

| 2004 CAREGIVER QUESTIONNAIRE | | | |
|---|-----------|---|----------------------|
| Negative Number Response Codes Key -4/B = Break off -5/S = Legitimate skip on path -6/M = Non-response (Unit) | | Variable Name Highlighted Grey = Variable not included in data set. -7/V = Invalid skip (CAPI) -8 = Don't know (D) -9 = Refused (R) | |
| VERIFY CASE | | | |
| FR: VERIFY THAT YOU HAVE THE CORRECT CASE. | | | |
| CGNAME | Length 42 | <input type="checkbox"/> | Caregiver Name |
| CGPHN_AR | Length 3 | <input type="checkbox"/> | Area Code |
| CGPHN_EX | Length 4 | <input type="checkbox"/> | Phone Exchange |
| CGPHN_NM | Length 7 | <input type="checkbox"/> | Phone Number |
| 1. FR: IF PERSONAL VISIT, HAND CAREGIVER A COPY OF THE CAREGIVER ADVANCE LETTER. ALLOW ENOUGH TIME FOR HIM/HER TO READ IT IF HE/SHE SO DESIRES. | | | |
| Hello. I am (interviewer's name) from the United States Bureau of the Census. We are taking a survey of Long Term Care in the United States. This is a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States. We have some additional questions to ask regarding [CGNAME]'s experience in helping [SAMPNAME]. | | | |
| May I speak to [CGNAME]? | | | |
| CG_OPEN | Length 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Noninterview - SKIP TO CG_REASON | |
| CAREGIVER DEMOGRAPHICS | | | |
| CGD BEGIN | | | |
| Set Caregiver start time: | | | |
| 1a. Recently, we mailed a letter explaining our survey. Did you receive the letter? | | | |
| CGD_1A	CG_ADLTR | Length 2 | 1 <input type="checkbox"/> Yes - SKIP TO 1b (CGD_1B) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused | |
| FR: IF PERSONAL VISIT, HAND THE CAREGIVER A COPY OF THE CAREGIVER LETTER - LTC-9(L4). ALLOW ENOUGH TIME FOR HIM/HER TO READ THE LETTER. | | | |
| CG INTROA | | | |
| We are conducting the 2004 Informal Caregiver Survey which is sponsored by Duke University with funds provided by the Department of Health and Human Services. We would like to take about thirty minutes of your time to ask you some questions regarding your experiences caring for [SAMPNAME]. In accordance with Section 1106 of the Social Security Act, the Census Bureau and Duke University will keep your answers confidential and all information will be used for statistical purposes only. This survey is authorized under Title 42, of the United States Code, Section 285e-1 and approved by the Office of Management and Budget. Your participation is voluntary. Although there are no penalties for not answering any of the questions, your cooperation is extremely important to help us ensure the completeness and accuracy of the data. | | | |
| FR: ENTER (P) TO PROCEED. | | | |
| 1b. We have your full name listed as [CGNAME]. Is this correct? | | | |
| CGD_1B | Length 2 | 1 <input type="checkbox"/> Yes - SKIP TO 2a (CWS_2C) 2 <input type="checkbox"/> No | |
| 1c. What is your correct name? | | | |
| CGD_NAM1 | Length 20 | <input type="checkbox"/> | Caregiver First Name |
| CGD_NAM2 | Length 20 | <input type="checkbox"/> | Caregiver Last Name |
| FR: ENTER WITHOUT ASKING IF APPARENT. | | | |
| 2a. Are you Male or Female? | | | |
| CWS_2C | Length 2 | 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female | |
| 3a. What is your date of birth? | | | |
| CGD_DOB_M | Length 2 | 01-12 <input type="checkbox"/> Month | |
| CGD_DOB_D | Length 2 | 01-31 <input type="checkbox"/> Day | |
| CGD_DOB_Y | Length 4 | 1870-2004 <input type="checkbox"/> Year -8, -9 <input type="checkbox"/> Don't Know, Refused | |
| CHECK CAREGIVER'S MARITAL STATUS | | | |
| CAPI: Does CGREL_R (Community Instrument) = Spouse (i.e., caregiver is Sample Person's spouse) | | | |
| 1 <input type="checkbox"/> Yes—set CGD_3B=1 - SKIP TO 3c (CGD_3C) 2 <input type="checkbox"/> No | | | |
| 3b. Are you now married, widowed, divorced, separated, partnered (not married), or never married? | | | |
| CWS_2B | Length 2 | 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Partnered (not married) -8, -9 <input type="checkbox"/> Don't Know, Refused | |
| 3c. Please answer the questions both about being Spanish, Hispanic, or Latino and about race. Are you Spanish, Hispanic, or Latino? | | | |
| CGD_3C | Length 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 3d (CGD_3DTG_1) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 3d (CGD_3DTG_1) | |
| 3c1. FR: SHOW FLASHCARD 1. Are you Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or some other Spanish, Hispanic, or Latino group? | | | |
| CGD_3C1 | Length 2 | 1 <input type="checkbox"/> Mexican - SKIP TO 3d (CGD_3DTG_1) 2 <input type="checkbox"/> Mexican American - SKIP TO 3d (CGD_3DTG_1) 3 <input type="checkbox"/> Chicano - SKIP TO 3d (CGD_3DTG_1) 4 <input type="checkbox"/> Puerto Rican - SKIP TO 3d (CGD_3DTG_1) 5 <input type="checkbox"/> Cuban - SKIP TO 3d (CGD_3DTG_1) 6 <input type="checkbox"/> Cuban American - SKIP TO 3d (CGD_3DTG_1) 7 <input type="checkbox"/> Other Spanish, Hispanic, or Latino group -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 3d (CGD_3DTG_1) | |
| 3c2. What is the name of your other Spanish, Hispanic, or Latino group? | | | |
| CGD_3C2 | Length 2 | 1 <input type="checkbox"/> Argentinean 2 <input type="checkbox"/> Baleric Islands 3 <input type="checkbox"/> Basque 4 <input type="checkbox"/> Belize or British Honduras or Belice 5 <input type="checkbox"/> Bolivian 6 <input type="checkbox"/> Brazilian 7 <input type="checkbox"/> Canary Islands | |

- 8 Castilian
- 9 Catalan
- 10 Central American
- 11 Central American Indian
- 12 Chilean
- 13 Colombian
- 14 Costa Rican
- 15 Dominican
- 16 Ecuadorian
- 17 Filipino
- 18 Guatemalan
- 19 Guamanian or Chamorro
- 20 Haitian
- 21 Hispanic
- 22 Honduran
- 23 Latin American
- 24 Latino
- 25 Nicaraguan
- 26 Panamanian
- 27 Paraguayan
- 28 Peruvian
- 29 Portuguese
- 30 Salvadoran
- 31 Sephardic
- 32 South American
- 33 South American Indian
- 34 Spanish
- 35 Spanish American
- 36 Spanish American Indian
- 37 Spanish Basque
- 38 Spaniard
- 39 Uruguayan
- 40 Venezuelan
- 41 Both Spanish, Hispanic, or Latino and some other group
- 42 Other - Specify in CGD_3CS below
- 8, -9 Don't Know, Refused
- Specify:

CGD_3CS Length 30

3d. **FR: IF PERSONAL VISIT, SHOW FLASHCARD 2. ENTER ALL THAT APPLY. DO NOT PROBE - UNLESS RESPONSE IS HISPANIC OR IS A HISPANIC ORIGIN. IF TELEPHONE INTERVIEW SAY: I'm going to read you five "race" categories.**

Look at Flashcard 2. I'm going to read you five "race" categories. Please choose one or more races that you consider yourself to be: White; Black or African American; American Indian or Alaska Native; Asian; or Native Hawaiian or Other Pacific Islander.

FR: ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

ENTER (N) WHEN DONE.

- | | | | |
|---|--------|---|---|
| (1) White | | | 1 <input type="checkbox"/> Yes |
| CGD_3DTG_1 | Length | 2 | 2 <input type="checkbox"/> No |
| (2) Black or African American | | | 1 <input type="checkbox"/> Yes |
| CGD_3DTG_2 | Length | 2 | 2 <input type="checkbox"/> No |
| (3) American Indian, or Alaska Native | | | 1 <input type="checkbox"/> Yes |
| CGD_3DTG_3 | Length | 2 | 2 <input type="checkbox"/> No |
| (4) Asian | | | 1 <input type="checkbox"/> Yes |
| CGD_3DTG_4 | Length | 2 | 2 <input type="checkbox"/> No |
| (5) Native Hawaiian or Other Pacific Islander | | | 1 <input type="checkbox"/> Yes |
| CGD_3DTG_5 | Length | 2 | 2 <input type="checkbox"/> No |
| (6) Other | | | 1 <input type="checkbox"/> Yes |
| CGD_3DTG_6 | Length | 2 | 2 <input type="checkbox"/> No |
| (7) Don't Know | | | 1 <input type="checkbox"/> Yes - SKIP TO CK_CG_ED |
| CGD_3DTG_DK | Length | 2 | 2 <input type="checkbox"/> No |
| (8) Refused | | | 1 <input type="checkbox"/> Yes - SKIP TO CK_CG_ED |
| CGD_3DTG_RF | Length | 2 | 2 <input type="checkbox"/> No |
| CGD_3D_Z | | | N <input type="checkbox"/> No More |

>HELP SCREEN- [REFERENCE]

When asking for the sample person's race, do not try to explain or define any of the groups. The concept of race does not reflect clear cut definitions of biological stock or conform to any scientific definition. Rather, it reflects self-identification by the respondent. It reflects the race(s) with which the sample person most clearly identifies. Read the respondent the race categories. If more than one race is reported, enter all of the race categories reported by the respondent.

If the response is not listed in the codes you read to the respondent, (for example, ethnic origin such as Spanish, French, Italian, instead of a race), ask "Which of the races I read previously is that?" For responses of Caucasian, select 1 for White. For responses of Negro, select 2 for Black.

CAPI: If the "Asian" box is checked:

3e. Which of the following Asian categories are you?
FR: READ EACH ITEM. ENTER ALL THAT APPLY.
ENTER (N) FOR NO MORE.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

- (1) Asian Indian
CGD_3ETG_1 Length 2 Yes
 No
 - (2) Chinese
CGD_3ETG_2 Length 2 Yes
 No
 - (3) Filipino
CGD_3ETG_3 Length 2 Yes
 No
 - (4) Japanese
CGD_3ETG_4 Length 2 Yes
 No
 - (5) Korean
CGD_3ETG_5 Length 2 Yes
 No
 - (6) Vietnamese
CGD_3ETG_6 Length 2 Yes
 No
 - (7) Other Asian
CGD_3ETG_7 Length 2 Yes
 No
 - (8) Don't Know
CGD_3ETG_DK Length 2 Yes
 No
 - (9) Refused
CGD_3ETG_RF Length 2 Yes
 No
- CGD_3E_Z N No More

CAPI: If the "Native Hawaiian or Other Pacific Islander" box is checked:

3f. Which of the following Native Hawaiian or Other Pacific Islander categories are you?

FR: READ EACH ITEM. ENTER ALL THAT APPLY.

ENTER (N) FOR NO MORE.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

- (1) Native Hawaiian
CGD_3FTG_1 Length 2 Yes
 No
 - (2) Guamanian or Chamorro
CGD_3FTG_2 Length 2 Yes
 No
 - (3) Samoan
CGD_3FTG_3 Length 2 Yes
 No
 - (4) Other Pacific Islander
CGD_3FTG_4 Length 2 Yes
 No
 - (5) Don't Know
CGD_3FTG_DK Length 2 Yes
 No
 - (6) Refused
CGD_3FTG_RF Length 2 Yes
 No
- CGD_3F_Z N No More

3g. **CAPI: If the "Other" box is checked:**

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

FR: READ ONLY IF NECESSARY. MARK ALL THAT APPLY.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

ENTER (N) WHEN DONE.

- (1) Aleut
CGD_3GTG_1 Length 2 Yes
 No
- (2) African American
CGD_3GTG_2 Length 2 Yes
 No
- (3) African Nation, Ethnic Group, or Tribe
CGD_3GTG_3 Length 2 Yes
 No
- (4) American
CGD_3GTG_4 Length 2 Yes
 No
- (5) American Indian or Alaska Native
CGD_3GTG_5 Length 2 Yes
 No
- (6) Anglo-Saxon
CGD_3GTG_6 Length 2 Yes
 No
- (7) Arab
CGD_3GTG_7 Length 2 Yes
 No
- (8) Asian
CGD_3GTG_8 Length 2 Yes
 No

| | | | |
|---|--------|---|---|
| (9) Asian Indian CGD_3GTG_9 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (10) Black CGD_3GTG_10 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (11) Brazilian CGD_3GTG_11 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (12) Caucasian CGD_3GTG_12 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (13) Chicano CGD_3GTG_13 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (14) Chinese CGD_3GTG_14 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (15) Creole CGD_3GTG_15 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (16) Cuban or Cuban American CGD_3GTG_16 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (17) Eskimo CGD_3GTG_17 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (18) European CGD_3GTG_18 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (19) Filipino CGD_3GTG_19 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (20) German CGD_3GTG_20 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (21) Guamanian or Chamorro CGD_3GTG_21 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (22) Hispanic CGD_3GTG_22 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (23) Jamaican CGD_3GTG_23 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (24) Japanese CGD_3GTG_24 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (25) Korean CGD_3GTG_25 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (26) Latin American CGD_3GTG_26 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (27) Latino CGD_3GTG_27 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (28) Mexican or Mexican American CGD_3GTG_28 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (29) Native American CGD_3GTG_29 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (30) Native Hawaiian or Other Pacific Islander CGD_3GTG_30 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (31) Negro CGD_3GTG_31 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (32) Puerto Rican CGD_3GTG_32 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (33) Samoan CGD_3GTG_33 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (34) Scots-Irish CGD_3GTG_34 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (35) Spanish CGD_3GTG_35 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

| | | | |
|-------------------------------------|--------|----|--|
| (36) Vietnamese CGD_3GTG_36 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (37) West Indian CGD_3GTG_37 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (38) White CGD_3GTG_38 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (39) No Race Given CGD_3GTG_39 | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (40) Other - Specify CGD_3GTG_40 | Length | 2 | 1 <input type="checkbox"/> Yes - specify in CGD_3G_SP below 2 <input type="checkbox"/> No |
| Specify _____ CGD_3G_SP | Length | 30 | <input type="checkbox"/> Specify: _____ |
| (41) Don't Know CGD_3GTG_DK | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (42) Refused CGD_3GTG_RF | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| CGD_3G_Z | | | N <input type="checkbox"/> No More |

CHECK CAREGIVER'S EDUCATIONAL ATTAINMENT
CAPI: Does CGREL_R (Community Instrument) =SPOUSE and SPEDUCA=31 through 47?
(i.e., caregiver is SP's spouse, education recorded in CC)

| | | | |
|--|--------|---|---|
| CK CG ED | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 3i (CGD_3I) |
| 3h. We have your highest level of regular school completed as [SPEDUCA]. Is this correct? CGD_3H | Length | 2 | 1 <input type="checkbox"/> Yes—set CGD_3i=SPEDUCA - SKIP TO CK CG_AD 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO CK CG_AD |
| 3i. What is the highest level of regular school you have completed or the highest degree you have received? CGD_3I | Length | 2 | 31 <input type="checkbox"/> Less than 1st grade 32 <input type="checkbox"/> 1st, 2nd, 3rd or 4th grade 33 <input type="checkbox"/> 5th or 6th grade 34 <input type="checkbox"/> 7th or 8th grade 35 <input type="checkbox"/> 9th grade 36 <input type="checkbox"/> 10th grade 37 <input type="checkbox"/> 11th grade 38 <input type="checkbox"/> 12th grade, no diploma 39 <input type="checkbox"/> High School Graduate - Diploma or Equivalent (e.g., GED) 40 <input type="checkbox"/> Some college but no degree 41 <input type="checkbox"/> Diploma or certificate from a vocational, technical, trade or business school beyond the High School level 42 <input type="checkbox"/> Associate Degree in college - Occupational/vocational 43 <input type="checkbox"/> Associate Degree in college - Academic 44 <input type="checkbox"/> Bachelors Degree (e.g., BA, AB, BS) 45 <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 46 <input type="checkbox"/> Professional School Degree (e.g., MD, DDS, DVM, LLB, JD) 47 <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) -8, -9 <input type="checkbox"/> Don't Know, Refused |

CHECK IF CAREGIVER IS MEMBER OF SP'S HOUSEHOLD
CAPI: Does CGHOME (Community Instrument) =1?

| | | | |
|--|--------|-------------------------------|--|
| CK CG AD | Length | 2 | 1 <input type="checkbox"/> Yes - SKIP TO AKH BEGIN 2 <input type="checkbox"/> No |
| 4a. We have your address listed as (CAPI refers to [CP2ADD1, CP2ADD2, CP2PO, CP2ST, CP2ZP5, CP2ZP4]). CGAD_AD1 CGAD_AD2 CGAD_PO CGAD_ST CGAD_ZP5 CGAD_ZP4 | Length | 10 32 20 2 5 4 | <input type="checkbox"/> House Number <input type="checkbox"/> Street Name <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip Code 5 <input type="checkbox"/> Zip Code 4 |
| Is ALL this information correct? CGD_4A | Length | 2 | 1 <input type="checkbox"/> Yes - SKIP TO AKH BEGIN 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO AKH BEGIN |

| | | | |
|--|--------|-------------------------------|---|
| 4b. What is your correct address? FR: ENTER CHANGE OR (S) FOR SAME. CGD_AD1 CGD_AD2 CGD_PO CGD_ST CGD_ZIP5 CGD_ZIP4 | Length | 40 40 40 2 5 4 | <input type="checkbox"/> House Number <input type="checkbox"/> Street Name <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip Code 5 <input type="checkbox"/> Zip Code 4 -8, -9 <input type="checkbox"/> Don't Know, Refused |
|--|--------|-------------------------------|---|

Note: Question 4c not used in 2004.

CGD END
Set End Time

Section A - AMOUNTS AND KINDS OF HELP

AKH BEGIN
Set AKH Start Time
START_26

| | | | | | | |
|---|---|--------|---|--------|------|---|
| 1. | Are you paid to help [SAMPNAME]? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_1 | Length | 2 | -8, -9 | | |
| 2a. | I am going to mention some activities for which a person might need help, and ask whether you helped [SAMPNAME] with them in the past week. Did you - Help [SAMPNAME] walk around inside or get around inside with a wheelchair or similar device? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | 3 | <input type="checkbox"/> Does NOT get around inside at all |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AD_A | Length | 2 | -8, -9 | | |
| 2b. | Help [SAMPNAME] eat? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | 3 | <input type="checkbox"/> Does NOT eat at all |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AD_B | Length | 2 | -8, -9 | | |
| 2c. | Help [SAMPNAME] get in or out of bed? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | 3 | <input type="checkbox"/> Does NOT get out of bed at all |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AD_C | Length | 2 | -8, -9 | | |
| 2d. | Help [SAMPNAME] get dressed - by getting and putting on the clothes [he/she] wears during the day? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | 3 | <input type="checkbox"/> Does NOT get dressed at all |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AD_D | Length | 2 | -8, -9 | | |
| 2e. | Give [SAMPNAME] shots or injections? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | 3 | <input type="checkbox"/> Does NOT get shots or injections |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AD_E | Length | 2 | -8, -9 | | |
| 2f. | Give [SAMPNAME] medicine, pills, or change (his/her) bandages? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | 3 | <input type="checkbox"/> Does NOT take medicine |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AD_F | Length | 2 | -8, -9 | | |
| ADL CHECK | | | | | | |
| <i>CAPI: If "Yes" was answered to any part (A thru F) of the question above, ask only the relevant parts of the question below. Otherwise, SKIP TO 4a (AKH_BTH1).</i> | | | | | | |
| | AKH_CKAD | Length | 2 | | 1 | <input type="checkbox"/> Yes answered to part A-F of the question above |
| | | | | | 2 | <input type="checkbox"/> No answered to all parts A-F of the question above - SKIP to 4a (AKH_BTH1) |
| 3a. | 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? | | | | 1-99 | <input type="checkbox"/> Times a day |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AT_A | Length | 2 | -8, -9 | | |
| 3b. | Help [SAMPNAME] eat? | | | | 1-99 | <input type="checkbox"/> Times a day |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AT_B | Length | 2 | -8, -9 | | |
| 3c. | Help [SAMPNAME] get in or out of bed? | | | | 1-99 | <input type="checkbox"/> Times a day |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AT_C | Length | 2 | -8, -9 | | |
| 3d. | Help [SAMPNAME] get dressed - by getting and putting on the clothes [he/she] wears during the day? | | | | 1-99 | <input type="checkbox"/> Times a day |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AT_D | Length | 2 | -8, -9 | | |
| 3e. | Give [SAMPNAME] shots or injections? | | | | 1-99 | <input type="checkbox"/> Times a day |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AT_E | Length | 2 | -8, -9 | | |
| 3f. | Give [SAMPNAME] medicine, pills, or change (his/her) bandages? | | | | 1-99 | <input type="checkbox"/> Times a day |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_AT_F | Length | 2 | -8, -9 | | |
| 4a. | 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 or shower, or by washing (him/her) in a bathtub or shower or at a sink or basin? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No - SKIP TO 5a (AKH_TO_A) |
| | | | | | 3 | <input type="checkbox"/> Does not bathe at all - SKIP TO 5a (AKH_TO_A) |
| | | | | | | <input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (AKH_TO_A) |
| | AKH_BTH1 | Length | 2 | -8, -9 | | |
| 4b. | How many times in the past week did you help [SAMPNAME] bathe? | | | | 1-99 | <input type="checkbox"/> Times |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_BTH2 | Length | 2 | -8, -9 | | |
| 4c. | Did you actually bathe [SAMPNAME]? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_BTH3 | Length | 2 | -8, -9 | | |
| 5a. | In the past week, that is since last [day], did you help [sample person] do any of the following? Did you help [SAMPNAME] - Use the toilet by helping (him/her) get on or off the toilet, by arranging (his/her) clothes, or by cleaning (him/her)? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_TO_A | Length | 2 | -8, -9 | | |
| 5b. | With a bed pan? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_TO_B | Length | 2 | -8, -9 | | |
| 5c. | With a catheter or colostomy bag? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_TO_C | Length | 2 | -8, -9 | | |
| 5d. | Clean up after bladder or bowel accidents? | | | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_TO_D | Length | 2 | -8, -9 | | |
| TOILET CHECK | | | | | | |
| <i>CAPI: If "Yes" was answered to any Part (A thru D) of the question above, ask only the relevant parts of the question below. Otherwise, SKIP TO 8a (AKH_ID_A).</i> | | | | | | |
| | AKH_CKTO | Length | 2 | | 1 | <input type="checkbox"/> Yes answered to part A-D of the question above |
| | | | | | 2 | <input type="checkbox"/> No answered to all parts A-D of the question above -SKIP to 8a (AKH_ID_A) |
| 6a. | On the days that you helped, how many times per day, on the average, did you help [SAMPNAME] - Use the toilet by helping (him/her) get on or off the toilet, by arranging (his/her) clothes, or by cleaning (him/her)? | | | | 1-99 | <input type="checkbox"/> Times per day |
| | | | | | | <input type="checkbox"/> Don't Know, Refused |
| | AKH_TT_A | Length | 2 | -8, -9 | | |

| | | | | | | |
|---|--|--------|---|-----------------------|--|--|
| 6b. | With a bed pan? AKH_TT_B | Length | 2 | 1-99 -8, -9 | Times per day Don't Know, Refused | |
| 6c. | With a catheter or colostomy bag? AKH_TT_C | Length | 2 | 1-99 -8, -9 | Times per day Don't Know, Refused | |
| 6d. | Clean up after bladder or bowel accidents? AKH_TT_D | Length | 2 | 1-99 -8, -9 | Times per day Don't Know, Refused | |
| 7a. | Does helping [SAMPNAME] (<i>CAPI fills any of the four activities in question 5 [AKH_TO]</i>) ever bother you? AKH_BOT1 | Length | 2 | 1 2 -8, -9 | Yes No - SKIP TO 8a (AKH_ID_A) Don't Know, Refused - SKIP TO 8a (AKH_ID_A) | |
| 7b. | How much does it bother you? AKH_BOT2 | Length | 2 | 1 2 3 -8, -9 | A great deal Somewhat Not too much Don't Know, Refused | |
| 8a. | 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 extra meals? AKH_ID_A | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8b. | Managing [SAMPNAME]'s money, like keeping track of bills or handling cash? AKH_ID_B | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8c. | Making telephone calls for [SAMPNAME]? AKH_ID_C | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8d. | Doing things around the house, such as straightening up, putting things away, or doing dishes? AKH_ID_D | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8e. | Doing [SAMPNAME]'s laundry? AKH_ID_E | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8f. | Shopping for [SAMPNAME]'s groceries? AKH_ID_F | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8g. | Doing other small errands for [SAMPNAME] outside of the house? AKH_ID_G | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8h. | Helping [SAMPNAME] get around outside, including helping (him/her) walk or use a wheelchair or walker? AKH_ID_H | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| 8i. | Helping [SAMPNAME] get around the neighborhood or city by driving (him/her) or helping (him/her) use public transportation? AKH_ID_I | Length | 2 | 1 2 -8, -9 | <input type="checkbox"/> Yes <input type="checkbox"/> No Don't Know, Refused | |
| IDL CHECK | | | | | | |
| <i>CAPI: If "Yes" was answered to any part (A thru I) of the question above, ask only the relevant parts of the question below. Otherwise, SKIP TO 10 (AKH_GEN).</i> | | | | | | |
| AKH_CHKID | | | | | | |
| 2 <input type="checkbox"/> Yes answered to part A-I of the question above <input type="checkbox"/> No answered to all parts A-I of the question above - SKIP to 10 (AKH_GEN) | | | | | | |
| 9a. | In the past week, that is since last [day], how many times did you help [SAMPNAME] by - Preparing special foods or fixing extra meals? AKH_IT_A | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9b. | Managing [SAMPNAME]'s money, like keeping track of bills or handling cash? AKH_IT_B | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9c. | Making telephone calls for [SAMPNAME]? AKH_IT_C | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9d. | Doing things around the house, such as straightening up, putting things away, or doing dishes? AKH_IT_D | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9e. | Doing [SAMPNAME]'s laundry? AKH_IT_E | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9f. | Shopping for [SAMPNAME]'s groceries? AKH_IT_F | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9g. | Doing other small errands for [SAMPNAME] outside of the house? AKH_IT_G | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9h. | Helping [SAMPNAME] get around outside, including helping (him/her) walk or use a wheelchair or walker? AKH_IT_H | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 9i. | Helping [SAMPNAME] get around the neighborhood or city by driving (him/her) or helping (him/her) use public transportation? AKH_IT_I | Length | 2 | 1-99 -8, -9 | <input type="checkbox"/> Times Don't Know, Refused | |
| 10. | On average, about how many hours do you spend helping [SAMPNAME] in a typical week? AKH_GEN | Length | 3 | 0-168 -8, -9 | <input type="checkbox"/> Hours Don't Know, Refused | |
| 11a. | Can [SAMPNAME] be left at home without anyone else present? AKH_6A | Length | 2 | 1 2 -8, -9 | Yes No - SKIP TO 12a (AKH_6C) Don't Know, Refused - SKIP TO 12a (AKH_6C) | |
| 11b. | How many hours at a time, on the average, can [SAMPNAME] be left at home with no one else present? FR: RECORD THE NUMBER OF HOURS, OR RECORD LESS THAN 1 HOUR, OR NO LIMIT | | | | | 1-99 <input type="checkbox"/> Hours, OR -1 <input type="checkbox"/> Less than 1 hour -3 <input type="checkbox"/> No limit - SKIP TO 13a (AKH_7A) |

| | | | | |
|---|--------|----|--------|--|
| AKH_6B_H_R | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 12a. Can [SAMPNAME] be left alone in a room as long as someone else is at home? | | | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP TO 13a (AKH_7A) |
| AKH_6C | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 13a (AKH_7A) |
| 12b. How many hours at a time, on the average, can [SAMPNAME] be left alone in a room? FR: RECORD THE NUMBER OF HOURS, OR RECORD LESS THAN 1 HOUR, OR NO LIMIT | | | | <input type="checkbox"/> 1-99 Hours, OR <input type="checkbox"/> -1 Less than 1 hour <input type="checkbox"/> -3 No limit |
| AKH_6D_H_R | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 13a. Is your sleep ever interrupted because you have to take care of [SAMPNAME]? | | | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP TO 14a (AKH_8_A) |
| AKH_7A | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 14a (AKH_8_A) |
| 13b. About how many times in an average week is your sleep interrupted because you have to take care of [SAMPNAME]? | | | | <input type="checkbox"/> 0-99 Times |
| AKH_7B | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 14a. Now, I am going to read some statements that describe some problems or inconveniences that many people have when they take care of another person. As I read each statement, please tell me if that statement is TRUE or FALSE for you when you take care of [SAMPNAME]. I have to take care of [SAMPNAME] when I don't feel well enough. | | | | <input type="checkbox"/> 1 TRUE <input type="checkbox"/> 2 FALSE |
| AKH_8_A | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 14b. [SAMPNAME] needs special medical care that I cannot give. | | | | <input type="checkbox"/> 1 TRUE <input type="checkbox"/> 2 FALSE |
| AKH_8_B | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 14c. Taking care of [SAMPNAME] is hard on me emotionally. | | | | <input type="checkbox"/> 1 TRUE <input type="checkbox"/> 2 FALSE |
| AKH_8_C | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 14d. This time, please tell me if the statement is TRUE, FALSE, or DOES NOT APPLY. Lifting or moving [SAMPNAME] is difficult. | | | | <input type="checkbox"/> 1 TRUE <input type="checkbox"/> 2 FALSE <input type="checkbox"/> 3 Does not apply |
| AKH_8_D | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| AKH END | | | | |
| Set End Time | | | | |
| Section B - HELP FROM OTHERS | | | | |
| HFO BEGIN | | | | |
| Set Start Time | | | | |
| Time: | | | | |
| 1. If you were unable to help [SAMPNAME], is there someone else who would do the things you do? | | | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No |
| HFO_1 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| (Note: National Alliance for Family Caregiving Survey -22.) | | | | |
| 2. Have you ever received any respite or caregiver support services from a government source to assist you in providing care for [SAMPNAME]? | | | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No |
| HFO_2 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| (Note: HFO_3A - HFO_12C, National Alliance for Family Caregiving Survey, 30-33.) | | | | |
| 3a. There are many services available to help you provide help to an older person such as [SAMPNAME]. Please tell me whether you have ever used the following service or not. Have you ever requested information about how to get financial help for [SAMPNAME]? | | | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - SKIP TO 3d (HFO_3D_1) |
| HFO_3A | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (HFO_4A) |
| 3b. Who provided you with this service? | | | | <input type="checkbox"/> 1 Church or synagogue <input type="checkbox"/> 2 Community or government agency <input type="checkbox"/> 3 Caregiver's employer <input type="checkbox"/> 4 Individual or private agency for which caregiver is PAYING <input type="checkbox"/> 5 Doctor, pharmacist, social worker, other health provider <input type="checkbox"/> 6 Other - Specify in HFO_3B_S below |
| HFO_3B_1 | Length | 2 | | |
| HFO_3B_S | Length | 30 | -8, -9 | <input type="checkbox"/> Don't Know, Refused Specify: _____ |
| 3c. How would you rate that financial information service? Did it meet your needs fully, only partly, or not at all? | | | | <input type="checkbox"/> 1 Did not meet needs at all <input type="checkbox"/> 2 Partly met needs <input type="checkbox"/> 3 Fully met needs |
| HFO_3C | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused ALL SKIP TO 4A (HFO_4A) |
| 3d. For what reason have you never done this? | | | | <input type="checkbox"/> 1 Had no need for it <input type="checkbox"/> 2 Service is not available <input type="checkbox"/> 3 Not aware of service <input type="checkbox"/> 4 Cost, can't afford <input type="checkbox"/> 5 Can't find qualified people <input type="checkbox"/> 6 Don't want an outsider coming in/strangers <input type="checkbox"/> 7 Bureaucracy too complex, hassle, couldn't access service <input type="checkbox"/> 8 Language barrier <input type="checkbox"/> 9 Not eligible, make too much money, income too high <input type="checkbox"/> 10 No special reason/never thought of it <input type="checkbox"/> 11 Other - Specify in HFO_3D_S below |
| HFO_3D_1 | Length | 2 | | |
| HFO_3D_S | Length | 30 | -8, -9 | <input type="checkbox"/> Don't Know, Refused Specify: _____ |

| | | | | |
|-----|---|--------|----|--|
| 4a. | Have you ever taken part in support groups for caregivers? HFO_4A | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 4d (HFO_4D_1) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (HFO_5A) |
| 4b. | Who provided you with this service? HFO_4B_1 | Length | 2 | 1 <input type="checkbox"/> Church or synagogue 2 <input type="checkbox"/> Community or government agency 3 <input type="checkbox"/> Caregiver's employer 4 <input type="checkbox"/> Individual or private agency for which caregiver is PAYING 5 <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider 6 <input type="checkbox"/> Other - Specify in HFO_4B_S below -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | HFO_4B_S | Length | 30 | <input type="checkbox"/> Specify: |
| 4c. | How would you rate that support group? Did it meet your needs fully, only partly, or not at all? HFO_4C | Length | 2 | 1 <input type="checkbox"/> Did not meet needs at all 2 <input type="checkbox"/> Partly met needs 3 <input type="checkbox"/> Fully met needs -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | | | | ALL SKIP TO 5A (HFO_5A) |
| 4d. | For what reason have you never done this? HFO_4D_1 | Length | 2 | 1 <input type="checkbox"/> Had no need for it 2 <input type="checkbox"/> Service is not available 3 <input type="checkbox"/> Not aware of service 4 <input type="checkbox"/> Cost, can't afford 5 <input type="checkbox"/> Can't find qualified people 6 <input type="checkbox"/> Don't want an outsider coming in/strangers 7 <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service 8 <input type="checkbox"/> Language barrier 9 <input type="checkbox"/> Not eligible, make too much money, income too high 10 <input type="checkbox"/> No special reason/never thought of it 11 <input type="checkbox"/> Other - Specify in HFO_4D_HFP_4D_S below -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | HFO_4D_HFP_4D_S | Length | 30 | <input type="checkbox"/> Specify: |
| 5a. | Have you ever used a service to temporarily take care of [SAMPNAME] so that you get some time away? HFO_5A | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 5d (HFO_5D_1) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 6a (HFO_6A) |
| 5b. | Who provided you with this service? HFO_5B_1 | Length | 2 | 1 <input type="checkbox"/> Church or synagogue 2 <input type="checkbox"/> Community or government agency 3 <input type="checkbox"/> Caregiver's employer 4 <input type="checkbox"/> Individual or private agency for which caregiver is PAYING 5 <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider 6 <input type="checkbox"/> Other - Specify in HFO_5B_S below -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | HFO_5B_S | Length | 30 | <input type="checkbox"/> Specify: |
| 5c. | How would you rate that temporary care service? Did it meet your needs fully, only partly, or not at all? HFO_5C | Length | 2 | 1 <input type="checkbox"/> Did not meet needs at all 2 <input type="checkbox"/> Partly met needs 3 <input type="checkbox"/> Fully met needs -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | | | | ALL SKIP TO 6A (HFO_6A) |
| 5d. | For what reason have you never done this? HFO_5D_1 | Length | 2 | 1 <input type="checkbox"/> Had no need for it 2 <input type="checkbox"/> Service is not available 3 <input type="checkbox"/> Not aware of service 4 <input type="checkbox"/> Cost, can't afford 5 <input type="checkbox"/> Can't find qualified people 6 <input type="checkbox"/> Don't want an outsider coming in/strangers 7 <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service 8 <input type="checkbox"/> Language barrier 9 <input type="checkbox"/> Not eligible, make too much money, income too high 10 <input type="checkbox"/> No special reason/never thought of it 11 <input type="checkbox"/> Other - Specify in HFO_5D_S below -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | HFO_5D_S | Length | 30 | <input type="checkbox"/> Specify: |
| 6a. | Have you ever enrolled [SAMPNAME] in a program outside the home such as an Adult Day Care or senior center? HFO_6A | Length | 2 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6d (HFO_6D_1) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 7a (HFO_7A) |
| 6b. | Who provided you with this service? HFO_6B_1 | Length | 2 | 1 <input type="checkbox"/> Church or synagogue 2 <input type="checkbox"/> Community or government agency 3 <input type="checkbox"/> Caregiver's employer 4 <input type="checkbox"/> Individual or private agency for which caregiver is paying 5 <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider 6 <input type="checkbox"/> Other - Specify in HFO_6B_S below -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | HFO_6B_S | Length | 30 | <input type="checkbox"/> Specify: |
| 6c. | How would you rate that Adult Day Care/senior center? Did it meet your needs fully, only partly, or not at all? HFO_6C | Length | 2 | 1 <input type="checkbox"/> Did not meet needs at all 2 <input type="checkbox"/> Partly met needs 3 <input type="checkbox"/> Fully met needs -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | | | | ALL SKIP TO 7A (HFO_7A) |
| 6d. | For what reason have you never done this? HFO_6D_1 | Length | 2 | 1 <input type="checkbox"/> Had no need for it 2 <input type="checkbox"/> Service is not available 3 <input type="checkbox"/> Not aware of service 4 <input type="checkbox"/> Cost, can't afford 5 <input type="checkbox"/> Can't find qualified people 6 <input type="checkbox"/> Don't want an outsider coming in/strangers 7 <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service 8 <input type="checkbox"/> Language barrier |

| | | | | | | |
|-----|--|--------|----|--------|--------------------------|--|
| | | | | 9 | <input type="checkbox"/> | Not eligible, make too much money, income too high |
| | | | | 10 | <input type="checkbox"/> | No special reason/never thought of it |
| | | | | 11 | <input type="checkbox"/> | Other - Specify in HFO_6D_S below |
| | HFO_6D_S | Length | 30 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | <input type="checkbox"/> | Specify: |
| 7a. | Have you ever had a service come help with personal care or nursing care at [SAMPNAME]'s home? | | | 1 | <input type="checkbox"/> | Yes |
| | HFO_7A | Length | 2 | -8, -9 | <input type="checkbox"/> | No - SKIP TO 7d (HFO_7D_1) |
| | | | | | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 8a (HFO_8A) |
| 7b. | Who provided you with this service? | | | 1 | <input type="checkbox"/> | Church or synagogue |
| | HFO_7B_1 | Length | 2 | | <input type="checkbox"/> | Community or government agency |
| | | | | | <input type="checkbox"/> | Caregiver's employer |
| | | | | | <input type="checkbox"/> | Individual or private agency for which caregiver is PAYING |
| | | | | | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | | | <input type="checkbox"/> | Other - Specify in HFO_7B_S below |
| | HFO_7B_S | Length | 30 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | <input type="checkbox"/> | Specify: |
| 7c. | How would you rate that personal, or nursing care service? Did it meet your needs fully, only partly, or not at all? | | | 1 | <input type="checkbox"/> | Did not meet needs at all |
| | HFO_7C | Length | 2 | | <input type="checkbox"/> | Partly met needs |
| | | | | | <input type="checkbox"/> | Fully met needs |
| | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | ALL SKIP TO 8A (HFO_8A) |
| 7d. | For what reason have you never done this? | | | 1 | <input type="checkbox"/> | Had no need for it |
| | HFO_7D_1 | Length | 2 | | <input type="checkbox"/> | Service is not available |
| | | | | | <input type="checkbox"/> | Not aware of service |
| | | | | | <input type="checkbox"/> | Cost, can't afford |
| | | | | | <input type="checkbox"/> | Can't find qualified people |
| | | | | | <input type="checkbox"/> | Don't want an outsider coming in/strangers |
| | | | | | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service |
| | | | | | <input type="checkbox"/> | Language barrier |
| | | | | | <input type="checkbox"/> | Not eligible, make too much money, income too high |
| | | | | | <input type="checkbox"/> | No special reason/never thought of it |
| | | | | | <input type="checkbox"/> | Other - Specify in HFO_7D_S below |
| | HFO_7D_S | Length | 30 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | <input type="checkbox"/> | Specify: |
| 8a. | Have you ever had a service come help you with housework at [SAMPNAME]'s home? | | | 1 | <input type="checkbox"/> | Yes |
| | HFO_8A | Length | 2 | -8, -9 | <input type="checkbox"/> | No - SKIP TO 8d (HFO_8D_1) |
| | | | | | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 9a (HFO_9A) |
| 8b. | Who provided you with this service? | | | 1 | <input type="checkbox"/> | Church or synagogue |
| | HFO_8B_1 | Length | 2 | | <input type="checkbox"/> | Community or government agency |
| | | | | | <input type="checkbox"/> | Caregiver's employer |
| | | | | | <input type="checkbox"/> | Individual or private agency for which caregiver is PAYING |
| | | | | | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | | | <input type="checkbox"/> | Other - Specify in HFO_8B_S below |
| | HFO_8B_S | Length | 30 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | <input type="checkbox"/> | Specify: |
| 8c. | How would you rate that housework? Did it meet your needs fully, only partly, or not at all? | | | 1 | <input type="checkbox"/> | Did not meet needs at all |
| | HFO_8C | Length | 2 | | <input type="checkbox"/> | Partly met needs |
| | | | | | <input type="checkbox"/> | Fully met needs |
| | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | ALL SKIP TO 9A (HFO_9A) |
| 8d. | For what reason have you never done this? | | | 1 | <input type="checkbox"/> | Had no need for it |
| | HFO_8D_1 | Length | 2 | | <input type="checkbox"/> | Service is not available |
| | | | | | <input type="checkbox"/> | Not aware of service |
| | | | | | <input type="checkbox"/> | Cost, can't afford |
| | | | | | <input type="checkbox"/> | Can't find qualified people |
| | | | | | <input type="checkbox"/> | Don't want an outsider coming in/strangers |
| | | | | | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service |
| | | | | | <input type="checkbox"/> | Language barrier |
| | | | | | <input type="checkbox"/> | Not eligible, make too much money, income too high |
| | | | | | <input type="checkbox"/> | No special reason/never thought of it |
| | | | | | <input type="checkbox"/> | Other - Specify in HFO_8D_S below |
| | HFO_8D_S | Length | 30 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | <input type="checkbox"/> | Specify: |
| 9a. | Have you ever had an outside service deliver meals to [SAMPNAME]'s home? | | | 1 | <input type="checkbox"/> | Yes |
| | HFO_9A | Length | 2 | -8, -9 | <input type="checkbox"/> | No - SKIP TO 9d (HFO_9D_1) |
| | | | | | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 10a (HFO_10A) |
| 9b. | Who provided you with this service? | | | 1 | <input type="checkbox"/> | Church or synagogue |
| | HFO_9B_1 | Length | 2 | | <input type="checkbox"/> | Community or government agency |
| | | | | | <input type="checkbox"/> | Caregiver's employer |
| | | | | | <input type="checkbox"/> | Individual or private agency for which caregiver is PAYING |
| | | | | | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | | | <input type="checkbox"/> | Other - Specify in HFO_9B_S below |
| | HFO_9B_S | Length | 30 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | <input type="checkbox"/> | Specify: |
| 9c. | How would you rate that meal service? Did it meet your needs fully, only partly, or not at all? | | | 1 | <input type="checkbox"/> | Did not meet needs at all |
| | HFO_9C | Length | 2 | | <input type="checkbox"/> | Partly met needs |
| | | | | | <input type="checkbox"/> | Fully met needs |
| | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | ALL SKIP TO 10A (HFO_10A) |
| 9d. | For what reason have you never done this? | | | 1 | <input type="checkbox"/> | Had no need for it |
| | HFO_9D_1 | Length | 2 | | <input type="checkbox"/> | Service is not available |
| | | | | | <input type="checkbox"/> | Not aware of service |

| | | | | | | | |
|----------|--|--------|----|--|--------|--------------------------|--|
| | | | | | 4 | <input type="checkbox"/> | Cost, can't afford |
| | | | | | 5 | <input type="checkbox"/> | Can't find qualified people |
| | | | | | 6 | <input type="checkbox"/> | Don't want an outsider coming in/strangers |
| | | | | | 7 | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service |
| | | | | | 8 | <input type="checkbox"/> | Language barrier |
| | | | | | 9 | <input type="checkbox"/> | Not eligible, make too much money, income too high |
| | | | | | 10 | <input type="checkbox"/> | No special reason/never thought of it |
| | | | | | 11 | <input type="checkbox"/> | Other - Specify in HFO_9D_S below |
| | | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| HFO_9D_S | | Length | 30 | | | <input type="checkbox"/> | Specify: |
| 10a. | Have you ever had an outside service provide transportation for [SAMPNAME]? | | | | 1 | <input type="checkbox"/> | Yes |
| | | | | | 2 | <input type="checkbox"/> | No - SKIP TO 10d (HFO_10D1) |
| HFO_10A | | Length | 2 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 11a (HFO_11A) |
| 10b. | Who provided you with this service? | | | | 1 | <input type="checkbox"/> | Church or synagogue |
| | | | | | 2 | <input type="checkbox"/> | Community or government agency |
| HFO_10B1 | | Length | 2 | | 3 | <input type="checkbox"/> | Caregiver's employer |
| | | | | | 4 | <input type="checkbox"/> | Individual or private agency for which caregiver is PAYING |
| | | | | | 5 | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | | | 6 | <input type="checkbox"/> | Other - Specify in HFO_10BS below |
| HFO_10BS | | Length | 30 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | <input type="checkbox"/> | Specify: |
| 10c. | How would you rate that transportation service? Did it meet your needs fully, only partly, or not at all? | | | | 1 | <input type="checkbox"/> | Did not meet needs at all |
| | | | | | 2 | <input type="checkbox"/> | Partly met needs |
| HFO_10C | | Length | 2 | | 3 | <input type="checkbox"/> | Fully met needs |
| | | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | <input type="checkbox"/> | ALL SKIP TO 11A (HFO_11A) |
| 10d. | For what reason have you never done this? | | | | 1 | <input type="checkbox"/> | Had no need for it |
| | | | | | 2 | <input type="checkbox"/> | Service is not available |
| HFO_10D1 | | Length | 2 | | 3 | <input type="checkbox"/> | Not aware of service |
| | | | | | 4 | <input type="checkbox"/> | Cost, can't afford |
| | | | | | 5 | <input type="checkbox"/> | Can't find qualified people |
| | | | | | 6 | <input type="checkbox"/> | Don't want an outsider coming in/strangers |
| | | | | | 7 | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service |
| | | | | | 8 | <input type="checkbox"/> | Language barrier |
| | | | | | 9 | <input type="checkbox"/> | Not eligible, make too much money, income too high |
| | | | | | 10 | <input type="checkbox"/> | No special reason/never thought of it |
| | | | | | 11 | <input type="checkbox"/> | Other - Specify in HFO_10DS below |
| HFO_10DS | | Length | 30 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | <input type="checkbox"/> | Specify: |
| 11a. | Have you ever had modifications made in [SAMPNAME]'s house to make things easier for (him/her)? | | | | 1 | <input type="checkbox"/> | Yes |
| | | | | | 2 | <input type="checkbox"/> | No - SKIP TO 11d (HFO_11D1) |
| HFO_11A | | Length | 2 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 12a (HFO_12A) |
| 11b. | Who provided you with this service? | | | | 1 | <input type="checkbox"/> | Church or synagogue |
| | | | | | 2 | <input type="checkbox"/> | Community or government agency |
| HFO_11B1 | | Length | 2 | | 3 | <input type="checkbox"/> | Caregiver's employer |
| | | | | | 4 | <input type="checkbox"/> | Individual or private agency for which caregiver is PAYING |
| | | | | | 5 | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | | | 6 | <input type="checkbox"/> | Other - Specify in HFO_11BS below |
| HFO_11BS | | Length | 30 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | <input type="checkbox"/> | Specify: |
| 11c. | How would you rate that home modification? Did it meet your needs fully, only partly, or not at all? | | | | 1 | <input type="checkbox"/> | Did not meet needs at all |
| | | | | | 2 | <input type="checkbox"/> | Partly met needs |
| HFO_11C | | Length | 2 | | 3 | <input type="checkbox"/> | Fully met needs |
| | | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | <input type="checkbox"/> | ALL SKIP TO 12A (HFO_12A) |
| 11d. | For what reason have you never done this? | | | | 1 | <input type="checkbox"/> | Had no need for it |
| | | | | | 2 | <input type="checkbox"/> | Service is not available |
| HFO_11D1 | | Length | 2 | | 3 | <input type="checkbox"/> | Not aware of service |
| | | | | | 4 | <input type="checkbox"/> | Cost, can't afford |
| | | | | | 5 | <input type="checkbox"/> | Can't find qualified people |
| | | | | | 6 | <input type="checkbox"/> | Don't want an outsider coming in/strangers |
| | | | | | 7 | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service |
| | | | | | 8 | <input type="checkbox"/> | Language barrier |
| | | | | | 9 | <input type="checkbox"/> | Not eligible, make too much money, income too high |
| | | | | | 10 | <input type="checkbox"/> | No special reason/never thought of it |
| | | | | | 11 | <input type="checkbox"/> | Other - Specify in HFO_11DS below |
| HFO_11DS | | Length | 30 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | <input type="checkbox"/> | Specify: |
| 12a. | Have you ever obtained assistive devices, such as wheelchairs, walkers, etc., for [SAMPNAME]? | | | | 1 | <input type="checkbox"/> | Yes |
| | | | | | 2 | <input type="checkbox"/> | No - SKIP TO 12d (HFO_12D1) |
| HFO_12A | | Length | 2 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 13a (HFO_13_1_R) |
| 12b. | Who provided you with this service? | | | | 1 | <input type="checkbox"/> | Church or synagogue |
| | | | | | 2 | <input type="checkbox"/> | Community or government agency |
| HFO_12B1 | | Length | 2 | | 3 | <input type="checkbox"/> | Caregiver's employer |
| | | | | | 4 | <input type="checkbox"/> | Individual or private agency for which caregiver is PAYING |
| | | | | | 5 | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | | | 6 | <input type="checkbox"/> | Other - Specify in HFO_12BS below |
| HFO_12BS | | Length | 30 | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| | | | | | | <input type="checkbox"/> | Specify: |
| 12c. | How would you rate that wheelchair, walker, or other assistive device. Did it meet your needs fully, only partly, or not at all? | | | | 1 | <input type="checkbox"/> | Did not meet needs at all |
| | | | | | 2 | <input type="checkbox"/> | Partly met needs |
| | | | | | 3 | <input type="checkbox"/> | Fully met needs |

| | | | | |
|--|---|--------|--------|---|
| HFO_12C | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| ALL SKIP TO 13a (HFO_13_1_R) | | | | |
| 12d. For what reason have you never done this? | | | | 1 <input type="checkbox"/> Had no need for it |
| HFO_12D1 | Length | 2 | | 2 <input type="checkbox"/> Service is not available |
| | | | | 3 <input type="checkbox"/> Not aware of service |
| | | | | 4 <input type="checkbox"/> Cost, can't afford |
| | | | | 5 <input type="checkbox"/> Can't find qualified people |
| | | | | 6 <input type="checkbox"/> Don't want an outsider coming in/strangers |
| | | | | 7 <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service |
| | | | | 8 <input type="checkbox"/> Language barrier |
| | | | | 9 <input type="checkbox"/> Not eligible, make too much money, income too high |
| | | | | 10 <input type="checkbox"/> No special reason/never thought of it |
| | | | | 11 <input type="checkbox"/> Other - Specify in HFO_12DS below |
| HFO_12DS | Length | 30 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| | | | | Specify: _____ |
| (Note: National Alliance for Family Caregiving Survey -35.) | | | | |
| 13a. FR: DO NOT READ. RECORD UP TO 2 RESPONSES. | | | | |
| ENTER (0) FOR NOTHING. | | | | |
| Sometimes, people who provide care to an older person could use some assistance. Please think about your situation, and tell me any kinds of help, information, or support that you would use as a caregiver. Response number 1: | | | | 0 <input type="checkbox"/> Use Nothing |
| | | | | 1 <input type="checkbox"/> Extra money; more money to help pay for things; financial support |
| | | | | 2 <input type="checkbox"/> Free time; time for myself, a break |
| | | | | 3 <input type="checkbox"/> A central place to go/to call to find out what kind of help is available/ where to get it |
| HFO_13_1_R | Length | 2 | | 4 <input type="checkbox"/> Someone to talk to/counseling/support group |
| | | | | 5 <input type="checkbox"/> Help with housekeeping |
| | | | | 6 <input type="checkbox"/> Help with shopping |
| | | | | 7 <input type="checkbox"/> Help with transportation, getting to places |
| | | | | 8 <input type="checkbox"/> Help with making meals |
| | | | | 9 <input type="checkbox"/> Help with bathing, dressing, grooming, toileting, feeding, other personal care |
| | | | | 10 <input type="checkbox"/> Help with medicines (administering, side effects, etc.) |
| | | | | 11 <input type="checkbox"/> Information about sample person's condition |
| | | | | 12 <input type="checkbox"/> Information about developments or changes in laws which might affect your situation |
| | | | | 13 <input type="checkbox"/> Help in understanding how to select nursing home/ group home/other facility |
| | | | | 14 <input type="checkbox"/> Help in understanding how to pay for nursing homes, adult day care, or other services (financing) |
| | | | | 15 <input type="checkbox"/> Information about services for persons with Alzheimer's/memory problems |
| | | | | 16 <input type="checkbox"/> Help dealing with bureaucracy to get services |
| | | | | 17 <input type="checkbox"/> Tax break, stipend, government subsidy |
| | | | | 18 <input type="checkbox"/> Other - Specify in HFO_13_3 below |
| HFO_13_3 | Length | 30 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| | | | | Specify: _____ |
| 13b. Response number 2: | | | | |
| HFO_13_4_R | Length | 2 | | 0 <input type="checkbox"/> Use Nothing |
| | | | | 1 <input type="checkbox"/> Extra money; more money to help pay for things; financial support |
| | | | | 2 <input type="checkbox"/> Free time; time for myself, a break |
| | | | | 3 <input type="checkbox"/> A central place to go/to call to find out what kind of help is available/ where to get it |
| | | | | 4 <input type="checkbox"/> Someone to talk to/counseling/support group |
| | | | | 5 <input type="checkbox"/> Help with housekeeping |
| | | | | 6 <input type="checkbox"/> Help with shopping |
| | | | | 7 <input type="checkbox"/> Help with transportation, getting to places |
| | | | | 8 <input type="checkbox"/> Help with making meals |
| | | | | 9 <input type="checkbox"/> Help with bathing, dressing, grooming, toileting, feeding, other personal care |
| | | | | 10 <input type="checkbox"/> Help with medicines (administering, side effects, etc.) |
| | | | | 11 <input type="checkbox"/> Information about sample person's condition |
| | | | | 12 <input type="checkbox"/> Information about developments or changes in laws which might affect your situation |
| | | | | 13 <input type="checkbox"/> Help in understanding how to select nursing home/ group home/other facility |
| | | | | 14 <input type="checkbox"/> Help in understanding how to pay for nursing homes, adult day care, or other services (financing) |
| | | | | 15 <input type="checkbox"/> Information about services for persons with Alzheimer's/memory problems |
| | | | | 16 <input type="checkbox"/> Help dealing with bureaucracy to get services |
| | | | | 17 <input type="checkbox"/> Tax break, stipend, government subsidy |
| | | | | 18 <input type="checkbox"/> Other - Specify in HFO_13_5 below |
| HFO_13_5 | Length | 30 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| | | | | Specify: _____ |
| HFO END | | | | |
| Set End Time | | | | |
| Section C - CAREGIVER'S EXPERIENCE | | | | |
| CGE BEGIN | | | | |
| Set Start Time | | | | |
| 1. | Now I am going to read some statements that describe some other problems people sometimes have when taking care of another person. As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME]. | | | |
| 1a. | I don't have as much privacy when I take care of [SAMPNAME]. | | | 1 <input type="checkbox"/> TRUE |
| | CGE_1_A | Length | 2 | 2 <input type="checkbox"/> FALSE |
| | | | | -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 1b. | Taking care of [SAMPNAME] limits my social life or free time. | | | 1 <input type="checkbox"/> TRUE |
| | CGE_1_B | Length | 2 | 2 <input type="checkbox"/> FALSE |
| | | | | -8, -9 <input type="checkbox"/> Don't Know, Refused |

| | | | | | | |
|-------------------------------|--|---------|--------|---|--------|---|
| 1c. | I have to give [SAMPNAME] almost constant attention. | CGE_1_C | Length | 2 | -8, -9 | 1 TRUE 2 FALSE Don't Know, Refused |
| 1d. | Taking care of [SAMPNAME] has caused my health to get worse. | CGE_1_D | Length | 2 | -8, -9 | 1 TRUE 2 FALSE Don't Know, Refused |
| 1e. | Care costs more than I can really afford. | CGE_1_E | Length | 2 | -8, -9 | 1 TRUE 2 FALSE Don't Know, Refused |
| 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 caring for [SAMPNAME] is for you? | CGE_2 | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Not a strain at all 2 <input type="checkbox"/> 3 <input type="checkbox"/> Note: Likert Scale 4 <input type="checkbox"/> 5 <input type="checkbox"/> Very much of a strain Don't Know, Refused |
| 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 caring for [SAMPNAME] is for you? | CGE_3 | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Not at all stressful 2 <input type="checkbox"/> Note: Likert Scale 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Very stressful Don't Know, Refused |
| 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 caring for [SAMPNAME] is? | CGE_4 | Length | 2 | -8, -9 | 1 <input type="checkbox"/> No hardship at all 2 <input type="checkbox"/> Note: Likert Scale 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Great deal of hardship Don't Know, Refused |
| FR: SHOW FLASHCARD 18. | | | | | | |
| 5a. | 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 describe you? You are exhausted when you go to bed at night. | CGE_5_A | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Somewhat 3 <input type="checkbox"/> Quite a lot 4 <input type="checkbox"/> Completely Don't Know, Refused |
| 5b. | You have more things to do than you can handle. | CGE_5_B | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Somewhat 3 <input type="checkbox"/> Quite a lot 4 <input type="checkbox"/> Completely Don't Know, Refused |
| 5c. | You don't have time just for yourself. | CGE_5_C | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Somewhat 3 <input type="checkbox"/> Quite a lot 4 <input type="checkbox"/> Completely Don't Know, Refused |
| 5d. | You work hard as a caregiver but never seem to make any progress. | CGE_5_D | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Somewhat 3 <input type="checkbox"/> Quite a lot 4 <input type="checkbox"/> Completely Don't Know, Refused |
| 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 do all of the things you do to help [SAMPNAME]? | CGE_6 | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Not much stress at all 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Note: Likert Scale 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Great deal of stress Don't Know, Refused |
| FR: SHOW FLASHCARD 19. | | | | | | |
| 7a. | Providing help to [SAMPNAME] has - Made me feel good about myself. | CGE_7_A | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Disagree a lot 2 <input type="checkbox"/> Disagree a little 3 <input type="checkbox"/> Neither agree or disagree 4 <input type="checkbox"/> Agree a little 5 <input type="checkbox"/> Agree a lot Don't Know, Refused |
| 7b. | Providing help to [SAMPNAME] has - Enabled me to appreciate life more. | CGE_7_B | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Disagree a lot 2 <input type="checkbox"/> Disagree a little 3 <input type="checkbox"/> Neither agree or disagree 4 <input type="checkbox"/> Agree a little 5 <input type="checkbox"/> Agree a lot Don't Know, Refused |

| | | | | |
|--|--|--------|---|--|
| FR: SHOW FLASHCARD 20. | | | | |
| 8a. | In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many days did (he/she): Keep you up at night CGE_8_A | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8b. | Repeat questions/stories CGE_8_B | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8c. | Try to dress the wrong way CGE_8_C | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8d. | Have a bowel or bladder accident CGE_8_D | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8e. | Hide belongings and forget about them CGE_8_E | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8f. | Cry easily CGE_8_F | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8g. | Act depressed or downhearted CGE_8_G | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| FR: SHOW FLASHCARD 20. | | | | |
| 8h. | In the past week, how many days did [SAMPNAME]: Cling to you or follow you around? CGE_8B_H | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8i. | Become restless or agitated? CGE_8B_I | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8j. | Become irritable or angry? CGE_8B_J | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8k. | Swear or use foul language? CGE_8B_K | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8l. | Become suspicious, or believe someone is going to harm (him/her)? CGE_8B_L | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8m. | Threaten people? CGE_8B_M | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8n. | Show sexual behavior or interest at the wrong time/place? CGE_8B_N | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| 8o. | Destroy or damage property? CGE_8B_O | Length | 2 | 1 <input type="checkbox"/> No days 2 <input type="checkbox"/> 1 - 2 days 3 <input type="checkbox"/> 3 - 4 days 4 <input type="checkbox"/> 5 or more days -8, -9 <input type="checkbox"/> Don't Know, Refused |
| CHECK CAREGIVER'S RELATIONSHIP TO SAMPLE PERSON | | | | |
| | CAPI: Refer to CGREL_R in Caregiver Selection section of Community Interview CGREL_R | Length | 2 | 2 <input type="checkbox"/> Spouse/Spousal Equivalent 3 <input type="checkbox"/> Son 4 <input type="checkbox"/> Daughter |

| | | | | | |
|--|--|--------|----|--------|--|
| | | | | 5 | Son -in -law |
| | | | | 6 | Daughter -in -law |
| | | | | 7 | Mother |
| | | | | 8 | Father |
| | | | | 9 | Mother -in -law |
| | | | | 10 | Father -in -law |
| | | | | 11 | Brother |
| | | | | 12 | Sister |
| | | | | 13 | Brother -in -law |
| | | | | 14 | Sister -in -law |
| | | | | 15 | Other male relative |
| | | | | 16 | Other female relative |
| | | | | 17 | Male friend - SKIP TO 14a (CGE_14_A) |
| | | | | 18 | Female friend - SKIP TO 14a (CGE_14_A) |
| | | | | 19 | Male neighbor - SKIP TO 14a (CGE_14_A) |
| | | | | 20 | Female neighbor - SKIP TO 14a (CGE_14_A) |
| | | | | 21 | Employee / Someone hired - SKIP TO 14a (CGE_14_A) |
| | | | | 22 | Someone from helping organization - SKIP TO 14a (CGE_14_A) |
| | | | | 23 | Institution / Assisted Living Center - SKIP TO 14a (CGE_14_A) |
| | | | | 24 | Legal guardian - SKIP TO 14a (CGE_14_A) |
| | | | | 25 | Unable to determine - SKIP TO 14a (CGE_14_A) |
| | | | | 26 | Someone else (specify in CGREL1_SP) - SKIP TO 14a (CGE_14_A) |
| | | | | 99 | Child gender unknown |
| | | | | -8, -9 | Don't Know, Refused - SKIP TO 14a (CGE_14_A) |
| | CGREL1_SP | Length | 40 | | Specify _____ |
| 9. | Do you feel that other relatives are doing their fair share of caregiving for [SAMPNAME]? | | | 1 | Yes |
| | | | | 2 | No |
| | | | | -3 | Don't have other relatives/does not apply - SKIP TO 11a (CGE_11_A) |
| | CGE_9 | Length | 2 | -8, -9 | Don't Know, Refused |
| 10. | To what extent has there been any family conflict over care - giving regarding [SAMPNAME]? Would you say there's been a lot of conflict, some conflict, or none at all? | | | 1 | Not at all |
| | | | | 2 | Some conflict |
| | | | | 3 | A lot of conflict |
| | CGE_10 | Length | 2 | -8, -9 | Don't Know, Refused |
| Note: this question assumes that the caregiver is a family member, and therefore should be asked of caregivers who are family members. | | | | | |
| FR: SHOW FLASHCARD 21. | | | | | |
| 11a. | Family members may differ among themselves in the way they deal with a relative who is ill. Thinking of all your relatives, how much disagreement have you had with anyone in your family because of the following issues? How much disagreement have you had with anyone in your family because they: Don't spend enough time with [SAMPNAME]? | | | 1 | No disagreement |
| | | | | 2 | Just a little disagreement |
| | | | | 3 | Some disagreement |
| | | | | 4 | Quite a bit of disagreement |
| | CGE_11_A | Length | 2 | -8, -9 | Don't Know, Refused |
| 11b. | Don't do their share in caring for [SAMPNAME]? | | | 1 | No disagreement |
| | | | | 2 | Just a little disagreement |
| | | | | 3 | Some disagreement |
| | | | | 4 | Quite a bit of disagreement |
| | CGE_11_B | Length | 2 | -8, -9 | Don't Know, Refused |
| 11c. | Don't show enough respect for [SAMPNAME]? | | | 1 | No disagreement |
| | | | | 2 | Just a little disagreement |
| | | | | 3 | Some disagreement |
| | | | | 4 | Quite a bit of disagreement |
| | CGE_11_C | Length | 2 | -8, -9 | Don't Know, Refused |
| 11d. | Lack patience with [SAMPNAME]? | | | 1 | No disagreement |
| | | | | 2 | Just a little disagreement |
| | | | | 3 | Some disagreement |
| | | | | 4 | Quite a bit of disagreement |
| | CGE_11_D | Length | 2 | -8, -9 | Don't Know, Refused |
| Note: this question assumes that the caregiver is a family member, and therefore should be asked of caregivers who are family members. | | | | | |
| FR: SHOW FLASHCARD 21. | | | | | |
| 12a. | I've just asked you how your relatives act toward [SAMPNAME]. Now I'd like to ask how they act toward you, the caregiver. Again, thinking of all your relatives, how much disagreement have you had with anyone in your family because of the following issues? How much disagreement have you had with any one in your family because they: Don't visit or telephone you enough: | | | 1 | No disagreement |
| | | | | 2 | Just a little disagreement |
| | | | | 3 | Some disagreement |
| | | | | 4 | Quite a bit of disagreement |
| | CGE_12_A | Length | 2 | -8, -9 | Don't Know, Refused |
| 12b. | Don't give you enough help? | | | 1 | No disagreement |
| | | | | 2 | Just a little disagreement |
| | | | | 3 | Some disagreement |
| | | | | 4 | Quite a bit of disagreement |
| | CGE_12_B | Length | 2 | -8, -9 | Don't Know, Refused |
| 12c. | Don't show enough appreciation of your work as a caregiver? | | | 1 | No disagreement |
| | | | | 2 | Just a little disagreement |
| | | | | 3 | Some disagreement |
| | | | | 4 | Quite a bit of disagreement |
| | CGE_12_C | Length | 2 | -8, -9 | Don't Know, Refused |

| | | | | | |
|-------------------------------|---|--------|---|----------------------------|--|
| 12d. | Give you unwanted advice? CGE_12_D | Length | 2 | 1 2 3 4 -8, -9 | No disagreement Just a little disagreement Some disagreement Quite a bit of disagreement Don't Know, Refused |
| FR: SHOW FLASHCARD 22. | | | | | |
| 13a. | Let's turn now to the help and support you get from your friends and relatives. Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree with the following statements: There is really no one who understands what you are going through. CGE_13_A | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| 13b. | The people close to you let you know that they care about you. CGE_13_B | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| 13c. | You have a friend or relative in whose opinion you have confidence. CGE_13_C | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| 13d. | You have someone whom you feel you can trust. CGE_13_D | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| 13e. | You have people around you who help you to keep your spirits up. CGE_13_E | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| 13f. | There are people in your life who make you feel good about yourself. CGE_13_F | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| 13g. | You have at least one friend or relative you can really confide in. CGE_13_G | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| 13h. | You have at least one friend or relative you want to be with when you are feeling down or discouraged. CGE_13_H | Length | 2 | 1 2 3 4 -8, -9 | Strongly disagree Disagree Agree Strongly agree Don't Know, Refused |
| FR: SHOW FLASHCARD 23. | | | | | |
| 14a. | Here are some things that some people do when they are under stress from caregiving. How often do you do them? Spend time alone. CGE_14_A | Length | 2 | 1 2 3 4 -8, -9 | Never Once in a while Fairly often Very often Don't Know, Refused |
| 14b. | Eat CGE_14_B | Length | 2 | 1 2 3 4 -8, -9 | Never Once in a while Fairly often Very often Don't Know, Refused |
| 14c. | Take some medications to calm yourself CGE_14_C | Length | 2 | 1 2 3 4 -8, -9 | Never Once in a while Fairly often Very often Don't Know, Refused |
| 14d. | Drink some alcohol CGE_14_D | Length | 2 | 1 2 3 4 -8, -9 | Never Once in a while Fairly often Very often Don't Know, Refused |
| 14e. | Prayer/Meditation CGE_14_E | Length | 2 | 1 2 3 4 -8, -9 | Never Once in a while Fairly often Very often Don't Know, Refused |
| 14f. | Talk with friends or relatives CGE_14_F | Length | 2 | 1 2 3 4 -8, -9 | Never Once in a while Fairly often Very often Don't Know, Refused |

| | | | | | | |
|---|---|--------|----|--|--------|---|
| 14g. | Spend time on exercise or hobbies | | | | 1 | Never |
| | CGE_14_G | Length | 2 | | 2 | Once in a while |
| | | | | | 3 | Fairly often |
| | | | | | 4 | Very often |
| | | | | | -8, -9 | Don't Know, Refused |
| 14h. | Smoke | | | | 1 | Never |
| | CGE_14_H | Length | 2 | | 2 | Once in a while |
| | | | | | 3 | Fairly often |
| | | | | | 4 | Very often |
| | | | | | -8, -9 | Don't Know, Refused |
| 14i. | Watch TV | | | | 1 | Never |
| | CGE_14_I | Length | 2 | | 2 | Once in a while |
| | | | | | 3 | Fairly often |
| | | | | | 4 | Very often |
| | | | | | -8, -9 | Don't Know, Refused |
| 14j. | Read | | | | 1 | Never |
| | CGE_14_J | Length | 2 | | 2 | Once in a while |
| | | | | | 3 | Fairly often |
| | | | | | 4 | Very often |
| | | | | | -8, -9 | Don't Know, Refused |
| 14k. | Get help from a counselor or other professional | | | | 1 | Never |
| | CGE_14_K | Length | 2 | | 2 | Once in a while |
| | | | | | 3 | Fairly often |
| | | | | | 4 | Very often |
| | | | | | -8, -9 | Don't Know, Refused |
| 14l. | Other - Explain in CGE_14_S below. (If specified, fill in how often in CGE_14_L.) | | | | | |
| | CGE_14_S | Length | 30 | | | <input type="checkbox"/> Specify _____ |
| | | | | | | <input type="checkbox"/> Don't Know, Refused, No More, Blank - SKIP to CGE_15_A |
| | | | | | | |
| | CGE_14_L | Length | 2 | | 1 | Never |
| | | | | | 2 | Once in a while |
| | | | | | 3 | Fairly often |
| | | | | | 4 | Very often |
| | | | | | -8, -9 | Don't Know, Refused |
| 15a. | There may be or may have been other ways in which providing care to [SAMPNAME] affects your life. As a caregiver, have you had: Less time for other family members than before? | | | | 1 | <input type="checkbox"/> Yes |
| | CGE_15_A | Length | 2 | | 2 | <input type="checkbox"/> No |
| | | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 15b. | To give up vacations, hobbies, or your own activities? | | | | 1 | <input type="checkbox"/> Yes |
| | CGE_15_B | Length | 2 | | 2 | <input type="checkbox"/> No |
| | | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| CGE END | | | | | | |
| Set End Time <input type="checkbox"/> | | | | | | |
| Section D - CAREGIVER'S LIVING SITUATION | | | | | | |
| CLS BEGIN | | | | | | |
| Set Start Time | | | | | | |
| CHECK CAREGIVER'S RELATIONSHIP TO SAMPLE PERSON | | | | | | |
| CAPI: Refer to CGREL_R. Is caregiver married to Sample Person? | | | | | | |
| | CLS_CK1 | Length | 2 | | 1 | <input type="checkbox"/> Yes - SKIP TO 7a (CLS_7_1) |
| | | | | | 2 | <input type="checkbox"/> No |
| CHECK HOUSEHOLD MEMBER | | | | | | |
| CAPI: Refer to CGHOME. Does caregiver live with SAMPNAME? | | | | | | |
| | CLS_CK2 | Length | 2 | | 1 | <input type="checkbox"/> Yes |
| | | | | | 2 | <input type="checkbox"/> No - SKIP TO 3 (CLS_3_MN) |
| 1a. | Did you and [SAMPNAME] live together before (he/she) needed your care? | | | | 1 | <input type="checkbox"/> Yes - SKIP TO 7a (CLS_7_1) |
| | CLS_1A | Length | 2 | | 2 | <input type="checkbox"/> No |
| | | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 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 away, between 50 and 100 miles way, between 100 and 500 miles away, or more than 500 miles away? | | | | 1 | <input type="checkbox"/> Less than 1 mile away |
| | CLS_1B | Length | 2 | | 2 | <input type="checkbox"/> Between 1 and 10 miles away |
| | | | | | 3 | <input type="checkbox"/> Between 10 and 50 miles away |
| | | | | | 4 | <input type="checkbox"/> Between 50 and 100 miles away |
| | | | | | 5 | <input type="checkbox"/> Between 100 and 500 miles away |
| | | | | | 6 | <input type="checkbox"/> More than 500 miles away |
| | | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 2a. | If you didn't have to help [SAMPNAME] because of (his/her) disability, do you think you would still live together in the same household? | | | | 1 | <input type="checkbox"/> Yes - SKIP TO 7a (CLS_7_1) |
| | CLS_2A | Length | 2 | | 2 | <input type="checkbox"/> No |
| | | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 7a (CLS_7_1) |
| 2b. | Would you live in the same neighborhood, in a different neighborhood but in the same city or town, or somewhere else? | | | | 1 | <input type="checkbox"/> In the same neighborhood |
| | CLS_2B | Length | 2 | | 2 | <input type="checkbox"/> In a different neighborhood but in the same city or town |
| | | | | | 3 | <input type="checkbox"/> Somewhere else |
| | | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| | | | | | | ALL SKIP TO 7a (CLS_7_1) |
| 3. | About how long does it take you to get to [SAMPNAME]'s house from where you live by the usual way? (NOTE: Minutes OR Hours.) | | | | | |
| | CLS_3_MN | Length | 2 | | 1-60 | <input type="checkbox"/> Minutes - SKIP TO 4a (CLS_4A) |
| | | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (CLS_4A) |
| | CLS_3_HR | Length | 2 | | 1-99 | <input type="checkbox"/> Hours |
| 4a. | Have you ever changed your place of residence because of | | | | 1 | <input type="checkbox"/> Yes |

| | | | | | | |
|---|--|--------|----|--------|-----|--|
| | [SAMPNAME]'s disability? CLS_4A | Length | 2 | -8, -9 | 2 | <input type="checkbox"/> No - SKIP TO 5a (CLS_5A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (CLS_5A) |
| 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 and 100 miles away, between 100 and 500 miles away, or more than 500 miles away? CLS_4B | Length | 2 | -8, -9 | 1-6 | <input type="checkbox"/> Less than 1 mile away <input type="checkbox"/> Between 1 and 10 miles away <input type="checkbox"/> Between 10 and 50 miles away <input type="checkbox"/> Between 50 and 100 miles away <input type="checkbox"/> Between 100 and 500 miles away <input type="checkbox"/> More than 500 miles away <input type="checkbox"/> Don't Know, Refused |
| 5a. | Has [SAMPNAME] ever changed (his/her) place of residence to live closer to you because of (his/her) disability? CLS_5A | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 6a (CLS_6A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 6a (CLS_6A) |
| 5b. | Did [SAMPNAME] make that move from less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, between 50 and 100 miles away, between 100 and 500 miles away, or more than 500 miles away? CLS_5B | Length | 2 | -8, -9 | 1-6 | <input type="checkbox"/> Less than 1 mile away <input type="checkbox"/> Between 1 and 10 miles away <input type="checkbox"/> Between 10 and 50 miles away <input type="checkbox"/> Between 50 and 100 miles away <input type="checkbox"/> Between 100 and 500 miles away <input type="checkbox"/> More than 500 miles away <input type="checkbox"/> Don't Know, Refused |
| Note: Question 5c not used in 2004. | | | | | | |
| 5d. | Did [SAMPNAME] move mainly so that it would be more convenient for you to take care of (him/her)? CLS_5D | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused |
| 6a. | Have you ever wanted to change your place of residence but did not because you needed to live close to [SAMPNAME] because of (his/her) disability? CLS_6A | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 7a (CLS_7_1) <input type="checkbox"/> Don't Know, Refused - SKIP TO 7a (CLS_7_1) |
| 6b. | Would you have liked to live in a different neighborhood in the same city or town, or somewhere else? CLS_6B | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Different neighborhood <input type="checkbox"/> Somewhere else <input type="checkbox"/> Don't Know, Refused |
| 7. | Often, a person you take care of can be helpful to you. 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 helpful to you in that way. | | | | | |
| 7a. | Helping with household chores CLS_7_1 | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused |
| 7b. | Helping with babysitting CLS_7_2 | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused |
| 7c. | Buying things for me or giving me money CLS_7_3 | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused |
| 7d. | Keeping me company CLS_7_4 | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused |
| 7e. | Making me feel useful and needed CLS_7_5 | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused |
| 7f. | Another way - Specify CLS_7_6 | Length | 2 | -8, -9 | 1-2 | <input type="checkbox"/> Yes - Specify in CLS_7_S below <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused |
| | CLS_7_S | Length | 40 | | | Specify: |
| CLS END | | | | | | |
| | Set End Time | | | | | |
| | Subtract CLS start time from CLS end time | | | | | |
| Section E - CAREGIVER'S WORK SITUATION | | | | | | |
| CWS BEGIN | | | | | | |
| | Set Start Time | | | | | |
| 1a. | How long ago did you start taking care of [SAMPNAME] because of (his/her) disability? CWS_1A | Length | 2 | | 1-8 | <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months - less than 6 months <input type="checkbox"/> 6 months - less than 1 year <input type="checkbox"/> 1 year - less than 2 years <input type="checkbox"/> 2 years - less than 4 years <input type="checkbox"/> 4 years - less than 7 years <input type="checkbox"/> 7 years - less than 10 years <input type="checkbox"/> 10 years or more <input type="checkbox"/> Don't Know, Refused |
| 1b. | Do you provide more care, less care, or the same amount of care now as you did then? CWS_1B | Length | 2 | -8, -9 | 1-3 | <input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Same - SKIP TO 3a (CWS_3A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 3a (CWS_3A) |
| 1c. | How long ago did you start taking care of [SAMPNAME] as much as you do now? CWS_1C | Length | 2 | | 1-8 | <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months - less than 6 months <input type="checkbox"/> 6 months - less than 1 year <input type="checkbox"/> 1 year - less than 2 years <input type="checkbox"/> 2 years - less than 4 years <input type="checkbox"/> 4 years - less than 7 years <input type="checkbox"/> 7 years - less than 10 years <input type="checkbox"/> 10 years or more <input type="checkbox"/> Don't Know, Refused |
| Note: Question 2 not used in 2004. | | | | | | |

| | | | | | | |
|---|---|--------|----|--------|--------------------------|--|
| 3a. | Are you currently working for pay at a job or business? | | | | 1 | Yes |
| | CWS_3A | Length | 2 | -8, -9 | 2 | No - SKIP TO 4a (CWS_4A) |
| | | | | | | Don't Know, Refused - SKIP TO 4a (CWS_4A) |
| 3b. | How many hours per week do you usually work? | | | | 1-34 | Hours |
| | CWS_3B | Length | 3 | 35-160 | | Hours - SKIP TO 5a (CWS_5A) |
| | | | | | | Don't Know, Refused |
| 3c. | Are you working fewer hours than you would like to because you help [SAMPNAME]? | | | | 1 | Yes - SKIP TO 6a (CWS_6A) |
| | CWS_3C | Length | 2 | -8, -9 | 2 | No - SKIP TO 5a (CWS_5A) |
| | | | | | | Don't Know, Refused - SKIP TO 5a (CWS_5A) |
| 4a. | Have you ever worked at a job for pay? | | | | 1 | Yes |
| | CWS_4A | Length | 2 | -8, -9 | 2 | No - SKIP TO 10 (CWS_10) |
| | | | | | | Don't Know, Refused - SKIP TO 10 (CWS_10) |
| 4b. | How long ago did you stop working at your last job? | | | | 1 | Less than 3 months |
| | CWS_4B | Length | 2 | | 2 | 3 months - less than 6 months |
| | | | | | 3 | 6 months - less than 1 year |
| | | | | | 4 | 1 year - less than 2 years |
| | | | | | 5 | 2 years - less than 4 years |
| | | | | | 6 | 4 years - less than 7 years |
| | | | | | 7 | 7 years - less than 10 years |
| | | | | | 8 | 10 years or more |
| | | | | | -8, -9 | Don't Know, Refused |
| FR: MARK ONLY ONE. | | | | | | |
| 4c. | What was the MAIN reason you stopped working at that job? | | | | 1 | <input type="checkbox"/> Retired |
| | CWS_4C_1 | Length | 2 | | 2 | <input type="checkbox"/> Ill/disabled - SKIP to CWS_CK2 |
| | | | | | 3 | <input type="checkbox"/> Had to take care of sample person - SKIP to CWS_CK2 |
| | | | | | 4 | <input type="checkbox"/> Wanted to take care of home/family (other than sample person) - SKIP to CWS_CK2 |
| | | | | | 5 | <input type="checkbox"/> Fired/Laid off - SKIP to CWS_CK2 |
| | | | | | 6 | <input type="checkbox"/> Went (back) to school - SKIP to CWS_CK2 |
| | | | | | 7 | <input type="checkbox"/> Other - Specify in CWS_4C_S below then SKIP to CWS_CK2 |
| | CWS_4C_S | Length | 40 | -8, -9 | | Don't Know, Refused - SKIP TO CWS_CK2 |
| | | | | | | Specify: |
| 4d. | Would you have continued working longer if you were not taking care of [SAMPNAME]? | | | | 1 | Yes |
| | CWS_4D | Length | 2 | -8, -9 | 2 | No |
| | | | | | | Don't Know, Refused |
| CWS CHECK 2 | | | | | | |
| CAPI: Refer to 4b (CWS_4B) and 1a (CWS_1A). | | | | | | |
| Did caregiver stop working BEFORE he/she began caring for the Sample Person? | | | | | | |
| | CWS_CK2 | Length | 2 | | 1 | <input type="checkbox"/> Yes - SKIP TO 9a (CWS_9A) |
| | | | | | 2 | <input type="checkbox"/> No |
| 5a. | Have you ever worked fewer hours a week at a job than you wanted to because you were taking care of [SAMPNAME]? | | | | 1 | Yes |
| | CWS_5A | Length | 2 | -8, -9 | 2 | No - SKIP TO 6a (CWS_6A) |
| | | | | | | Don't Know, Refused - SKIP TO 6a (CWS_6A) |
| 5b. | How long ago did this happen (the last time)? | | | | 1 | Less than 3 months |
| | CWS_5B | Length | 2 | | 2 | 3 months - less than 6 months |
| | | | | | 3 | 6 months - less than 1 year |
| | | | | | 4 | 1 year - less than 2 years |
| | | | | | 5 | 2 years - less than 4 years |
| | | | | | 6 | 4 years - less than 7 years |
| | | | | | 7 | 7 years - less than 10 years |
| | | | | | 8 | 10 years or more |
| | | | | | -8, -9 | Don't Know, Refused |
| 6a. | Have you ever had to rearrange your schedule at a job because you had to take care of [SAMPNAME]? | | | | 1 | Yes |
| | CWS_6A | Length | 2 | -8, -9 | 2 | No - SKIP TO 7a (CWS_7A) |
| | | | | | | Don't Know, Refused - SKIP TO 7a (CWS_7A) |
| 6b. | How long ago did this happen (the last time)? | | | | 1 | Less than 3 months |
| | CWS_6B | Length | 2 | | 2 | 3 months - less than 6 months |
| | | | | | 3 | 6 months - less than 1 year |
| | | | | | 4 | 1 year - less than 2 years |
| | | | | | 5 | 2 years - less than 4 years |
| | | | | | 6 | 4 years - less than 7 years |
| | | | | | 7 | 7 years - less than 10 years |
| | | | | | 8 | 10 years or more |
| | | | | | -8, -9 | Don't Know, Refused |
| 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 care of [SAMPNAME]? | | | | 1 | <input type="checkbox"/> Yes |
| | CWS_7A | Length | 2 | -8, -9 | 2 | <input type="checkbox"/> No - SKIP TO 8a (CWS_8A) |
| | | | | | | Don't Know, Refused - SKIP TO 8a (CWS_8A) |
| 7b. | How long ago did this happen (the last time)? | | | | 1 | Less than 3 months |
| | CWS_7B | Length | 2 | | 2 | 3 months - less than 6 months |
| | | | | | 3 | 6 months - less than 1 year |
| | | | | | 4 | 1 year - less than 2 years |
| | | | | | 5 | 2 years - less than 4 years |
| | | | | | 6 | 4 years - less than 7 years |
| | | | | | 7 | 7 years - less than 10 years |
| | | | | | 8 | 10 years or more |
| | | | | | -8, -9 | Don't Know, Refused |
| 7c. | How long were you off from work without pay (the last time)? | | | | | |
| | Number: CWS_7C_N | Length | 2 | 1-99 | <input type="checkbox"/> | Amount |
| | Units: CWS_7C_U | Length | 2 | | <input type="checkbox"/> | Hours |

| | | | | | |
|---|---|--------|----|--------|--|
| | | | | 2 | <input type="checkbox"/> Days |
| | | | | 3 | <input type="checkbox"/> Weeks |
| | | | | 4 | <input type="checkbox"/> Months |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 8a. | Have you ever had to quit a job because you were taking care of [SAMPNAME]? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_8A | Length | 2 | 2 | <input type="checkbox"/> No - SKIP TO 9a (CWS_9A) |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 9a (CWS_9A) |
| 8b. | How long ago did this happen (the last time)? | | | 1 | <input type="checkbox"/> Less than 3 months |
| | CWS_8B | Length | 2 | 2 | <input type="checkbox"/> 3 months - less than 6 months |
| | | | | 3 | <input type="checkbox"/> 6 months - less than 1 year |
| | | | | 4 | <input type="checkbox"/> 1 year - less than 2 years |
| | | | | 5 | <input type="checkbox"/> 2 years - less than 4 years |
| | | | | 6 | <input type="checkbox"/> 4 years - less than 7 years |
| | | | | 7 | <input type="checkbox"/> 7 years - less than 10 years |
| | | | | 8 | <input type="checkbox"/> 10 years or more |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 9a. | For whom (do/did) you work? FR: ENTER NAME OF COMPANY, BUSINESS, OR OTHER EMPLOYER. | | | | <input type="checkbox"/> Company Name |
| | CWS_9A | Length | 50 | D, R | <input type="checkbox"/> Don't Know, Refused |
| 9b. | What kind of business (is/was) this? FR: (FOR EXAMPLE: TV AND RADIO MANUFACTURER, RETAIL SHOE STORE, STATE LABOR DEPARTMENT, FARM.) | | | | <input type="checkbox"/> Kind of business |
| | CWS_9B | Length | 50 | D, R | <input type="checkbox"/> Don't Know, Refused |
| 9c. | What kind of work (are/were) you doing? FR: (FOR EXAMPLE: REGISTERED NURSE, HIGH SCHOOL CHEMISTRY TEACHER, WAITRESS.) | | | | <input type="checkbox"/> Kind of work |
| | CWS_9C | Length | 50 | D, R | <input type="checkbox"/> Don't Know, Refused |
| 9d. | What (are/were) your most important duties? FR: (FOR EXAMPLE: TYPED, KEPT ACCOUNT BOOKS, FILED, SOLD CARS, OPERATED PRINTING PRESS, FINISHED CONCRETE.) | | | | <input type="checkbox"/> Most important duties |
| | CWS_9D | Length | 90 | D, R | <input type="checkbox"/> Don't Know, Refused |
| 9e. | (Are/Were) you: | | | 1 | <input type="checkbox"/> An employee of a PRIVATE company, business, or individual for wages, salary, or commission? - SKIP TO 9g (CWS_9G) |
| | CWS_9E | Length | 2 | 2 | <input type="checkbox"/> A FEDERAL government employee? - SKIP TO 10 (CWS_10) |
| | | | | 3 | <input type="checkbox"/> A STATE government employee? - SKIP TO 10 (CWS_10) |
| | | | | 4 | <input type="checkbox"/> A LOCAL government employee? - SKIP TO 10 (CWS_10) |
| | | | | 5 | <input type="checkbox"/> Self employed in your OWN business, professional practice or farm? |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 10 (CWS_10) |
| 9f. | Is this business incorporated? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_9F | Length | 2 | 2 | <input type="checkbox"/> No |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused ALL SKIP TO 10 (CWS_10) |
| 9g. | (Is/Was) this a nonprofit organization? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_9G | Length | 2 | 2 | <input type="checkbox"/> No |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 10. | Has taking care of [SAMPNAME] ever kept you from looking for a job? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_10 | Length | 2 | 2 | <input type="checkbox"/> No |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 11a. | Have you ever had to turn down a job because you were taking care of [SAMPNAME]? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_11A | Length | 2 | 2 | <input type="checkbox"/> No - SKIP TO CWS_CK3 |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO CWS_CK3 |
| 11b. | How long ago did this happen (the last time)? | | | 1 | <input type="checkbox"/> Less than 3 months |
| | CWS_11B | Length | 2 | 2 | <input type="checkbox"/> 3 months - less than 6 months |
| | | | | 3 | <input type="checkbox"/> 6 months - less than 1 year |
| | | | | 4 | <input type="checkbox"/> 1 year - less than 2 years |
| | | | | 5 | <input type="checkbox"/> 2 years - less than 4 years |
| | | | | 6 | <input type="checkbox"/> 4 years - less than 7 years |
| | | | | 7 | <input type="checkbox"/> 7 years - less than 10 years |
| | | | | 8 | <input type="checkbox"/> 10 years or more |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| CWS CHECK 3 | | | | | |
| CAPI: Refer to 3a (CWS_3A), 4a (CWS_4A), and 4b (CWS_4B) | | | | | |
| Is the caregiver currently or did caregiver ever have to work and take care of the Sample Person at the same time? | | | | | |
| | CWS_CK3 | Length | 2 | 1 | <input type="checkbox"/> Yes |
| | | | | 2 | <input type="checkbox"/> No - SKIP TO CWS_CK4 |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| (Note to researcher: CWS_12 is from the National Family Alliance Caregiver Survey.) | | | | | |
| 12a. | In your experience as both a worker and caregiver, did you ever - Have to go from working full time to part-time? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_12_1 | Length | 2 | 2 | <input type="checkbox"/> No |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 12b. | Have to take a less demanding job? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_12_2 | Length | 2 | 2 | <input type="checkbox"/> No |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 12c. | Have to turn down a promotion? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_12_3 | Length | 2 | 2 | <input type="checkbox"/> No |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 12d. | Choose early retirement? | | | 1 | <input type="checkbox"/> Yes |
| | CWS_12_4 | Length | 2 | 2 | <input type="checkbox"/> No |
| | | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 12e. | Lose any job? | | | 1 | <input type="checkbox"/> Yes |
| | | | | 2 | <input type="checkbox"/> No |

| | | | | |
|---|---|---|--------|--|
| CWS_12_5 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| CWS CHECK 4 | | | | |
| CAP! Refer to 3a (CWS_3A) | | | | |
| Is caregiver currently working? | | | | |
| CWS_CK4 | Length | 2 | -8, -9 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO CWS END Don't Know, Refused |
| 12f. | How would you rate your employer's attitude toward the demands of your caregiving: Would you say they were very understanding, somewhat understanding, or not very understanding? | | | 1 <input type="checkbox"/> Not very understanding 2 <input type="checkbox"/> Somewhat understanding 3 <input type="checkbox"/> Very understanding 4 <input type="checkbox"/> They were not aware of it Don't Know, Refused |
| CWS_12B | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| (Note to researcher: CWS_13 is from Pearlin.) | | | | |
| FR: SHOW FLASHCARD 22. | | | | |
| 13a. | From your own personal experience, how much do you agree or disagree with the following statements about your present work situation? In the last 2 months or so: You have had less energy for your work. | | | 1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly Agree Don't Know, Refused |
| CWS_13_1 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 13b. | You have missed too many days. | | | 1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly Agree Don't Know, Refused |
| CWS_13_2 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 13c. | You have been dissatisfied with the quality of your work. | | | 1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly Agree Don't Know, Refused |
| CWS_13_3 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 13d. | You worry about [SAMPNAME] while you are at work. | | | 1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly Agree Don't Know, Refused |
| CWS_13_4 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 13e. | Phone calls about or from [SAMPNAME] interrupt you at work. | | | 1 <input type="checkbox"/> Strongly disagree 2 <input type="checkbox"/> Disagree 3 <input type="checkbox"/> Agree 4 <input type="checkbox"/> Strongly Agree Don't Know, Refused |
| CWS_13_5 | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| CWS END | | | | |
| Set End Time | | | | |
| Section F - GENERAL INFORMATION ON CAREGIVER | | | | |
| GIC BEGIN | | | | |
| Set Start Time | | | | |
| Time: | | | | |
| 1a. | The next questions are about your health. Since we are talking to a wide variety of people, some of the questions may not seem to apply to you. Even so, it is important that we have complete answers from everyone. Compared to other people your age, would you say your health, in general, is excellent, good, fair, or poor? | | | 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor Don't Know, Refused |
| GIC_1A | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 1b. | Do you usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows OR does someone usually help you do heavy work around the house because of a disability or health problem (including old age)? | | | 1 <input type="checkbox"/> Yes - can do heavy work around the house 2 <input type="checkbox"/> No - someone helps because of a disability or health problem Don't Know, Refused |
| GIC_HVW | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 1c. | Do you usually do light work around the house such as straightening up, putting things away, or washing dishes OR does someone usually help you do light work around the house because of a disability or health problem (including old age)? | | | 1 <input type="checkbox"/> Yes - can do light work around the house 2 <input type="checkbox"/> No - someone helps because of a disability or health problem Don't Know, Refused |
| GIC_LTW | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 1d. | Do you usually do your own laundry OR does someone usually help you do your own laundry because of a disability or health problem (including old age)? | | | 1 <input type="checkbox"/> Yes - can do own laundry 2 <input type="checkbox"/> No - someone helps because of a disability or health problem Don't Know, Refused |
| GIC_LND | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 1e. | Do you usually prepare your own meals OR does someone usually help you prepare your own meals because of a disability or health problem (including old age)? | | | 1 <input type="checkbox"/> Yes - can prepare own meals 2 <input type="checkbox"/> No - someone helps because of a disability or health problem Don't Know, Refused |
| GIC_MLS | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 1f. | Do you usually shop for groceries, that is, go to the store, select the items, and get them home OR does someone usually help you shop for groceries or do it for you because of a disability or health problem (including old age)? | | | 1 <input type="checkbox"/> Yes - can shop for groceries 2 <input type="checkbox"/> No - someone helps because of a disability or health problem Don't Know, Refused |
| GIC_SHP | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| 1g. | When you go outside, does someone usually help you get around because of a disability or health problem? | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused |
| GIC_OUTA | Length | 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |

| | | | | | |
|---|---|--------|----|---------|--|
| 1h. | 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 a disability or health problem? | | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused |
| FR: SHOW FLASHCARD 5. MARK ONLY ONE. | | | | | |
| 1i. | How do you USUALLY go places outside of walking distance? | | | | 1 <input type="checkbox"/> Car 2 <input type="checkbox"/> Van 3 <input type="checkbox"/> Taxi 4 <input type="checkbox"/> Bus 5 <input type="checkbox"/> Other public transportation 6 <input type="checkbox"/> Other - Specify in GIC_WLK2 below 7 <input type="checkbox"/> Does not travel at all - SKIP TO 1K (GIC_MON) -8, -9 <input type="checkbox"/> Don't Know, Refused Specify: _____ |
| | GIC_OUTB | Length | 2 | | |
| | GIC_WLK1 | Length | 2 | | |
| | GIC_WLK2 | Length | 60 | | |
| 1j. | Does someone usually help you go places outside of walking distance because of a disability or health problem? | | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | GIC_WLK3 | Length | 2 | | |
| 1k. | Do you usually manage your own money by yourself including things like keeping track of bills or handling cash or does someone help you manage your own money because of a disability or health problem (including old age)? | | | | 1 <input type="checkbox"/> Yes - manage own money 2 <input type="checkbox"/> No - someone helps manage money because of a disability or health problem -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | GIC_MON | Length | 2 | | |
| 1l. | Does someone usually help you take your medicine because of a disability or health problem? | | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does not take medicine at all -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | GIC_MED | Length | 2 | | |
| 1m. | Do you usually make your own telephone calls without the help of another person or does someone usually help you make your own telephone calls because of a disability or health problem (including old age)? | | | | 1 <input type="checkbox"/> Yes - can make own telephone calls 2 <input type="checkbox"/> No - someone helps make calls because of a disability or health problem -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | GIC_TEL | Length | 2 | | |
| GIC CHECK HELP | | | | | |
| CAP1: [Refer to GIC_HVW, GIC_LTW, GIC_LND, GIC_MLS, GIC_SHP, GIC_OUTA, GIC_OUTB, GIC_WLK3, GIC_MON, GIC_TEL] | | | | | |
| Is caregiver disabled on any of these activities? | | | | | |
| | GIC_CKHP | Length | 2 | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO GIC_CK1 |
| FR: PROBE AS NECESSARY, CODE FOR LONGEST. | | | | | |
| 2. | You said that health or age has kept you from: (CAP1 fills based on prior answers: doing heavy work doing light work doing laundry preparing meals shopping for groceries getting around outside going places outside of walking distance managing money making telephone calls) About how long has your health or age kept you from doing this? | | | | 1 <input type="checkbox"/> Less than 3 months 2 <input type="checkbox"/> 3 months to less than 6 months 3 <input type="checkbox"/> 6 months to less than 1 year 4 <input type="checkbox"/> 1 year to less than 5 years 5 <input type="checkbox"/> 5 years or over -8, -9 <input type="checkbox"/> Don't Know, Refused |
| | GIC_IDL1 | Length | 2 | | |
| 3. | What health conditions, either mental or physical, cause you to have trouble: (CAP1 fills based on prior answers: doing heavy work doing light work doing laundry preparing meals shopping for groceries getting around outside going places outside of walking distance managing money making telephone calls) FR: PROBE FOR SPECIFIC CONDITION. ENTER VERBATIM. RESPONSE WITH EACH NEW CONDITION ON A SEPARATE LINE. RE-ASK UNTIL NO MORE CONDITIONS NAMED. ENTER (N) FOR NO OTHER CONDITIONS. | | | | |
| | GIC_ID01 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 1 |
| | GIC_ID02 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 2 |
| | GIC_ID03 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 3 |
| | GIC_ID04 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 4 |
| | GIC_ID05 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 5 |
| | GIC_ID06 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 6 |
| | GIC_ID07 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 7 |
| | GIC_ID08 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 8 |
| | GIC_ID09 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 9 |
| | GIC_ID10 | Length | 50 | N, D, R | <input type="checkbox"/> Condition 10 |

GIC CHECK 13

CAPI: If only one condition is listed in 2 - SKIP TO GIC CK1

| | | | | |
|----|-----------------------------|----------|--------------------------|--|
| 4. | What is the MAIN condition? | 1-10 | <input type="checkbox"/> | Condition number from 3 (GIC_ID) above |
| | GIC_ID11 | Length 2 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |

GIC CHECK 1

CAPI: [Refer to CGHOME]

Is caregiver a member of [SAMPNAME]'s household?

| | | | | |
|----|---|----------|--------|--|
| | GIC_CK1 | Length 2 | 1 | <input type="checkbox"/> Yes—Set CG_OUTCOME='705' and - SKIP TO 23 (GIC_SOC) |
| | | | 2 | <input type="checkbox"/> No |
| 5. | Other than yourself, is there anyone else currently living or staying in your home? | 1 | | <input type="checkbox"/> Yes |
| | GIC_HHME | Length 2 | 2 | <input type="checkbox"/> No - SKIP TO 12a (GIC_12A) |
| | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 12a (GIC_12A) |

CREATE FAMILY ROSTER

| | | | | |
|----|--|-----------|------|--|
| 6. | Please give me the name of the (first person/next person who is) currently living or staying in your home. | Length 42 | | <input type="checkbox"/> Name |
| | MEMNAM1 - MEMNAM20 | | D, R | <input type="checkbox"/> Don't Know, Refused |

CAPI: Store P in appropriate CGROS_TYPE_1 - CGROS_TYPE_20

| | | | | |
|--|------------------------------|----------|---|--|
| | CGROS_TYPE_1 - CGROS_TYPE_20 | Length 2 | P | <input type="checkbox"/> Roster Entry added, person name |
|--|------------------------------|----------|---|--|

| | | | | |
|----|---|-----------|--------|--|
| 7. | What is [MEMNAM1-20]'s relationship to you? | Length 2 | 02 | <input type="checkbox"/> Spouse/Spousal Equivalent |
| | GICREL1_R - GICREL20_R | | 03 | <input type="checkbox"/> Son |
| | | | 04 | <input type="checkbox"/> Daughter |
| | | | 05 | <input type="checkbox"/> Son-in-law |
| | | | 06 | <input type="checkbox"/> Daughter-in-law |
| | | | 07 | <input type="checkbox"/> Mother |
| | | | 08 | <input type="checkbox"/> Father |
| | | | 09 | <input type="checkbox"/> Mother-in-law |
| | | | 10 | <input type="checkbox"/> Father-in-law |
| | | | 11 | <input type="checkbox"/> Brother |
| | | | 12 | <input type="checkbox"/> Sister |
| | | | 13 | <input type="checkbox"/> Brother-in-law |
| | | | 14 | <input type="checkbox"/> Sister-in-law |
| | | | 15 | <input type="checkbox"/> Other male relative |
| | | | 16 | <input type="checkbox"/> Other female relative |
| | | | 17 | <input type="checkbox"/> Male friend |
| | | | 18 | <input type="checkbox"/> Female friend |
| | | | 19 | <input type="checkbox"/> Male neighbor |
| | | | 20 | <input type="checkbox"/> Female neighbor |
| | | | 21 | <input type="checkbox"/> Employee / someone hired |
| | | | 22 | <input type="checkbox"/> Someone from helping organization |
| | | | 23 | <input type="checkbox"/> Institution / Assisted Living Center |
| | | | 24 | <input type="checkbox"/> Legal guardian |
| | | | 25 | <input type="checkbox"/> Unable to determine |
| | | | 26 | <input type="checkbox"/> Someone else (specify) in GICREL1_OTH - GICREL1_OTH below |
| | | | 99 | <input type="checkbox"/> Child gender unknown |
| | GICREL1_OTH - GICREL20_OTH | Length 40 | -8, -9 | <input type="checkbox"/> Don't Know, Refused |
| | | | | <input type="checkbox"/> Specify: _____ |

| | | | | |
|----|---------------------------------|----------|--------|--|
| 8. | Is [MEMNAM1-20] male or female? | Length 2 | 1 | <input type="checkbox"/> Male |
| | GICSEX1 - GICSEX20 | | 2 | <input type="checkbox"/> Female |
| | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |

FR: FILL WITHOUT ASKING IF APPARENT BY OBSERVATION.

| | | | | |
|----|--------------------------------------|----------|--------|--|
| 9. | How old is [MEMNAM1-20] as of today? | Length 3 | 1-110 | <input type="checkbox"/> Years |
| | GICAGE1 - GICAGE20 | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |

FR: IF LESS THAN 1 YEAR OLD, ENTER 1.

| | | | | |
|-----|----------------------|----------|--------|--|
| 10. | Is [MEMNAM1-20] now: | Length 2 | 1 | <input type="checkbox"/> Married |
| | GIC_MS1 - GIC_MS20 | | 2 | <input type="checkbox"/> Widowed |
| | | | 3 | <input type="checkbox"/> Divorced |
| | | | 4 | <input type="checkbox"/> Separated |
| | | | 5 | <input type="checkbox"/> Never married |
| | | | 6 | <input type="checkbox"/> Partnered (not married) |
| | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |

| | | | | |
|-----|---|----------|--------|---|
| 11. | Is there anyone else who is currently living or staying with you? | Length 2 | 1 | <input type="checkbox"/> Yes - Return to 6 (MEMNAM1-20) |
| | GICMOR1 - GICMOR20 | | 2 | <input type="checkbox"/> No |
| | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |

Close family roster

| | | | | |
|------|---|----------|--------|--|
| 12a. | During (FILL previous month), did you (or any members of your family who live here) receive Social Security benefits or Railroad Retirement benefits? | Length 2 | 1 | <input type="checkbox"/> Yes |
| | GIC_12A | | 2 | <input type="checkbox"/> No - SKIP TO 13a (GIC_13A) |
| | | | -8, -9 | <input type="checkbox"/> Don't Know, Refused - SKIP TO 13a (GIC_13A) |

| | | | | |
|------|--|----------|--------|--|
| 12b. | How much did you (and all members of the family) receive in (FILL previous month)? | Length 4 | 1-5000 | <input type="checkbox"/> Dollars - SKIP TO 13a (GIC_13A) |
| | GIC_12B | | -8, -9 | <input type="checkbox"/> Don't Know, Refused |

FR: SHOW FLASHCARD 13.

| | | | | |
|------|--|--|---|--|
| 12c. | Which category would you say best represents the amount that you (and all members of the family) received in [previous month]? | | 1 | <input type="checkbox"/> Under \$200 |
| | | | 2 | <input type="checkbox"/> \$200 - \$399 |
| | | | 3 | <input type="checkbox"/> \$400 - \$599 |
| | | | 4 | <input type="checkbox"/> \$600 - \$799 |

| | | | | | |
|--|--|---|--------|--------------------------|---|
| GIC_12C | Length | 2 | 5 | <input type="checkbox"/> | \$800 - \$999 |
| | | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | | 10 | <input type="checkbox"/> | Over \$4000 |
| | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: ENTER LINE NUMBER OF BEST CATEGORY. | | | | | |
| 13a. | During (FILL previous month), did you (or any members of your family who live here) receive any other retirement, pension, or annuity income? | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No - SKIP TO 14a (GIC_14A) |
| GIC_13A | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 14a (GIC_14A) |
| 13b. | How much did you (and all members of the family) receive in (FILL previous month)? | | 1-5000 | <input type="checkbox"/> | Dollars - SKIP TO 14a (GIC_14A) |
| GIC_13B | Length | 4 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: SHOW FLASHCARD 13. | | | | | |
| 13c. | Which category would you say best represents the amount you (and all members of the family) received in (FILL previous month)? | | 1 | <input type="checkbox"/> | Under \$200 |
| | | | 2 | <input type="checkbox"/> | \$200 - \$399 |
| | | | 3 | <input type="checkbox"/> | \$400 - \$599 |
| | | | 4 | <input type="checkbox"/> | \$600 - \$799 |
| | | | 5 | <input type="checkbox"/> | \$800 - \$999 |
| | | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | | 10 | <input type="checkbox"/> | Over \$4000 |
| | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: ENTER LINE NUMBER OF BEST CATEGORY. | | | | | |
| 14a. | During the last month, that is, in the month of (FILL previous month), did you (or any members of your family who live here) receive Supplemental Security Income, that is, SSI payments? These can come from either the Federal government or the State government. | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No - SKIP TO 17a (GIC_17A) |
| GIC_14A | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 17a (GIC_17A) |
| 14b. | How much did you (and all members of the family) receive in (FILL previous month)? | | 1-5000 | <input type="checkbox"/> | Dollars - SKIP TO 17a (GIC_17A) |
| GIC_14B | Length | 4 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: SHOW FLASHCARD 13. | | | | | |
| 14c. | Which category would you say best represents the amount you (and all members of the family) received in (FILL previous month)? | | 1 | <input type="checkbox"/> | Under \$200 |
| | | | 2 | <input type="checkbox"/> | \$200 - \$399 |
| | | | 3 | <input type="checkbox"/> | \$400 - \$599 |
| | | | 4 | <input type="checkbox"/> | \$600 - \$799 |
| | | | 5 | <input type="checkbox"/> | \$800 - \$999 |
| | | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | | 10 | <input type="checkbox"/> | Over \$4000 |
| | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: ENTER LINE NUMBER OF BEST CATEGORY. | | | | | |
| Note: Questions 15 and 16 not used in 2004. | | | | | |
| 17a. | During (FILL previous month), did you (or any members of your family who live here) receive food stamps? | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No - SKIP TO 18a (GIC_18A) |
| GIC_17A | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 18a (GIC_18A) |
| 17b. | What was the value of the stamps received? | | 1-5000 | <input type="checkbox"/> | Dollars - SKIP TO 18a (GIC_18A) |
| GIC_17B | Length | 4 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: SHOW FLASHCARD 13. | | | | | |
| 17c. | Which category would you say best represents the value of the stamps received? | | 1 | <input type="checkbox"/> | Under \$200 |
| | | | 2 | <input type="checkbox"/> | \$200 - \$399 |
| | | | 3 | <input type="checkbox"/> | \$400 - \$599 |
| | | | 4 | <input type="checkbox"/> | \$600 - \$799 |
| | | | 5 | <input type="checkbox"/> | \$800 - \$999 |
| | | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | | 10 | <input type="checkbox"/> | Over \$4000 |
| | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: ENTER LINE NUMBER OF BEST CATEGORY. | | | | | |
| 18a. | During (FILL previous month), did you (or any members of your family who live here) receive any payments from <i>Temporary Assistance for Needy Families</i> , sometimes called "TANF," or any other welfare payments? | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No - SKIP TO 19a (GIC_19A) |
| GIC_18A | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 19a (GIC_19A) |
| 18b. | How much did you (and all members of the family) receive in (FILL previous month)? | | 1-5000 | <input type="checkbox"/> | Dollars - SKIP TO 19a (GIC_19A) |
| GIC_18B | Length | 4 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: SHOW FLASHCARD 13. | | | | | |
| 18c. | Which category would you say best represents the amount that you (and all members of the family) received in (FILL previous month)? | | 1 | <input type="checkbox"/> | Under \$200 |
| | | | 2 | <input type="checkbox"/> | \$200 - \$399 |
| | | | 3 | <input type="checkbox"/> | \$400 - \$599 |
| | | | 4 | <input type="checkbox"/> | \$600 - \$799 |
| | | | 5 | <input type="checkbox"/> | \$800 - \$999 |
| | | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| FR: ENTER LINE NUMBER OF BEST CATEGORY. | | | | | |

| | | | | | | |
|---|---|--------|---|--------|--------------------------|--|
| | | | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | | | 10 | <input type="checkbox"/> | Over \$4000 |
| | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| 19a. | During (FILL previous month) did you (or any members of your family who live here) receive any (other) welfare payments? | | | 1 | <input type="checkbox"/> | Yes |
| | | | | 2 | <input type="checkbox"/> | No - SKIP TO 21a (GIC_21A) |
| GIC_19A | | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO 21a (GIC_21A) |
| Open Family Roster | | | | | | |
| FR: DISPLAY FAMILY ROSTER | | | | | | |
| 19b. | Whose name was on the check? | | | | | |
| FR: ENTER LINE NUMBER. ENTER ALL THAT APPLY. ENTER (N) FOR NO MORE PEOPLE GIVEN. | | | | | | |
| | CGFMXE01 - | Length | 2 | 1 | <input type="checkbox"/> | Name on the check |
| | CGFMXE20 | | | | | |
| GIC_19B_I | | Length | 2 | N | <input type="checkbox"/> | No More People Given |
| | | | | D, R | <input type="checkbox"/> | Don't Know, Refused |
| Close Family Roster | | | | | | |
| 19c1. | How much was the check for? | | | 1-5000 | <input type="checkbox"/> | Dollars - SKIP TO 19d (FAM_XF1-20) |
| GIC_19C1 | | Length | 4 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| FR: SHOW FLASHCARD 13. | | | | | | |
| 19c2. | Which category would you say best represents the amount the check was for? | | | | | |
| | | | | 1 | <input type="checkbox"/> | Under \$200 |
| | | | | 2 | <input type="checkbox"/> | \$200 - \$399 |
| | | | | 3 | <input type="checkbox"/> | \$400 - \$599 |
| | | | | 4 | <input type="checkbox"/> | \$600 - \$799 |
| | | | | 5 | <input type="checkbox"/> | \$800 - \$999 |
| | | | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | | | 10 | <input type="checkbox"/> | Over \$4000 |
| | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| Open Family Roster | | | | | | |
| FR: DISPLAY FAMILY ROSTER | | | | | | |
| 19d. | Whom did the check cover? Anyone else? | | | | | |
| FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN. | | | | | | |
| | FAM_XF1 - | Length | 2 | 1 | <input type="checkbox"/> | Covered by check |
| | FAM_XF20 | | | | | |
| GIC_19D_I | | Length | 2 | N | <input type="checkbox"/> | No More |
| | | | | D, R | <input type="checkbox"/> | Don't Know, Refused |
| Close Family Roster | | | | | | |
| Note: Question 20 not used in 2004. | | | | | | |
| FR: SHOW FLASHCARD 14. | | | | | | |
| 21a. | During the last twelve months, what was the total combined income before deductions for you (and all members of your family who live with you)? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments, and any other money income received by you (and all members of your family). | | | | | |
| | | | | 1 | <input type="checkbox"/> | Under \$3,000 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 2 | <input type="checkbox"/> | 3,000 - 3,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 3 | <input type="checkbox"/> | 4,000 - 4,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 4 | <input type="checkbox"/> | 5,000 - 5,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 5 | <input type="checkbox"/> | 6,000 - 6,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 6 | <input type="checkbox"/> | 7,000 - 7,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 7 | <input type="checkbox"/> | 8,000 - 8,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 8 | <input type="checkbox"/> | 9,000 - 9,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 9 | <input type="checkbox"/> | 10,000 - 11,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 10 | <input type="checkbox"/> | 12,000 -14,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 11 | <input type="checkbox"/> | 15,000 -19,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 12 | <input type="checkbox"/> | 20,000 - 24,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 13 | <input type="checkbox"/> | 25,000 - 29,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 14 | <input type="checkbox"/> | 30,000 - 39,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 15 | <input type="checkbox"/> | 40,000 - 49,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 16 | <input type="checkbox"/> | 50,000 - 59,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 17 | <input type="checkbox"/> | 60,000 - 69,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 18 | <input type="checkbox"/> | 70,000 - 79,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 19 | <input type="checkbox"/> | 80,000 - 99,999 - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 20 | <input type="checkbox"/> | 100,000 or more - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| 21a1. | Would it be \$25,000 or more? | | | 1 | <input type="checkbox"/> | Yes - SKIP TO 21a4 (GIC_21A4) |
| | | | | 2 | <input type="checkbox"/> | No |
| GIC_21A1 | | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| 21a2. | Would it be \$10,000 or more? | | | 1 | <input type="checkbox"/> | Yes - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| | | | | 2 | <input type="checkbox"/> | No |
| GIC_21A2 | | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| 21a3. | Would it be \$5,000 or more? | | | 1 | <input type="checkbox"/> | Yes |
| | | | | 2 | <input type="checkbox"/> | No |
| GIC_21A3 | | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |
| ALL SKIP TO SKIP TO GIC 21 CHECK 2 (GIC_CK2) | | | | | | |
| 21a4. | Would it be \$50,000 or more? | | | 1 | <input type="checkbox"/> | Yes |
| | | | | 2 | <input type="checkbox"/> | No - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| GIC_21A4 | | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused - SKIP TO GIC 21 CHECK 2 (GIC_CK2) |
| 21a5. | Would it be \$75,000 or more? | | | 1 | <input type="checkbox"/> | Yes |
| | | | | 2 | <input type="checkbox"/> | No |
| GIC_21A5 | | Length | 2 | -8, -9 | <input type="checkbox"/> | Don't Know, Refused |

| Open Family Roster | | | | |
|---|--|---|--|---|
| GIC 21 CHECK 2 | | | | |
| <i>CAPL: Refer to GICREL1-20 above.</i> | | | | |
| Are relatives other than spouse living with the caregiver? | | | | |
| GIC_CK2 | Length | 2 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No - SKIP TO 22a (GIC_OWN) |
| Close Family Roster | | | | |
| FR: SHOW FLASHCARD 14. | | | | |
| 21b. | Now only consider you (and your spouse). Which category on this card represents the total combined income before deductions during the LAST 12 months? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments, and any other money income received by you (and your spouse). | | 1 <input type="checkbox"/> | Under \$3,000 - SKIP TO 22a (GIC_OWN) |
| | | | 2 <input type="checkbox"/> | 3,000 - 3,999 - SKIP TO 22a (GIC_OWN) |
| | | | 3 <input type="checkbox"/> | 4,000 - 4,999 - SKIP TO 22a (GIC_OWN) |
| | | | 4 <input type="checkbox"/> | 5,000 - 5,999 - SKIP TO 22a (GIC_OWN) |
| | | | 5 <input type="checkbox"/> | 6,000 - 6,999 - SKIP TO 22a (GIC_OWN) |
| | | | 6 <input type="checkbox"/> | 7,000 - 7,999 - SKIP TO 22a (GIC_OWN) |
| | | | 7 <input type="checkbox"/> | 8,000 - 8,999 - SKIP TO 22a (GIC_OWN) |
| | | | 8 <input type="checkbox"/> | 9,000 - 9,999 - SKIP TO 22a (GIC_OWN) |
| G_21B1 | Length | 2 | 9 <input type="checkbox"/> | 10,000 - 11,999 - SKIP TO 22a (GIC_OWN) |
| | | | 10 <input type="checkbox"/> | 12,000 - 14,999 - SKIP TO 22a (GIC_OWN) |
| | | | 11 <input type="checkbox"/> | 15,000 - 19,999 - SKIP TO 22a (GIC_OWN) |
| | | | 12 <input type="checkbox"/> | 20,000 - 24,999 - SKIP TO 22a (GIC_OWN) |
| | | | 13 <input type="checkbox"/> | 25,000 - 29,999 - SKIP TO 22a (GIC_OWN) |
| | | | 14 <input type="checkbox"/> | 30,000 - 39,999 - SKIP TO 22a (GIC_OWN) |
| | | | 15 <input type="checkbox"/> | 40,000 - 49,999 - SKIP TO 22a (GIC_OWN) |
| | | | 16 <input type="checkbox"/> | 50,000 - 59,999 - SKIP TO 22a (GIC_OWN) |
| | | | 17 <input type="checkbox"/> | 60,000 - 69,999 - SKIP TO 22a (GIC_OWN) |
| | | | 18 <input type="checkbox"/> | 70,000 - 79,999 - SKIP TO 22a (GIC_OWN) |
| | | | 19 <input type="checkbox"/> | 80,000 - 99,999 - SKIP TO 22a (GIC_OWN) |
| | | | 20 <input type="checkbox"/> | 100,000 or more - SKIP TO 22a (GIC_OWN) |
| | | | -8, -9 | Don't Know, Refused |
| 21b1. | Would it be \$25,000 or more? | | 1 <input type="checkbox"/> | Yes - SKIP TO 21b4 (G4_21B1) |
| | | | 2 <input type="checkbox"/> | No |
| G1_21B1 | Length | 2 | -8, -9 | Don't Know, Refused - SKIP TO 22a (GIC_OWN) |
| 21b2. | Would it be \$10,000 or more? | | 1 <input type="checkbox"/> | Yes - SKIP TO 22a (GIC_OWN) |
| | | | 2 <input type="checkbox"/> | No |
| G2_21B1 | Length | 2 | -8, -9 | Don't Know, Refused - SKIP TO 22a (GIC_OWN) |
| 21b3. | Would it be \$5,000 or more? | | 1 <input type="checkbox"/> | Yes |
| | | | 2 <input type="checkbox"/> | No |
| G3_21B1 | Length | 2 | -8, -9 | Don't Know, Refused |
| | | | | ALL SKIP TO 22a (GIC_OWN) |
| 21b4. | Would it be \$50,000 or more? | | 1 <input type="checkbox"/> | Yes |
| | | | 2 <input type="checkbox"/> | No - SKIP TO 22a (GIC_OWN) |
| G4_21B1 | Length | 2 | -8, -9 | Don't Know, Refused - SKIP TO 22a (GIC_OWN) |
| 21b5. | Would it be \$75,000 or more? | | 1 <input type="checkbox"/> | Yes |
| | | | 2 <input type="checkbox"/> | No |
| G5_21B1 | Length | 2 | -8, -9 | Don't Know, Refused |
| 22a. | In (FILL previous month), about how much of your own money have you spent taking care of [SAMPNAME]? | | 0-9999 <input type="checkbox"/> | Dollars - SKIP TO 23 (GIC_SOC) |
| GIC_OWN | Length | 4 | -8, -9 | Don't Know, Refused |
| FR: SHOW FLASHCARD 13. | | | | |
| 22b. | Which category would you say best represents the amount of your own money you have spent taking care of [SAMPNAME] in (FILL previous month)? | | 1 <input type="checkbox"/> | Under \$200 |
| | | | 2 <input type="checkbox"/> | \$200 - \$399 |
| | | | 3 <input type="checkbox"/> | \$400 - \$599 |
| | | | 4 <input type="checkbox"/> | \$600 - \$799 |
| GIC_OWNC | Length | 2 | 5 <input type="checkbox"/> | \$800 - \$999 |
| | | | 6 <input type="checkbox"/> | \$1000 - \$1499 |
| | | | 7 <input type="checkbox"/> | \$1500 - \$1999 |
| | | | 8 <input type="checkbox"/> | \$2000 - \$2999 |
| | | | 9 <input type="checkbox"/> | \$3000 - \$3999 |
| | | | 10 <input type="checkbox"/> | Over \$4000 |
| | | | -8, -9 | Don't Know, Refused |
| 23. | In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicare records for other health information in this study. In order to do this, we need your Social Security number. What is your Social Security number? Providing your Social Security number is voluntary and will not affect your benefits in any way. | | | |
| GIC_SOC | Length | 9 | -8, -9 | <input type="checkbox"/> Social Security Number <input type="checkbox"/> Don't Know, Refused |
| GIC END | | | | |
| Set End Time | | | SET CG_OUTCOME = '705' and - SKIP TO THANK YOU | |
| CAREGIVER FINISH | | | | |
| CAREGIVER COMPLETION CHECK | | | | |
| <i>CAPL: If less than 50% of the following variables are marked 'D', 'R', or -5, then the interview is complete.</i> | | | | |
| AKH_1, AKH_6A, AKH_6C, AKH_7A, AKH_8_A, AKH_8_B, AKH_8_C, AKH_8_D, AKH_AD_A, AKH_AD_B, AKH_AD_C, AKH_AD_D, AKH_AD_E, AKH_AD_F, AKH_BTH1, AKH_GEN, AKH_ID_A, AKH_ID_B, AKH_ID_C, AKH_ID_D, AKH_ID_E, AKH_ID_F, AKH_ID_G, AKH_ID_H, AKH_ID_I, AKH_TO_A, AKH_TO_B, AKH_TO_C, AKH_TO_D, CGE_1_A, CGE_1_B, CGE_1_C, CGE_1_D, CGE_1_E, CGE_10, CGE_11_A, CGE_11_B, CGE_11_C, CGE_11_D, CGE_12_A, CGE_12_B, CGE_12_C, CGE_12_D, CGE_13_A, CGE_13_B, CGE_13_C, CGE_13_D, CGE_13_E, CGE_13_F, CGE_13_G, CGE_13_H, CGE_14_A, CGE_14_B, CGE_14_C, CGE_14_D, CGE_14_E, CGE_14_F, CGE_14_G, CGE_14_H, CGE_14_I, CGE_14_J, CGE_14_K, CGE_15_A, CGE_15_B, CGE_2, CGE_3, CGE_4, CGE_5_A, CGE_5_B, CGE_5_C, CGE_5_D, CGE_6, CGE_7_A, CGE_7_B, CGE_8_A, CGE_8_B, CGE_8_C, CGE_8_D, CGE_8_E, CGE_8_F, CGE_8_G, CGE_8B_H, CGE_8B_I, CGE_8B_J, CGE_8B_K, CGE_8B_L, CGE_8B_M, CGE_8B_N, CGE_8B_O, CGE_9, CLS_7_1, CLS_7_2, CLS_7_3, CLS_7_4, CLS_7_5, CWS_10, CWS_11A, CWS_1A, CWS_1B, CWS_3A, CWS_4A, GIC_1A, GIC_HWW, GIC_LND, GIC_LTW, GIC_MED, GIC_MLS, GIC_MON, GIC_OUTA, GIC_OUTB, GIC_SHP, GIC_TEL, GIC_WLKA_1, GIC_WLKB, HFO_1, HFO_10A, HFO_11A, HFO_12A, HFO_13_1, HFO_13_2, HFO_2, HFO_3A, HFO_4A, HFO_5A, HFO_6A, HFO_7A, HFO_8A, HFO_9A, | | | | |

| | | | |
|---|--------|----|---|
| CG_COMPLETE | Length | 2 | <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete—Set COM_COMPLETE = 2, Supervisor review for refusal or retrieval. IF CAPI DEEMS A REFUSAL, SET CG_REASON = 99, CG_OUTCOME = 702 |
| CAREGIVER REASON | | | |
| FR: WHAT IS THE REASON YOU CAN'T CONDUCT AN INTERVIEW? CG_REASON | Length | 2 | <input type="checkbox"/> Inconvenient Time - SKIP TO CG_OUTCOME and set = 702 <input type="checkbox"/> Temporarily absent <input type="checkbox"/> CG Refused - SKIP TO CG_OUTCOME and set = 702 <input type="checkbox"/> Unable to obtain interview after repeated attempts - SKIP TO CG_OUTCOME and set = 702 <input type="checkbox"/> Language problem; needs interpreter - SKIP TO CG_OUTCOME and set = 702 <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> Deceased - SKIP TO CG_OUTCOME and set = 750 <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> No phone; schedule personal visit - SKIP TO CG_OUTCOME and set = 702. <input type="checkbox"/> N/A <input type="checkbox"/> CG in short -stay hospital <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> Moved outside U.S. - SKIP TO CG_OUTCOME and set = 751. <input type="checkbox"/> No Good Address/Unknown - SKIP TO CG_OUTCOME and set = 702. <input type="checkbox"/> Further Work Needed - SKIP TO CG_OUTCOME and set = 702. <input type="checkbox"/> Known Address Inside FR Area - SKIP TO CG_OUTCOME and set = 702. <input type="checkbox"/> Known Address Outside FR Area - SKIP TO CG_OUTCOME and set = 702. <input type="checkbox"/> Outside Survey Limits - SKIP TO CG_OUTCOME and set = 751. <input type="checkbox"/> No one home - SKIP TO CG_OUTCOME; CG_OUTCOME remains unchanged. <input type="checkbox"/> N/A <input type="checkbox"/> Other, Specify - SKIP TO CG_OUTCOME and set = 702. Specify: _____ |
| CG_SPCIFY | Length | 40 | |
| 1. Will [CGNAME] be available before January 13, 2005? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO CG_OUTCOME AND SET = 702. |
| CG_STAY | Length | 2 | -8, -9 |
| 2. When will [CGNAME] be available to conduct the interview? | Length | 2 | 1-12 1-31 Month Day Year - SKIP TO CG_OUTCOME AND SET = 702. |
| CG_CONDATE | Length | 4 | 2004-2005 -8, -9 Don't Know, Refused - SKIP TO CG_OUTCOME AND SET = 702. |
| CAREGIVER OUTCOME | | | |
| CG_OUTCOME | Length | 3 | <input type="checkbox"/> 702 Temporary non-response code - reset to final non-response 713-751 after supervisor review <input type="checkbox"/> 705 CAREGIVER Completed - Transmit data. <input type="checkbox"/> 713 Language problem - No interpreter available <input type="checkbox"/> 714 Unable to locate after repeated attempts. <input type="checkbox"/> 718 Refused <input type="checkbox"/> 720 Unable to Obtain Interview After Repeated Attempts. <input type="checkbox"/> 750 Deceased <input type="checkbox"/> 751 Moved outside survey limits. CAREGIVER Nonresponse OUTCOMES (713 -751) to be set by Supervisor Review |
| CAREGIVER END | | | |
| <i>CAPI: Set Caregiver completion time and set Caregiver completion date.</i> | | | |
| CG_TIME | Length | 4 | <input type="checkbox"/> hhmm (Hours: Minutes) |
| DATECG | Length | 8 | <input type="checkbox"/> Month, Day, Year |