

1989 SURVEY OF INFORMAL CAREGIVERS
LONG-TERM CARE SURVEY

1989 CAREGIVERS QUESTIONNAIRE			
NOTICE - The release of information on this form is restricted in conformance with the Privacy Act of 1974 (Public Law 93-579, as amended).			
1. R. O. number CG_RO	Col. 3149	Char 2	<input type="checkbox"/> Regional Office Number
2. Control number NOT GIVEN			
3. Name of disabled (sample) person NOT GIVEN			
Last Name, First Name, Middle Initial			
4. Field Representative code CG_FIELD	Col. 3151	Char 3	<input type="checkbox"/>
5. Field Representative name NOT GIVEN			
TRANSCRIBE FROM LTC-3, PAGE 47. (Community Caregiver Selection Procedure)			
5a. Name of Caregiver NOT GIVEN			
Last Name, First Name, Middle Initial			
b. Person number (CKITEM_6) CG_SPNO	Col. 3154	Char 2	02-48, 99 <input type="checkbox"/>
c. Does caregiver live with disabled person (CKITEM_7)?			
CG_LIVES	Col. 3156	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Address and telephone number (CKITEM_1 OR Control Card) NOT GIVEN			
Reason for no telephone interview			
CG_PHN	Col. 3170	Char 1	1 <input type="checkbox"/> No Telephone 2 <input type="checkbox"/> DK/Refused
6. Type of interview			
CG_INV1	Col. 3157	Char 1	1 <input type="checkbox"/> Personal Visit - Read Personal Visit Introduction 2 <input type="checkbox"/> Telephone - Read Telephone Introduction
PERSONAL VISIT INTRODUCTION			
(Hello, I am (your name) from the United States Bureau of the Census. Here is my identification card. (Name of disabled person) told us you care for (him/her.) We also would like to ask you some questions on your experience as a caregiver. Provide LTC-9-LTC advance letter.			
TELEPHONE INTRODUCTION			
Hello, I am (your name) from the United States Bureau of the Census. In a recent survey of health conditions and physical activities of people over 65 and over who live in the United States (name of disabled person) told us you care for (him/her). We also would like to ask you some questions on your experiences as a caregiver. (Did you receive out letter?) If "No", read LTC-9-L5			
7. Record of calls/visits NOT GIVEN			
Month, Day, Time, Type of Interview			
8. Record of Interview			
a. Date			
Month			
CG_MONTH	Col. 3158	Char 2	<input type="checkbox"/>
Day			
CG_DAY	Col. 3160	Char 2	<input type="checkbox"/>
Year			
CG_YEAR	Col. 3162	Char 2	<input type="checkbox"/>
b. Time			
START_26	Col. 3164	Char 3	000-999 <input type="checkbox"/> Total Minutes
c. Type of interview			
CG_INV2	Col. 3167	Char 1	1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal 3 <input type="checkbox"/> Both
9. Noninterview reasons			
CG_NONINV	Col. 3168	Char 2	FIELD TYPE A 01 <input type="checkbox"/> Unable to locate Caregiver 02 <input type="checkbox"/> Temporarily absent/No telephone number available 03 <input type="checkbox"/> Refused 04 <input type="checkbox"/> Unable to contact caregiver 05 <input type="checkbox"/> Other - Specify FIELD TYPE C 06 <input type="checkbox"/> Ineligible - Paid helper 07 <input type="checkbox"/> Ineligible - Other - Specify 08 <input type="checkbox"/> Caregiver deceased 09 <input type="checkbox"/> Moved within country, beyond limit/No telephone number available 10 <input type="checkbox"/> Moved outside country
Section A - AMOUNT AND KINDS OF HELP			
CHECK ITEM A: 1			
CG_CK1	Col. 3171	Char 1	1 <input type="checkbox"/> Caregiver was the ONLY respondent for LTC-3 - SKIP to item 2a. 2 <input type="checkbox"/> All others

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<p>1. Did you help . . . in the past two weeks? When I say "help," I mean helping . . . eat, get in or out of bed, dress, move around inside, get to the bathroom or use the toilet, bathe, or do other activities such as handle cash, run errands, shop for groceries, etc.</p> <p>CG_HLP Col. 3172 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Go to item 2a. 2 <input type="checkbox"/> No - Verify that you are talking to the person whose name and address are entered in cover page items 5a and 5d.</p> <p><i>If this is NOT the correct person, STOP interview and locate the correct person.</i></p> <p><i>If this IS the correct person, but he/she did not help, DISCONTINUE interview. Mark noninterview reason 7 (CG_NONINV) on the cover page and give explanation in full.</i></p>
<p><i>If obvious, code without asking.</i></p> <p>2a. What is the relationship to . . . ?</p> <p><i>Mark only one</i></p> <p>CG_REL Col. 3173 Char 2</p>	<p>Relatives</p> <p>01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Father 03 <input type="checkbox"/> Mother 04 <input type="checkbox"/> Son 05 <input type="checkbox"/> Daughter 06 <input type="checkbox"/> Brother 07 <input type="checkbox"/> Sister 08 <input type="checkbox"/> Son-in-law 09 <input type="checkbox"/> Daughter-in-law 10 <input type="checkbox"/> Other male relative 11 <input type="checkbox"/> Other female relative</p> <p>Others</p> <p>12 <input type="checkbox"/> Male friend 13 <input type="checkbox"/> Female friend 14 <input type="checkbox"/> Someone hired - DISCONTINUE INTERVIEW. Mark noninterview reason 6 (CG_NONINV) on cover page. 15 <input type="checkbox"/> Someone from helping organization 16 <input type="checkbox"/> Someone else - Specify</p> <p>} SKIP to 3a</p>
<p>b. Are you paid to help . . . ?</p> <p>AKH_1 Col. 3175 Char 1</p>	<p>1 <input type="checkbox"/> Yes - DISCONTINUE INTERVIEW. Mark noninterview reason 6 (CG_NONINV) on cover page. 2 <input type="checkbox"/> No</p>
<p>c. How many years have you known . . . ?</p> <p>AKH_YR Col. 3176 Char 1</p>	<p>1 <input type="checkbox"/> Less than a year 2 <input type="checkbox"/> 1 year - less than 3 years 3 <input type="checkbox"/> 3 years - less than 6 years 4 <input type="checkbox"/> 6 years - less than 11 years 5 <input type="checkbox"/> 11 years - less than 16 years 6 <input type="checkbox"/> 16 years - less than 21 years 7 <input type="checkbox"/> 21 years - less than 31 years 8 <input type="checkbox"/> 31 years or more</p>
<p>3a. How many hours did you help . . . in the past week, that is, since (same day 1 week ago)?</p> <p>AKH_3A1 Col. 3177 Char 3 AKH_3A2 Col. 3180 Char 1</p>	<p>001-999 <input type="checkbox"/> Hours - SKIP to INSTRUCTION. 1 <input type="checkbox"/> None</p>
<p>b. How many hours did you help . . . in the past two weeks, that is, since (date 2 weeks ago)?</p> <p>AKH_3B1 Col. 3181 Char 3 AKH_3B2 Col. 3184 Char 1</p>	<p>001-999 <input type="checkbox"/> Hours 1 <input type="checkbox"/> None - DISCONTINUE INTERVIEW. Mark noninterview reason 7 (CG_NONINV) on cover page and give explanation in full..</p>
<p>INSTRUCTION</p> <p><i>REFER TO ITEMS 3a AND 3b.</i></p> <p>For caregivers who GAVE HELP in the past week, use "past week" and "day" as the reference period whenever there is a choice in this questionnaire. For caregivers who DID NOT GIVE HELP in the past week, use "past two weeks" and "date" as the reference period whenever there is a choice in this questionnaire.</p>	
<p>4 I am going to mention some activities for which a person might need help, and ask whether you helped . . . with them in the past week (week/2 weeks), that is since (day/date).</p> <p>Did you -</p> <p>a. Help . . . walk around inside or get around inside with a wheelchair or similar device?</p> <p>AKH_AD_A Col. 3185 Char 1</p>	
<p>b. Help . . . eat?</p> <p>AKH_AD_B Col. 3186 Char 1</p>	
<p>c. Help . . . get in or out of bed?</p>	

AKH_AD_C	Col. 3187	Char 1	2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does NOT get out of bed at all
d. Help . . . get dressed - by getting and putting on the clothes . . . wears during the day? AKH_AD_D	Col. 3188	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does NOT get dressed at all
e. Give . . . shots or injections? AKH_AD_E	Col. 3189	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Give . . . medicine, pills, or change (his/her) bandages? AKH_AD_F	Col. 3190	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INSTRUCTION: Refer to item 4, if "Yes" is marked in ANY of 4a - 4f, go to 5. Otherwise, skip to 6a.			
5. For each category marked "Yes" in item 4, ask: On the days that you helped, how many times per day, on the average, did you (read item)?			
a. Help . . . walk around inside or get around inside with a wheelchair or similar device? AKH_AT_A	Col. 3191	Char 2	00-99 <input type="text"/> Times(s)
b. Help . . . eat? AKH_AT_B	Col. 3193	Char 2	00-99 <input type="text"/> Times(s)
c. Help . . . get in or out of bed? AKH_AT_C	Col. 3195	Char 2	00-99 <input type="text"/> Times(s)
d. Help . . . get dressed - by getting and putting on the clothes . . . wears during the day? AKH_AT_D	Col. 3197	Char 2	00-99 <input type="text"/> Times(s)
e. Give . . . shots or injections? AKH_AT_E	Col. 3199	Char 2	00-99 <input type="text"/> Times(s)
f. Give . . . medicine, pills, or change (his/her) bandages? AKH_AT_F	Col. 3201	Char 2	00-99 <input type="text"/> Times(s)
6a. In the past (week/2 weeks), that is since last (day/date), did you help . . . bathe -- by helping . . . get into or out of the bathtub or shower, or by washing . . . in a bathtub or shower or at a sink or basin? AKH_BTH1	Col. 3203	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No..... 3 <input type="checkbox"/> Does not bathe at all } SKIP to 7
b. How many times in the past (week/2 weeks) did you help ... bathe? AKH_BTH2	Col. 3204	Char 2	00-99 <input type="text"/> Times(s)
c. Did you actually bathe . . . ? AKH_BTH3	Col. 3206	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7 Since (day/date), did you help . . . --			
a. Use the toilet by helping ... get on or off the toilet, by arranging ... clothes, or by cleaning ...? AKH_TO_A	Col. 3207	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. With a bed pan? AKH_TO_B	Col. 3208	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. With a catheter or colostomy bag? AKH_TO_C	Col. 3209	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Clean up after bladder or bowel accidents? AKH_TO_D	Col. 3210	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INSTRUCTION: Refer to item 7. If "Yes" is marked in ANY of 7a - 7d, go to 8. Otherwise, skip to 10.			
8. For each category marked "Yes" in item 7, ask: On the days that you helped, how many times per day, on the average, did you help . . . (read item)?			
a. Use the toilet by helping . . . get on or off the toilet, by arranging (his/her) clothes, or by cleaning . . . ?			

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AKH_TT_A	Col. 3211	Char 2	00-99 <input type="text"/> Times(s)
b. With a bed pan? AKH_TT_B	Col. 3213	Char 2	00-99 <input type="text"/> Times(s)
c. With a catheter or colostomy bag? AKH_TT_C	Col. 3215	Char 2	00-99 <input type="text"/> Times(s)
d. Clean up after bladder or bowel accidents? AKH_TT_D	Col. 3217	Char 2	00-99 <input type="text"/> Times(s)
9a. Does helping . . . (read categories marked "Yes" in item 7) ever bother you? AKH_BOT1	Col. 3219	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 10</i>
b. How much does it bother you -- a great deal, somewhat, or not too much? AKH_BOT2	Col. 3220	Char 1	1 <input type="checkbox"/> A great deal 2 <input type="checkbox"/> Somewhat 3 <input type="checkbox"/> Not too much
10. Ince (day/date) did you, BECAUSE OF . . .'s DISABILITY, help . . . by -			
a. Preparing special foods or fixing extra meals? AKH_ID_A	Col. 3221	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Managing . . .'s money, like keeping track of bills or handling cash? AKH_ID_B	Col. 3222	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Making telephone calls for . . . ? AKH_ID_C	Col. 3223	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Doing things around the house, such as straightening up, putting things away, or doing dishes? AKH_ID_D	Col. 3224	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Doing . . .'s laundry? AKH_ID_E	Col. 3225	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Shopping for . . .'s groceries? AKH_ID_F	Col. 3226	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Doing other small errands for . . . outside of the house? AKH_ID_G	Col. 3227	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Helping . . . get around outside, including helping . . . walk or use a wheelchair or walker? AKH_ID_H	Col. 3228	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Helping . . . get around the neighborhood or city by driving . . . or helping . . . use public transportation? AKH_ID_I	Col. 3229	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
INSTRUCTION: Refer to item 10. If "Yes" is marked in ANY of 10a - 10i, go to item 11. Otherwise, skip to Check Item A.2.			
11. For each category marked "Yes" in item 10, ask: Since (day/date) how many times did you help . . . by (read item)?			
a. Preparing special foods or fixing extra meals? AKH_IT_A	Col. 3230	Char 2	00-99 <input type="text"/> Times(s)
b. Managing . . .'s money, like keeping track of bills or handling cash? AKH_IT_B	Col. 3232	Char 2	00-99 <input type="text"/> Times(s)
c. Making telephone calls for . . . ? AKH_IT_C	Col. 3234	Char 2	00-99 <input type="text"/> Times(s)
d. Doing things around the house, such as straightening up, putting things away, or doing dishes? AKH_IT_D	Col. 3236	Char 2	00-99 <input type="text"/> Times(s)
e. Doing . . .'s laundry? AKH_IT_E	Col. 3238	Char 2	00-99 <input type="text"/> Times(s)
f. Shopping for . . .'s groceries? AKH_IT_F	Col. 3240	Char 2	00-99 <input type="text"/> Times(s)

g. Doing other small errands for . . . outside of the house? AKH_IT_G Col. 3242 Char 2	00-99 <input type="text"/> Times(s)
h. Helping . . . get around outside, including helping . . . walk or use a wheelchair or walker? AKH_IT_H Col. 3244 Char 2	00-99 <input type="text"/> Times(s)
i. Helping . . . get around the neighborhood or city by driving . . . or helping . . . use public transportation? AKH_IT_I Col. 3246 Char 2	00-99 <input type="text"/> Times(s)
CHECK ITEM A.2 <i>Refer to items 4, 6a, 7, and 10.</i> Did caregiver provide any ADL or IADL help (Is ANY activity in items 4, 6a, 7, or 10 mark "Yes")? AKH_CK1 Col. 3248 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>discontinue interview. Mark noninterview reason 7 on cover page (CG_NONINV) and give explanation in full.</i>
12a. Can . . . be left alone in the house? AKH_6A Col. 3249 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13a</i>
b. How many hours at a time, on the average, can . . . be left alone in the house? AKH_6B_H Col. 3250 Char 2 AKH_6B_O Col. 3252 Char 1	0-99 <input type="text"/> Hours 1 <input type="checkbox"/> Less than 1 hour 2 <input type="checkbox"/> No limit
13a. Is your sleep ever interrupted because you have to take care of . . . ? AKH_7A Col. 3253 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14</i>
b. About how many times in an average week is your sleep interrupted because you have to take care of . . . ? AKH_7B1 Col. 3254 Char 2 AKH_7B2 Col. 3256 Char 1	0-99 <input type="text"/> Times 1 <input type="checkbox"/> Less than 1
<i>(If this is a personal visit, show Flashcard N.)</i>	
14. 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 . . .	
a. I have to take care of . . . when I don't feel well enough. AKH_8_A Col. 3257 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
b. . . . needs special medical care that I cannot give. AKH_8_B Col. 3258 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
c. Taking care of . . . is hard on me emotionally. AKH_8_C Col. 3259 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
This time, tell me if the statement is TRUE, FALSE, or DOES NOT APPLY.	
d. Lifting or moving . . . is difficult. AKH_8_D Col. 3260 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE 3 <input type="checkbox"/> Does not apply
CHECK ITEM A.3 AKH_CK2 Col. 3261 Char 1	1 <input type="checkbox"/> Caregiver was the ONLY respondent for LTC-3 - <i>SKIP to item 4a (HLP_CK).</i> 2 <input type="checkbox"/> All others
15. Compared with other people . . . 's age, would you say that . . . 's health in general is excellent, good, fair or poor? AKH_1A Col. 3262 Char 1	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
Section B - HELP FROM OTHERS	
1. In the past week, that is, since (day) did anyone besides you help . . . -	
a. With eating, dressing, bathing, getting to the bathroom or using the toilet, getting in or out of bed, or getting around inside? HFO_EAT Col. 3263 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. By STAYING NEARBY just in case . . . might need help with any of those things? HFO_NBY Col. 3264 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. In the past week, that is, since (day) did anyone besides you help . . . with -	

<p>a. Preparing meals, doing chores, or running errands around the (house/apartment)? HFO_MLS Col. 3265 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																														
<p>b. Managing . . . 's money like keeping track of bills or handling cash? HFO_MON Col. 3266 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																														
<p>c. Giving . . . medicine, pills, shots, or injections, changing . . . 's bandages, or providing nursing care? HFO_MED Col. 3267 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																														
<p>d. Getting around outside or around the neighborhood or city, shopping for . . . 's groceries, or doing other errands in the community? HFO_INS Col. 3268 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>																														
<p>CHECK ITEM B.1 HFO_CK1 Col. 3269 Char 1</p>	<p>1 <input type="checkbox"/> Items 1 and 2 marked "No" in all categories -SKIP to 4a (HLP_CK). 2 <input type="checkbox"/> All others</p>																														
<p>3a. What are the names of all people who helped . . . during the past week because of . . . 's disability? Do not include yourself <i>Enter the first name of each person mentioned.</i> NOT GIVEN</p>																															
<p>b. Person Number <i>If the helper is listed on the Control Card SAMPLE PERSON HOUSEHOLD ROSTER, transcribe the person number from Control Card item 12a (CC_1_12_A - CC_14_12_A) to the space below. Mark (X) item 23b (CG_HH1-CG_HH14) next to the helper's name on the Control Card.</i> <i>If the helper is not listed on the SAMPLE PERSON'S HOUSEHOLD ROSTER, but is listed on the roster of CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON, transcribe the person number from the Control Card item 29a (CC_1_27_A-CC_15_27_A) to the space below. Mark (X) item 37a (CG_I3B01-CG_I3B15) next to the helper's name on the Control Card.</i> <i>If the helper is not listed on the Control Card, leave the space below blank for that helper.</i></p> <table border="0"> <tr> <td>HFO_PN1</td> <td>Col. 3270</td> <td>Char 2</td> <td>01-20 <input type="checkbox"/></td> <td>Household roster</td> </tr> <tr> <td>HFO_PN2</td> <td>Col. 3275</td> <td>Char 2</td> <td>31-48 <input type="checkbox"/></td> <td>Children not living in Household of sample person</td> </tr> <tr> <td>HFO_PN3</td> <td>Col. 3280</td> <td>Char 2</td> <td>blank <input type="checkbox"/></td> <td></td> </tr> <tr> <td>HFO_PN4</td> <td>Col. 3285</td> <td>Char 2</td> <td></td> <td></td> </tr> <tr> <td>HFO_PN5</td> <td>Col. 3290</td> <td>Char 2</td> <td></td> <td></td> </tr> <tr> <td>HFO_PN6</td> <td>Col. 3295</td> <td>Char 2</td> <td></td> <td></td> </tr> </table>		HFO_PN1	Col. 3270	Char 2	01-20 <input type="checkbox"/>	Household roster	HFO_PN2	Col. 3275	Char 2	31-48 <input type="checkbox"/>	Children not living in Household of sample person	HFO_PN3	Col. 3280	Char 2	blank <input type="checkbox"/>		HFO_PN4	Col. 3285	Char 2			HFO_PN5	Col. 3290	Char 2			HFO_PN6	Col. 3295	Char 2		
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HFO_PN5	Col. 3290	Char 2																													
HFO_PN6	Col. 3295	Char 2																													
<p>c. RELATIONSHIP What is (name of helper)'s relationship to . . . ? <i>Examples: wife, parent, sister, uncle, cousin, lodger, lodger's son, etc.</i> HFO_REL1 Col. 3272 Char 2 HFO_REL2 Col. 3277 Char 2 HFO_REL3 Col. 3282 Char 2 HFO_REL4 Col. 3287 Char 2 HFO_REL5 Col. 3292 Char 2 HFO_REL6 Col. 3297 Char 2</p>	<p>01 <input type="checkbox"/> Spouse 02 <input type="checkbox"/> Son/Daughter 03 <input type="checkbox"/> Son-in-law/Daughter-in-law 04 <input type="checkbox"/> Parent 05 <input type="checkbox"/> Parent-in-law 06 <input type="checkbox"/> Brother/Sister 07 <input type="checkbox"/> Brother-in-law/Sister-in-law 08 <input type="checkbox"/> Grandchild 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Employee 11 <input type="checkbox"/> Other nonrelative</p>																														
<p>d. Ask for each unrelated person. Is (name of helper) paid to help . . . ? HFO_PAID1 Col. 3274 Char 1 HFO_PAID2 Col. 3279 Char 1 HFO_PAID3 Col. 3284 Char 1 HFO_PAID4 Col. 3289 Char 1 HFO_PAID5 Col. 3294 Char 1 HFO_PAID6 Col. 3299 Char 1</p>																															
<p>4a. If you were unable to help . . . , is there someone else who would do the things you do? HLP_CK Col. 3300 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to item 1 (CGP_FOR)</p>																														
<p>b. Who? Anyone else?</p>																															

<p><i>Enter the first name of each person mentioned.</i></p> <p>NOT GIVEN</p>																																																										
<p>c. Person Number</p> <p><i>If the helper is listed on the Control Card SAMPLE PERSON'S HOUSEHOLD ROSTER, transcribe the person number from Control Card item 12a (CC_1_12_A-CC_14_12_A) to the space below. Mark (X) item 23c (CG_HHC1-CG_HHC14) next to the person's name on the Control Card.</i></p> <p><i>If the helper is not listed on the SAMPLE PERSON'S HOUSEHOLD ROSTER, but is listed on the roster of CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON, transcribe the person number from the Control Card item 29a (CC_1_27_A-CC_15_27_A) to the space below. Mark (X) item 37b (CG_I4C01-CG_I4C15) next to the person's name on the Control Card.</i></p> <p><i>If the person is not listed on the Control Card, leave space below blank for that helper.</i></p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">HLP_PNU1</td> <td style="width: 15%;">Col. 3301</td> <td style="width: 15%;">Char 2</td> <td style="width: 45%;"></td> </tr> <tr> <td>HLP_PNU2</td> <td>Col. 3306</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_PNU3</td> <td>Col. 3311</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_PNU4</td> <td>Col. 3316</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_PNU5</td> <td>Col. 3321</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_PNU6</td> <td>Col. 3326</td> <td>Char 2</td> <td></td> </tr> </table>	HLP_PNU1	Col. 3301	Char 2		HLP_PNU2	Col. 3306	Char 2		HLP_PNU3	Col. 3311	Char 2		HLP_PNU4	Col. 3316	Char 2		HLP_PNU5	Col. 3321	Char 2		HLP_PNU6	Col. 3326	Char 2		<table style="width:100%; border: none;"> <tr> <td style="width: 10%; text-align: right;">01-20</td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Household roster</td> </tr> <tr> <td style="text-align: right;">31-48</td> <td><input type="checkbox"/></td> <td>Children not living in Household of sample person</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>blank</td> </tr> </table>	01-20	<input type="checkbox"/>	Household roster	31-48	<input type="checkbox"/>	Children not living in Household of sample person		<input type="checkbox"/>	blank																								
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<p>d. RELATIONSHIP</p> <p>What is (<i>name of helper</i>)'s relationship to . . . ?</p> <p><i>Examples: wife, parent, sister, uncle, cousin, lodger, lodger's son, etc.</i></p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">HLP_REL1</td> <td style="width: 15%;">Col. 3303</td> <td style="width: 15%;">Char 2</td> <td style="width: 45%;"></td> </tr> <tr> <td>HLP_REL2</td> <td>Col. 3308</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_REL3</td> <td>Col. 3313</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_REL4</td> <td>Col. 3318</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_REL5</td> <td>Col. 3323</td> <td>Char 2</td> <td></td> </tr> <tr> <td>HLP_REL6</td> <td>Col. 3328</td> <td>Char 2</td> <td></td> </tr> </table>	HLP_REL1	Col. 3303	Char 2		HLP_REL2	Col. 3308	Char 2		HLP_REL3	Col. 3313	Char 2		HLP_REL4	Col. 3318	Char 2		HLP_REL5	Col. 3323	Char 2		HLP_REL6	Col. 3328	Char 2		<table style="width:100%; border: none;"> <tr><td style="text-align: right;">01</td><td><input type="checkbox"/></td><td>Spouse</td></tr> <tr><td style="text-align: right;">02</td><td><input type="checkbox"/></td><td>Son/Daughter</td></tr> <tr><td style="text-align: right;">03</td><td><input type="checkbox"/></td><td>Son-in-law/Daughter-in-law</td></tr> <tr><td style="text-align: right;">04</td><td><input type="checkbox"/></td><td>Parent</td></tr> <tr><td style="text-align: right;">05</td><td><input type="checkbox"/></td><td>Parent-in-law</td></tr> <tr><td style="text-align: right;">06</td><td><input type="checkbox"/></td><td>Brother/Sister</td></tr> <tr><td style="text-align: right;">07</td><td><input type="checkbox"/></td><td>Brother-in-law/Sister-in-law</td></tr> <tr><td style="text-align: right;">08</td><td><input type="checkbox"/></td><td>Grandchild</td></tr> <tr><td style="text-align: right;">09</td><td><input type="checkbox"/></td><td>Other relative</td></tr> <tr><td style="text-align: right;">10</td><td><input type="checkbox"/></td><td>Employee</td></tr> <tr><td style="text-align: right;">11</td><td><input type="checkbox"/></td><td>Other nonrelative</td></tr> </table>	01	<input type="checkbox"/>	Spouse	02	<input type="checkbox"/>	Son/Daughter	03	<input type="checkbox"/>	Son-in-law/Daughter-in-law	04	<input type="checkbox"/>	Parent	05	<input type="checkbox"/>	Parent-in-law	06	<input type="checkbox"/>	Brother/Sister	07	<input type="checkbox"/>	Brother-in-law/Sister-in-law	08	<input type="checkbox"/>	Grandchild	09	<input type="checkbox"/>	Other relative	10	<input type="checkbox"/>	Employee	11	<input type="checkbox"/>	Other nonrelative
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<p>e. Ask for each unrelated person.</p> <p>Would (<i>name of helper</i>) be paid for helping . . . ?</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">HLP_PAID1</td> <td style="width: 15%;">Col. 3305</td> <td style="width: 15%;">Char 1</td> <td style="width: 45%;"></td> </tr> <tr> <td>HLP_PAID2</td> <td>Col. 3310</td> <td>Char 1</td> <td></td> </tr> <tr> <td>HLP_PAID3</td> <td>Col. 3315</td> <td>Char 1</td> <td></td> </tr> <tr> <td>HLP_PAID4</td> <td>Col. 3320</td> <td>Char 1</td> <td></td> </tr> <tr> <td>HLP_PAID5</td> <td>Col. 3325</td> <td>Char 1</td> <td></td> </tr> <tr> <td>HLP_PAID6</td> <td>Col. 3330</td> <td>Char 1</td> <td></td> </tr> </table>	HLP_PAID1	Col. 3305	Char 1		HLP_PAID2	Col. 3310	Char 1		HLP_PAID3	Col. 3315	Char 1		HLP_PAID4	Col. 3320	Char 1		HLP_PAID5	Col. 3325	Char 1		HLP_PAID6	Col. 3330	Char 1		<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td><input type="checkbox"/></td> <td>Yes</td> </tr> <tr> <td style="text-align: right;">2</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table>	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No																											
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Section C - CAREGIVER'S EXPERIENCE																																																										
<p><i>(if this is a personal visit, show FLASHCARD O.)</i></p>																																																										
<p>1. Now I am going to read some statements that describe problems that people have told us they sometime have. As I read each statement, please tell me if is TRUE or FALSE of . . .</p> <p>a. Sometimes . . . forgets things, gets confused, or refuses to cooperate.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">CGP_FOR</td> <td style="width: 15%;">Col. 3331</td> <td style="width: 15%;">Char 1</td> <td style="width: 45%;"></td> </tr> </table>	CGP_FOR	Col. 3331	Char 1		<table style="width:100%; border: none;"> <tr><td style="text-align: right;">1</td><td><input type="checkbox"/></td><td>TRUE</td></tr> <tr><td style="text-align: right;">2</td><td><input type="checkbox"/></td><td>FALSE</td></tr> </table>	1	<input type="checkbox"/>	TRUE	2	<input type="checkbox"/>	FALSE																																															
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<p>b. Sometimes . . . embarrasses me or others.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">CGP_EMB</td> <td style="width: 15%;">Col. 3332</td> <td style="width: 15%;">Char 1</td> <td style="width: 45%;"></td> </tr> </table>	CGP_EMB	Col. 3332	Char 1		<table style="width:100%; border: none;"> <tr><td style="text-align: right;">1</td><td><input type="checkbox"/></td><td>TRUE</td></tr> <tr><td style="text-align: right;">2</td><td><input type="checkbox"/></td><td>FALSE</td></tr> </table>	1	<input type="checkbox"/>	TRUE	2	<input type="checkbox"/>	FALSE																																															
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<p>c. Sometimes . . . lapses into senility.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">CGP_SEN</td> <td style="width: 15%;">Col. 3333</td> <td style="width: 15%;">Char 1</td> <td style="width: 45%;"></td> </tr> </table>	CGP_SEN	Col. 3333	Char 1		<table style="width:100%; border: none;"> <tr><td style="text-align: right;">1</td><td><input type="checkbox"/></td><td>TRUE</td></tr> <tr><td style="text-align: right;">2</td><td><input type="checkbox"/></td><td>FALSE</td></tr> </table>	1	<input type="checkbox"/>	TRUE	2	<input type="checkbox"/>	FALSE																																															
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<p>d. Sometimes . . . becomes upset and yells at me.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">CGP_UPS1</td> <td style="width: 15%;">Col. 3334</td> <td style="width: 15%;">Char 1</td> <td style="width: 45%;"></td> </tr> </table>	CGP_UPS1	Col. 3334	Char 1		<table style="width:100%; border: none;"> <tr><td style="text-align: right;">1</td><td><input type="checkbox"/></td><td>TRUE</td></tr> <tr><td style="text-align: right;">2</td><td><input type="checkbox"/></td><td>FALSE</td></tr> </table>	1	<input type="checkbox"/>	TRUE	2	<input type="checkbox"/>	FALSE																																															
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<p>CHECK ITEM C.1</p> <p><i>Refer to 1d above.</i></p> <p>Was item 1d, "Sometimes . . . becomes upset and yells at me," marked TRUE?</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">CGP_UPS2</td> <td style="width: 15%;">Col. 3335</td> <td style="width: 15%;">Char 1</td> <td style="width: 45%;"></td> </tr> </table>		CGP_UPS2	Col. 3335	Char 1																																																						
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<p>2. How often, would you say, does . . . become upset and yell</p>	<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">1</td> <td><input type="checkbox"/></td> <td>Very often</td> </tr> </table>	1	<input type="checkbox"/>	Very often																																																						
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at you - very often, fairly often, occasionally, or hardly never. CGP_UPS3 Col. 3336 Char 1	2 <input type="checkbox"/> Fairly often 3 <input type="checkbox"/> Occasionally 4 <input type="checkbox"/> Hardly ever
<i>(if this is a personal visit, show FLASHCARD P.)</i>	
3. 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 . . .	
a. I don't have as much privacy when I take care of . . . CGE_1_A Col. 3337 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
b. Taking care of . . . limits my social life or free time. CGE_1_B Col. 3338 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
c. I have to give . . . almost constant attention. CGE_1_C Col. 3339 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
d. Taking care of . . . has caused my health to get worst. CGE_1_D Col. 3340 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
e. Care costs more than I can really afford. CGE_1_E Col. 3341 Char 1	1 <input type="checkbox"/> TRUE 2 <input type="checkbox"/> FALSE
CHECK ITEM C.2 Is caregiver disabled person's spouse? CGE_CK1 Col. 3342 Char 1	
1 <input type="checkbox"/> Yes - SKIP to 4c 2 <input type="checkbox"/> No	
4a. In the last month, about how much money of your own have you spent taking care of . . . BECAUSE OF . . . 's DISABILITY that you do not expect to be paid back? GIC_OWN1 Col. 3343 Char 6 GIC_OWN2 Col. 3349 Char 1	000001-999999 <input type="checkbox"/> } SKIP to 4c 1 <input type="checkbox"/> 2 <input type="checkbox"/> DK
b. Do you think it was less than \$50, between \$50 and \$100, or over \$100? CGP_AMT Col. 3350 Char 1	1 <input type="checkbox"/> Less than \$50 2 <input type="checkbox"/> Between \$50 and \$100 3 <input type="checkbox"/> Over \$100
c. Does your insurance pay for any part of . . . 's medical care? CGP_INS Col. 3351 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Section D - CAREGIVER'S LIVING SITUATION	
CHECK ITEM D.1 Is caregiver disabled person's spouse? CLS_CK1 Col. 3352 Char 1	
1 <input type="checkbox"/> Yes - SKIP to 7 2 <input type="checkbox"/> No	
CHECK ITEM D.2 Does caregiver live with disabled person? CLS_CK2 Col. 3353 Char 1	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3	
1a. Did you and . . . live together before . . . needed your care? CLS_1A Col. 3354 Char 1	1 <input type="checkbox"/> Yes - SKIP to 7 2 <input type="checkbox"/> No
b. Before you began living together, did you live in the same neighborhood, in a different neighborhood but in the same city or town in the same state, or in a different state or country? CLS_1B1 Col. 3355 Char 1	1 <input type="checkbox"/> In the same neighborhood 2 <input type="checkbox"/> In a different neighborhood but in the same city or town 3 <input type="checkbox"/> In a different city or town in the same state 4 <input type="checkbox"/> In a different state or country } SKIP to 2a
c. Was that less than 100 miles away, between 100 and 500 miles away or more than 500 miles away? CLS_1B2 Col. 3356 Char 1	1 <input type="checkbox"/> Less than 100 miles away 2 <input type="checkbox"/> Between 100 and 500 miles away 3 <input type="checkbox"/> Over 500 miles away
2a. If you didn't have to help . . . because of . . . 's disability, do you think you'd still live together in the same household? CLS_2A Col. 3357 Char 1	1 <input type="checkbox"/> Yes - SKIP to 7 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK - SKIP to 7
b. Would you live in the same neighborhood, in a different neighborhood but in the same city or town, or somewhere else? CLS_2B1 Col. 3358 Char 1	1 <input type="checkbox"/> In the same neighborhood... 2 <input type="checkbox"/> In a different neighborhood but in the same city or town 3 <input type="checkbox"/> Somewhere else..... 4 <input type="checkbox"/> DK } SKIP to 7
3. About how long does it take you to get to . . . 's house from where you live by the usual way? CLS_3_MN Col. 3359 Char 2 CLS_3_HR Col. 3361 Char 2	1-60 <input type="checkbox"/> Minutes OR 1-24 <input type="checkbox"/> Hours

<p>4a. Have you ever changed your place of residence because of . . . 's disability? CLS_4A Col. 3363 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5</i></p>
<p>b. Did you make that move from a different place in the same neighborhood, from a different neighborhood, from a different neighborhood city or town in the same state of from a different state or country? CLS_4B1 Col. 3364 Char 1</p>	<p>1 <input type="checkbox"/> From a different place in the same neighborhood..... 2 <input type="checkbox"/> From a different neighborhood in the same city or town..... 3 <input type="checkbox"/> From a different city or town in the same state 4 <input type="checkbox"/> From a different state or country</p> <p style="text-align: right;">} <i>SKIP to 5a</i></p>
<p>c. Was that less than 100 miles away, between 100 and 500 miles away or from more than 500 miles away? CLS_4B2 Col. 3365 Char 1</p>	<p>1 <input type="checkbox"/> From less than 100 miles away 2 <input type="checkbox"/> From between 100 and 500 miles away 3 <input type="checkbox"/> From over 500 miles away</p>
<p>5a. Has . . . ever changed (his/her) place of residence to live closer to you because of (his/her) disability? CLS_5A Col. 3366 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i></p>
<p>b. Did you make that move from a different place in the same neighborhood, from a different neighborhood, from a different neighborhood city or town in the same state of from a different state or country? CLS_5B1 Col. 3367 Char 1</p>	<p>1 <input type="checkbox"/> From a different place in the same neighborhood..... 2 <input type="checkbox"/> From a different neighborhood in the same city or town..... 3 <input type="checkbox"/> From a different city or town in the same state 4 <input type="checkbox"/> From a different state or country</p> <p style="text-align: right;">} <i>SKIP to d</i></p>
<p>c. Was that less than 100 miles away, between 100 and 500 miles away or from more than 500 miles away? CLS_5B2 Col. 3368 Char 1</p>	<p>1 <input type="checkbox"/> From less than 100 miles away 2 <input type="checkbox"/> From between 100 and 500 miles away 3 <input type="checkbox"/> From over 500 miles away</p>
<p>d. Did . . . move mainly so that it would be more convenient for you to take care of . . . ? CLS_5D Col. 3369 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6a. Have you ever wanted to change your place of residence but did not because you needed to live close to . . . because of . . . 's disability? CLS_6A Col. 3370 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7</i></p>
<p>b. Would you have liked to live in a different neighborhood in the same city or town, or somewhere else? CLS_6B Col. 3371 Char 1</p>	<p>1 <input type="checkbox"/> Different neighborhood 2 <input type="checkbox"/> Somewhere else</p>
<p><i>(If this is a personal visit, show FLASHCARD Q.)</i></p>	
<p>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 . . . has been helpful to you in that way.</p>	
<p><i>Read categories 1 - 6 and pause after each. Mark (1) all that apply.</i></p>	
<p>Helping with household chores GIC_HLP1 Col. 3750 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>Helping with babysitter GIC_HLP2 Col. 3751 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>Buying things for me or giving me money GIC_HLP3 Col. 3752 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>Keeping me company GIC_HLP4 Col. 3753 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>Making me feel useful and needed GIC_HLP5 Col. 3754 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p>Another way - Specify GIC_HLP6 Col. 3755 Char 1</p>	<p>1 <input type="checkbox"/> Marked</p>
<p><i>If no category is marked, mark (1) "No Way."</i> CLS_7 Col. 3372 Char 1</p>	<p>1 <input type="checkbox"/> No Way</p>
<p style="text-align: center;">Section E - CAREGIVER'S WORK SITUATION</p>	
<p>1a. How long ago did you start taking care of . . . because of . . . 's disability? CWS_1A Col. 3373 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 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</p>

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		7 <input type="checkbox"/>	7 years - less than 10 years
		8 <input type="checkbox"/>	10 years or more
b. Do you provide more care, less care, or the same amount of care now as you did then? CWS_1B Col. 3374 Char 1		1 <input type="checkbox"/>	More
		2 <input type="checkbox"/>	Less
		3 <input type="checkbox"/>	Same - <i>SKIP to 2</i>
c. How long ago did you start taking care of . . . as much as you do now? CWS_1C Col. 3375 Char 1		1 <input type="checkbox"/>	Less than 3 months
		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
2. We are interested in knowing more about the kinds of people who give care. The next few questions are about you. How old are you? CWS_2 Col. 3376 Char 2		01-99 <input type="checkbox"/>	YY
3a. Are you currently working for pay at a job or business? CWS_3A Col. 3378 Char 1		1 <input type="checkbox"/>	Yes
		2 <input type="checkbox"/>	No - <i>SKIP to 4a</i>
b. How many hours per week do you usually work? CWS_3B Col. 3379 Char 2		01-99 <input type="checkbox"/>	Hours
CHECK ITEM E.1 <i>Refer to 3b.</i> Was the number of hours less than 35? CWS_CK1 Col. 3381 Char 1		1 <input type="checkbox"/>	Yes
		2 <input type="checkbox"/>	No - <i>SKIP to 5a</i>
c. Are you working fewer hours than you would like to because you help . . . ? CWS_3C Col. 3382 Char 1		1 <input type="checkbox"/>	Yes - <i>SKIP to 6a</i>
		2 <input type="checkbox"/>	No - <i>SKIP to 5a</i>
4a. Have you ever worked at a job for pay? CWS_4A Col. 3383 Char 1		1 <input type="checkbox"/>	Yes
		2 <input type="checkbox"/>	No - <i>SKIP to 10</i>
b. How long ago did you stop working at your last job? CWS_4B Col. 3384 Char 1		1 <input type="checkbox"/>	Less than 3 months
		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
c. What was the MAIN reason you stopped working at that job? <i>Mark (X) only one category.</i> CWS_4C Col. 3385 Char 1		1 <input type="checkbox"/>	Retired - <i>Ask 4d</i>
		2 <input type="checkbox"/>	Ill/disabled.....
		3 <input type="checkbox"/>	Had to take care of disabled person
		4 <input type="checkbox"/>	Wanted to take care of home/family (other than disabled person).....
		5 <input type="checkbox"/>	Fired/Laid off.....
		6 <input type="checkbox"/>	Went (back) to school.....
		7 <input type="checkbox"/>	Other - Specify in CWS_4C_S below
		} <i>SKIP to CHECK ITEM E.2</i>	
d. Would you have continued working longer if you were not taking care of . . . ? CWS_4D Col. 3386 Char 1		1 <input type="checkbox"/>	Yes
		2 <input type="checkbox"/>	No
CHECK ITEM E.2 <i>Refer to items 1a and 4b above.</i> Is the length of time given in 4b MORE than the length of time given in 1a? CWS_CK2 Col. 3387 Char 1		1 <input type="checkbox"/>	Yes - <i>SKIP to 9a</i>
		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 . . . ? CWS_5A Col. 3388 Char 1		1 <input type="checkbox"/>	Yes
		2 <input type="checkbox"/>	No - <i>SKIP to 6a</i>
b. How long ago did this happen (the last time)? CWS_5B Col. 3389 Char 1		1 <input type="checkbox"/>	Less than 3 months
		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

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<p>6a. Have you ever had to rearrange your schedule at a job because you had to take care of . . . ? CWS_6A Col. 3390 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b. How long ago did this happen (the last time)? CWS_6B Col. 3391 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 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</p>
<p>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 . . . ? CWS_7A Col. 3392 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>b. How long ago did this happen (the last time)? CWS_7B Col. 3393 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 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</p>
<p>c. How long were you off from work without pay (the last time)? <i>Enter number and mark (X) unit.</i> Number: CWS_7C_N Col. 3394 Char 2 Units: CWS_7C_U Col. 3396 Char 1</p>	<p>00-99 <input type="checkbox"/> Amount 1 <input type="checkbox"/> Hours 2 <input type="checkbox"/> Days 3 <input type="checkbox"/> Weeks 4 <input type="checkbox"/> Months</p>
<p>8a. Have you ever had to quit a job because you were taking care of . . . ? CWS_8A Col. 3397 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p>b. How long ago did this happen (the last time)? CWS_8B Col. 3398 Char 1</p>	<p>1 <input type="checkbox"/> Less than 3 months 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</p>
<p>9a. For whom (do/did) you work (last)? <i>NOT GIVEN</i></p>	<p><i>(Name of company, business. Or other employer.)</i></p>
<p>b. What kind of business (is/was) this? (For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm) CWS_9B Col. 3399 Char 3</p>	<p>See 1980 CENSUS OF POPULATION INDUSTRIAL CLASSIFICATION SYSTEM for codes. <input type="checkbox"/> Kind of business</p>
<p>c. What kind of work (are/were) you doing? (For example: registered nurse, high school chemistry teacher, waitress) CWS_9C Col. 3402 Char 3</p>	<p>See 1980 CENSUS OF POPULATION OCCUPATIONAL CLASSIFICATION SYSTEM for meaning of codes <input type="checkbox"/> Kind of work</p>
<p>d. What (are/were) your most important duties? (For example: typed, kept account books, filed. sold cars, operated printing press, finished concrete.) <i>NOT GIVEN</i></p>	
<p>e. (Are/were) you: CWS_9E Col. 3405 Char 1</p>	<p>1 <input type="checkbox"/> An employee of a PRIVATE company, business, or individual for wages, salary, or commission? - <i>SKIP to 9g</i> 2 <input type="checkbox"/> A FEDERAL government employee? 3 <input type="checkbox"/> A STATE government employee?.... 4 <input type="checkbox"/> A LOCAL government employee?... 5 <input type="checkbox"/> Self-employed In your OWN business, professional practice or farm? } <i>SKIP to 10</i></p>
<p>f. Is this business incorporated? CWS_9F Col. 3406 Char 1</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 10</i> 2 <input type="checkbox"/> No (or farm) }</p>

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g. (Is/was) this a nonprofit organization? CWS_9G Col. 3407 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10. Has taking care of . . . ever kept you from looking for a job? CWS_10 Col. 3408 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11a. Have you ever had to turn down a job because you were taking care of . . . ? CWS_11A Col. 3409 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Introduction, (Section F)</i>
b. How long ago did this happen (the last time)? CWS_11B Col. 3410 Char 1	1 <input type="checkbox"/> Less than 3 months 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
Section F - GENERAL INFORMATION ON CAREGIVER	
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.	
1. Compared to other people your age, would you say your health, in general, is excellent, good, fair, or poor? GIC_1A Col. 3411 Char 1	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor
2. Do have any problem -	
a. Eating without the help of another person or special equipment? GIC_EAT Col. 3412 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Getting in or out of bed without help? GIC_BED Col. 3413 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Getting in or out of chairs without help? GIC_CHR Col. 3414 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Walking around inside without help? GIC_INS Col. 3415 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Going outside without the help of another person or special equipment? GIC_OUT Col. 3416 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Dressing without help? GIC_DRS Col. 3417 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Bathing without help? GIC_BTH Col. 3418 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Getting to the bathroom or using the toilet? GIC_TOI Col. 3419 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Do you have any accidents or any problem controlling bowel movements or urination? GIC_BWL Col. 3420 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM F.1	
Does caregiver live with disabled person? GIC_CK1 Col. 3421 Char 1	1 <input type="checkbox"/> Yes - <i>End interview. Thank respondent for his/her time.</i> 2 <input type="checkbox"/> No
CAREGIVER'S HOUSEHOLD ROSTER	
What are the names of all persons living or staying in your home?	
<i>Start with the name of caregiver.</i>	
<i>List name(s) below.</i>	
3a. Person Number	
GIC_PNO1 Col. 3422 Char 2	
GIC_PNO2 Col. 3441 Char 2	
GIC_PNO3 Col. 3460 Char 2	
GIC_PNO4 Col. 3479 Char 2	
GIC_PNO5 Col. 3498 Char 2	
GIC_PNO6 Col. 3517 Char 2	
GIC_PNO7 Col. 3536 Char 2	
GIC_PNO8 Col. 3555 Char 2	
b. Names of caregivers NOT GIVEN	

<p>c. RELATIONSHIP TO CAREGIVER</p> <p>What is . . . 's relationship to you?</p> <p><i>Examples: Wife, parent, sister, uncle, cousin, lodger, lodger's son, etc.</i></p>		
<p>GICREL1 Col. 3424 Char 2</p> <p>GICREL2 Col. 3443 Char 2</p> <p>GICREL3 Col. 3462 Char 2</p> <p>GICREL4 Col. 3481 Char 2</p> <p>GICREL5 Col. 3500 Char 2</p> <p>GICREL6 Col. 3519 Char 2</p> <p>GICREL7 Col. 3538 Char 2</p> <p>GICREL8 Col. 3557 Char 2</p>		<p>01 <input type="checkbox"/> Caregiver</p> <p>02 <input type="checkbox"/> Spouse</p> <p>03 <input type="checkbox"/> Son/daughter</p> <p>04 <input type="checkbox"/> Son-in-law/daughter-in-law</p> <p>05 <input type="checkbox"/> Parent</p> <p>06 <input type="checkbox"/> Parent-in-law</p> <p>07 <input type="checkbox"/> Brother/sister</p> <p>08 <input type="checkbox"/> Brother-in-law/sister-in-law</p> <p>09 <input type="checkbox"/> Grandchild</p> <p>10 <input type="checkbox"/> Other relative</p> <p>11 <input type="checkbox"/> Employee</p> <p>12 <input type="checkbox"/> Other nonrelative</p>
<p>4. ASK - I have listed (read names in item 3b) -</p> <p>Have I missed anyone?</p> <p>NOT GIVEN</p>		
<p>5. HOUSEHOLD MEMBER</p> <p>Does . . . usually live with you?</p> <p><i>Probe for URE if "No."</i></p>		
<p>GICLIVE1 Col. 3426 Char 1</p> <p>GICLIVE2 Col. 3445 Char 1</p> <p>GICLIVE3 Col. 3464 Char 1</p> <p>GICLIVE4 Col. 3483 Char 1</p> <p>GICLIVE5 Col. 3502 Char 1</p> <p>GICLIVE6 Col. 3521 Char 1</p> <p>GICLIVE7 Col. 3540 Char 1</p> <p>GICLIVE8 Col. 3559 Char 1</p>		<p>(Caregiver is always a member of own household - blank for GICLIVE1)</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>6a. Person Number</p> <p><i>If . . . is listed on Control Card SAMPLE PERSON'S to 9. HOUSEHOLD, transcribe Person Number from Control Card item 12a to the space below and mark (1) item 23d on Control Card. Then SKIP to 9.</i></p> <p><i>Otherwise, continue with 6b.</i></p>		
<p>GICCCPN1 Col. 3427 Char 2</p> <p>GICCCPN2 Col. 3446 Char 2</p> <p>GICCCPN3 Col. 3465 Char 2</p> <p>GICCCPN4 Col. 3484 Char 2</p> <p>GICCCPN5 Col. 3503 Char 2</p> <p>GICCCPN6 Col. 3522 Char 2</p> <p>GICCCPN7 Col. 3541 Char 2</p> <p>GICCCPN8 Col. 3560 Char 2</p>		<p>01-20 <input type="checkbox"/></p>
<p>6b. Person Number</p> <p><i>If . . . is listed on Control Card roster of CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON, transcribe person number from Control Card item 29a. To the space below and mark (1) item 37c on Control Card. Then SKIP to 11a.</i></p> <p><i>Otherwise, continue with 7.</i></p>		
<p>GICCCNL1 Col. 3429 Char 2</p> <p>GICCCNL2 Col. 3448 Char 2</p> <p>GICCCNL3 Col. 3467 Char 2</p> <p>GICCCNL4 Col. 3486 Char 2</p> <p>GICCCNL5 Col. 3505 Char 2</p> <p>GICCCNL6 Col. 3524 Char 2</p> <p>GICCCNL7 Col. 3543 Char 2</p> <p>GICCCNL8 Col. 3562 Char 2</p>		<p>31-48 <input type="checkbox"/></p>
<p>7. SEX</p> <p><i>Ask if not apparent.</i></p> <p>Is . . . male or female?</p>		
<p>GICSEX1 Col. 3431 Char 1</p>		<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>

GICSEX2	Col. 3450	Char 1	
GICSEX3	Col. 3469	Char 1	
GICSEX4	Col. 3488	Char 1	
GICSEX5	Col. 3507	Char 1	
GICSEX6	Col. 3526	Char 1	
GICSEX7	Col. 3545	Char 1	
GICSEX8	Col. 3564	Char 1	
8. AGE			
How old is . . . as of today?			
GICAGE1	Col. 3432	Char 3	(see CWS_2) 0-135 <input type="text"/> Age
GICAGE2	Col. 3451	Char 3	
GICAGE3	Col. 3470	Char 3	
GICAGE4	Col. 3489	Char 3	
GICAGE5	Col. 3508	Char 3	
GICAGE6	Col. 3527	Char 3	
GICAGE7	Col. 3546	Char 3	
GICAGE8	Col. 3565	Char 3	
ASK IF 15 YEARS OLD OR OLDER			
9. MARITAL STATUS			
Is . . . now -			
GIC_MS1	Col. 3435	Char 1	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
GIC_MS2	Col. 3454	Char 1	
GIC_MS3	Col. 3473	Char 1	
GIC_MS4	Col. 3492	Char 1	
GIC_MS5	Col. 3511	Char 1	
GIC_MS6	Col. 3530	Char 1	
GIC_MS7	Col. 3549	Char 1	
GIC_MS8	Col. 3568	Char 1	
ASK IF 15 YEARS OLD OR OLDER			
10. WORK			
How many hours does . . . usually work per week?			
GICWORK1	Col. 3436	Char 2	(See CWS_3B) 0-99 <input type="text"/> Hours
GICWORK2	Col. 3455	Char 2	
GICWORK3	Col. 3474	Char 2	
GICWORK4	Col. 3493	Char 2	
GICWORK5	Col. 3512	Char 2	
GICWORK6	Col. 3531	Char 2	
GICWORK7	Col. 3550	Char 2	
GICWORK8	Col. 3569	Char 2	
ASK IF 15 YEARS OLD OR OLDER			
11. EDUCATION			
a. LEVEL			
What is the highest grade or year of regular school . . . has ever attended?			
GICED1	Col. 3438	Char 2	00 <input type="checkbox"/> Never attended school, preschool or kindergarten 01-12 <input type="checkbox"/> 1st grade through 12th grade or equivalent 21 <input type="checkbox"/> 1st (freshman) year of college or equivalent 22 <input type="checkbox"/> 2nd (sophomore) year of college or equivalent 23 <input type="checkbox"/> 3rd (junior) year of college or equivalent 24 <input type="checkbox"/> 4th (senior) year of college or equivalent 31 <input type="checkbox"/> 1 year of graduate school 32 <input type="checkbox"/> 2 or more years of graduate school
GICED2	Col. 3457	Char 2	
GICED3	Col. 3476	Char 2	
GICED4	Col. 3495	Char 2	
GICED5	Col. 3514	Char 2	
GICED6	Col. 3533	Char 2	
GICED7	Col. 3552	Char 2	
GICED8	Col. 3571	Char 2	
b. COMPLETION			
Did . . . complete that grade (year)?			
GICGRD1	Col. 3440	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
GICGRD2	Col. 3459	Char 1	
GICGRD3	Col. 3478	Char 1	
GICGRD4	Col. 3497	Char 1	
GICGRD5	Col. 3516	Char 1	
GICGRD6	Col. 3535	Char 1	
GICGRD7	Col. 3554	Char 1	
GICGRD8	Col. 3573	Char 1	
12a. During (previous month), did you (or any members of your family who live here) receive Social Security benefits or Railroad Retirement benefits?			
GIC_12A	Col. 3574	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 13a
b. How much did all members of the family receive in			

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(previous month)? GIC_12B Col. 3575 Char 6	000001- 999999 <input type="text"/> \$
13a. During (previous month), did you (or any members of your family who live here) receive any other retirement, pension, or annuity income? GIC_13A Col. 3581 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 14a
b. How much did all members of the family receive in (previous month)? GIC_13B Col. 3582 Char 6	000001- 999999 <input type="text"/> \$
14a. During (previous month), did you (or any members of your family who live here) receive unemployment or Worker's Compensation? GIC_14A Col. 3588 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 15a
b. How much did all members of the family receive in (previous month)? GIC_14B Col. 3589 Char 6	000001- 999999 <input type="text"/> \$
15a. During (previous month), did you (or any members of your family who live here) receive earnings from a job or business? Include wages, salaries, tips commissions, and net income from own business, professional practice, partnership, or farm? GIC_15A Col. 3595 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 16a
b. How much did all members of the family receive in (previous month)? GIC_15B Col. 3596 Char 6	000001- 999999 <input type="text"/> \$
16a. During (previous month), did you (or any members of your family who live here) receive net income from rent of an apartment or other real estate or income from roomers or borders? GIC_16A Col. 3602 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 17a
b. How much did all members of the family receive in (previous month)? GIC_16B Col. 3603 Char 6	000001- 999999 <input type="text"/> \$
17a. During (previous month), did you (or any members of your family who live here) receive food stamps? GIC_17A Col. 3609 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 18a
b. What was the value of the stamps received? GIC_17B Col. 3610 Char 6	000001- 999999 <input type="text"/> \$
18a. During (previous month), did you (or any members of your family who live here) receive any payments from Aid to Families with Dependent Children, (sometimes called ADC or AFDC), or any other welfare payments? GIC_18A Col. 3616 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 19a
b. How much did all members of your family receive in (previous month)? GIC_18B Col. 3617 Char 6	000001- 999999 <input type="text"/> \$
19a. During the last twelve months did you (or any members of your family who live here) receive interest or dividends? GIC_19A Col. 3623 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 20a
b. About how much did all members of your family receive in the past twelve months? GIC_19B Col. 3624 Char 6	000001- 999999 <input type="text"/> \$
20a. During the last twelve months, did you (or any members of your family who live here) receive any other kind of regular income that you have not already told me about? GIC_20A Col. 3630 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21a
b. What kind of income was it? NOT GIVEN	
c. How much did all members of your family receive in the past twelve months? GIC_20B Col. 3631 Char 6	000001- 999999 <input type="text"/> \$
(If this is a personal visit, show FLASHCARD H.)	
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	1 <input type="checkbox"/> Under \$3,000 2 <input type="checkbox"/> \$3,000 - 3,999 3 <input type="checkbox"/> \$4,000 - 4,999

<p>income from business or farm, pensions, dividends, interest, net income from rent, Social Security payments, and any other money income received by you (and all members of your family). GIC_21A Col. 3637 Char 2</p>	<table border="0"> <tr><td>4</td><td><input type="checkbox"/></td><td>\$5,000 - 5,999</td></tr> <tr><td>5</td><td><input type="checkbox"/></td><td>\$6,000 - 6,999</td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td>\$7,000 - 7,999</td></tr> <tr><td>7</td><td><input type="checkbox"/></td><td>\$8,000 - 8,999</td></tr> <tr><td>8</td><td><input type="checkbox"/></td><td>\$9,000 - 9,999</td></tr> <tr><td>9</td><td><input type="checkbox"/></td><td>\$10,000 - 11,999</td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>\$12,000 - 14,999</td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>\$15,000 - 19,999</td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>\$20,000 - 24,999</td></tr> <tr><td>13</td><td><input type="checkbox"/></td><td>\$25,000 - 29,999</td></tr> <tr><td>14</td><td><input type="checkbox"/></td><td>\$30,000 - 39,999</td></tr> <tr><td>15</td><td><input type="checkbox"/></td><td>\$40,000 - 49,999</td></tr> <tr><td>16</td><td><input type="checkbox"/></td><td>\$50,000 or more</td></tr> <tr><td>17</td><td><input type="checkbox"/></td><td>Refused</td></tr> <tr><td>18</td><td><input type="checkbox"/></td><td>DK</td></tr> </table>	4	<input type="checkbox"/>	\$5,000 - 5,999	5	<input type="checkbox"/>	\$6,000 - 6,999	6	<input type="checkbox"/>	\$7,000 - 7,999	7	<input type="checkbox"/>	\$8,000 - 8,999	8	<input type="checkbox"/>	\$9,000 - 9,999	9	<input type="checkbox"/>	\$10,000 - 11,999	10	<input type="checkbox"/>	\$12,000 - 14,999	11	<input type="checkbox"/>	\$15,000 - 19,999	12	<input type="checkbox"/>	\$20,000 - 24,999	13	<input type="checkbox"/>	\$25,000 - 29,999	14	<input type="checkbox"/>	\$30,000 - 39,999	15	<input type="checkbox"/>	\$40,000 - 49,999	16	<input type="checkbox"/>	\$50,000 or more	17	<input type="checkbox"/>	Refused	18	<input type="checkbox"/>	DK									
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<p>CHECK ITEM F.2 <i>Refer to Caregiver's Household Roster</i> Are there FAMILY MEMBERS (relationship codes 3-10) over 15 years of age - other than spouse - living with the caregiver? GIC_CHK2 Col. 3639 Char 1</p>	<table border="0"> <tr><td>1</td><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>No - SKIP to 22a</td></tr> </table>	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No - SKIP to 22a																																																
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2	<input type="checkbox"/>	No - SKIP to 22a																																																					
<p>(If this is a personal visit, show Flashcard H.) b. 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). G_21B1 Col. 3640 Char 2</p>	<table border="0"> <tr><td>1</td><td><input type="checkbox"/></td><td>Under \$3,000</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>\$3,000 - 3,999</td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td>\$4,000 - 4,999</td></tr> <tr><td>4</td><td><input type="checkbox"/></td><td>\$5,000 - 5,999</td></tr> <tr><td>5</td><td><input type="checkbox"/></td><td>\$6,000 - 6,999</td></tr> <tr><td>6</td><td><input type="checkbox"/></td><td>\$7,000 - 7,999</td></tr> <tr><td>7</td><td><input type="checkbox"/></td><td>\$8,000 - 8,999</td></tr> <tr><td>8</td><td><input type="checkbox"/></td><td>\$9,000 - 9,999</td></tr> <tr><td>9</td><td><input type="checkbox"/></td><td>\$10,000 - 11,999</td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>\$12,000 - 14,999</td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>\$15,000 - 19,999</td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>\$20,000 - 24,999</td></tr> <tr><td>13</td><td><input type="checkbox"/></td><td>\$25,000 - 29,999</td></tr> <tr><td>14</td><td><input type="checkbox"/></td><td>\$30,000 - 39,999</td></tr> <tr><td>15</td><td><input type="checkbox"/></td><td>\$40,000 - 49,999</td></tr> <tr><td>16</td><td><input type="checkbox"/></td><td>\$50,000 or more</td></tr> <tr><td>17</td><td><input type="checkbox"/></td><td>Refused</td></tr> <tr><td>18</td><td><input type="checkbox"/></td><td>DK</td></tr> </table>	1	<input type="checkbox"/>	Under \$3,000	2	<input type="checkbox"/>	\$3,000 - 3,999	3	<input type="checkbox"/>	\$4,000 - 4,999	4	<input type="checkbox"/>	\$5,000 - 5,999	5	<input type="checkbox"/>	\$6,000 - 6,999	6	<input type="checkbox"/>	\$7,000 - 7,999	7	<input type="checkbox"/>	\$8,000 - 8,999	8	<input type="checkbox"/>	\$9,000 - 9,999	9	<input type="checkbox"/>	\$10,000 - 11,999	10	<input type="checkbox"/>	\$12,000 - 14,999	11	<input type="checkbox"/>	\$15,000 - 19,999	12	<input type="checkbox"/>	\$20,000 - 24,999	13	<input type="checkbox"/>	\$25,000 - 29,999	14	<input type="checkbox"/>	\$30,000 - 39,999	15	<input type="checkbox"/>	\$40,000 - 49,999	16	<input type="checkbox"/>	\$50,000 or more	17	<input type="checkbox"/>	Refused	18	<input type="checkbox"/>	DK
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<p>(If this is a personal visit, show FLASHCARD J). 22. During (previous month) did you (or your husband/wife) own - a1. Savings accounts in a bank, saving and loan, or credit union? GIC_SAV1 Col. 3642 Char 1</p>	<table border="0"> <tr><td>1</td><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>No</td></tr> </table>	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No																																																
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<p>For each item marked "Yes" in 22a1, ask 22b1 and 22c1. b1. What was the total value or all . . . (read item) as of today? GIC_SAV2 Col. 3643 Char 6 GIC_SAV3 Col. 3649 Char 1</p>	<table border="0"> <tr><td>000001-</td><td><input type="checkbox"/></td><td>\$</td></tr> <tr><td>999999</td><td><input type="checkbox"/></td><td>\$</td></tr> <tr><td>1</td><td><input type="checkbox"/></td><td>Refused</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>DK</td></tr> </table>	000001-	<input type="checkbox"/>	\$	999999	<input type="checkbox"/>	\$	1	<input type="checkbox"/>	Refused	2	<input type="checkbox"/>	DK																																										
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<p>c1. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else? GIC_SAV4 Col. 3650 Char 1</p>	<table border="0"> <tr><td>1</td><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>No</td></tr> </table>	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No																																																
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<p>a2. Certificates of deposit or other kind of savings certificate? GIC_CD1 Col. 3651 Char 1</p>	<table border="0"> <tr><td>1</td><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>No</td></tr> </table>	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No																																																
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<p>For each item marked "Yes" in 22a2, ask 22b2 and 22c2. b2. What was the total value or all . . . (read item) as of today? GIC_CD2 Col. 3652 Char 6 GIC_CD3 Col. 3658 Char 1</p>	<table border="0"> <tr><td>000001-</td><td><input type="checkbox"/></td><td>\$</td></tr> <tr><td>999999</td><td><input type="checkbox"/></td><td>\$</td></tr> <tr><td>1</td><td><input type="checkbox"/></td><td>Refused</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>DK</td></tr> </table>	000001-	<input type="checkbox"/>	\$	999999	<input type="checkbox"/>	\$	1	<input type="checkbox"/>	Refused	2	<input type="checkbox"/>	DK																																										
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<p>c2. Does . . . own (read item) JOINTLY with (. . . husband/wife or) anyone else? GIC_CD4 Col. 3659 Char 1</p>	<table border="0"> <tr><td>1</td><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>No</td></tr> </table>	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No																																																
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<p>a3. Money Market fund? GIC_MMF1 Col. 3660 Char 1</p>	<table border="0"> <tr><td>1</td><td><input type="checkbox"/></td><td>Yes</td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td>No</td></tr> </table>	1	<input type="checkbox"/>	Yes	2	<input type="checkbox"/>	No																																																
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<p>For each item marked "Yes" in 22a3, ask 22b3 and 22c3.</p>																																																							

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b3. What was the total value or all . . . (read item) as of today? GIC_MMFF2 Col. 3661 Char 6 GIC_MMFF3 Col. 3667 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c3. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else?) GIC_MMFF4 Col. 3668 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a4. U.S. Government securities, including savings bonds? GIC_GOVB1 Col. 3669 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a4, ask 22b4 and 22c4.</i>	
b4. What was the total value or all . . . (read item) as of today? GIC_GOVB2 Col. 3670 Char 6 GIC_GOVB3 Col. 3676 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c4. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else?) GIC_GOVB4 Col. 3677 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a5. Municipal or corporate bonds? GIC_MCB1 Col. 3678 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a5, ask 22b5 and 22c5.</i>	
b5. What was the total value or all . . . (read item) as of today? GIC_MCB2 Col. 3679 Char 6 GIC_MCB3 Col. 3685 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c5. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else?) GIC_MCB4 Col. 3686 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a6. Money market accounts? GIC_MMA1 Col. 3687 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a6, ask 22b6 and 22c6.</i>	
b6. What was the total value or all . . . (read item) as of today? GIC_MMA2 Col. 3688 Char 6 GIC_MMA3 Col. 3694 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c6. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else?) GIC_MMA4 Col. 3695 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a7. Mortgages? GIC_MGG1 Col. 3696 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a7, ask 22b7 and 22c7.</i>	
b7. What was the total value or all . . . (read item) as of today? GIC_MGG2 Col. 3697 Char 6 GIC_MGG3 Col. 3703 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c7. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else?) GIC_MGG4 Col. 3704 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
a8. Other interest-bearing assets? GIC_OTH1 Col. 3705 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a8, ask 22b8 and 22c8.</i>	
b8. What was the total value or all . . . (read item) as of today? GIC_OTH2 Col. 3706 Char 6 GIC_OTH3 Col. 3712 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c8. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else?) GIC_OTH4 Col. 3713 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 23a1, ask 23b1 and 23c1.</i>	
23. During (previous month) did you (or your husband/wife) have -	

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a1. Stocks or mutual fund shares? GIC_MFS1 Col. 3714 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a1, ask 22b1 and 22c1.</i>	
b1. What was the total value or all . . . (read item) as of today? GIC_MFS2 Col. 3715 Char 6 GIC_MFS3 Col. 3721 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c1. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else)? GIC_MFS4 Col. 3722 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 23a2, ask 23b2 and 23c2.</i>	
a2. Property from which you (or your husband/wife) received rental income? GIC_RNT1 Col. 3723 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a2, ask 22b2 and 22c2.</i>	
b2. What was the total value or all . . . (read item) as of today? GIC_RNT2 Col. 3724 Char 6 GIC_RNT3 Col. 3730 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c2. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else)? GIC_RNT4 Col. 3731 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 23a3, ask 23b3 and 23c3.</i>	
a3. Financial interest in a business? GIC_FIN1 Col. 3732 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a3, ask 22b3 and 22c3.</i>	
b3. What was the total value or all . . . (read item) as of today? GIC_FIN2 Col. 3733 Char 6 GIC_FIN3 Col. 3739 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c3. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else)? GIC_FIN4 Col. 3740 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 23a4, ask 23b4 and 23c4.</i>	
a4. Any other financial investments? GIC_OFI1 Col. 3741 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>For each item marked "Yes" in 22a4, ask 22b4 and 22c4.</i>	
b4. What was the total value or all . . . (read item) as of today? GIC_OFI2 Col. 3742 Char 6 GIC_OFI3 Col. 3748 Char 1	000001- 999999 <input type="checkbox"/> \$ 1 <input type="checkbox"/> Refused 2 <input type="checkbox"/> DK
c4. Does . . . own (read item) JOINTLY with (. . . husband/wife or anyone else)? GIC_OFI4 Col. 3749 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
END INTERVIEW. THANK RESPONDENT FOR HIS/HER TIME.	