighbor

OFN18B2_R Who regularly does this? Anyone else? 2 Spouse/Spousal Equivalent

OFN18B20_R Who regularly does this? Anyone else? 20 Female neighbor

OFN18B21_R Who regularly does this? Anyone else? 21 Employee / Someone hired

OFN18B22_R Who regularly does this? Anyone else? 22 Someone from helping organization

OFN18B23_R Who regularly does this? Anyone else? 23 Institution / Assisted Living Center

OFN18B24_R Who regularly does this? Anyone else? 24 Legal Guardian

OFN18B25_R Who regularly does this? Anyone else? 25 Unable to determine

OFN18B26_R Who regularly does this? Anyone else? 26 Someone else - specify in OFN_8B_SP below

OFN18B27_R Who regularly does this? Anyone else? 27 Do not Know

OFN18B28_R Who regularly does this? Anyone else? 28 Refused

OFN18B3_R Who regularly does this? Anyone else? 3 Son

OFN18B4_R Who regularly does this? Anyone else? 4 Daughter
OFN18B5_R Who regularly does this? Anyone else? 5 Son-in-law
OFN18B6_R Who regularly does this? Anyone else? 6 Daughter-in-law
OFN18B7_R Who regularly does this? Anyone else? 7 Mother
OFN18B8_R Who regularly does this? Anyone else? 8 Father
OFN18B9_R Who regularly does this? Anyone else? 9 Mother-in-law
OFNPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING FOR THE CHILD? 1
OTHCHILD Now, I have some questions about (your)/[SAMPNAME]'s children. Besides (READ NAMES), how many living children, including you, do you have?
OUT_FLG_10 GETTING AROUND OUTSIDE HELP FLAG - 10
OUT_FLG_11 GETTING AROUND OUTSIDE HELP FLAG - 11
OUT_FLG_12 GETTING AROUND OUTSIDE HELP FLAG - 12
OUT_FLG_13 GETTING AROUND OUTSIDE HELP FLAG - 13
OUT_FLG_14 GETTING AROUND OUTSIDE HELP FLAG - 14
OUT_FLG_15 GETTING AROUND OUTSIDE HELP FLAG - 15
OUT_FLG_16 GETTING AROUND OUTSIDE HELP FLAG - 16
OUT_FLG_17 GETTING AROUND OUTSIDE HELP FLAG - 17
OUT_FLG_18 GETTING AROUND OUTSIDE HELP FLAG - 18
OUT_FLG_19 GETTING AROUND OUTSIDE HELP FLAG - 19
OUT_FLG_2 GETTING AROUND OUTSIDE HELP FLAG - 2
OUT_FLG_20 GETTING AROUND OUTSIDE HELP FLAG - 20
OUT_FLG_3 GETTING AROUND OUTSIDE HELP FLAG - 3
OUT_FLG_4 GETTING AROUND OUTSIDE HELP FLAG - 4
OUT_FLG_5 GETTING AROUND OUTSIDE HELP FLAG - 5
OUT_FLG_6 GETTING AROUND OUTSIDE HELP FLAG - 6
OUT_FLG_7 GETTING AROUND OUTSIDE HELP FLAG - 7
OUT_FLG_8 GETTING AROUND OUTSIDE HELP FLAG - 8
OUT_FLG_9 GETTING AROUND OUTSIDE HELP FLAG - 9
OUTCOME2004 Special Assigned outcome code for weighting/sampling
PER_XA01 In whose name is this house/apartment rented? Anyone else? - 1
PER_XA02 In whose name is this house/apartment rented? Anyone else? - 2
PER_XA03 In whose name is this house/apartment rented? Anyone else? - 3
PER_XA04 In whose name is this house/apartment rented? Anyone else? - 4
PER_XA05 In whose name is this house/apartment rented? Anyone else? - 5
PER_XA06 In whose name is this house/apartment rented? Anyone else? - 6

PER_XA07 In whose name is this house/apartment rented? Anyone else? - 7
 PER_XA08 In whose name is this house/apartment rented? Anyone else? - 8
 PER_XA09 In whose name is this house/apartment rented? Anyone else? - 9
 PER_XA10 In whose name is this house/apartment rented? Anyone else? - 10
 PER_XA11 In whose name is this house/apartment rented? Anyone else? - 11
 PER_XA12 In whose name is this house/apartment rented? Anyone else? - 12
 PER_XA13 In whose name is this house/apartment rented? Anyone else? - 13
 PER_XA14 In whose name is this house/apartment rented? Anyone else? - 14
 PER_XA15 In whose name is this house/apartment rented? Anyone else? - 15
 PER_XA16 In whose name is this house/apartment rented? Anyone else? - 16
 PER_XA17 In whose name is this house/apartment rented? Anyone else? - 17
 PER_XA18 In whose name is this house/apartment rented? Anyone else? - 18
 PER_XA19 In whose name is this house/apartment rented? Anyone else? - 19
 PER_XA20 In whose name is this house/apartment rented? Anyone else? - 20
 PER_XB01 Who owns this (house/apartment)? Anyone else? - 1
 PER_XB02 Who owns this (house/apartment)? Anyone else? - 2
 PER_XB03 Who owns this (house/apartment)? Anyone else? - 3
 PER_XB04 Who owns this (house/apartment)? Anyone else? - 4
 PER_XB05 Who owns this (house/apartment)? Anyone else? - 5
 PER_XB06 Who owns this (house/apartment)? Anyone else? - 6
 PER_XB07 Who owns this (house/apartment)? Anyone else? - 7
 PER_XB08 Who owns this (house/apartment)? Anyone else? - 8
 PER_XB09 Who owns this (house/apartment)? Anyone else? - 9
 PER_XB10 Who owns this (house/apartment)? Anyone else? - 10
 PER_XB11 Who owns this (house/apartment)? Anyone else? - 11
 PER_XB12 Who owns this (house/apartment)? Anyone else? - 12
 PER_XB13 Who owns this (house/apartment)? Anyone else? - 13
 PER_XB14 Who owns this (house/apartment)? Anyone else? - 14
 PER_XB15 Who owns this (house/apartment)? Anyone else? - 15
 PER_XB16 Who owns this (house/apartment)? Anyone else? - 16
 PER_XB17 Who owns this (house/apartment)? Anyone else? - 17
 PER_XB18 Who owns this (house/apartment)? Anyone else? - 18
 PER_XB19 Who owns this (house/apartment)? Anyone else? - 19
 PER_XB20 Who owns this (house/apartment)? Anyone else? - 20

PRX_XA_10 PROXY LISTED IN PERSON ROSTER - 10
PRX_XA_11 PROXY LISTED IN PERSON ROSTER - 11
PRX_XA_12 PROXY LISTED IN PERSON ROSTER - 12
PRX_XA_13 PROXY LISTED IN PERSON ROSTER - 13
PRX_XA_14 PROXY LISTED IN PERSON ROSTER - 14
PRX_XA_15 PROXY LISTED IN PERSON ROSTER - 15
PRX_XA_16 PROXY LISTED IN PERSON ROSTER - 16
PRX_XA_17 PROXY LISTED IN PERSON ROSTER - 17
PRX_XA_18 PROXY LISTED IN PERSON ROSTER - 18
PRX_XA_19 PROXY LISTED IN PERSON ROSTER - 19
PRX_XA_2 PROXY LISTED IN PERSON ROSTER - 2
PRX_XA_20 PROXY LISTED IN PERSON ROSTER - 20
PRX_XA_3 PROXY LISTED IN PERSON ROSTER - 3
PRX_XA_4 PROXY LISTED IN PERSON ROSTER - 4
PRX_XA_5 PROXY LISTED IN PERSON ROSTER - 5
PRX_XA_6 PROXY LISTED IN PERSON ROSTER - 6
PRX_XA_7 PROXY LISTED IN PERSON ROSTER - 7
PRX_XA_8 PROXY LISTED IN PERSON ROSTER - 8
PRX_XA_9 PROXY LISTED IN PERSON ROSTER - 9

PSEUDOSTRAT Psuedo Stratum Code

Q_ADMCLOSE Thank you very much for your help. I would like to complete the interview with [SAMPNAME]. May I speak with (him/her),

Q_NURSE Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health professio

Q_OPEN We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the Uni

Q_STAFF FR: ARE YOU NOW SPEAKING WITH INSTITUTIONAL STAFF?

Q_UNREL Are there three or more unrelated persons living at [ADDRESS]?

QNEWFG_10 NEW HELPER FLAG - 10
QNEWFG_11 NEW HELPER FLAG - 11
QNEWFG_12 NEW HELPER FLAG - 12
QNEWFG_13 NEW HELPER FLAG - 13
QNEWFG_14 NEW HELPER FLAG - 14
QNEWFG_15 NEW HELPER FLAG - 15
QNEWFG_16 NEW HELPER FLAG - 16
QNEWFG_17 NEW HELPER FLAG - 17
QNEWFG_18 NEW HELPER FLAG - 18

QNEWFG_19 NEW HELPER FLAG - 19
 QNEWFG_2 NEW HELPER FLAG - 2
 QNEWFG_20 NEW HELPER FLAG - 20
 QNEWFG_3 NEW HELPER FLAG - 3
 QNEWFG_4 NEW HELPER FLAG - 4
 QNEWFG_5 NEW HELPER FLAG - 5
 QNEWFG_6 NEW HELPER FLAG - 6
 QNEWFG_7 NEW HELPER FLAG - 7
 QNEWFG_8 NEW HELPER FLAG - 8
 QNEWFG_9 NEW HELPER FLAG - 9
 QUARTER1_R What type of residence does [SAMPNAME] live in?
 QUARTERS_S1 What type of residence does [SAMPNAME] live in? Active Adult Community/Senior Complex - (Specify in QUARTERS_
 QUARTERS_S2 What type of residence does [SAMPNAME] live in? Nonstaff unit in other institution (Specify in QUARTERS_S2)
 RACE_BNB 0=UNKNOWN 1=BLACK 2=NONBLACK
 RACEFULL LONGITUDINAL DETAILED RACE
 REGION 1-NORTHEAST 2=NORTHCENTRAL 3= SOUTH 4= WEST
 REL_SP_10 What is your relationship to [SAMPNAME]? SPECIFY - 10
 REL_SP_11 What is your relationship to [SAMPNAME]? SPECIFY - 11
 REL_SP_12 What is your relationship to [SAMPNAME]? SPECIFY - 12
 REL_SP_13 What is your relationship to [SAMPNAME]? SPECIFY - 13
 REL_SP_14 What is your relationship to [SAMPNAME]? SPECIFY - 14
 REL_SP_15 What is your relationship to [SAMPNAME]? SPECIFY - 15
 REL_SP_16 What is your relationship to [SAMPNAME]? SPECIFY - 16
 REL_SP_17 What is your relationship to [SAMPNAME]? SPECIFY - 17
 REL_SP_18 What is your relationship to [SAMPNAME]? SPECIFY - 18
 REL_SP_19 What is your relationship to [SAMPNAME]? SPECIFY - 19
 REL_SP_20 What is your relationship to [SAMPNAME]? SPECIFY - 20
 REL_SP_3 What is your relationship to [SAMPNAME]? SPECIFY - 3
 REL_SP_4 What is your relationship to [SAMPNAME]? SPECIFY - 4
 REL_SP_5 What is your relationship to [SAMPNAME]? SPECIFY - 5
 REL_SP_6 What is your relationship to [SAMPNAME]? SPECIFY - 6
 REL_SP_7 What is your relationship to [SAMPNAME]? SPECIFY - 7
 REL_SP_8 What is your relationship to [SAMPNAME]? SPECIFY - 8
 REL_SP_9 What is your relationship to [SAMPNAME]? SPECIFY - 9

RETIRE1 Is [SAMPNAME]'s residence located in an Assisted Living Facility, Continuing Care Retirement Community, or a Congregate C
 RETIRE2_1 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow
 RETIRE2_2 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow
 RETIRE2_3 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow
 RETIRE2_4 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow
 RETIRE2_5 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow
 RETIRE21 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of followir
 RETIRE22 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of followir
 RETIRE23 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of followir
 RETIRE24 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of followir
 RETIRE25 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of followir
 RMI_1A (Are you/Is) [SAMPNAME] missing any fingers, a hand, or an arm?
 RMI_1B_DK What (are you/is) [SAMPNAME] missing? Anything else? Dont Know
 RMI_1B_RF What (are you/is) [SAMPNAME] missing? Anything else? Refused
 RMI_1B01 What (are you/is) [SAMPNAME] missing? Anything else? Entire arm- left
 RMI_1B02 What (are you/is) [SAMPNAME] missing? Anything else? Hand only- left
 RMI_1B03 What (are you/is) [SAMPNAME] missing? Anything else? Entire arm- right
 RMI_1B04 What (are you/is) [SAMPNAME] missing? Anything else? Hand only- right
 RMI_1B05 What (are you/is) [SAMPNAME] missing? Anything else? Entire arm- both
 RMI_1B06 What (are you/is) [SAMPNAME] missing? Anything else? Hand only- both
 RMI_1B07 What (are you/is) [SAMPNAME] missing? Anything else? Lower arm- left
 RMI_1B08 What (are you/is) [SAMPNAME] missing? Anything else? Fingers only- left
 RMI_1B09 What (are you/is) [SAMPNAME] missing? Anything else? Lower arm- right
 RMI_1B10 What (are you/is) [SAMPNAME] missing? Anything else? Fingers only- right
 RMI_1B11 What (are you/is) [SAMPNAME] missing? Anything else? Lower arm- both
 RMI_1B12 What (are you/is) [SAMPNAME] missing? Anything else? Fingers only- both hands
 RMI_2A (Are you/Is) [SAMPNAME] missing any toes, a foot or a leg?
 RMI_2B_DK What (are you/is) [SAMPNAME] missing? Anything else? Dont Know
 RMI_2B_RF What (are you/is) [SAMPNAME] missing? Anything else? Refused
 RMI_2B01 What (are you/is) [SAMPNAME] missing? Anything else? Entire leg- left
 RMI_2B02 What (are you/is) [SAMPNAME] missing? Anything else? foot only- left
 RMI_2B03 What (are you/is) [SAMPNAME] missing? Anything else? Entire leg- right
 RMI_2B04 What (are you/is) [SAMPNAME] missing? Anything else? foot only- right
 RMI_2B05 What (are you/is) [SAMPNAME] missing? Anything else? Entire leg- both

- RMI_2B06 What (are you/is) [SAMPNAME] missing? Anything else? foot only- both
- RMI_2B07 What (are you/is) [SAMPNAME] missing? Anything else? Lower leg- left
- RMI_2B08 What (are you/is) [SAMPNAME] missing? Anything else? Toes only- left
- RMI_2B09 What (are you/is) [SAMPNAME] missing? Anything else? Lower leg- right
- RMI_2B10 What (are you/is) [SAMPNAME] missing? Anything else? Toes only- right
- RMI_2B11 What (are you/is) [SAMPNAME] missing? Anything else? Lower leg- both
- RMI_2B12 What (are you/is) [SAMPNAME] missing? Anything else? Toes only- both feet
- RMI_3A_1 How difficult is it for (you)/[SAMPNAME] to - Climb one flight of stairs?
- RMI_3A_2 How difficult is it for (you)/[SAMPNAME] to - Walk to the end of a room and back?
- RMI_3A_3 How difficult is it for (you)/[SAMPNAME] to - Bend to put on (your)/[SAMPNAME]s socks or stockings?
- RMI_3A_4 How difficult is it for (you)/[SAMPNAME] to - Lift a 10-pound package like a bag of groceries and hold it for a few minutes?
- RMI_3A_5 How difficult is it for (you)/[SAMPNAME] to - Reach above (your)/[SAMPNAME]s head?
- RMI_3A_6 How difficult is it for (you)/[SAMPNAME] to - Comb or brush (your)/[SAMPNAME]s hair?
- RMI_3A_7 How difficult is it for (you)/[SAMPNAME] to - Wash (your)/[SAMPNAME]s hair?
- RMI_3A_8 How difficult is it for (you)/[SAMPNAME] to - Use (your)/[SAMPNAME]s fingers to grasp and handle small objects?
- RMI_3B_1 How difficult is it for (you)/[SAMPNAME] to - Bend to put on (your)/[SAMPNAME]s socks or stockings?
- RMI_3B_2 How difficult is it for (you)/[SAMPNAME] to - Lift a 10-pound package like a bag of groceries and hold it for a few minutes?
- RMI_3B_3 How difficult is it for (you)/[SAMPNAME] to - Reach above (your)/[SAMPNAME]s head?
- RMI_3B_4 How difficult is it for (you)/[SAMPNAME] to - Comb or brush (your)/[SAMPNAME]s hair?
- RMI_3B_5 How difficult is it for (you)/[SAMPNAME] to - Wash (your)/[SAMPNAME]s hair?
- RMI_3B_6 How difficult is it for (you)/[SAMPNAME] to - Use (your)/[SAMPNAME]s fingers to grasp and handle small objects?
- RMI_3C_1 How difficult is it for (you)/[SAMPNAME] to - Reach above (your)/[SAMPNAME]s head?
- RMI_3C_2 How difficult is it for (you)/[SAMPNAME] to - Comb or brush (your)/[SAMPNAME]s hair?
- RMI_3C_3 How difficult is it for (you)/[SAMPNAME] to - Wash (your)/[SAMPNAME]s hair?
- RMI_3C_4 How difficult is it for (you)/[SAMPNAME] to - Use (your)/[SAMPNAME]s fingers to grasp and handle small objects?
- RMI_4 (Do you/Does) [SAMPNAME] usually see well enough to read ordinary newsprint, with or without glasses or contact lenses?
- RMI_5A Can most people understand (your)/[SAMPNAME]s speech?
- RMI_5B_1 How (do you/does) [SAMPNAME] usually make (himself/herself) understood?
- RMI_5B_2 How (do you/does) [SAMPNAME] usually make (himself/herself) understood? - SPECIFY
- RMI_6A (Do you/Does) [SAMPNAME] usually hear and understand what is being said to (you/him/her) without difficulty either with or with
- RMI_6B_1 What means (do you/does) [SAMPNAME] usually use to understand what is being said to (you/him/her)?
- RMI_6B_2 What means (do you/does) [SAMPNAME] usually use to understand what is being said to (you/him/her)? SPECIFY
- RMI_7_1 Which of these devices (do you/does) [SAMPNAME] use? Any other? Glasses/contact lenses
- RMI_7_2 Which of these devices (do you/does) [SAMPNAME] use? Any other? Hearing aid

RMI_7_3 Which of these devices (do you/does) [SAMPNAME] use? Any other? Artificial larynx (voice box)
 RMI_7_4 Which of these devices (do you/does) [SAMPNAME] use? Any other? Other - Specify in RMI_7_6
 RMI_7_5 Which of these devices (do you/does) [SAMPNAME] use? Any other? None of the above
 RMI_7_6_SP Which of these devices (do you/does) [SAMPNAME] use? Any other? SPECIFY
 RMI_7_DK Which of these devices (do you/does) [SAMPNAME] use? Any other? Dont Know
 RMI_7_RF Which of these devices (do you/does) [SAMPNAME] use? Any other? Refused
 RMI_CK2 CAPI: Refer to ADL_IBD (bedfast), ADL_NAR (no inside activity) , and ADL_WHL (requires wheelchair).
 RMI_CK3 CAPI: Refer to RMIPROXY at beginning of this part.
 RMI_COMPLETE CAPI: If 50 % of the listed variables do not contain D, R, or -5, the module is complete. RMI_3A_1, RMI_3A_2, RMI_3/
 RMIPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDIN
 ROS_AGE_1 AGE OF PERSON IN ROSTER POSITION - 1 - SAMPLE PERSON
 ROS_AGE_10 AGE OF PERSON IN ROSTER POSITION - 10
 ROS_AGE_11 AGE OF PERSON IN ROSTER POSITION - 11
 ROS_AGE_12 AGE OF PERSON IN ROSTER POSITION - 12
 ROS_AGE_13 AGE OF PERSON IN ROSTER POSITION - 13
 ROS_AGE_14 AGE OF PERSON IN ROSTER POSITION - 14
 ROS_AGE_15 AGE OF PERSON IN ROSTER POSITION - 15
 ROS_AGE_16 AGE OF PERSON IN ROSTER POSITION - 16
 ROS_AGE_17 AGE OF PERSON IN ROSTER POSITION - 17
 ROS_AGE_18 AGE OF PERSON IN ROSTER POSITION - 18
 ROS_AGE_19 AGE OF PERSON IN ROSTER POSITION - 19
 ROS_AGE_2 AGE OF PERSON IN ROSTER POSITION - 2 - SPOUSE
 ROS_AGE_20 AGE OF PERSON IN ROSTER POSITION - 20
 ROS_AGE_3 AGE OF PERSON IN ROSTER POSITION - 3
 ROS_AGE_4 AGE OF PERSON IN ROSTER POSITION - 4
 ROS_AGE_5 AGE OF PERSON IN ROSTER POSITION - 5
 ROS_AGE_6 AGE OF PERSON IN ROSTER POSITION - 6
 ROS_AGE_7 AGE OF PERSON IN ROSTER POSITION - 7
 ROS_AGE_8 AGE OF PERSON IN ROSTER POSITION - 8
 ROS_AGE_9 AGE OF PERSON IN ROSTER POSITION - 9
 ROS_REL_1 RELATIONSHIP TO SAMPLE PERSON - SELF
 ROS_REL_10 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -10
 ROS_REL_11 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -11
 ROS_REL_12 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -12

ROS_REL_13 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -13
ROS_REL_14 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -14
ROS_REL_15 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -15
ROS_REL_16 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -16
ROS_REL_17 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -17
ROS_REL_18 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -18
ROS_REL_19 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -19
ROS_REL_2 RELATIONSHIP TO SAMPLE PERSON - Spouse
ROS_REL_20 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -20
ROS_REL_3 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -3
ROS_REL_4 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -4
ROS_REL_5 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -5
ROS_REL_6 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -6
ROS_REL_7 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -7
ROS_REL_8 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -8
ROS_REL_9 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -9
ROS_SEX_1 SEX OF ROSTER PERSON 1 - SAMPLE PERSON
ROS_SEX_10 SEX OF ROSTER PERSON 10
ROS_SEX_11 SEX OF ROSTER PERSON 11
ROS_SEX_12 SEX OF ROSTER PERSON 12
ROS_SEX_13 SEX OF ROSTER PERSON 13
ROS_SEX_14 SEX OF ROSTER PERSON 14
ROS_SEX_15 SEX OF ROSTER PERSON 15
ROS_SEX_16 SEX OF ROSTER PERSON 16
ROS_SEX_17 SEX OF ROSTER PERSON 17
ROS_SEX_18 SEX OF ROSTER PERSON 18
ROS_SEX_19 SEX OF ROSTER PERSON 19
ROS_SEX_2 SEX OF ROSTER PERSON 2- SPOUSE
ROS_SEX_20 SEX OF ROSTER PERSON 20
ROS_SEX_3 SEX OF ROSTER PERSON 3
ROS_SEX_4 SEX OF ROSTER PERSON 4
ROS_SEX_5 SEX OF ROSTER PERSON 5
ROS_SEX_6 SEX OF ROSTER PERSON 6
ROS_SEX_7 SEX OF ROSTER PERSON 7

ROS_SEX_8 SEX OF ROSTER PERSON 8
ROS_SEX_9 SEX OF ROSTER PERSON 9
ROS_TYPE_1 TYPE OF ROSTER ENTRY - 1
ROS_TYPE_10 TYPE OF ROSTER ENTRY - 10
ROS_TYPE_11 TYPE OF ROSTER ENTRY - 11
ROS_TYPE_12 TYPE OF ROSTER ENTRY - 12
ROS_TYPE_13 TYPE OF ROSTER ENTRY - 13
ROS_TYPE_14 TYPE OF ROSTER ENTRY - 14
ROS_TYPE_15 TYPE OF ROSTER ENTRY - 15
ROS_TYPE_16 TYPE OF ROSTER ENTRY - 16
ROS_TYPE_17 TYPE OF ROSTER ENTRY - 17
ROS_TYPE_18 TYPE OF ROSTER ENTRY - 18
ROS_TYPE_19 TYPE OF ROSTER ENTRY - 19
ROS_TYPE_2 TYPE OF ROSTER ENTRY - 2
ROS_TYPE_20 TYPE OF ROSTER ENTRY - 20
ROS_TYPE_3 TYPE OF ROSTER ENTRY - 3
ROS_TYPE_4 TYPE OF ROSTER ENTRY - 4
ROS_TYPE_5 TYPE OF ROSTER ENTRY - 5
ROS_TYPE_6 TYPE OF ROSTER ENTRY - 6
ROS_TYPE_7 TYPE OF ROSTER ENTRY - 7
ROS_TYPE_8 TYPE OF ROSTER ENTRY - 8
ROS_TYPE_9 TYPE OF ROSTER ENTRY - 9
RX_FLG_10 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 9
RX_FLG_11 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 10
RX_FLG_12 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 11
RX_FLG_13 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 12
RX_FLG_14 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 13
RX_FLG_15 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 14
RX_FLG_16 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 15
RX_FLG_17 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 16
RX_FLG_18 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 17
RX_FLG_19 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 18
RX_FLG_2 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 1
RX_FLG_20 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 19

RX_FLG_3 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 2
 RX_FLG_4 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 3
 RX_FLG_5 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 4
 RX_FLG_6 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 5
 RX_FLG_7 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 6
 RX_FLG_8 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 7
 RX_FLG_9 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 8
 S_DATE Selected In Sample Date
 S_RNHELP (Do you/Does) [SAMPNAME] receive medical care from the health care professionals on a regular basis?
 S_SIMNAME FR: IS UPDATED NAME SIMILAR TO [I_FULLNA]?
 S_WHO1_SIB_WHO2 Respondent is: Other relative-Specify
 S_WHO1_SIB_WHO3 Respondent is: Other Nonrelative-Specify
 SAMP_CO84 SAMP_CO on the NLTCS Utilities
 SAMP_N_04 CAPI: Is longitudinal indicator N marked in first digit of control number? (I_SCRN_TYP = 1)
 SC_ALIAS (Have you/Has he/she) ever used [I_FULLNA] to identify (yourself/himself/herself)?
 SC_COMPLETE SCREENER COMPLETION CHECK
 SC_DATE SCREENER INTERVIEW DATE MMDDYYYY
 SC_DETRE_R FR: ARE YOU SPEAKING WITH THE SAMPLE PERSON, A PROXY, OR BOTH?
 SC_NURSE Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health professi
 SC_OPEN We are conducting a survey of health conditions and physical activities of persons 65 years of age and older who live in the U
 SC_OUTCOME SCREENER OUTCOME
 SC_QUARTER1 FR: DO NOT READ ALOUD. Classify the living quarters of the Sample Person.
 SC_REASON SCREENER REASON FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW?
 SC_RETIRE1 Is [SAMPNAME]s residence located in an Assisted Living Facility, Continuing Care Retirement Community, or a Congrega
 SC_SPCIFY SCREENER REASON FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW? - SPECIFY
 SC_TIME SCREENER INTERVIEW TIME HHMM (MILITARY FORMAT)
 SC_UNREL Are there three or more unrelated persons living at [ADDRESS]?
 SCN_15_A (Do you/Does) [SAMPNAME] have any problem - Eating without the help of another person or special equipment?
 SCN_15_B (Do you/Does) [SAMPNAME] have any problem - Getting in or out of bed without help?
 SCN_15_C (Do you/Does) [SAMPNAME] have any problem - Getting in or out of chairs without help?
 SCN_15_D (Do you/Does) [SAMPNAME] have any problem - Walking around inside without help?
 SCN_15_E (Do you/Does) [SAMPNAME] have any problem - Going outside without the help of another person or special equipment?
 SCN_15_F (Do you/Does) [SAMPNAME] have any problem - Dressing without help?
 SCN_15_G (Do you/Does) [SAMPNAME] have any problem - Bathing without help?

- SCN_15_H (Do you/Does) [SAMPNAME] have any problem - Getting to the bathroom or using the toilet?
- SCN_15_I (Do you/Does) [SAMPNAME] have any problem - Controlling bowel movements or urination or ever have any accidents?
- SCN_16A You said that (you)/[SAMPNAME] has a problem with (one activity/some activities). (Have you/Has) [SAMPNAME] had (this p
- SCN_16B Do you EXPECT that (this problem/any of these problem(s)) will last for the next three months or longer?
- SCN_16C Altogether, from beginning to end, will (this problem/any of these problems) have lasted three months or longer?
- SCN_17_A (Are you/Is) [SAMPNAME] able to: Prepare meals without help?
- SCN_17_B (Are you/Is) [SAMPNAME] able to: Do laundry without help?
- SCN_17_C (Are you/Is) [SAMPNAME] able to: Do light housework such as washing dishes?
- SCN_17_D (Are you/Is) [SAMPNAME] able to: Shop for groceries without help?
- SCN_17_E (Are you/Is) [SAMPNAME] able to: Manage money such as keeping track of bills and handling cash?
- SCN_17_F (Are you/Is) [SAMPNAME] able to: Take medicine without help?
- SCN_17_G (Are you/Is) [SAMPNAME] able to: Make telephone calls without help?
- SCN_18_A Does a disability or a health problem keep (you)/[SAMPNAME] from: Preparing meals without help?
- SCN_18_B Does a disability or a health problem keep (you)/[SAMPNAME] from: Doing laundry without help?
- SCN_18_C Does a disability or a health problem keep (you)/[SAMPNAME] from: Doing light housework such as washing dishes?
- SCN_18_D Does a disability or a health problem keep (you)/[SAMPNAME] from: Shopping for groceries without help?
- SCN_18_E Does a disability or a health problem keep (you)/[SAMPNAME] from: Managing money such as keeping track of bills and har
- SCN_18_F Does a disability or a health problem keep (you)/[SAMPNAME] from: Taking medicine without help?
- SCN_18_G Does a disability or a health problem keep (you)/[SAMPNAME] from: Making telephone calls without help?
- SCN_19 (Have you/Has) [SAMPNAME] had a problem with (this activity/any of these activities) for three months or longer?
- SCN_20A Do you EXPECT that (your)/[SAMPNAME]'s problem doing (this activity/any of these activities) will last for the next three mont
- SCN_20B Altogether, from beginning to end, will (your)/[SAMPNAME]'s problem doing (this activity/any of these activities) have lasted thr
- SCN_21A How many times (have you/has) [SAMPNAME] ever been a patient in a nursing, convalescent, or rest home?
- SCN_21B1 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home (that time/the last time)? - MONTH
- SCN_21B2 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home (that time/the last time)? - YEAR
- SCN_21B3 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home (that time)? - DAYS
- SCN_21B4 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home (that time)? - MONTHS
- SCN_21C1 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home the time before that? - MONTH
- SCN_21C2 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home the time before that? - YEAR
- SCN_21C3 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home that time? - DAYS
- SCN_21C4 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home that time? - MONTHS
- SCN_21E5 (Are you/Is) [SAMPNAME] on a waiting list to go into a nursing home?
- SCN_22 (Are you/Is) [SAMPNAME] on a waiting list to go into a nursing home?
- SCN_23_A How many living children (do you/does) [SAMPNAME] have? Include natural, adopted, and stepchildren.

SCN_23_B How many of (your)/[SAMPNAME]s children do NOT live in (your/his/her) household?
 SCN_24_R Is [SAMPNAME] now married, widowed, divorced, separated, partnered (not married), or never married?
 SCN_25A Is [SAMPNAME] Spanish, Hispanic, or Latino?
 SCN_25A1 Are you Spanish, Hispanic, or Latino?
 SCN_25A2_1 What is the name of your other Spanish, Hispanic, or Latino group?
 SCN_25A2_2 What is the name of your other Spanish, Hispanic, or Latino group? OTHER - SPECIFY
 SCN_25B1TG_1 Which of the following Asian categories are you? - ASIAN INDIAN
 SCN_25B1TG_2 Which of the following Asian categories are you? - CHINESE
 SCN_25B1TG_3 Which of the following Asian categories are you? - FILIPINO
 SCN_25B1TG_4 Which of the following Asian categories are you? - JAPANESE
 SCN_25B1TG_5 Which of the following Asian categories are you? - KOREAN
 SCN_25B1TG_6 Which of the following Asian categories are you? - VIETNAMESE
 SCN_25B1TG_7 Which of the following Asian categories are you? - OTHER ASIAN
 SCN_25B1TG_8 Which of the following Asian categories are you? - DON'T KNOW
 SCN_25B1TG_9 Which of the following Asian categories are you? - REFUSED
 SCN_25B2TG_1 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - NATIVE HAWAIIAN
 SCN_25B2TG_2 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - GUAMANIAN OR CHAMORRO
 SCN_25B2TG_3 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - SAMOAN
 SCN_25B2TG_4 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - OTHER PACIFIC ISLANDER
 SCN_25B2TG_5 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - DONT KNOW
 SCN_25B2TG_6 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - REFUSED
 SCN_25B3_SP What is the name of your other race group(s)? - SPECIFY
 SCN_25B3TG_1 What is the name of your other race group(s)? - ALEUT
 SCN_25B3TG_10 What is the name of your other race group(s)? - BLACK
 SCN_25B3TG_11 What is the name of your other race group(s)? - BRAZILIAN
 SCN_25B3TG_12 What is the name of your other race group(s)? - CAUCASIAN
 SCN_25B3TG_13 What is the name of your other race group(s)? - CHICANO
 SCN_25B3TG_14 What is the name of your other race group(s)? - CHINESE
 SCN_25B3TG_15 What is the name of your other race group(s)? - CREOLE
 SCN_25B3TG_16 What is the name of your other race group(s)? - CUBAN OR CUBAN AMERICAN
 SCN_25B3TG_17 What is the name of your other race group(s)? - ESKIMO
 SCN_25B3TG_18 What is the name of your other race group(s)? - EUROPEAN
 SCN_25B3TG_19 What is the name of your other race group(s)? - FILIPINO
 SCN_25B3TG_2 What is the name of your other race group(s)? - AFRICAN AMERICAN

- SCN_25B3TG_20 What is the name of your other race group(s)? - GERMAN
- SCN_25B3TG_21 What is the name of your other race group(s)? - GUAMANIAN OR CHAMORRO
- SCN_25B3TG_22 What is the name of your other race group(s)? - HISPANIC
- SCN_25B3TG_23 What is the name of your other race group(s)? - JAMAICAN
- SCN_25B3TG_24 What is the name of your other race group(s)? - JAPANESE
- SCN_25B3TG_25 What is the name of your other race group(s)? - KOREAN
- SCN_25B3TG_26 What is the name of your other race group(s)? - LATIN AMERICAN
- SCN_25B3TG_27 What is the name of your other race group(s)? - LATINO
- SCN_25B3TG_28 What is the name of your other race group(s)? - MEXICAN OR MEXICAN AMERICAN
- SCN_25B3TG_29 What is the name of your other race group(s)? - NATIVE AMERICAN
- SCN_25B3TG_3 What is the name of your other race group(s)? - AFRICAN NATION, ETHNIC GROUP, OR TRIBE
- SCN_25B3TG_30 What is the name of your other race group(s)? - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- SCN_25B3TG_31 What is the name of your other race group(s)? - NEGRO
- SCN_25B3TG_32 What is the name of your other race group(s)? - PUERTO RICAN
- SCN_25B3TG_33 What is the name of your other race group(s)? - SAMOAN
- SCN_25B3TG_34 What is the name of your other race group(s)? - SCOTS-IRISH
- SCN_25B3TG_35 What is the name of your other race group(s)? - SPANISH
- SCN_25B3TG_36 What is the name of your other race group(s)? - VIETNAMESE
- SCN_25B3TG_37 What is the name of your other race group(s)? - WEST INDIAN
- SCN_25B3TG_38 What is the name of your other race group(s)? - WHITE
- SCN_25B3TG_39 What is the name of your other race group(s)? - NO RACE GIVEN
- SCN_25B3TG_4 What is the name of your other race group(s)? - AMERICAN
- SCN_25B3TG_40 What is the name of your other race group(s)? - OTHER - SPECIFY
- SCN_25B3TG_41 What is the name of your other race group(s)? - DONT KNOW
- SCN_25B3TG_42 What is the name of your other race group(s)? - REFUSED
- SCN_25B3TG_5 What is the name of your other race group(s)? - AMERICAN INDIAN OR ALASKA NATIVE
- SCN_25B3TG_6 What is the name of your other race group(s)? - ANGLO-SAXON
- SCN_25B3TG_7 What is the name of your other race group(s)? - ARAB
- SCN_25B3TG_8 What is the name of your other race group(s)? - ASIAN
- SCN_25B3TG_9 What is the name of your other race group(s)? - ASIAN INDIAN
- SCN_25BTG_1 WHITE - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
- SCN_25BTG_2 Black - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
- SCN_25BTG_3 American Indian or Alaska Native- Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
- SCN_25BTG_4 Asian- Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

SEL_A_20 Who is the person who helps with these activities? - 20
 SEL_A_3 Who is the person who helps with these activities? - 3
 SEL_A_4 Who is the person who helps with these activities? - 4
 SEL_A_5 Who is the person who helps with these activities? - 5
 SEL_A_6 Who is the person who helps with these activities? - 6
 SEL_A_7 Who is the person who helps with these activities? - 7
 SEL_A_8 Who is the person who helps with these activities? - 8
 SEL_A_9 Who is the person who helps with these activities? - 9
 SEL_WHO_1A_1 FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMIL
 SEL_WHO_1A_1_SP1 ENTER RESPONDENTS RELATIONSHIP TO SAMPLE PERSON. - Other relative-Specify
 SEL_WHO_1A_1_SP2 ENTER RESPONDENTS RELATIONSHIP TO SAMPLE PERSON.- Other Nonrelative-Specify
 SELECT CAPI: Does this sample person have a helper in his/her person roster? Refer to HLFFLG01-20 in person roster.
 SELECT1 CAPI: How many unpaid helpers, excluding organizations does the Sample Person have in his/her person roster?
 SELECT2 In a typical week, who helps the most because of your disability or health problem?
 SELECTED CAPI: Refer to 7 (CGPRES) above. If CGPRES not coded 1-3, SELECTED=2. What is caregiver status?
 SELGEN02_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 2
 SELGEN03_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 3
 SELGEN04_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 4
 SELGEN05_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 5
 SELGEN06_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 6
 SELGEN07_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 7
 SELGEN08_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 8
 SELGEN09_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 9
 SELGEN10_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 10
 SELGEN11_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 11
 SELGEN12_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 12
 SELGEN13_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 13
 SELGEN14_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 14
 SELGEN15_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 15
 SELGEN16_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 16
 SELGEN17_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 17
 SELGEN18_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 18
 SELGEN19_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 19
 SELGEN20_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 20

SELHLP_FLG_10 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 10
 SELHLP_FLG_11 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 11
 SELHLP_FLG_12 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 12
 SELHLP_FLG_13 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 13
 SELHLP_FLG_14 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 14
 SELHLP_FLG_15 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 15
 SELHLP_FLG_16 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 16
 SELHLP_FLG_17 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 17
 SELHLP_FLG_18 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 18
 SELHLP_FLG_19 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 19
 SELHLP_FLG_2 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 2
 SELHLP_FLG_20 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 20
 SELHLP_FLG_3 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 3
 SELHLP_FLG_4 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 4
 SELHLP_FLG_5 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 5
 SELHLP_FLG_6 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 6
 SELHLP_FLG_7 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 7
 SELHLP_FLG_8 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 8
 SELHLP_FLG_9 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 9
 SELPROXY FR: DO NOT READ ALOUD. IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY C
 SELREL02_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 2
 SELREL02_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 2
 SELREL03_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 3
 SELREL03_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 3
 SELREL04_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 4
 SELREL04_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 4
 SELREL05_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 5
 SELREL05_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 5
 SELREL06_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 6
 SELREL06_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 6
 SELREL07_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 7
 SELREL07_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 7
 SELREL08_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 8
 SELREL08_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 8

SELREL09_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 9
 SELREL09_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 9
 SELREL10_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 10
 SELREL10_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 10
 SELREL11_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 11
 SELREL11_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 11
 SELREL12_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 12
 SELREL12_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 12
 SELREL13_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 13
 SELREL13_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 13
 SELREL14_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 14
 SELREL14_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 14
 SELREL15_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 15
 SELREL15_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 15
 SELREL16_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 16
 SELREL16_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 16
 SELREL17_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 17
 SELREL17_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 17
 SELREL18_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 18
 SELREL18_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 18
 SELREL19_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 19
 SELREL19_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 19
 SELREL20_A What is [CGNAME]s relationship to (you)/[SAMPNAME]? 20
 SELREL20_REL_OTH What is [CGNAME]s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 20
 SEQ Sequence Number
 SETINST (Are you/Is) [SAMPNAME] currently living in a nursing home, an Assisted Living Center or other group facility, or a single family
 SHP_FLG_10 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 10
 SHP_FLG_11 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 11
 SHP_FLG_12 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 12
 SHP_FLG_13 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 13
 SHP_FLG_14 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 14
 SHP_FLG_15 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 15
 SHP_FLG_16 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 16
 SHP_FLG_17 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 17

SHP_FLG_18 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 18
 SHP_FLG_19 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 19
 SHP_FLG_2 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 2
 SHP_FLG_20 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 20
 SHP_FLG_3 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 3
 SHP_FLG_4 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 4
 SHP_FLG_5 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 5
 SHP_FLG_6 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 6
 SHP_FLG_7 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 7
 SHP_FLG_8 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 8
 SHP_FLG_9 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 9
 SIB_COMPLETE SIBLING COMPLETION CHECK
 SIB_WHO1_R Respondent is:
 SIBALIVE (Do you/Does) [SAMPNAME] have any living brothers or sisters?
 SIC1 1984 cohort
 SIC2 1989 cohort
 SIC3 1994 cohort
 SIC4 1999 cohort
 SIC5 2004 cohort
 SMSA 1=SMSA 2=NON-SMSA
 SPEDUCA What is the highest level of regular school (your)/[SAMPNAME]s (FILL spouse) has completed or the highest degree (FILL spouse) has completed?
 SPIN_199 Was (your)/[SAMPNAME]s (FILL spouse) living or staying with (you/him/her) in 1994?
 SPINSNM3 What is the name of the institution where (your)/[SAMPNAME]s (FILL spouse) is staying?
 SPINST1 Is (your)/[SAMPNAME] (FILL spouse) also staying in an institution?
 SPMARST CAPI sets spouses marital status equal to 1.
 SPMEM Does (your)/[SAMPNAME]s (FILL spouse) usually live here?
 SPWORK How many hours does (your)/[SAMPNAME]s (FILL spouse) usually work per week?
 SR 1=SELF REPRESENTING 2=NONSELF REPRESENTING
 ST STATE OF SAMPLE PERSONS RESIDENCE
 STRATUM 1=AGE 2=DISABILITY
 SURVEY04 1=Screened Out 2=Community Survey 3=Community with INFORMAL Caregiver 4=Institutional 5=Screeener Non-Interview 6=Interviewed
 TOT_OUTCOME OVERALL OUTCOME OF INTERVIEW
 UNREL Are there three or more unrelated persons living at (FILL address)?
 VER_ADD We have (your)/[SAMPNAME]s address listed as [CAPI refers to address at VERIFY CASE]. Is ALL of this information correct?

VER_DOB We have (your)/[SAMPNAME]'s date of birth listed as [refer to BMONTH, BDAY, BYEAR]. Is this correct?

VER_NAM We have (your/his/her) name listed as [I_TITLE, I_FULLNA]. Is this correct?

VER_SEX We have (your/his/her) gender listed as [I_SEX]. Is this correct?

WLK_FLG_10 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 10

WLK_FLG_11 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 11

WLK_FLG_12 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 12

WLK_FLG_13 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 13

WLK_FLG_14 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 14

WLK_FLG_15 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 15

WLK_FLG_16 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 16

WLK_FLG_17 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 17

WLK_FLG_18 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 18

WLK_FLG_19 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 19

WLK_FLG_2 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 2

WLK_FLG_20 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 20

WLK_FLG_3 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 3

WLK_FLG_4 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 4

WLK_FLG_5 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 5

WLK_FLG_6 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 6

WLK_FLG_7 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 7

WLK_FLG_8 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 8

WLK_FLG_9 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 9

WORK How many hours (do you/does) [SAMPNAME] usually work per week?