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SCREENER LTC-2

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ITEM	SC	DESCRIPTION	LEN	CHARACTER	
				LOCATION	SAS
		SEQNUM	5	1	5 SEQ
		LINKS TO 1982-1984 LTC PUBLIC USE FILES			
1		CONTROL NUMBER			
		1988 SAMPLE COMPONENT	1	6	6 CN_1988
		1982 STATUS COMPONENT	1	7	7 CN_1982
		1984 STATUS COMPONENT	1	8	8 CN_1984
		PSU (BLANK)	3	9	11 CN_PSU
		SERIAL (BLANK)	4	12	15 CN_SERL
		CHECK DIGIT	1	16	16 CN_CKDG
		CAREGIVER SAMPLE	1	17	17 CN_CG
		INTERVIEW STATUS RECODE	1	18	18 CN_INV
		1 COMMUNITY INTERVIEW			
		2 COMMUNITY NONINTERVIEW			
		3 INSTITUTIONAL INTERVIEW			
		4 INSTITUTIONAL NONINTERVIEW			
		5 NONINTERVIEW-COMMUNITY OR INS			
		6 LTC2 NONINTERVIEW			
		7 SCREEN-OUT			
		8 LTC-10 NONINTERVIEW			
		9 LTC-10 INTERVIEW & LTC-3 INTERVIEW			
1		REGIONAL OFFICE	2	19	20 SC_RO
		OLD RO (FROM MASTER FILE)	2	21	22 SC_ROOLD
		88 RO (FROM MASTER FILE)	2	23	24 SC_RO88
1		DATE OF BIRTH (MMDDYY)	6	25	30 SC_DOB
		COMPLETED SCREENER VARIABLE (COMP)	1	31	31 SC_COMP
		0 LTC2 IS NOT COMPLETED CORRECTLY OR IS A NONINTERVIEW (NOT DECEASED)			
		1 COMPLETE LTC2 FOR PERSON IN SAMPLE COMPONENT 5, 6, OR 7 AND PERSON IS "SCREENED IN"			
		2 COMPLETE LTC2 FOR PERSON IN SAMPLE COMPONENT 5, 6, OR 7 AND PERSON IS "SCREENED OUT"			
		3 PARTIAL SCREEN FOR PERSON WHO LIVES IN COMMUNITY AND IS IN SAMPLE COMPONENT 1 OR 4			
		4 PERSON IN SAMPLE COMPONENT 1 OR 4 AND WAS IN AN INSTITUTION AT THE TIME OF THE SCREENER INTERVIEW			
		5 PERSON IS DECEASED AND IS IN ANY OF COMPONENTS 1, 4, 5, 6, OR 7			

1	SEX (M=MALE, F=FEMALE)	1	32	32	I_SEX
1	AGE	3	33	35	AGE_89
2	DATE OF INTERVIEW				
	MONTH	2	36	37	DATE_MM
	DAY	2	38	39	DATE_DA
	BENEFICIARY STATUS CODE (FROM MASTER FILE)	2	40	41	HC_BENE
3	FIELD REPRESENTATIVE CODE	3	42	44	FR_CODE
4C	NO TELEPHONE NUMBER FOR SAM PER OR CAREGIVER	1	45	45	NOPHONE
	1 NO				
5	SCREEN TIME (MINUTES)	3	46	48	SCRTIME
	001-999				
7	DOES...LIVE THERE (HERE) ?	1	49	49	SC_OPEN
	1 YES				
	2 NO				
	3 DECEASED				
8B	IS THIS ADDR OF NURSING HOME?	1	50	50	INHMH
	1 YES				
	2 NO				
8C	THIS ANOTHER TYPE INSTITUTION?	1	51	51	INOTHER
	1 YES				
	2 NO				
8D	WHAT TYPE OF INSTITUTION?	1	52	52	TPOTH_1
	1 CORRECTIONAL				
	2 SHORT HOSPITAL STAY				
	3 MENTAL				
	4 OTHER				
9A	WHEN DID...DIE?				
	MONTH	2	53	54	DEA_01_M
	YEAR	2	55	56	DEA_01_Y
	1 DK	1	57	57	DEA_DK
9B	DIE BEFORE OR AFTER APR.1,1988?	1	58	58	DEA_02
	1 BEFORE				
	2 AFTER				
A	CHECK ITEM A: TYPE & REASON				
	1 SELF	1	59	59	SC_DETRE
	2 PROXY				
	3 SAMPLE PERSON IS INCAPABLE	1	60	60	SCPR
	4 SAM PER HEARING/SPEECH PROBLEM				
	5 SAM PER CANNOT SPEAK ENGLISH				
	6 SAM PER IS TEMPORARILY ABSENT				
	7 OTHER				

11A	WHAT IS YOUR RELATIONSHIP TO...	2	61	62	SCPR_REL
	02 SPOUSE				
	03 SON/DAUGHTER				
	04 SON-IN-LAW/DAUGHTER-IN-LAW				
	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER RELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
	99 OTHER				
11B	DO YOU RESIDE WITH...	1	63	63	SCPR_RES
	1 YES				
	2 NO				
12A	WHAT IS SAMPLE PERSON'S AGE	3	64	66	SCPR_AGE
	001-999				
	000 DK				
12B	IS SAMPLE PERSON AGE 65 OR OLDER	1	67	67	OVER_65
	1 YES				
	2 NO				
B	CHECK ITEM B: CORRECT PERSON?	1	68	68	VER_PER
	1 YES				
	2 NO				
13	EXACT ADDRESS?	1	69	69	VER_ADD
	1 SAME AS LABEL(OR IT1)				
	2 DIFFERENT				
C	CHECK ITEM C: SAM PER IN INSTI?	1	70	70	SCN_ININ
	1 YES				
	2 NO				
D	CHECK ITEM D: SAM COMPONENT IT1	1	71	71	SAMP_N
	1 S - CONTINUE WITH CHECK ITEM E				
	2 N - SKIP TO CHECK ITEM I				
E	CHECK ITEM E: SCREEN BY TEL OR PV?	1	72	72	SC_VISIT
	1 TELEPHONE				
	2 PERSONAL VISIT				
14	WHAT IS ... TELEPHONE NUMBER	1	73	73	SCN_PHO
	1 NO TELEPHONE				
	2 DK/REF				
27	NONINTERVIEW REASON				
	TELEPHONE SCREENING	2	74	75	NIR_TEL
	01 NO TELEPHONE NUMBER				
	02 NO ANSWER AFTER REPEAT CALLS				
	03 SAM PER TEMP ABSENT				

- 04 REFUSED
- 05 SAM PER UNABLE TO RESPOND
- 06 OTHER
- 07 DECEASED
- 08 IN CORRECTIONAL FACILITY
- 09 MOVE OUT COUNTRY BEFORE
APRIL 1,1988
- 10 MOVE OUT COUNTRY AFTER
APRIL 1,1988
- 12 OTHER

PERSONAL VISIT SCREENING	2	76	77 NIR_PV
01 UNABLE TO LOCATE/MOVE			
02 NO ONE HOME			
03 SAM PER TEMP ABSENT			
04 REFUSED			
05 SAM PER UNABLE TO RESPOND			
06 OTHER			
07 DECEASED			
08 IN CORRECTIONAL FACILITY			
09 MOVE OUT COUNTRY BEFORE APRIL 1,1988			
10 MOVE OUT COUNTRY AFTER APRIL 1,1988			
11 MOVE WITHIN COUNTRY			
12 OTHER			

BASE WEIGHT (nnnndddd)	8	78	85 BASEWGT
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8A STATE OF INSTITUTION	2	86	87 ST_INST
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8A SAM PERSON CURRENT PHONE NUMBER	1	88	88 PHONE
1 NO TELEPHONE			
2 DK/REF			

LTC PSU (BLANK)	3	89	91 LTC_PSU
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6 RECORD OF TELEPHONE CALLS			
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FIRST CALL			
CALL NUMBER	1	92	92 PH1_CALL
1-6			
DATE OF CALL	4	93	96 PH1_DATE
TIME OF CALL	6	97	102 PH1_TIME

SECOND CALL			
CALL NUMBER	1	103	103 PH2_CALL
1-6			
DATE OF CALL	4	104	107 PH2_DATE
TIME OF CALL	6	108	113 PH2_TIME

THIRD CALL			
CALL NUMBER	1	114	114 PH3_CALL
1-6			
DATE OF CALL	4	115	118 PH3_DATE
TIME OF CALL	6	119	124 PH3_TIME

	FOURTH CALL				135
	CALL NUMBER	1	125	125	PH4_CALL
	1-6				
	DATE OF CALL	4	126	129	PH4_DATE
	TIME OF CALL	6	130	135	PH4_TIME
	FIFTH CALL				
1-6	CALL NUMBER	1	136	136	PH5_CALL
	DATE OF CALL	4	137	140	PH5_DATE
	TIME OF CALL	6	141	146	PH5_TIME
	SIXTH CALL				
	CALL NUMBER	1	147	147	PH6_CALL
	1-6				
	DATE OF CALL	4	148	151	PH6_DATE
	TIME OF CALL	6	152	157	PH6_TIME
28	RECORD OF PERSONAL VISITS				
	FIRST VISIT				
	VISIT NUMBER	1	158	158	VISIT_1
	1-4				
	DATE OF VISIT	4	159	162	VS_DATE1
	TIME OF VISIT	6	163	168	VS_TIME1
	SECOND VISIT				
	VISIT NUMBER	1	169	169	VISIT_2
	1-4				
	DATE OF VISIT	4	170	173	VS_DATE2
	TIME OF VISIT	6	174	179	VS_TIME2
	THIRD VISIT				
	VISIT NUMBER	1		190	180 180 VISIT_3
	1-4				
	DATE OF VISIT	4	181	184	VS_DATE3
	TIME OF VISIT	6	185	190	VS_TIME3
	FOURTH VISIT				
1-4	VISIT NUMBER	1	191	191	VISIT_4
	DATE OF VISIT	4	192	195	VS_DATE4
	TIME OF VISIT	6	196	201	VS_TIME4
	RACE 84 (FROM MASTER FILE)	1	202	202	RACE_84
	1 WHITE				
	2 BLACK				
	3 ASIAN OR PACIFIC ISLANDER				
	4 AMERICAN INDIAN,ESKIMO, OR ALEUT				
	5 OTHER				
	6 DK				
15A	EATING WITHOUT HELP?	1	203	203	SCN_15_A
	1 YES				
	2 NO				

15B	GETTING IN/OUT OF BED W/O HELP? 1 YES 2 NO	1	204	204	SCN_15_B
15C	GETTING IN/OUT CHAIRS W/O HELP? 1 YES 2 NO	1	205	205	SCN_15_C
15D	WALKING AROUND INSIDE W/O HELP? 1 YES 2 NO	1	206	206	SCN_15_D
15E	GOING OUTSIDE WITHOUT HELP? 1 YES 2 NO	1	207	207	SCN_15_E
15F	DRESSING WITHOUT HELP? 1 YES 2 NO	1	208	208	SCN_15_F
15G	BATHING WITHOUT HELP? 1 YES 2 NO	1	209	209	SCN_15_G
15H	GETTING TO BATHROOM/USE TOILET? 1 YES 2 NO	1	210	210	SCN_15_H
15I	PROBLEM CONTROLLING BOWEL MOVEMENT OR URINATION 1 YES 2 NO	1	211	211	SCN_15_I
F	CHECK ITEM F: ANY YES IN 15? 1 YES 2 NO	1	212	212	ADL_FLAG
16A	HAVE PROBLEM FOR 3 MO OR LONGER? 1 YES 2 NO	1	213	213	SCN_16A
16B	PROBLEM LAST FOR 3 MO OR LONGER? 1 YES 2 NO	1	214	214	SCN_16B
16C	ALTOGETHER PROBLEM FOR 3 MO/LONGER 1 YES 2 NO	1	215	215	SCN_16C
17A	PREPARE MEAL WITHOUT HELP? 1 YES 2 NO	1	216	216	SCN_17_A
17B	DO LAUNDRY WITHOUT HELP? 1 YES 2 NO	1	217	217	SCN_17_B

17C	DO LIGHT HOUSEWORK? 1 YES 2 NO	1	218	218	SCN_17_C
17D	SHOP FOR GROCERIES W/OUT HELP? 1 YES 2 NO	1	219	219	SCN_17_D
17E	MANAGE MONEY? 1 YES 2 NO	1	220	220	SCN_17_E
17F	TAKE MEDICINE WITHOUT HELP? 1 YES 2 NO	1	221	221	SCN_17_F
17G	MAKE TELEPHONE CALLS W/OUT HELP 1 YES 2 NO	1	222	222	SCN_17_G
G	CHECK ITEM G: ANY NO IN ITEM 17? 1 YES 2 NO	1	223	223	SCN_CKD
18	DISABILITY/HEALTH PROBLEM KEEP? 1 YES 2 NO	1	224	224	SCN_18
19	WHICH ACTIVITIES IS...UNABLE TO DO? 1 PREPARE MEALS 1 (MARKED) 2 DO LAUNDRY 1 (MARKED) 3 DO LIGHT HOUSEWORK 1 (MARKED) 4 SHOP FOR GROCERIES 1 (MARKED) 5 MANAGE MONEY 1 (MARKED) 6 TAKE MEDICINE 1 (MARKED) 7 MAKE TELEPHONE CALLS 1 (MARKED) 8 NONE 1 (MARKED)	1 1 1 1 1 1 1 1 1 1 1 1	225 226 227 228 229 230 231 232	225 226 227 228 229 230 231 232	SCN_19_A SCN_19_B SCN_19_C SCN_19_D SCN_19_E SCN_19_F SCN_19_G SCN_19_H
20A	HAVE PROBLEM FOR 3 MO OR LONGER? 1 YES 2 NO	1	233	233	SCN_20A
20B	PROBLEM LAST FOR 3 MO OR LONGER? 1 YES 2 NO	1	234	234	SCN_20B
20C	ALTOGETHER PROBLEM FOR 3 MO/LONGER? 1 YES 2 NO	1	235	235	SCN_20C

H	CHECK ITEM H: ANY YES ITEMS 16A-C OR ITEMS 20A-C 1 YES 2 NO	1	236	236	SCN_CK_H
21A	HAS...EVER BEEN IN NURSING HOME? 1 YES 2 NO	1	237	237	SCN_21A
21B	HOW MANY TIMES? 01-99	2	238	239	SCN_21B
21C	WHEN ADMITTED? THAT TIME/LAST TIME MONTH	2	240	241	SCN_21C1
	YEAR	2	242	243	SCN_21C2
21C	NEXT TO LAST TIME MONTH	2	244	245	SCN_21C3
	YEAR	2	246	247	SCN_21C4
21C	TIME BEFORE THAT MONTH	2	248	249	SCN_21C5
	YEAR	2	250	251	SCN_21C6
21D	HOW LONG WAS...IN NURSING HOME? THAT TIME/LAST TIME DAYS	2	252	253	SCN_21D1
	MONTHS	2	254	255	SCN_21D2
21D	NEXT TO LAST TIME DAYS	2	256	257	SCN_21D3
	MONTHS	2	258	259	SCN_21D4
21D	TIME BEFORE THAT DAYS	2	260	261	SCN_21D5
	MONTHS	2	262	263	SCN_21D6
21E	ON A WAITING LIST TO NURSING HOME 1 YES 2 NO	1	264	264	SCN_21E5
22	HOW MANY PEOPLE LIVE IN HH? 01-99	2	265	266	SCN_22
23A	HAVE ANY LIVING CHILD? 1 YES 2 NO	1	267	267	SCN_23_A
23B	HOW MANY DO NOT LIVE IN HH? 01-99	2	268	269	SCN_23_B
24	MARITAL STATUS? 1 MARRIED 2 WIDOWED	1	270	270	SCN_24

	3	DIVORCED				
	4	SEPARATED				
	5	NEVER MARRIED				
25		WHAT IS ...'S RACE?	1	271	271	SCN_25B1
	1	WHITE				
	2	BLACK				
	3	ASIAN/PACIFIC ISLANDER				
	4	AMERICAN INDIAN/ESKIMO/ALEUT				
	5	OTHER				
I		CHECK ITEM I: SCREEN BY TEL/PV	1	272	272	SCN_CK_J
	1	TELEPHONE				
	2	PERSONAL VISIT				
		DATE OF BIRTH (YYDDD) (FROM MASTER FILE - HCFA)	5	273	277	HC_DOB
		SEX (FROM MASTER FILE - HCFA)	1	278	278	HC_SEX
	1	MALE				
	2	FEMALE				
		RACE (FROM MASTER FILE - HCFA)	1	279	279	HCFA_RACE
	1	WHITE				
	2	BLACK				
	3	OTHER				
		ORIGINAL ENTIT (FROM MASTER FILE)	1	280	280	HC_ENTIT
		CURRENT ENTITLEMENT (FROM MASTER FILE - HCFA)	1	281	281	HC_CURR
		ORIGINAL ENTITLEMENT (FROM MASTER FILE - HCFA)	1	282	282	HC_ORIG
		AGE 88 (FROM MASTER FILE)	3	283	285	AGE_88
		AGE 84 (FROM MASTER FILE)	3	286	288	AGE_84
		PACKET IDENTIFIER	1	289	289	PACK_ID
	1	LTC 2/1 PACKET (DETAIL NONINTERVIEW)				
	2	LTC 2/1/3 PACKET (COMMUNITY DETAIL)				
	3	LTC 2/1/10/3 PACKET (COMMUNITY DETAIL WITH INFORMAL CAREGIVER)				
	4	LTC 2/1/7 PACKET (INSTITUTIONAL)				
	5	LTC 2 PACKET (SCREENER ONLY)				
		GEOGRAPHY CODE				
		STATE	2	290	291	HCFA_ST
		BASIC WEIGHT (nnnnn.dddddd)	12	292	303	BASICWGT
		SCREENER NONINTE ADJUST FACTOR (nnnnn.dddddd)	12	304	315	ADJ_FACT
		1ST STAGE RATIO ESTIMATE FACTOR	12	316	327	STGRATIO

(nnnnn.dddddd)				
ORIGIN FORMULA 2ND STAGE FACTOR (nnnnn.dddddd)	12	328	339	ORGSTGE2
NEW FORMULA 2ND STAGE RAT FAC (nnnnn.dddddd)	12	340	351	NEWSTGE2
2ND BASIC WEIGHT (nnnnn.dddddd)	12	352	363	BASICWT2
SCREENER FINAL CROSS SECTIONAL (W ORIGINAL -FORM 2ND STAGE FAC) (nnnnn.dddddd)	12	364	375	SC_ORGXS
SCREENER FINAL CROSS SECTIONAL (W NEW -FORM 2ND STAGE FAC) (nnnnn.dddddd)	12	376	387	SC_NEWXS
2ND WT CROSS SECTIONAL (W ORIGINAL -FORM 2ND STAGE FAC) (nnnnn.dddddd)	12	388	399	ORGXSWG
2ND WT CROSS SECTIONAL (W NEW -FORM 2ND STAGE FAC) (nnnnn.dddddd)	12	400	411	NEWXSWG
NON-INTERV.FAC ORIGIN 2ND WT (nnnnn.dddddd)	12	412	423	NIV_ORG
NON-INTERV.FAC NEW 2ND WT (nnnnn.dddddd)	12	424	435	NIV_NEW
NON-INTERV.FAC UNBIASED 2ND WT (nnnnn.dddddd)	12	436	447	NIVUNBAI
UNBIASED 2ND WT (nnnnn.dddddd)	12	448	459	UNBAIWGT

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CONTROL CARD LTC-1
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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
1		REGIONAL OFFICE CODE	2	460 461 REGOFF_CC
3		FIELD REPRESENTATIVE CODE	3	462 464 FR_CODE_CC
6C		DATE OF BIRTH		
		MONTH	2	465 466 CC_6_MM
		DAY	2	467 468 CC_6_DD
		YEAR	2	469 470 CC_6_YY
6D		AGE	3	471 473 CC_6_D
		001-999		
6E		SEX	1	474 474 CC_6_E
		1 MALE		
		2 FEMALE		
		DECEASED	1	475 475 CC_DECEASED
		1 DECEASED		
8A		NONINSTITUTIONAL UNIT	1	476 476 QUARTER1
		1 HOUSING UNIT		
		2 STAFF QUARTERS IN INSTITUTION		
		3 QUARTERS, NOT A HOUSING UNIT, IN ROOMING HOUSE, CONVENT, ETC.		
		INSTITUTIONAL UNIT		
		4 RESIDENT'S UNIT IN NURSING HOME, ETC. (NONSTAFF)		
		5 PATIENT'S UNIT IN MENTAL OR OTHER LONG-STAY HOSPITAL		
		6 NONSTAFF UNIT IN OTHER INSTITUTION		
		7 INMATE'S UNIT IN CORRECTIONAL FACILITY		
8B		ARE THERE 3 OR MORE UNRELATED PERSONS LIVING HERE	1	477 477 UNREL
		1 YES		
		2 NO		
8C		IS THERE A HEALTH PROFESSIONAL ON DUTY EVERY DAY HERE	1	478 478 NURSE
		1 YES		
		2 NO		
9A		DATE OF INTERVIEW		
		MONTH	2	479 480 CC_INV_M
		DAY	2	481 482 CC_INV_D
9B		TOTAL INTERVIEW TIME	3	483 485 CC_9_B
		001-999		

10	WHEN DID SAMPLE PERSON DIE				
	MONTH	2	486	487	CC_10_A1
	YEAR	2	488	489	CC_10_A2
	PRECODE FOR NONINTERVIEW REASON	1	490	490	CC_REASN
	3 NONINTERVIEW - COMMUNITY				
	7 NONINTERVIEW - INSTITUTION				
11	NONINTERVIEW REASON	2	491	492	CCNONINV
	FIELD TYPE A				
	01 UNABLE TO LOCATE/MOVED, ADDRESS UNKNOWN				
	02 NO ONE HOME				
	03 SAMPLE PERSON TEMPORARILY ABSENT/ PROXY UNAVAILABLE				
	04 REFUSED - INSTITUTION				
	05 REFUSED - SAMPLE PERSON				
	06 SAMPLE PERSON UNABLE TO RESPOND/ PROXY UNAVAILABLE				
	07 OTHER				
	FIELD TYPE B				
	08 DECEASED				
	09 IN CORRECTIONAL FACILITY				
	10 MOVED OUTSIDE OF COUNTRY ON OR AFTER APRIL 1,1988				
	11 MOVED WITHIN COUNTRY BEYOND LIMIT				
	12 OTHER				
A	CHECK ITEM A: SPOUSE NOT LIVING WITH SAMPLE PERSON	1	493	493	CC_CK_C
	1 YES				
	2 NO				
24	IS SPOUSE INSTITUTIONALIZED	1	494	494	CK_INST2
	1 YES				
	2 NO				
25	DOES SAMPLE PERSON HAVE CHILDREN THAT ARE NOT HOUSEHOLD MEMBERS	1	495	495	CC_23
	1 YES				
	2 NO				
B	CHECK ITEM B: IS SAMPLE PERSON MARRIED	1	496	496	CC_CK_D
	1 YES				
	2 NO				
26	IS SPOUSE INSTITUTIONALIZED	1	497	497	CC_24
	1 YES				
	2 NO				
7	SAMPLE PERSON'S CURRENT STATE	2	498	499	CC_ST
	DOES SAMPLE PERSON HAVE CHILDREN THAT ARE NOT MEMBERS OF THE HOUSEHOLD	1	500	500	CC_ROS_NHH
	1 YES				

	2 NO				
	NUMBER OF HOUSEHOLD MEMBERS	2	501	502	CC_HH
	NUMBER OF CHILDREN	2	503	504	CC_CHILD
	SAMPLE PERSON'S HOUSEHOLD ROSTER				
12A	FIRST PERSON PERSON NUMBER 01-20,99	2	505	506	CC_1_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	507	508	CC_1_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	509	509	CC_1_14
16	AGE 001-999	3	510	512	CC_1_16
15	SEX 1 MALE 2 FEMALE	1	513	513	CC_1_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	514	514	CC_1_17
18A	EDUCATION LEVEL 00-99	2	515	516	CC_1_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	517	517	CC_1_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	518	519	CC_1_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES	1	520	520	CC_1_20_B

	2 NO				
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	521	521	CC_1_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	522	522	CC_1_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	523	523	CG_HH1
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	524	524	CG_HHC1
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	525	525	CG_ROS1
12A	SECOND PERSON PERSON NUMBER 01-20, 99	2	526	527	CC_2_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	528	529	CC_2_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	530	530	CC_2_14
16	AGE 001-999	3	531	533	CC_2_16
15	SEX 1 MALE 2 FEMALE	1	534	534	CC_2_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED	1	535	535	CC_2_17

	4 SEPARATED				
	5 NEVER MARRIED				
18A	EDUCATION LEVEL 00-99	2	536	537	CC_2_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	538	538	CC_2_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	539	540	CC_2_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	541	541	CC_2_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	542	542	CC_2_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	543	543	CC_2_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	544	544	CG_HH2
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	545	545	CG_HHC2
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	546	546	CG_ROS2
12A	THIRD PERSON PERSON NUMBER 01-20, 99	2	547	548	CC_3_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	549	550	CC_3_12_D

14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	551	551	CC_3_14
16	AGE 001-999	3	552	554	CC_3_16
15	SEX 1 MALE 2 FEMALE	1	555	555	CC_3_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	556	556	CC_3_17
18A	EDUCATION LEVEL 00-99	2	557	558	CC_3_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	559	559	CC_3_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	560	561	CC_3_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	562	562	CC_3_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	563	563	CC_3_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	564	564	CC_3_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	565	565	CG_HH3
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	566	566	CG_HHC3
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	567	567	CG_ROS3
12A	FOURTH PERSON PERSON NUMBER	2	568	569	CC_4_12_A

01-20,99

12C	RELATIONSHIP TO SAMPLE PERSON	2	570	571	CC_4_12_D
	01 SAMPLE PERSON				
	02 SPOUSE				
	03 SON/DAUGHTER				
	04 SON-IN-LAW/DAUGHTER-IN-LAW				
	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER NONRELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
14	DOES HOUSEHOLD MEMBER LIVE HERE	1	572	572	CC_4_14
	1 YES				
	2 NO				
16	AGE	3	573	575	CC_4_16
	001-999				
15	SEX	1	576	576	CC_4_15
	1 MALE				
	2 FEMALE				
17	MARITAL STATUS	1	577	577	CC_4_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	EDUCATION LEVEL	2	578	579	CC_4_18_A
	00-99				
18B	EDUCATION COMPLETION	1	580	580	CC_4_18_B
	1 YES				
	2 NO				
19	HOW MANY HOURS WORK PER WEEK	2	581	582	CC_4_19
	01-99				
22A	ANYONE LIVING WITH YOU IN 1984	1	583	583	CC_4_20_B
	1 YES				
	2 NO				
22B	ANYONE LIVING WITH YOU IN 1982	1	584	584	CC_4_20_C
	1 YES				
	2 NO				
23A	TRANSCRIPTION				
	ALSO LISTED ON ROSTER OF	1	585	585	CC_4_12_B
	CHILDREN NOT LIVING W/SAM PER				
	1 (MARKED)				

23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	586	586	CG_HH4
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	587	587	CG_HHC4
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	588	588	CG_ROS4
12A	FIFTH PERSON PERSON NUMBER 01-20, 99	2	589	590	CC_5_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	591	592	CC_5_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	593	593	CC_5_14
16	AGE 001-999	3	594	596	CC_5_16
15	SEX 1 MALE 2 FEMALE	1	597	597	CC_5_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	598	598	CC_5_17
18A	EDUCATION LEVEL 00-99	2	599	600	CC_5_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	601	601	CC_5_18_B

19	HOW MANY HOURS WORK PER WEEK 01-99	2	602	603	CC_5_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	604	604	CC_5_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	605	605	CC_5_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	606	606	CC_5_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	607	607	CG_HH5
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	608	608	CG_HHC5
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	609	609	CG_ROS5
12A	SIXTH PERSON PERSON NUMBER 01-20, 99	2	610	611	CC_6_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	612	613	CC_6_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	614	614	CC_6_14
16	AGE 001-999	3	615	617	CC_6_16
15	SEX	1	618	618	CC_6_15

	1 MALE				
	2 FEMALE				
17	MARITAL STATUS	1	619	619	CC_6_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	EDUCATION LEVEL	2	620	621	CC_6_18_A
	00-99				
18B	EDUCATION COMPLETION	1	622	622	CC_6_18_B
	1 YES				
	2 NO				
19	HOW MANY HOURS WORK PER WEEK	2	623	624	CC_6_19
	01-99				
22A	ANYONE LIVING WITH YOU IN 1984	1	625	625	CC_6_20_A
	1 YES				
	2 NO				
22B	ANYONE LIVING WITH YOU IN 1982	1	626	626	CC_6_20_B
	1 YES				
	2 NO				
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	627	627	CC_6_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	628	628	CG_HH6
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	629	629	CG_HHC6
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	630	630	CG_ROS6
12A	SEVENTH PERSON PERSON NUMBER 01-20, 99	2	631	632	CC_7_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW	2	633	634	CC_7_12_D

- 07 BROTHER/SISTER
- 08 BROTHER-IN-LAW/SISTER-IN-LAW
- 09 GRANDCHILD
- 10 OTHER NONRELATIVE
- 11 EMPLOYEE
- 12 OTHER NONRELATIVE
- 13 EX-SPOUSE

14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	635	635	CC_7_14
16	AGE 001-999	3	636	638	CC_7_16
15	SEX 1 MALE 2 FEMALE	1	639	639	CC_7_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	640	640	CC_7_17
18A	EDUCATION LEVEL 00-99	2	641	642	CC_7_18_a
18B	EDUCATION COMPLETION 1 YES 2 NO	1	643	643	CC_7_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	644	645	CC_7_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	646	646	CC_7_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	647	647	CC_7_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	648	648	CC_7_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	649	649	CG_HH7
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	650	650	CG_HHC7

23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	651	651	CG_ROS7
12A	EIGHTH PERSON PERSON NUMBER 01-20,99	2	652	653	CC_8_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	654	655	CC_8_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	656	656	CC_8_14
16	AGE 001-999	3	657	659	CC_8_16
15	SEX 1 MALE 2 FEMALE	1	660	660	CC_8_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	661	661	CC_8_17
18A	EDUCATION LEVEL 00-99	2	662	663	CC_8_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	664	664	CC_8_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	665	666	CC_8_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	667	667	CC_8_20_B
22B	ANYONE LIVING WITH YOU IN 1982	1	668	668	CC_8_20_C

- 1 YES
- 2 NO

TRANSCRIPTION

23A	ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	669	669	CC_8_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	670	670	CG_HH8
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	671	671	CG_HHC8
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	672	672	CG_ROS8
12A	NINTH PERSON PERSON NUMBER 01-20, 99	2	673	674	CC_9_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	675	676	CC_9_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	677	677	CC_9_14
16	AGE 001-999	3	678	680	CC_9_16
15	SEX 1 MALE 2 FEMALE	1	681	681	CC_9_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	682	682	CC_9_17

18A	EDUCATION LEVEL 00-99	2	683	684	CC_9_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	685	685	CC_9_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	686	687	CC_9_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	688	688	CC_9_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	689	689	CC_9_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	690	690	CC_9_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	670	670	CG_HH9
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	691	691	CG_HHC9
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	692	692	CG_ROS9
12A	TENTH PERSON PERSON NUMBER 01-20, 99	2	694	695	CC_10_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	696	697	CC_10_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE	1	698	698	CC_10_14

	1 YES 2 NO				
16	AGE 001-999	3	699	701	CC_10_16
15	SEX 1 MALE 2 FEMALE	1	702	702	CC_10_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	703	703	CC_10_17
18A	EDUCATION LEVEL 00-99	2	704	705	CC_10_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	706	706	CC_10_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	707	708	CC_10_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	709	709	CC_10_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	710	710	CC_10_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	711	711	CC_10_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	712	712	CG_HH10
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	713	713	CG_HHC10
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	714	714	CG_ROS10
12A	ELEVENTH PERSON PERSON NUMBER 01-20, 99	2	715	716	CC_11_12_A

12C	RELATIONSHIP TO SAMPLE PERSON	2	717	718	CC_11_12_D
	01 SAMPLE PERSON				
	02 SPOUSE				
	03 SON/DAUGHTER				
	04 SON-IN-LAW/DAUGHTER-IN-LAW				
	05 PARENT				
	06 PARENT-IN-LAW				
	07 BROTHER/SISTER				
	08 BROTHER-IN-LAW/SISTER-IN-LAW				
	09 GRANDCHILD				
	10 OTHER NONRELATIVE				
	11 EMPLOYEE				
	12 OTHER NONRELATIVE				
	13 EX-SPOUSE				
14	DOES HOUSEHOLD MEMBER LIVE HERE	1	719	719	CC_11_14
	1 YES				
	2 NO				
16	AGE	3	720	722	CC_11_16
	001-999				
15	SEX	1	723	723	CC_11_15
	1 MALE				
	2 FEMALE				
17	MARITAL STATUS	1	724	724	CC_11_17
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
18A	EDUCATION LEVEL	2	725	726	CC_11_18_A
	00-99				
18B	EDUCATION COMPLETION	1	727	727	CC_11_18_B
	1 YES				
	2 NO				
19	HOW MANY HOURS WORK PER WEEK	2	728	729	CC_11_19
	01-99				
22A	ANYONE LIVING WITH YOU IN 1984	1	730	730	CC_11_20_B
	1 YES				
	2 NO				
22B	ANYONE LIVING WITH YOU IN 1982	1	731	731	CC_11_20_C
	1 YES				
	2 NO				
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	732	732	CC_11_12_B
23B	ALSO LISTED IN LTC10, SECTION B,	1	733	733	CG_HH11

ITEM 3B
1 (MARKED)

23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	734	734	CG_HHC11
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	735	735	CG_ROS11
12A	TWELFTH PERSON PERSON NUMBER 01-20, 99	2	736	737	CC_12_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	738	739	CC_12_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	740	740	CC_12_14
16	AGE 001-999	3	741	743	CC_12_16
15	SEX 1 MALE 2 FEMALE	1	744	744	CC_12_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	745	745	CC_12_17
18A	EDUCATION LEVEL 00-99	2	746	747	CC_12_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	748	748	CC_12_18_B
19	HOW MANY HOURS WORK PER WEEK	2	749	750	CC_12_19

01-99

22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	751	751	CC_12_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	752	752	CC_12_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	753	753	CC_12_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	754	754	CG_HH12
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	755	755	CG_HHC12
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	756	756	CG_ROS12
12A	THIRTEENTH PERSON PERSON NUMBER 01-20, 99	2	757	758	CC_13_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 10 OTHER NONRELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE 13 EX-SPOUSE	2	759	760	CC_13_12_D
14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	761	761	CC_13_14
16	AGE 001-999	3	762	764	CC_13_16
15	SEX 1 MALE 2 FEMALE	1	765	765	CC_13_15

17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	766	766	CC_13_17
18A	EDUCATION LEVEL 00-99	2	767	768	CC_13_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	769	769	CC_13_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	770	771	CC_13_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	772	772	CC_13_20_B
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	773	773	CC_13_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	774	774	CC_13_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	775	775	CG_HH13
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	776	776	CG_HHC13
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER 1 (MARKED)	1	777	777	CG_ROS13
12A	FOURTEENTH PERSON PERSON NUMBER 01-20, 99	2	778	779	CC_14_12_A
12C	RELATIONSHIP TO SAMPLE PERSON 01 SAMPLE PERSON 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW	2	780	781	CC_14_12_D

- 09 GRANDCHILD
- 10 OTHER NONRELATIVE
- 11 EMPLOYEE
- 12 OTHER NONRELATIVE
- 13 EX-SPOUSE

14	DOES HOUSEHOLD MEMBER LIVE HERE 1 YES 2 NO	1	782	782	CC_14_14
16	AGE 001-999	3	783	785	CC_14_16
15	SEX 1 MALE 2 FEMALE	1	786	786	CC_14_15
17	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	787	787	CC_14_17
18A	EDUCATION LEVEL 00-99	2	788	789	CC_14_18_A
18B	EDUCATION COMPLETION 1 YES 2 NO	1	790	790	CC_14_18_B
19	HOW MANY HOURS WORK PER WEEK 01-99	2	791	792	CC_14_19
22A	ANYONE LIVING WITH YOU IN 1984 1 YES 2 NO	1	793	793	CC_14_20_A
22B	ANYONE LIVING WITH YOU IN 1982 1 YES 2 NO	1	794	794	CC_14_20_C
23A	TRANSCRIPTION ALSO LISTED ON ROSTER OF CHILDREN NOT LIVING W/SAM PER 1 (MARKED)	1	795	795	CC_14_12_B
23B	ALSO LISTED IN LTC10, SECTION B, ITEM 3B 1 (MARKED)	1	796	796	CG_HH14
23C	ALSO LISTED IN LTC10, SECTION B, ITEM 4A 1 (MARKED)	1	797	797	CG_HHC14
23D	ALSO LISTED IN LTC10 CAREGIVER'S HOUSEHOLD ROSTER	1	798	798	CG_ROS14

1 (MARKED)

CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON

29A	FIRST PERSON PERSON NUMBER 01-18,99	2	799	800	CC_1_27_A
29B	PERSON NUMBER FROM 12A	2	801	802	CC_1_29_B
30	SEX 1 MALE 2 FEMALE	1	803	803	CC_1_29_C
31	AGE 001-999	3	804	806	CC_1_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	807	808	CC_1_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	809	809	CC_1_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	810	811	CC_1_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	812	813	CC_1_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	814	814	CC_1_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	815	815	CC_1_36_1
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	816	816	CG_I3B01
37B	ALSO LISTED IN LTC10, SECTION B	1	817	817	CGI4C01

ITEM 4C
1 (MARKED)

37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	818	818	CG_RST01
29A	SECOND PERSON PERSON NUMBER 01-18,99	2	819	820	CC_2_27_A
29B	PERSON NUMBER FROM 12A	2	821	822	CC_2_29_B
30	SEX 1 MALE 2 FEMALE	1	823	823	CC_2_29_C
31	AGE 001-999	3	824	826	CC_2_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	827	828	CC_2_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	829	829	CC_2_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	830	831	CC_2_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	832	833	CC_2_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	834	834	CC_2_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	835	835	CC_2_36_1
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	836	836	CG_I3B02

37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	837	837	CG_I4C02
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	838	838	CG_RST02
29A	THIRD PERSON PERSON NUMBER 01-18,99	2	839	840	CC_3_27_A
29B	PERSON NUMBER FROM 12A	2	841	842	CC_3_29_B
30	SEX 1 MALE 2 FEMALE	1	843	843	CC_3_29_C
31	AGE 001-999	3	844	846	CC_3_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	847	848	CC_3_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	849	849	CC_3_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	850	851	CC_3_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	852	853	CC_3_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	854	854	CC_3_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	855	855	CC_3_36_1
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B	1	856	856	CG_I3B03

1 (MARKED)

37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	857	857	CG_I4C03
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	858	858	CG_RST03
29A	FOURTH PERSON PERSON NUMBER 01-18, 99	2	859	860	CC_3_27_A
29B	PERSON NUMBER FROM 12A	2	861	862	CC_3_29_B
30	SEX 1 MALE 2 FEMALE	1	863	863	CC_3_29_C
31	AGE 001-999	3	864	866	CC_4_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	867	868	CC_4_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	869	869	CC_4_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	870	871	CC_4_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	872	873	CC_4_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	874	874	CC_4_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	875	875	CC_4_36_1

TRANSCRIPTION

37A	ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	876	876	CG_I3B04
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	877	877	CG_I4C04
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	878	878	CG_RST04
29A	FIFTH PERSON PERSON NUMBER 01-18, 99	2	879	880	CC_5_27_A
29B	PERSON NUMBER FROM 12A	2	881	882	CC_5_29_B
30	SEX 1 MALE 2 FEMALE	1	883	883	CC_5_29_C
31	AGE 001-999	3	884	886	CC_5_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	887	888	CC_5_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	889	889	CC_5_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	890	891	CC_5_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	892	893	CC_5_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	894	894	CC_5_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	895	895	CC_5_36_1

37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	896	896	CG_I3B05
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	897	897	CG_I4C05
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	898	898	CG_RST05
29A	SIXTH PERSON PERSON NUMBER 01-18, 99	2	899	900	CC_6_27_A
29B	PERSON NUMBER FROM 12A	2	901	902	CC_6_29_B
30	SEX 1 MALE 2 FEMALE	1	903	903	CC_6_29_C
31	AGE 001-999	3	904	906	CC_6_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	907	908	CC_6_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	909	909	CC_6_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	910	911	CC_6_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	912	913	CC_6_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	914	914	CC_6_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO	1	915	915	CC_6_36_1

- 4 31 DAYS-12 MONTHS AGO
- 5 MORE THAN 12 MONTHS AGO

TRANSCRIPTION

37A	ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	916	916	CG_I3B06
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	917	917	CG_I4C06
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	918	918	CG_RST06
29A	SEVENTH PERSON PERSON NUMBER 01-18, 99	2	919	920	CC_7_27_A
29B	PERSON NUMBER FROM 12A	2	921	922	CC_7_29_B
30	SEX 1 MALE 2 FEMALE	1	923	923	CC_7_29_C
31	AGE 001-999	3	924	926	CC_7_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	927	928	CC_7_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	929	929	CC_7_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	930	931	CC_7_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	932	933	CC_7_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	934	934	CC_7_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY	1	935	935	CC_7_36_1

- 2 2-7 DAYS AGO
- 3 8-30 DAYS AGO
- 4 31 DAYS-12 MONTHS AGO
- 5 MORE THAN 12 MONTHS AGO

TRANSCRIPTION

37A	ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	936	936	CG_I3B07
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	937	937	CG_I4C07
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	938	938	CG_RST07
29A	EIGHTH PERSON PERSON NUMBER 01-18, 99	2	939	940	CC_8_27_A
29B	PERSON NUMBER FROM 12A	2	941	942	CC_8_29_B
30	SEX 1 MALE 2 FEMALE	1	943	943	CC_8_29_C
31	AGE 001-999	3	944	946	CC_8_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	947	948	CC_8_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	949	949	CC_8_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	950	951	CC_8_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	952	953	CC_8_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	954	954	CC_8_35

36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	955	955	CC_8_36_1
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	956	956	CG_I3B08
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	957	957	CG_I4C08
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	958	958	CG_RST08
29A	NINTH PERSON PERSON NUMBER 01-18, 99	2	959	960	CC_9_27_A
29B	PERSON NUMBER FROM 12A	2	961	962	CC_9_29_B
30	SEX 1 MALE 2 FEMALE	1	963	963	CC_9_29_C
31	AGE 001-999	3	964	966	CC_9_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	967	968	CC_9_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	969	969	CC_9_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	970	971	CC_9_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	972	973	CC_9_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY	1	974	974	CC_9_35

	5 1 DAY OR LONGER				
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	975	975	CC_9_36_1
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	976	976	CG_I3B09
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	977	977	CG_I4C09
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	978	978	CG_RST09
29A	TENTH PERSON PERSON NUMBER 01-18, 99	2	979	980	CC_10_27_A
29B	PERSON NUMBER FROM 12A	2	981	982	CC_10_29_B
30	SEX 1 MALE 2 FEMALE	1	983	983	CC_10_29_C
31	AGE 001-999	3	984	986	CC_10_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	987	988	CC_10_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	989	989	CC_10_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	990	991	CC_10_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	992	993	CC_10_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN	1	994	994	CC_10_35

- 3 31-60 MIN
- 4 61 MIN, LESS THAN 1 DAY
- 5 1 DAY OR LONGER

36	WHEN DID LAST SEE SAMPLE PERSON	1	995	995	CC_10_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
	TRANSCRIPTION				
37A	ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	996	996	CG_I3B10
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	997	997	CG_I4C10
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	998	998	CG_RST10
	ELEVENTH PERSON				
29A	PERSON NUMBER 01-18, 99	2	999	1000	CC_11_27_A
29B	PERSON NUMBER FROM 12A	2	1001	1002	CC_11_29_B
30	SEX 1 MALE 2 FEMALE	1	1003	1003	CC_11_29_C
31	AGE 001-999	3	1004	1006	CC_11_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	1007	1008	CC_11_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1009	1009	CC_11_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	1010	1011	CC_11_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	1012	1013	CC_11_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY	1	1014	1014	CC_11_35

- 1 10 MIN
- 2 11-30 MIN
- 3 31-60 MIN
- 4 61 MIN, LESS THAN 1 DAY
- 5 1 DAY OR LONGER

36	WHEN DID LAST SEE SAMPLE PERSON	1	1015	1015	CC_11_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
	TRANSCRIPTION				
37A	ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	1016	1016	CG_I3B11
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	1017	1017	CG_I4C11
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	1018	1018	CG_RST11
	TWELFTH PERSON				
29A	PERSON NUMBER 01-18, 99	2	1019	1020	CC_12_27_A
29B	PERSON NUMBER FROM 12A	2	1021	1022	CC_12_29_B
30	SEX 1 MALE 2 FEMALE	1	1023	1023	CC_12_29_C
31	AGE 001-999	3	1024	1026	CC_12_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	1027	1028	CC_12_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1029	1029	CC_12_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	1030	1031	CC_12_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	1032	1033	CC_12_34
35	WOULD TAKE HOW LONG TO GET HERE	1	1034	1034	CC_12_35

FROM WHERE PERSON LIVES BY USUAL
WAY

- 1 10 MIN
- 2 11-30 MIN
- 3 31-60 MIN
- 4 61 MIN, LESS THAN 1 DAY
- 5 1 DAY OR LONGER

36	WHEN DID LAST SEE SAMPLE PERSON	1	1035	1035	CC_12_36_1
	1 TODAY OR YESTERDAY				
	2 2-7 DAYS AGO				
	3 8-30 DAYS AGO				
	4 31 DAYS-12 MONTHS AGO				
	5 MORE THAN 12 MONTHS AGO				
	TRANSCRIPTION				
37A	ALSO LISTED IN LTC10, SECTION B ITEM 3B	1	1036	1036	CG_I3B12
	1 (MARKED)				
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C	1	1037	1037	CG_I4C12
	1 (MARKED)				
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	1038	1038	CG_RST12
	THIRTEENTH PERSON				
29A	PERSON NUMBER 01-18, 99	2	1039	1040	CC_13_27_A
29B	PERSON NUMBER FROM 12A	2	1041	1042	CC_13_29_B
30	SEX	1	1043	1043	CC_13_29_C
	1 MALE				
	2 FEMALE				
31	AGE 001-999	3	1044	1046	CC_13_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	1047	1048	CC_13_31
33	MARITAL STATUS	1	1049	1049	CC_13_32
	1 MARRIED				
	2 WIDOWED				
	3 DIVORCED				
	4 SEPARATED				
	5 NEVER MARRIED				
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	1050	1051	CC_13_33
34	NO. CHILDREN UNDER 15 IN HH 00-99	2	1052	1053	CC_13_34

35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	1054	1054	CC_13_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	1055	1055	CC_13_36_1
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	1056	1056	CG_I3B13
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	1057	1057	CG_I4C13
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	1058	1058	CG_RST13
29A	FOURTEENTH PERSON PERSON NUMBER 01-18, 99	2	1059	1060	CC_14_27_A
29B	PERSON NUMBER FROM 12A	2	1061	1062	CC_14_29_B
30	SEX 1 MALE 2 FEMALE	1	1063	1063	CC_14_29_C
31	AGE 001-999	3	1064	1066	CC_14_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	1067	1068	CC_14_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1069	1069	CC_14_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK 01-99	2	1070	1071	CC_14_33

34	NO. CHILDREN UNDER 15 IN HH 00-99	2	1072	1073	CC_14_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	1074	1074	CC_14_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	1075	1075	CC_14_36_1
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	1076	1076	CG_I3B14
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	1077	1077	CG_I4C14
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	1078	1078	CG_RST14
29A	FIFTEENTH PERSON PERSON NUMBER 01-18, 99	2	1079	1080	CC_15_27_A
29B	PERSON NUMBER FROM 12A	2	1081	1082	CC_15_29_B
30	SEX 1 MALE 2 FEMALE	1	1083	1083	CC_15_29_C
31	AGE 001-999	3	1084	1086	CC_15_30
32	HOW MANY HOURS WORK PER WEEK 01-99	2	1087	1088	CC_15_31
33	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	1089	1089	CC_15_32
33B	HOW MANY HOURS HUSBAND/WIFE WORK PER WEEK	2	1090	1091	CC_15_33

01-99

34	NO. CHILDREN UNDER 15 IN HH 00-99	2	1092	1093	CC_15_34
35	WOULD TAKE HOW LONG TO GET HERE FROM WHERE PERSON LIVES BY USUAL WAY 1 10 MIN 2 11-30 MIN 3 31-60 MIN 4 61 MIN, LESS THAN 1 DAY 5 1 DAY OR LONGER	1	1094	1094	CC_15_35
36	WHEN DID LAST SEE SAMPLE PERSON 1 TODAY OR YESTERDAY 2 2-7 DAYS AGO 3 8-30 DAYS AGO 4 31 DAYS-12 MONTHS AGO 5 MORE THAN 12 MONTHS AGO	1	1095	1095	CC_15_36
37A	TRANSCRIPTION ALSO LISTED IN LTC10, SECTION B ITEM 3B 1 (MARKED)	1	1096	1096	CG_I3B15
37B	ALSO LISTED IN LTC10, SECTION B ITEM 4C 1 (MARKED)	1	1097	1097	CG_I4C15
37C	ALSO LISTED IN LTC10, CAREGIVER'S HOUSEHOLD ROSTER	1	1098	1098	CG_RST15

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COMMUNITY QUESTIONNAIRE LTC-3

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
PGM 5				
1		REGIONAL OFFICE CODE	2	1099 1100 COM_RO
4		FIELD REPRESENTATIVE CODE	3	1101 1103 COM_FR
A		CHECK ITEM A: CASE SCREENED BY PV	1	1104 1104 COM_CKA
		1 NO		
		2 YES		

PROGRAM 6-SECTIONS A THROUGH H

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
SECTION A PART 1 CONDITION LIST				
1		DOES...NOW HAVE FOLLOWING MEDICAL CONDITIONS		
A	001	RHEUMATISM OR ARTHRITIS	1	1105 1105 CND_1A01
		1 YES		
		2 NO		
B	002	PARALYSIS	1	1106 1106 CND_1A02
		1 YES		
		2 NO		
C	003	OTHER PERM NUMBNESS OR STIFFNESS	1	1107 1107 CND_1A03
		1 YES		
		2 NO		
D	004	MULTIPLE SCLEROSIS	1	1108 1108 CND_1A04
		1 YES		
		2 NO		
E	005	CEREBRAL PALSY	1	1109 1109 CND_1A05
		1 YES		
		2 NO		
F	006	EPILEPSY	1	1110 1110 CND_1A06
		1 YES		
		2 NO		
G	007	PARKINSON'S DISEASE	1	1111 1111 CND_1A07
		1 YES		
		2 NO		

H	008	GLAUCOMA 1 YES 2 NO	1	1112	1112	CND_1A08
I	009	DIABETES 1 YES 2 NO	1	1113	1113	CND_1A08
J	010	CANCER 1 YES 2 NO	1	1114	1114	CND_1A10
K	011	FREQUENT CONSTIPATION 1 YES 2 NO	1	1115	1115	CND_1A11
L	012	FREQUENT TROUBLE SLEEPING 1 YES 2 NO	1	1116	1116	CND_1A12
M	013	FREQUENT SEVERE HEADACHES 1 YES 2 NO	1	1117	1117	CND_1A13
N	014	OBESITY 1 YES 2 NO	1	1118	1118	CND_1A14
O	015	ARTERIOSCLEROSIS/HRDING ARTERIES 1 YES 2 NO	1	1119	1119	CND_1A15
A.1	016	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1120	1120	CND_CK2
P	017	ALZHEIMER'S DISEASE 1 YES 2 NO	1	1121	1121	CND_1B_1
Q	018	MENTAL RETARDATION 1 YES 2 NO	1	1122	1122	CND_1B_2
R	019	SENILITY 1 YES 2 NO	1	1123	1123	CND_1B_3
2		HAS ... HAD THE FOLLOWING IN THE LAST 12 MONTHS				
A	020	A HEART ATTACK 1 YES 2 NO	1	1124	1124	CND_2_01
B	021	ANY OTHER HEART PROBLEM 1 YES	1	1125	1125	CND_2_02

		2 NO			
C	022	HYPERTENSION OR HIGH BLOOD PRSR 1 YES 2 NO	1	1126 1126	CND_2_03
D	023	A STROKE 1 YES 2 NO	1	1127 1127	CND_2_04
E	024	CIRCULATION TROUBLE 1 YES 2 NO	1	1128 1128	CND_2_05
F	025	PNEUMONIA 1 YES 2 NO	1	1129 1129	CND_2_06
G	026	BRONCHITIS 1 YES 2 NO	1	1130 1130	CND_2_07
H	027	FLU 1 YES 2 NO	1	1131 1131	CND_2_08
I	028	EMPHYSEMA 1 YES 2 NO	1	1132 1132	CND_2_09
J	029	ASTHMA 1 YES 2 NO	1	1133 1133	CND_2_10
K	030	A BROKEN HIP 1 YES 2 NO	1	1134 1134	CND_2_11
L	031	OTHER BROKEN BONES 1 YES 2 NO	1	1135 1135	CND_2_12

SECTION A PART 2 ADL

1A	032	IN PAST WK,DID PRSN HELP ... EAT 1 YES 2 NO 3 DID NOT EAT AT ALL	1	1136 1136	ADL_1A
1B	033	USE SPECIAL EQUIPMENT TO EAT 1 YES 2 NO	1	1137 1137	ADL_1B
1C	034	SOMEONE STAY NEARBY IN CASE 1 YES 2 NO	1	1138 1138	ADL_1C

1D	035	DID SOMEONE FEED ... 1 YES 2 NO	1	1139 1139	ADL_1D
1E 1 YES	036	DID SOMEONE HELP ... CUT MEAT 1 YES 2 NO	1	1140 1140	ADL_1E
1F	037	DID... USE SPCL UTENSILS TO HELP ... EAT 1 YES 2 NO	1	1141 1141	ADL_1F
1G	038	HOW OFTEN DID ... RECEIVE HELP 1 MOST OF THE TIME 2 SOME OF THE TIME 3 ONLY OCCASIONALLY	1	1142 1142	ADL_1G
1H	039	HOW LONG HAS ... HAD HELP EATING 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1143 1143	ADL_1H
1I	040	HOW LONG HAS ... NOT EATEN 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1144 1144	ADL_1I
2A	041	SINCE (DAY), DID PRSN HELP ... GET INTO/OUT OF BED 1 YES 2 NO 3 DID NOT GET OUT OF BED AT ALL	1	1145 1145	ADL_2A
2B	042	USE SPCL EQPMNT TO GET IN/OUT BED 1 YES 2 NO	1	1146 1146	ADL_2B
2C	043	SOMEONE STAY NEARBY IN CASE 1 YES 2 NO	1	1147 1147	ADL_2C
2D	044	DID SOMEONE LIFT...IN/OUT OF BED 1 YES 2 NO	1	1148 1148	ADL_2D
2E	045	DID...USE SPCL EQPMNT TO HELP... GET IN/OUT OF BED 1 YES 2 NO	1	1149 1149	ADL_2E
2F	046	TYPE OF SPCL EQPMNT USED 1 WHEELCHAIR	1	1150 1150	ADL_2F_1

		1 (MARKED)					
		2 RAILING	1	1151	1151	ADL_2F_2	
		1 (MARKED)					
		3 WALKER	1	1152	1152	ADL_2F_3	
		1 (MARKED)					
		4 CANE	1	1153	1153	ADL_2F_4	
		1 (MARKED)					
		5 CRUTCHES	1	1154	1154	ADL_2F_5	
		1 (MARKED)					
		6 LIFT	1	1155	1155	ADL_2F_6	
		1 (MARKED)					
047		7 OTHER DEVICE	1	1156	1156	ADL_2F_7	
		1 (MARKED)					
2G	048	HOW OFTEN DID...RECEIVE HELP	1	1157	1157	ADL_2G	
		1 MOST OF THE TIME					
		2 SOME OF THE TIME					
		3 ONLY OCCASIONALLY					
2H	049	HOW LONG HAS...HAD HELP	1	1158	1158	ADL_2H	
		1 LESS THAN 3 MONTHS					
		2 3 MONTHS TO LESS THAN 6 MONTHS					
		3 6 MONTHS TO LESS THAN 1 YEAR					
		4 1 YEAR TO LESS THAN 5 YEARS					
		5 5 YEARS OR OVER					
2I	050	UNABLE TO GET OUT OF BED	1	1159	1159	ADL_2I	
		1 LESS THAN 3 MONTHS					
		2 3 MONTHS TO LESS THAN 6 MONTHS					
		3 6 MONTHS TO LESS THAN 1 YEAR					
		4 1 YEAR TO LESS THAN 5 YEARS					
		5 5 YEARS OR OVER					
3A	051	SINCE (DAY), DID PRSN HELP ... GET AROUND INSIDE	1	1160	1160	ADL_3A	
		1 YES					
		2 NO					
		3 DID NOT GET AROUND INSIDE AT ALL					
3B	052	USE SPCL EQPMNT TO GET AROUND	1	1161	1161	ADL_3B	
		1 YES					
		2 NO					
3C	053	SOMEONE STAY NEARBY IN CASE	1	1162	1162	ADL_3C	
		1 YES					
		2 NO					
3D	054	USE SPCL EQPMNT TO GET AROUND	1	1163	1163	ADL_3D	
		1 YES					
		2 NO					
3E	055	USE A WHEELCHAIR	1	1164	1164	ADL_3E	
		1 YES					
		2 NO					
3F	056	GET AROUND W/OUT WHEELCHAIR	1	1165	1165	ADL_3F	
		1 YES					

2 NO

3G

057	OTHER EQPMNT USED					
	01 RAILING	1	1166	1166	ADL_3G01	
	1 (MARKED)					
	02 WALKER	1	1167	1167	ADL_3G02	
	1 (MARKED)					
	03 CANE	1	1168	1168	ADL_3G03	
	1 (MARKED)					
	04 CRUTCHES	1	1169	1169	ADL_3G04	
	1 (MARKED)					
	05 ELEVATOR/ESCALATOR	1	1170	1170	ADL_3G05	
	1 (MARKED)					
	06 ORTHOPEDIC SHOES	1	1171	1171	ADL_3G06	
	1 (MARKED)					
058	07 BRACE	1	1172	1172	ADL_3G07	
	1 (MARKED)					
	08 PROSTHESIS	1	1173	1173	ADL_3G08	
	1 (MARKED)					
	09 OXYGEN/RESPIRATOR	1	1174	1174	ADL_3G09	
	1 (MARKED)					
059	10 FURNITURE/WALLS	1	1175	1175	ADL_3G10	
	1 (MARKED)					
	11 CHAIRLIFT ON STAIRS	1	1176	1176	ADL_3G11	
	1 (MARKED)					
	12 OTHER DEVICE	1	1177	1177	ADL_3G12	
	1 (MARKED)					
060	13 NONE	1	1178	1178	ADL_3G13	
	1 (MARKED)					
3H	061	HOW OFTEN DID...RECEIVE HELP	1	1179	1179	ADL_3H
		1 MOST OF THE TIME				
		2 SOME OF THE TIME				
		3 ONLY OCCASIONALLY				
3I	062	HOW LONG HAS...HAD HELP	1	1180	1180	ADL_3I
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
3J	063	UNABLE TO GET AROUND INSIDE	1	1181	1181	ADL_3J
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
		THE NEXT QUESTIONS ARE ABOUT DRESSING, GEETING AND PUTTING ON CLOTHES				
4A	064	SINCE (DAY), DID PRSN HELP...DRESS	1	1182	1182	ADL_4A
		1 YES				
		2 NO				
		3 DID NOT DRESS AT ALL				

4B	065	SPECIAL CLOTHING/EQPMNT TO DRESS 1 YES 2 NO	1	1183	1183	ADL_4B
4C	066	SOMEONE STAY NEARBY IN CASE 1 YES 2 NO	1	1184	1184	ADL_4C
4D	067	DID SOMEONE DRESS ... 1 YES 2 NO	1	1185	1185	ADL_4D
4E	068	USE SPCL EQPMNT TO DRESS 1 YES 2 NO	1	1186	1186	ADL_4E
4F	069	HOW OFTEN DID...RECEIVE HELP 1 MOST OF THE TIME 2 SOME OF THE TIME 3 ONLY OCCASIONALLY	1	1187	1187	ADL_4F
4G	070	HOW LONG HAS ... HAD HELP 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1188	1188	ADL_4G
4H	071	IN PAST WK, PRSN CHANGED PJ/GOWN 1 YES 2 NO	1	1189	1189	ADL_4H
4I	072	UNABLE TO DRESS 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1190	1190	ADL_4I
A.2	073	CHECK ITEM 1 CODE 3 MARKED IN FLAP ITEM 1 2 ALL OTHERS	1	1191	1191	ADL_CK2
5A	074	SINCE (DAY), DID PRSN HELP...BATHE 1 YES 2 NO 3 UNABLE TO BATHE	1	1192	1192	ADL_5A
5B	075	USE SPCL EQPMNT TO BATHE 1 YES 2 NO	1	1193	1193	ADL_5B
5C	076	SOMEONE STAY NEARBY IN CASE 1 YES 2 NO	1	1194	1194	ADL_5C
5D	077	DID SOMEONE BATHE ...	1	1195	1195	ADL_5D

		1 YES				
		2 NO				
5E	078	DID SOMEONE HELP...BATHE	1	1196	1196	ADL_5E
		1 YES				
		2 NO				
5F	079	USE SPCL EQPMNT TO BATHE	1	1197	1197	ADL_5F
		1 YES				
		2 NO				
5G		SPECIAL EQUIPMENT USED				
	080	1 SHOWER SEAT/TUB STOOL	1	1198	1198	ADL_5G_1
		1 (MARKED)				
		2 GRAB BARS/HANDLE BARS AT SINK	1	1199	1199	ADL_5G_2
		1 (MARKED)				
		3 HAND-HELD DEVICE	1	1200	1200	ADL_5G_3
		1 (MARKED)				
		4 WALKER/CANE	1	1201	1201	ADL_5G_4
		1 (MARKED)				
		5 RUBBER MAT	1	1202	1202	ADL_5G_5
		1 (MARKED)				
		6 OTHER DEVICE	1	1203	1203	ADL_5G_6
		1 (MARKED)				
5H	081	HOW OFTEN DID...RECEIVE HELP	1	1204	1204	ADL_5H
		1 MOST OF THE TIME				
		2 SOME OF THE TIME				
		3 ONLY OCCASIONALLY				
5I	082	HOW LONG HAS...HAD HELP	1	1205	1205	ADL_5I
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
5J	083	DID...WASH...BODY AT A SINK	1	1206	1206	ADL_5J
		1 YES				
		2 NO				
5K	084	IN PAST WK,DID...HAVE A BED BATH	1	1207	1207	ADL_5K
		1 YES				
		2 NO				
5L	085	UNABLE TO BATHE	1	1208	1208	ADL_5L
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
6A	086	SINCE (DAY), DID PRSN HELP... GO TO THE TOILET	1	1209	1209	ADL_6A
		1 YES				
		2 NO				
		3 DID NOT USE THE TOILET AT ALL				

6B	087	USE SPCL EQPMNT TO USE TOILET 1 YES 2 NO	1	1210	1210	ADL_6B
6C	088	SOMEONE STAY NEARBY IN CASE 1 YES 2 NO	1	1211	1211	ADL_6C
6D	089	DID SOMEONE HELP...GET TO THE TOILET 1 YES 2 NO	1	1212	1212	ADL_6D
6E	090	DID SOMEONE HELP...USE THE TOILET 1 YES 2 NO	1	1213	1213	ADL_6E
6F	091	DID...USE SPCL EQPMNT TO HELP... USE THE TOILET 1 YES 2 NO	1	1214	1214	ADL_6F
6G	092	TYPE OF SPECIAL EQUIPMENT USED 1 RAISED TOILET 1 (MARKED) 2 PORTABLE TOILET/BEDSIDE COM 1 (MARKED) 3 RAIL/GRAB BAR 1 (MARKED) 4 BEDPAN OR URINAL 1 (MARKED) 5 CANE/WALKER 1 (MARKED) 6 OTHER DEVICE 1 (MARKED)	1 1 1 1 1 1 1 1	1215	1215	ADL_6G_1
6H	093	USE OTHER EQUIPMENT 1 YES 2 NO	1	1221	1221	ADL_6H
6I	094	WHAT OTHER SPECIAL EQUIPMENT 1 BED PAN 1 (MARKED) 2 PORTABLE TOILET/BEDSIDE COM 1 (MARKED) 3 SPECIAL UNDERWEAR/DIAPERS 1 (MARKED) 4 OTHER DEVICE 1 (MARKED)	1 1 1 1 1 1	1222	1222	ADL_6I_1
6J	095	HOW OFTEN DID...RECEIVE HELP 1 MOST OF THE TIME 2 SOME OF THE TIME 3 ONLY OCCASIONALLY	1	1226	1226	ADL_6J
6K	096	HOW LONG HAS...HAD HELP 1 LESS THAN 3 MONTHS	1	1227	1227	ADL_6K

- 2 3 MONTHS TO LESS THAN 6 MONTHS
- 3 6 MONTHS TO LESS THAN 1 YEAR
- 4 1 YEAR TO LESS THAN 5 YEARS
- 5 5 YEARS OR OVER

6L	097	USE SPECIAL EQUIPMENT TO HELP 1 YES 2 NO	1	1228	1228	ADL_6L
6M	098	SPECIAL EQUIPMENT 1 BED PAN 1 (MARKED) 2 PORTABLE TOILET/BEDSIDE COM 1 (MARKED) 3 SPECIAL UNDERWEAR/DIAPERS 1 (MARKED) 4 CATHETER 1 (MARKED) 5 OTHER DEVICE 1 (MARKED)	1 1 1 1 1	1229	1229	ADL_6M_1
				1230	1230	ADL_6M_2
				1231	1231	ADL_6M_3
				1232	1232	ADL_6M_4
				1233	1233	ADL_6M_5
6N	099	UNABLE TO USE TOILET 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1234	1234	ADL_6N
6O	100	USE URINARY CATHETER 1 YES 2 NO	1	1235	1235	ADL_6O
6P	101	DOES SOMEONE HELP ... 1 SELF CARE 2 WITH HELP	1	1236	1236	ADL_6P
6Q	102	HOW LONG HAS...BEEN USING IT 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1237	1237	ADL_6Q
6R	103	DURING PAST WEEK, TROUBLE WITH CONTROLLING BLADDER OR BOWELS 1 YES 2 NO	1	1238	1238	ADL_6R
6S	104	DOES SOMEONE HELP CLEAN UP 1 SELF CARE 2 WITH HELP	1	1239	1239	ADL_6S
6T	105	HOW LONG HAS...HAD PROBLEM 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS	1	1240	1240	ADL_6T

5 5 YEARS OR OVER

A.3

106 CHECK ITEM
1 EATING 1 1241 1241 ADL_CK3_1
1 (MARKED)
2 GETTING IN/OUT BED 1 1242 1242 ADL_CK3_2
1 (MARKED)
4 GETTING AROUND INSIDE 1 1243 1243 ADL_CK3_4
1 (MARKED)
7 DRESSING 1 1244 1244 ADL_CK3_7
1 (MARKED)
8 BATHING 1 1245 1245 ADL_CK3_8
1 (MARKED)
9 GETTING TO/USING THE BATHROOM 1 1246 1246 ADL_CK3_9
1 (MARKED)

7A 107 SOMEONE STAY NEARBY IN CASE 1 1247 1247 ADL_7A
1 YES
2 NO

7B 108 WHY DID SOMEONE STAY NEARBY
1 EATING 1 1248 1248 ADL_7B_1
1 (MARKED)
2 GETTING IN/OUT OF BED 1 1249 1249 ADL_7B_2
1 (MARKED)
4 GETTING AROUND INSIDE 1 1250 1250 ADL_7B_4
1 (MARKED)
7 DRESSING 1 1251 1251 ADL_7B_7
1 (MARKED)
8 BATHING 1 1252 1252 ADL_7B_8
1 (MARKED)
9 GETTING TO/USING THE BATHROOM 1 1253 1253 ADL_7B_9
1 (MARKED)

7C 109 HOW LONG HAS...HAD PROBLEM 1 1254 1254 ADL_7C
1 LESS THAN 3 MONTHS
2 3 MONTHS TO LESS THAN 6 MONTHS
3 6 MONTHS TO LESS THAN 1 YEAR
4 1 YEAR TO LESS THAN 5 YEARS
5 5 YEARS OR OVER

8A 110 DOES...NEED HELP 1 1255 1255 ADL_8A
1 YES
2 NO

8B 111 WHAT DOES...NEED HELP WITH
1 EATING 1 1256 1256 ADL_8B_1
1 (MARKED)
2 GETTING IN/OUT OF BED 1 1257 1257 ADL_8B_2
1 (MARKED)
4 GETTING AROUND INSIDE 1 1258 1258 ADL_8B_4
1 (MARKED)
7 DRESSING 1 1259 1259 ADL_8B_7
1 (MARKED)
8 BATHING 1 1260 1260 ADL_8B_8
1 (MARKED)
9 GETTING TO/USING THE BATHROOM 1 1261 1261 ADL_8B_9

1 (MARKED)

A.4 112 CHECK ITEM 1 1262 1262 ADL_CK5
WAS THE SAMPLE PERSON HELPED BY
ANOTHER PERSON IN ANY ADL ITEM
1 YES
2 NO

SECTION A PART3 IADL AND HELPERS

A.5 113 CHECK ITEM 1 1263 1263 IDL_CK2
1 CODE 3 AND/OR CODE 5 MARKED
2 ALL OTHERS

1A 114 DOES HEAVY WORK AROUND HOUSE 1 1264 1264 IDL_1A
1 YES
2 NO

1B 115 COULD DO HEAVY WORK AROUND HOUSE 1 1265 1265 IDL_1B
1 YES
2 NO

1C 116 REASON CANNOT DO HEAVY WORK/HOUSE 1 1266 1266 IDL_1C1
1 DISABILITY OR HEALTH PROBLEM
2 OTHER REASON

2A 117 DOES LIGHT WORK AROUND HOUSE 1 1267 1267 IDL_2A
1 YES
2 NO

2B 118 COULD DO LIGHT WORK AROUND HOUSE 1 1268 1268 IDL_2B
1 YES
2 NO

2C 119 REASON CANNOT DO LIGHT WORK 1 1269 1269 IDL_2C
AROUND HOUSE
1 DISABILITY OR HEALTH PROBLEM
2 OTHER REASON

3A 120 USUALLY DO OWN LAUNDRY 1 1270 1270 IDL_3A
1 YES
2 NO

3B 121 COULD DO OWN LAUNDRY 1 1271 1271 IDL_3B
1 YES
2 NO

3C 122 REASON CANNOT DO OWN LAUNDRY 1 1272 1272 IDL_3C1
1 DISABILITY OR HEALTH PROBLEM
2 OTHER REASON

A.6 123 CHECK ITEM 1 1273 1273 IDL_CK3
1 "NO" ANSWERED TO ONE OR MORE
2 ALL OTHERS

3D 124 DOES SOMEONE HELP WITH HOUSEWORK 1 1274 1274 IDL_3D
1 YES

		2 NO				
3G	125	DOES ... NEED HELP W/HOUSEWK/LNDRY 1 YES 2 NO	1	1275	1275	IDL_3H
4A	126	PREPARE OWN MEALS 1 YES 2 NO	1	1276	1276	IDL_4A
4B	127	COULD PREPARE OWN MEALS 1 YES 2 NO	1	1277	1277	IDL_4B
4C	128	REASON CANNOT PREPARE OWN MEALS 1 DISABILITY OR HEALTH PROBLEM 2 OTHER REASON	1	1278	1278	IDL_4C1
4D	129	SOMEONE PREPARE MEALS TO EAT HERE 1 YES 2 NO	1	1279	1279	IDL_4D
4G	130	DOES...NEED MEALS PREPARED 1 YES 2 NO	1	1280	1280	IDL_4H
5A	131	SHOP FOR GROCERIES/GO TO STORE 1 YES 2 NO	1	1281	1281	IDL_5A
5B	132	COULD DO OWN GROCERY SHOPPING 1 YES 2 NO	1	1282	1282	IDL_5B
5C	133	REASON CANNOT GROCERY SHOP 1 DISABILITY OR HEALTH PROBLEM 2 OTHER REASON	1	1283	1283	IDL_5C1
5D	134	SOMEONE HELP...GROCERY SHOP 1 YES 2 NO	1	1284	1284	IDL_5D
5G	135	DOES...NEED HELP GROCERY SHOPPING 1 YES 2 NO	1	1285	1285	IDL_5H
6A	136	GET AROUND OUTSIDE W/OUT HELP 1 YES 2 NO	1	1286	1286	IDL_6A
6B	137	WHEN OUTSIDE DOES SOMEONE HELP 1 YES 2 NO	1	1287	1287	IDL_6B
6E	138	SPECIAL EQUIPMENT TO GET AROUND OUTSIDE 1 YES	1	1288	1288	IDL_6E

2 NO

6F		SPECIAL EQUIPMENT TO GET AROUND				
	139	01 GUIDE DOG	1	1289	1289	IDL_F01
		1 (MARKED)				
		02 CANE	1	1290	1290	IDL_F02
		1 (MARKED)				
		03 WALKER	1	1291	1291	IDL_F03
		1 (MARKED)				
		04 WHEELCHAIR	1	1292	1292	IDL_F04
		1 (MARKED)				
		05 CRUTCHES	1	1293	1293	IDL_F05
		1 (MARKED)				
		06 ORTHOPEDIC SHOES	1	1294	1294	IDL_F06
		1 (MARKED)				
	140	07 BRACE (LEG OR BACK)	1	1295	1295	IDL_F07
		1 (MARKED)				
		08 PROSTHESIS	1	1296	1296	IDL_F08
		1 (MARKED)				
		09 OXYGEN/RESPIRATOR	1	1297	1297	IDL_F09
		1 (MARKED)				
	141	10 RAMP	1	1298	1298	IDL_F10
		1 (MARKED)				
		11 HANDRAIL	1	1299	1299	IDL_F11
		1 (MARKED)				
		12 OTHER DEVICE	1	1300	1300	IDL_F12
		1 (MARKED)				
6G	142	USE EQPMNT BY SELF OR WITH HELP	1	1301	1301	IDL_6G
		1 BY SELF				
		2 WITH HELP				
6H	143	DOES ... NEED HELP GETTING AROUND OUTSIDE	1	1302	1302	IDL_6H
		1 YES				
		2 NO				
6I	144	REASON...DOES NOT GET AROUND OUTSIDE	1	1303	1303	IDL_6I
		1 DISABILITY OR HEALTH PROBLEM				
		2 OTHER REASON				
7A	145	HOW DOES...USUALLY GO PLACES OUTSIDE OF WALKING DISTANCE	1	1304	1304	IDL_7A
		1 CAR				
		2 VAN				
		3 TAXI				
		4 BUS				
		5 OTHER PUBLIC TRANSPORTATION				
		6 OTHER				
		7 DOES NOT TRAVEL AT ALL				
7B	146	SOMEONE HELP...GO PLACES OUTSIDE OF WALKING DISTANCE	1	1305	1305	IDL_7B
		1 YES				
		2 NO				

7C	147	COULD GO OUTSIDE OF WALKING DIST 1 YES 2 NO	1	1306	1306	IDL_7C
7E	148	REASON CANNOT GO PLACES OUTSIDE OF WALKING DISTANCE 1 DISABILITY OR HEALTH PROBLEM 2 OTHER REASON	1	1307	1307	IDL_7F
7G	149	COULD GO PLACES OUTSIDE OF WALKING DISTANCE 1 YES 2 NO	1	1308	1308	IDL_7G
7H	150	DOES...NEED HELP GETTING AROUND 1 YES 2 NO	1	1309	1309	IDL_7H
8A	151	WHO REGULARLY HELPS WITH HOUSEWK 1 NO ONE HELPS 2 SOMEONE HELPS	1	1310	1310	IDL_8A
8B	152	WHO PREPARES MEALS TO EAT HERE 1 NO ONE HELPS 2 SOMEONE HELPS	1	1311	1311	IDL_8B
8C	153	WHO HELPS GROCERY SHOP OR DOES IT 1 NO ONE HELPS 2 SOMEONE HELPS	1	1312	1312	IDL_8C
9A	154	MANAGE OWN MONEY 1 YES 2 NO	1	1313	1313	IDL_9A
9B	155	COULD MANAGE OWN MONEY 1 YES 2 NO	1	1314	1314	IDL_9B
9C	156	REASON CANNOT MANAGE OWN MONEY 1 DISABILITY OR HEALTH PROBLEM 2 OTHER REASON	1	1315	1315	IDL_9C
9D	157	SOMEONE HELP WITH MANAGING MONEY 1 YES 2 NO	1	1316	1316	IDL_9D
9G	158	DOES...NEED HELP MANAGING MONEY 1 YES 2 NO	1	1317	1317	IDL_9H
10A	159	DOES SOMEONE HELP TAKE MEDICINE 1 YES 2 NO	1	1318	1318	IDL_10A
10D	160	DOES...NEED HELP TAKING MEDICINE 1 YES 2 NO	1	1319	1319	IDL_10D

11A	161	IS THERE A TELEPHONE IN THIS HOME 1 YES 2 NO	1	1320 1320	IDL_11A
11B	162	REGULAR PHONE/SPCL EQUIPPED PHONE 1 REGULAR 2 SPECIAL EQUIPPED	1	1321 1321	IDL_11B
11C	163	MAKE OWN PHONE CALLS W/OUT HELP 1 YES 2 NO	1	1322 1322	IDL_11C
11D	164	COULD MAKE OWN TELEPHONE CALLS 1 YES 2 NO	1	1323 1323	IDL_11D
11E	165	REASON CANNOT MAKE OWN CALLS 1 DISABILITY OR HEALTH PROBLEM 2 OTHER REASON	1	1324 1324	IDL_11E
A.7	166	CHECK ITEM 1 ONE OR MORE IADL ITEMS MARKED IN FLAP ITEM 2 2 NO IADL ITEMS MARKED IN FLAP ITEM, ONE OR MORE IADL ITEMS MARKED IN FLAP ITEM 1 3 NO ADL OR IADL ITEMS MARKED	1	1325 1325	IDL_CK4
12	167	HOW LONG HAS...HAD PROBLEMS DOING IADL ITEM(S) 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	1326 1326	IDL_12
13C	168	MAIN MEDICAL CONDITION	1	1327 1327	IDL_1311
13A		& HEALTH CONDITIONS CAUSING PROBLEMS			
13B		ANY OTHER CONDITIONS ** RECODED ITEMS **			
	169	CODED PROBLEM	3	1328 1330	IDL_169
	170	CODED PROBLEM	3	1331 1333	IDL_170
	171	CODED PROBLEM	3	1334 1336	IDL_171
	172	CODED PROBLEM	3	1337 1339	IDL_172
14A	173	REGULARLY GO TO A SENIOR CENTER 1 YES 2 NO	1	1340 1340	NSA_5A
14B	174	RECEIVE HEALTH SERVICES AT CENTER 1 YES 2 NO	1	1341 1341	NSA_5C
14C	175	CENTER PROVIDE TRANSPORTATION 1 YES	1	1342 1342	NSA_5D

2 NO

14D 176 EAT MEALS IN PLACE WITH A 1 1343 1343 NSA_7C
SPECIAL MEAL PRGM FOR ELDERLY
1 YES
2 NO

A.8 177 CHECK ITEM 1 1344 1344 IDL_CK6
1 HELPER(S) REPORTED
2 NO HELPER REPORTED

PART 4 RANGE OF MOTION AND IMPAIRMENT
PGM 6

1A 178 ANY FINGERS, HANDS, ARMS MISSING 1 1345 1345 RMI_1A
1 YES
2 NO

B WHAT IS MISSING
179 1 LEFT ARM 1 1346 1346 RMI_1B01
2 RIGHT ARM
3 BOTH ARMS
180 4 LEFT LOWER ARM 1 1347 1347 RMI_1B07
5 RIGHT LOWER ARM
6 BOTH LOWER ARMS
181 7 LEFT HAND 1 1348 1348 RMI_1B02
8 RIGHT HAND
9 BOTH HANDS
182 0 LEFT HAND FINGERS 1 1349 1349 RMI_1B08
1 RIGHT HAND FINGERS
2 BOTH HAND FINGERS

2A 183 ANY TOES, FEET, LEGS MISSING 1 1350 1350 RMI_2A
1 YES
2 NO

B WHAT IS MISSING
184 1 LEFT LEG 1 1351 1351 RMI_01
2 RIGHT LEG
3 BOTH LEGS
185 4 LEFT LOWER LEG 1 1352 1352 RMI_07
5 RIGHT LOWER LEG
6 BOTH LOWER LEGS
186 7 LEFT FOOT 1 1353 1353 RMI_02
8 RIGHT FOOT
9 BOTH FEET
187 0 LEFT FOOT TOES 1 1354 1354 RMI_08
1 RIGHT FOOT TOES
2 BOTH FEET TOES

A.12 188 CHECK ITEM 1 1355 1355 RMI_CK2
1 CODE 3 MARKED IN FLAP ITEM 1
2 CODE 5 AND/OR 6 MARKED IN FLAP
ITEM 1
3 ALL OTHERS

3 HOW DIFFICULT IS IT FOR ... TO:

A	189	CLIMB ONE FLIGHT OF STAIRS 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1356 1356 RMI_3A
B	190	WALK TO END OF ROOM AND BACK 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1357 1357 RMI_3B
C	191	BEND TO PUT ON SOCKS/STOCKINGS 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1358 1358 RMI_3C
D	192	LIFT A 10LB PACKAGE AND HOLD IT 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1359 1359 RMI_3D
E	193	REACH ABOVE HEAD 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1360 1360 RMI_3E
F	194	COMB OR BRUSH HAIR 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1361 1361 RMI_3F
G	195	WASH HAIR 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1362 1362 RMI_3G
H	196	USE FINGERS TO GRASP SMALL OBJ 1 NOT DIFFICULT 2 SOMEWHAT DIFFICULT 3 VERY DIFFICULT 4 CAN'T DO IT AT ALL	1	1363 1363 RMI_3H
4	197	SEE WELL ENOUGH TO READ ORDINARY NEWSPRINT, W/WOUT GLASSES 1 YES 2 NO	1	1364 1364 RMI_4
A.13	198	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1365 1365 RMI_CK3

5A	199	CAN MOST UNDERSTAND...SPEECH 1 YES 2 NO	1	1366 1366 RMI_5A
5B	200	HOW DOES...MAKE SELF UNDERSTOOD 1 WRITING 2 STANDARD SIGN LANGUAGE 3 GESTURES,GRUNTS,SOME OTHER MOTION 4 TALKING SLOW/REPEATING SELF 5 USING AN INTERPRETER 6 SOME OTHER WAY 7 DOES NOT MAKE SELF UNDERSTOOD	1	1367 1367 RMI_5B_1
6A	201	DOES...HEAR/UNDERSTAND 1 YES 2 NO	1	1368 1368 RMI_6A
6B	202	WHAT DOES...USE TO UNDERSTAND 1 READING WRITTEN MATERIALS 2 STANDARD SIGN LANGUAGE 3 GESTURES,GRUNTS,SOME OTHER MOTION 4 HEARING AID 5 TALK LOUDLY/SLOWLY/REPEATING 6 WITH INTERPRETER/FACILITATOR 7 SOME OTHER WAY 8 DOES NOT UNDERSTAND WHAT IS SAID	1	1369 1369 RMI_6B_1
7	203	WHICH OF THESE DOES...USE 1 GLASSES/CONTACT LENSES 1 (MARKED) 2 HEARING AID 1 (MARKED) 3 ARTIFICIAL LARYNX 1 (MARKED) 4 OTHER 1 (MARKED)	1	1370 1370 RMI_7_1
	204	5 NONE OF THE ABOVE 1 (MARKED)	1	1371 1371 RMI_7_2 1372 1372 RMI_7_3 1373 1373 RMI_7_4 1374 1374 RMI_7_5
SECTION B OTHER FUNCTIONING				
1	205	COMPARING...HEALTH TO OTHERS SAME AGE 1 EXCELLENT 2 GOOD 3 FAIR 4 POOR	1	1375 1375 OFN_1
B.1	206	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1376 1376 OFN_CK2
2	207	AVOID DOING THINGS BECAUSE TIRED 1 ALL OF THE TIME 2 MOST OF THE TIME 3 SOME OF THE TIME	1	1377 1377 OFN_2

		4 ONCE IN A WHILE			
		5 NEVER			
3	208	FEEL NEED FOR DOCTOR FOR MENTAL OR EMOTIONAL PROBLEM	1	1378 1378	OFN_3
		1 YES			
		2 NO			
4A	209	HOSPITALIZED FOR MENTAL PROBLEM	1	1379 1379	OFN_4A
		1 YES			
		2 NO			
		3 DON'T KNOW			
4B	210	HOSP FOR MENTAL PROB IN LAST 5YRS	1	1380 1380	OFN_4B
		1 YES			
		2 NO			
		3 DON'T KNOW			
5A	211	DOCTOR EVER ADVISED FOR TREATMENT FOR MENTAL/EMOTIONAL PROBLEM	1	1381 1381	OFN_5A
		1 YES			
		2 NO			
		3 DON'T KNOW			
5B	212	DOCTOR TOLD...THAT IN PAST 5YRS	1	1382 1382	OFN_5B
		1 YES			
		2 NO			
6	213	LOSE TEMPER, AND THROW, KICK, SLAM	1	1383 1383	OFN_6
		1 FREQUENTLY			
		2 OCCASIONALLY			
		3 NOT AT ALL			
7		IN PAST MONTH IS DID ... AT ANY TIME			
A	214	LOSE WAY AND NOT FIND WAY BACK	1	1384 1384	OFN_7A
		1 YES			
		2 NO			
B	215	TAKE MONEY OR ANYTHING ELSE WITHOUT REALIZING IT	1	1385 1385	OFN_7B
		1 YES			
		2 NO			
C	216	FORGET TO DO IMPORTANT THINGS	1	1386 1386	OFN_7C
		1 YES			
		2 NO			
8A	217	DOES ANYONE CHECK ON...TO MAKE SURE...IS ALL RIGHT	1	1387 1387	OFN_8A
		1 YES			
		2 NO			
8B		WHO REGULARLY CHECK ON...TO MAKE SURE...IS ALL RIGHT			
	218	FIRST PERSON	1	1388 1388	OFN_8B1

	1 SPOUSE			
	2 DAUGHTER			
	3 SON			
	4 OTHER RELATIVE			
	5 NEIGHBOR			
	6 FRIEND			
	7 PERSON FROM HELPING ORGANIZATION			
	8 SOMEONE WHO WORKS HERE			
	9 OTHER			
219	SECOND PERSON	1	1389 1389	OFN_8B2
	1 SPOUSE			
	2 DAUGHTER			
	3 SON			
	4 OTHER RELATIVE			
	5 NEIGHBOR			
	6 FRIEND			
	7 PERSON FROM HELPING ORGANIZATION			
	8 SOMEONE WHO WORKS HERE			
	9 OTHER			
220	THIRD PERSON	1	1390 1390	OFN_8B3
	1 SPOUSE			
	2 DAUGHTER			
	3 SON			
	4 OTHER RELATIVE			
	5 NEIGHBOR			
	6 FRIEND			
	7 PERSON FROM HELPING ORGANIZATION			
	8 SOMEONE WHO WORKS HERE			
	9 OTHER			
221	FOURTH PERSON	1	1391 1391	OFN_8B4
	1 SPOUSE			
	2 DAUGHTER			
	3 SON			
	4 OTHER RELATIVE			
	5 NEIGHBOR			
	6 FRIEND			
	7 PERSON FROM HELPING ORGANIZATION			
	8 SOMEONE WHO WORKS HERE			
	9 OTHER			
222	FIFTH PERSON	1	1392 1392	OFN_8B5
	1 SPOUSE			
	2 DAUGHTER			
	3 SON			
	4 OTHER RELATIVE			
	5 NEIGHBOR			
	6 FRIEND			
	7 PERSON FROM HELPING ORGANIZATION			
	8 SOMEONE WHO WORKS HERE			
	9 OTHER			
223	SIXTH PERSON	1	1393 1393	OFN_8B6
	1 SPOUSE			
	2 DAUGHTER			

- 3 SON
- 4 OTHER RELATIVE
- 5 NEIGHBOR
- 6 FRIEND
- 7 PERSON FROM HELPING ORGANIZATION
- 8 SOMEONE WHO WORKS HERE
- 9 OTHER

8C	224	NEED SOMEONE TO CHECK ON...TO MAKE SURE...IS ALL RIGHT 1 YES 2 NO	1	1394 1394 OFN_8C
9A	225	KEEP IN TOUCH WITH RELATIVES 1 YES 2 NO	1	1395 1395 OFN_9A
9B	226	NUMBER OF TIME...SAW RELATIVES IN PAST MONTH 1 NONE 2 ONCE OR TWICE 3 THREE TO FIVE TIMES 4 SIX TO TEN TIMES 5 ELEVEN TO TWENTY-NINE TIMES 6 THIRTY OR MORE TIMES	1	1396 1396 OFN_9B
9C	227	OFTEN...SPOKE WITH RELATIVES IN PAST MONTH 1 NONE 2 ONCE OR TWICE 3 THREE TO FIVE TIMES 4 SIX TO TEN TIMES 5 ELEVEN TO TWENTY-NINE TIMES 6 THIRTY OR MORE TIMES	1	1397 1397 OFN_9C
B.2	228	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1398 1398 OFN_CK3
9D	229	LIKE TO TALK/SEE RELATIVES MORE 1 MORE OFTEN 2 LESS OFTEN 3 AS OFTEN AS NOW	1	1399 1399 OFN_9D
10A	230	KEEP IN TOUCH WITH FRIENDS 1 YES 2 NO	1	1400 1400 OFN_10A
10B	231	NUMBER OF TIMES...SAW FRIENDS IN PAST MONTH 1 NONE 2 ONCE OR TWICE 3 THREE TO FIVE TIMES 4 SIX TO TEN TIMES 5 ELEVEN TO TWENTY-NINE TIMES 6 THIRTY OR MORE TIMES	1	1401 1401 OFN_10B

10C	232	OFTEN DID...SPEAK WITH FRIENDS 1 NONE 2 ONCE OR TWICE 3 THREE TO FIVE TIMES 4 SIX TO TEN TIMES 5 ELEVEN TO TWENTY-NINE TIMES 6 THIRTY OR MORE TIMES	1	1402	1402	OFN_10C
B.3	233	CHECK ITEM Y: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1403	1403	OFN_CK4
10D	234	LIKE TO TALK/SEE FRIENDS MORE 1 MORE OFTEN 2 LESS OFTEN 3 AS OFTEN AS NOW	1	1404	1404	OFN_10D
B.4	235	CHECK ITEM Z: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1405	1405	OFN_CK5
11	236	FEEL HAS NOBODY TO TELL TROUBLES 1 MOST OF THE TIME 2 SOME OF THE TIME 3 HARDLY EVER 4 NEVER	1	1406	1406	OFN_11
12A	237	HOW MANY HOURS-LISTEN TO RADIO 01-24 NUMBER OF HOURS ENTERED 25 LESS THAN 1 HOUR 26 NONE	2	1407	1408	OFN_12A
13A	239	HOW MANY HOURS-WATCH TELEVISION 01-24 NUMBER OF HOURS ENTERED 25 LESS THAN 1 HOUR 26 NONE	2	1409	1410	OFN_13A
12B	238	IS RADIO AVAILABLE 1 YES 2 NO	1	1411	1411	OFN_12B
13B	240	IS TELEVISION AVAILABLE 1 YES 2 NO	1	1412	1412	OFN_13B
14	241	ANY PETS 1 YES 2 NO	1	1413	1413	OFN_14
15		DURING PAST WEEK DID...:				
A	242	READ BOOK, MAGAZINE, NEWSPAPER 1 YES 2 NO	1	1414	1414	OFN_15A
B	243	WORK ON HOBBY/CRAFT 1 YES	1	1415	1415	OFN_15B

		2 NO			
C	244	PLAY GAMES OR WORK ON PUZZLES 1 YES 2 NO	1	1416 1416	OFN_15C
D	245	LISTEN TO RECORD OR TAPE 1 YES 2 NO	1	1417 1417	OFN_15D
16		DURING THE PAST MONTH DID....:			
A	246	GO TO RELIGIOUS SERVICES 1 YES 2 NO	1	1418 1418	OFN_16A
B	247	ATTEND A MEETING OF A CLUB 1 YES 2 NO	1	1419 1419	OFN_16B
B.5	248	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1420 1420	OFN_CK6
17	249	ALL TOGETHER HOW WOULD YOU SAY THINGS ARE TODAY; ARE YOU: 1 VERY HAPPY 2 PRETTY HAPPY 3 NOT TOO HAPPY	1	1421 1421	OFN_17
18	250	ARE YOU SATISPFIED WITH YOUR LIFE 1 VERY SATISFIED 2 SATISFIED 3 NOT SATISFIED	1	1422 1422	OFN_18

SECTION C HOUSING AND NEIGHBORHOOD CHARACTERISTICS

C.1	251	CHECK ITEM: TYPE OF AREA 1 OPEN COUNTRY/NOT A FARM 2 FARM 3 CITY/TOWN/VILLAGE 4 CITY (50,000-250,000) 5 SUBURB OF LARGE CITY 6 LARGE CITY (OVER 250,000)	1	1423 1423	HNC_CK2
C.2	252	CHECK ITEM: TYPE OF LIVING QTRS 01 DETACHED HOUSE 02 DUPLEX OR ROW HOUSE 03 APARTMENT IN BLDG W/ELEVATOR 04 APARTMENT IN BLDG W/OUT ELEVATOR 05 ROOM IN HOTEL W/ELEVATOR 06 ROOM IN HOTEL W/OUT ELEVATOR 07 ROOM IN ROOMING OR BOARDING HOUSE 08 RENTED ROOM IN PRIVATE HOUSE 09 TRAILER (PERMANENT) 10 TRAILER (MOBILE) 11 OTHER	2	1424 1425	HNC_CK3

C.3	253	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1426	1426	HNC_CK5
1	254	SATISFIED WITH PLACE LIVING 1 VERY SATISFIED 2 SATISFIED 3 NOT SATISFIED	1	1427	1427	HNC_2A
2	255	IS PLACE INTENDED FOR ELDERLY 1 YES 2 NO	1	1428	1428	HNC_2B
3		WHICH OF THESE THINGS DOES ... HAVE IN THE HOUSE/APARTMENT				
	256	1 EXTRA HANDRAILS OR GRAB BARS 1 (MARKED)	1	1429	1429	HNC_3_1
		2 RAMPS 1 (MARKED)	1	1430	1430	HNC_3_2
		3 ELEVATORS OR STAIR LIFTS 1 (MARKED)	1	1431	1431	HNC_3_3
		4 EXTRA WIDE DOORS OR HALLWAYS 1 (MARKED)	1	1432	1432	HNC_3_4
		5 PUSH BARS ON DOORS 1 (MARKED)	1	1433	1433	HNC_3_5
		6 RAISED TOILET 1 (MARKED)	1	1434	1434	HNC_3_6
	257	7 NONE 1 (MARKED)	1	1435	1435	HNC_3_0
4		WHICH OF THESE THINGS WOULD MAKE THINGS EASIER				
	258	1 EXTRA HANDRAILS OR GRAB BARS 1 (MARKED)	1	1436	1436	HNC_4_1
		2 RAMPS 1 (MARKED)	1	1437	1437	HNC_4_2
		3 ELEVATORS OR STAIR LIFTS 1 (MARKED)	1	1438	1438	HNC_4_3
		4 EXTRA WIDE DOORS OR HALLWAYS 1 (MARKED)	1	1439	1439	HNC_4_4
		5 PUSH BARS ON DOORS 1 (MARKED)	1	1440	1440	HNC_4_5
		6 RAISED TOILET 1 (MARKED)	1	1441	1441	HNC_4_6
	259	7 NONE 1 (MARKED)	1	1442	1442	HNC_4_0
5A	260	TOILET CONVENIENTLY LOCATED TO WHERE...SLEEPS 1 YES 2 NO	1	1443	1443	HNC_5A
5B	261	TOILET CONVENIENTLY LOCATED TO THE ROOM...SPEND MOST TIME 1 YES 2 NO	1	1444	1444	HNC_5B

C.4	262	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1445	1445	HNC_CK6
6	263	SATISFIED WITH NEIGHBORHOOD 1 VERY SATISFIED 2 SATISFIED 3 NOT SATISFIED	1	1446	1446	HNC_6
7A	264	FOOD STORE IN NEIGHBORHOOD 1 YES 2 NO	1	1447	1447	HNC_7A
7B	265	DRUG STORE IN NEIGHBORHOOD 1 YES 2 NO	1	1448	1448	HNC_7B
8A	266	CRIME PROBLEM IN NEIGHBORHOOD 1 YES 2 NO	1	1449	1449	HNC_8A
8B	267	IN THE PAST YEAR, HAS...BEEN A VICTIM OF A CRIME IN THIS NEIGHBORHOOD 1 YES 2 NO	1	1450	1450	HNC_8B

SECTION D HEALTH INSURANCE

1	268	NOW COVERED BY MEDICARE 1 YES 2 NO 3 DK	1	1451	1451	INS_1
2A	269	IN PAST 12 MONTHS, RECEIVED CARE PAID BY MEDICAID 1 YES 2 NO 3 DK	1	1452	1452	INS_2A
2B	270	NOW HAVE A MEDICAID CARD 1 YES 2 NO	1	1453	1453	INS_2B
2C	271	MAY I PLEASE SEE...CARD 1 CURRENT MEDICAID CARD SEEN 2 EXPIRED MEDICAID CARD SEEN 3 NO CARD SEEN 4 OTHER CARD SEEN	1	1454	1454	INS_2C_1
3	272	COVERED BY OTHER HEALTH CARE 1 YES 2 NO 3 DK	1	1455	1455	INS_3A
4	273	COVERED BY CHAMPUS/CHAMPVA 1 YES	1	1456	1456	INS_4

		2 NO				
5A	274	COVERED BY PRIVATE HEALTH PLAN 1 YES 2 NO	1	1457	1457	INS_5A
5C	275	PLAN 1 HMO 1 YES 2 NO	1	1458	1458	INS_5C1
5D	276	PLAN PAY PART OF HOSP EXPENSES 1 YES 2 NO	1	1459	1459	INS_5D1
5E	277	PLAN PAY PART OF DOCTOR BILLS 1 YES 2 NO	1	1460	1460	INS_5E1
5C	278	PLAN 2 HMO 1 YES 2 NO	1	1461	1461	INS_5C2
5D	279	PLAN PAY PART OF HOSP EXPENSES 1 YES 2 NO	1	1462	1462	INS_5D2
5E	280	PLAN PAY PART OF DOCTOR BILLS 1 YES 2 NO	1	1463	1463	INS_5E2
5C	281	PLAN 3 HMO 1 YES 2 NO	1	1464	1464	INS_5C3
5D	282	PLAN PAY PART OF HOSP EXPENSES 1 YES 2 NO	1	1465	1465	INS_5D3
5E	283	PLAN PAY PART OF DOCTOR BILLS 1 YES 2 NO	1	1466	1466	INS_5E3
6	284	COVERED BY HEALTH INS WHICH PAYS PART OF NURSING HOME STAY 1 YES 2 NO	1	1467	1467	INS_6A

SECTION E MEDICAL PROVIDERS AND PRESCRIPTION MEDICINES

1A	285	EVER BEEN PATIENT IN NURSING HOME 1 YES 2 NO	1	1468	1468	MPP_1A
1B	286	HOW MANY TIMES	2	1469	1470	MPP_1B

01-99

1C

WHEN WAS ... ADMITTED:

THAT TIME/LAST TIME

287	MONTH	2	1471	1472	MPP_1C_1
288	YEAR	2	1473	1474	MPP_1C_2

NEXT TO LAST TIME

289	MONTH	2	1475	1476	MPP_1C21
290	YEAR	2	1477	1478	MPP_1C22

TIME BEFORE THAT

291	MONTH	2	1479	1480	MPP_1C31
292	YEAR	2	1481	1482	MPP_1C32

1D

LENGTH IN NURSING HOME (THAT TIME)

THAT TIME/LAST TIME

293	DAYS	2	1483	1484	MPP_1D_1
	01-99				
294	MONTHS	2	1485	1486	MPP_1D_2
	01-99				

NEXT TO LAST TIME

295	DAYS	2	1487	1488	MPP_1D21
	01-99				
296	MONTHS	2	1489	1490	MPP_1D22
	01-99				

TIME BEFORE THAT

297	DAYS	2	1491	1492	MPP_1D31
	01-99				
298	MONTHS	2	1493	1494	MPP_1D32
	01-99				

1E

299	NOW ON WAITING LST FOR NURSING HOME	1	1495	1495	MPP_1E
	1 YES				
	2 NO				

2A

300	PAST 12 MO, HOSP PATIENT OVERNIGHT	1	1496	1496	MPP_2A
	1 YES				
	2 NO				

2B

301	HOW MANY TIMES	2	1497	1498	MPP_2B
	01-99				

2C

WHEN WAS ... ADMITTED:

THAT TIME/LAST TIME

302	MONTH	2	1499	1500	MPP_2C_1
303	YEAR	2	1501	1502	MPP_2C_2

NEXT TO LAST TIME

304	MONTH	2	1503	1504	MPP_2C21
305	YEAR	2	1505	1506	MPP_2C22

		TIME BEFORE THAT				
	306	MONTH	2	1507	1508	MPP_2C31
	307	YEAR	2	1509	1510	MPP_2C32
2D		LENGTH IN NURSING HOME (THAT TIME)				
		THAT TIME/LAST TIME				
	308	DAYS	2	1511	1512	MPP_2D_1
		01-99				
	309	MONTHS	2	1513	1514	MPP_2D_2
		01-99				
		NEXT TO LAST TIME				
	310	DAYS	2	1515	1516	MPP_2D21
		01-99				
	311	MONTHS	2	1517	1518	MPP_2D22
		01-99				
		TIME BEFORE THAT				
	312	DAYS	2	1519	1520	MPP_2D31
		01-99				
	313	MONTHS	2	1521	1522	MPP_2D32
		01-99				
3A	314	SEE A THERAPIST-NOT WHILE IN HOSP	1	1523	1523	MPP_3A
		1 YES				
		2 NO				
3B		WHICH OF THESE THERAPISTS WAS SEEN				
	315	1 PHYSICAL	1	1524	1524	MPP_3B_1
3C		LAST MO, TIMES...SAW THERAPIST				
	316	01-99 TIMES	2	1525	1526	MPP_3CP
3D		SEE THERAPIST AT HOME/ELSEWHERE				
	317	1 AT HOME	1	1527	1527	MPP_3DP
		2 SOMEWHERE ELSE				
		3 BOTH				
3B		WHICH OF THESE THERAPISTS WAS SEEN				
	318	2 OCCUPATIONAL	1	1528	1528	MPP_3B_2
3C		LAST MO, TIMES...SAW THERAPIST				
	319	01-99 TIMES	2	1529	1530	MPP_3CO
3D		SEE THERAPIST AT HOME/ELSEWHERE				
	320	1 AT HOME	1	1531	1531	MPP_DO
		2 SOMEWHERE ELSE				
		3 BOTH				
3B		WHICH OF THESE THERAPISTS WAS SEEN				
	321	3 SPEECH	1	1532	1532	MPP_B_3
3C		LAST MO, TIMES...SAW THERAPIST				
	322	01-99 TIMES	2	1533	1534	MPP_3CS
3D		SEE THERAPIST AT HOME/ELSEWHERE				

	323	1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	1535	1535	MPP_DS
3B		WHICH OF THESE THERAPISTS WAS SEEN				
	324	4 HEARING	1	1536	1536	MPP_B_4
3C		LAST MO, TIMES...SAW THERAPIST				
	325	01-99 TIMES	2	1537	1538	MPP_3CH
3D		SEE THERAPIST AT HOME/ELSEWHERE				
	326	1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	1539	1539	MPP_3DH
3E		WILL...PAY ANY CHARGES FOR VISITS				
	327	1 YES 2 NO 3 INCLUDED WITH OTHER CHARGES	1	1540	1540	MPP_E
3F		HOW MUCH				
	328	DOLLARS	6	1541	1546	MPP_F_1
000001-999999						
	329	PERCENT 001-100	3	1547	1549	MPP_F_2
	330	1 DK	1	1550	1550	MPP_F_3
3G		HEALTH INS OR ANYONE ELSE PAY				
	331	1 YES 2 NO	1	1551	1551	MPP_3G
E.1		CHECK ITEM				
	332	1 SAMPLE PERSON PAID NOTHING AND NO ONE ELSE WILL PAY 2 ALL OTHERS	1	1552	1552	MPP_CK6
3H		WHY WAS THERE NO CHARGE				
	333	1 ONE GENERAL FEE 1 (MARKED)	1	1553	1553	MPP_3H_1
		2 GROUP PRACTICE PREPAYMENT/HMO 1 (MARKED)	1	1554	1554	MPP_3H_2
		3 WELFARE/PUBLIC ASSISTANCE 1 (MARKED)	1	1555	1555	MPP_3H_3
		4 PRIVATE ORGANIZATION/CHARITY 1 (MARKED)	1	1556	1556	MPP_3H_4
		5 FEDERAL, ST, CITY HOSP 1 (MARKED)	1	1557	1557	MPP_3H_5
		6 PROFESSIONAL COURTESY 1 (MARKED)	1	1558	1558	MPP_3H_6
	334	7 OTHER 1 (MARKED)	1	1559	1559	MPP_3H_7
3I		WHO BELOW WILL END UP PAYING				
	335	11 FEE FOR SERVICE INS PLANS 1 (MARKED)	1	1560	1560	MPP_3I01
		12 HMO/PREPAID GROUP 1 (MARKED)	1	1561	1561	MPP_3I03

		13 MEDICARE	1	1562	1562	MPP_3I05
	1	(MARKED)				
336		14 MEDICAID	1	1563	1563	MPP_3I07
	1	(MARKED)				
		15 VETERANS ADMINISTRATION	1	1564	1564	MPP_3I09
	1	(MARKED)				
		16 HOUSEHOLD MEMBERS	1	1565	1565	MPP_3I11
337		PERSON NUMBER	2	1566	1567	MPP_3I11_2
		02-20,99				
338		PERSON NUMBER	2	1568	1569	MPP_3I11_3
		02-20,99				
339		17 CHILDREN NOT LIVING AT HOME	1	1570	1570	MPP_3I13
	1	(MARKED)				
340		PERSON NUMBER	2	1571	1572	MPP_3I13_2
		31-48,99				
341		PERSON NUMBER	2	1573	1574	MPP_3I13_3
		31-48,99				
342		PERSON NUMBER	2	1575	1576	MPP_3I13_4
		31-48,99				
343		PERSON NUMBER	2	1577	1578	MPP_3I13_5
		31-48,99				
		OTHER NONHOUSEHOLD MEMBERS				
344		18 FATHER	1	1579	1579	MPP_3I16
	1	(MARKED)				
		19 MOTHER	1	1580	1580	MPP_3I18
	1	(MARKED)				
		20 SON-IN-LAW	1	1581	1581	MPP_3I02
	1	(MARKED)				
345		21 DAUGHTER-IN-LAW	1	1582	1582	MPP_3I04
	1	(MARKED)				
		22 BROTHER	1	1583	1583	MPP_3I06
	1	(MARKED)				
		23 SISTER	1	1584	1584	MPP_3I08
	1	(MARKED)				
346		24 OTHER MALE RELATIVE	1	1585	1585	MPP_3I10
	1	(MARKED)				
		25 OTHER FEMALE RELATIVE	1	1586	1586	MPP_3I12
	1	(MARKED)				
		26 MALE FRIEND	1	1587	1587	MPP_3I14
	1	(MARKED)				
347		27 FEMALE FRIEND	1	1588	1588	MPP_3I15
	1	(MARKED)				
		28 OTHER	1	1589	1589	MPP_3I17
	1	(MARKED)				
4A	348	PAST MO,DISCUSS PERSONAL PROBLEM WITH MENTAL HEALTH PROFESSIONAL	1	1590	1590	MPP_4A
		1 YES				
		2 NO				
4C	350	WILL...END UP PAYING FOR CHARGES	1	1591	1591	MPP_4C
		1 YES				
		2 NO				
		3 INCLUDED WITH OTHER CHARGES				
4B	349	HOW MANY TIMES	2	1592	1593	MPP_4B
		01-99 TIMES				

4D		HOW MUCH					
	351	DOLLARS	6	1594	1599	MPP_4D_1	
		000001-999999					
	352	PERCENT	3	1600	1602	MPP_4D_2	
		001-100					
	353	1 DK	1	1603	1603	MPP_D_3	
4E	354	HEALTH INS OR ANYONE ELSE PAY	1	1604	1604	MPP_4E	
		1 YES					
		2 NO					
E.2	355	CHECK ITEM	1	1605	1605	MPP_CK8	
		1 SAMPLE PERSON PAID NOTHING AND					
		NO ONE ELSE WILL PAY					
		2 ALL OTHERS					
4F		WHY WAS THERE NO CHARGE					
	356	1 ONE GENERAL FEE	1	1606	1606	MPP_4F_1	
		1 (MARKED)					
		2 GROUP PRACTICE PREPAYMENT/HMO	1	1607	1607	MPP_4F_2	
		1 (MARKED)					
		3 WELFARE/PUBLIC ASSISTANCE	1	1608	1608	MPP_4F_3	
		1 (MARKED)					
		4 PRIVATE ORGANIZATION/CHARITY	1	1609	1609	MPP_4F_4	
		1 (MARKED)					
		5 FEDERAL, ST, CITY HOSP	1	1610	1610	MPP_4F_5	
		1 (MARKED)					
		6 PROFESSIONAL COURTESY	1	1611	1611	MPP_4F_6	
		1 (MARKED)					
	357	7 OTHER	1	1612	1612	MPP_4F_7	
		1 (MARKED)					
4G		WHO BELOW WILL END UP PAYING					
	358	11 FEE FOR SERVICE INS PLANS	1	1613	1613	MPP_4G01	
		1 (MARKED)					
		12 HMO/PREPAID GROUP	1	1614	1614	MPP_4G03	
		1 (MARKED)					
		13 MEDICARE	1	1615	1615	MPP_4G05	
		1 (MARKED)					
	359	14 MEDICAID	1	1616	1616	MPP_4G07	
		1 (MARKED)					
		15 VETERANS ADMINISTRATION	1	1617	1617	MPP_4G09	
		1 (MARKED)					
		16 HOUSEHOLD MEMBERS	1	1618	1618	MPP_4G11	
		1 (MARKED)					
	360	PERSON NUMBER	2	1619	1620	MPP_4G11_2	
		02-20, 99					
	361	PERSON NUMBER	2	1621	1622	MPP_4G11_3	
		02-20, 99					
	362	17 CHILDREN NOT LIVING AT HOME	1	1623	1623	MPP_4G13	
		1 (MARKED)					
	363	PERSON NUMBER	2	1624	1625	MPP_4G13_2	
		31-48, 99					
	364	PERSON NUMBER	2	1626	1627	MPP_4G13_3	
		31-48, 99					
	365	PERSON NUMBER	2	1628	1629	MPP_4G13_4	

		31-48,99				
366		PERSON NUMBER	2	1630	1631	MPP_4G13_5
		31-48,99				
		OTHER NONHOUSEHOLD MEMBERS				
367		18 FATHER	1	1632	1632	MPP_4G16
		1 (MARKED)				
		19 MOTHER	1	1633	1633	MPP_4G18
		1 (MARKED)				
		20 SON-IN-LAW	1	1634	1634	MPP_4G02
		1 (MARKED)				
368		21 DAUGHTER-IN-LAW	1	1635	1635	MPP_4G04
		1 (MARKED)				
		22 BROTHER	1	1636	1636	MPP_4G06
		1 (MARKED)				
		23 SISTER	1	1637	1637	MPP_4G08
		1 (MARKED)				
369		24 OTHER MALE RELATIVE	1	1638	1638	MPP_4G10
		1 (MARKED)				
		25 OTHER FEMALE RELATIVE	1	1639	1639	MPP_4G12
		1 (MARKED)				
		26 MALE FRIEND	1	1640	1640	MPP_4G14
		1 (MARKED)				
370		27 FEMALE FRIEND	1	1641	1641	MPP_4G15
		1 (MARKED)				
		28 OTHER	1	1642	1642	MPP_4G17
		1 (MARKED)				
5A	371	IN LAST MO,RECEIVE CARE FROM	1	1643	1643	MPP_5A
		1 YES				
		2 NO				
5B		WHICH WAS SEEN				
	372	1 DENTIST	1	1644	1644	MPP_5B_1
5C		LAST MO, TIMES...SAW SAID DOCTOR				
	373	01-99 TIMES	2	1645	1646	MPP_5CD
5D		SEE SAID DOCTOR AT HOME ELSEWHERE				
	374	1 AT HOME	1	1647	1647	MPP_5DD
		2 SOMEWHERE ELSE				
		3 BOTH				
5B		WHICH WAS SEEN				
	375	2 FOOT DOCTOR	1	1648	1648	MPP_5B_2
5C		LAST MO, TIMES...SAW SAID DOCTOR				
	376	01-99 TIMES	2	1649	1650	MPP_5CF
5D		SEE SAID DOCTOR AT HOME ELSEWHERE				
	377	1 AT HOME	1	1651	1651	MPP_5DF
		2 SOMEWHERE ELSE				
		3 BOTH				
5B		WHICH WAS SEEN				
	378	3 OPTOMETRIST	1	1652	1652	MPP_5B_3
5C		LAST MO, TIMES...SAW SAID DOCTOR				

	379	01-99 TIMES	2	1653 1654 MPP_5CT
5D	380	SEE SAID DOCTOR AT HOME ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	1655 1655 MPP_DT
5B	381	WHICH WAS SEEN 4 CHIROPRACTOR	1	1656 1656 MPP_5B_4
5C	382	LAST MO, TIMES...SAW SAID DOCTOR 01-99 TIMES	2	1657 1658 MPP_5CC
5D	383	SEE SAID DOCTOR AT HOME ELSEWHERE 1 AT HOME 2 SOMEWHERE ELSE 3 BOTH	1	1659 1659 MPP_DC
6A	384	IN LAST MO,GO TO EMERGENCY ROOM AND DID NOT STAY OVERNIGHT 1 YES 2 NO	1	1660 1660 MPP_6A
6B	385	IN LAST MO,TIMES...WENT TO EMERG 01-99 TIMES	2	1661 1662 MPP_6B
7A	386	IN LAST MO,GO TO DOCTORS OFFICE 1 YES 2 NO	1	1663 1663 MPP_7A
8A	388	IN LAST MO,DOCTOR COME TO HOME 1 YES 2 NO	1	1664 1664 MPP_8A
7B	387	IN LAST MO,TIMES...WENT TO DOCTOR 01-99 TIMES	2	1665 1666 MPP_7B
8B	389	IN LAST MO,TIMES...DOCTOR CAME 01-99 TIMES	2	1667 1668 MPP_8B
9	390	REGULAR SOURCE OF MEDICAL CARE 1 YES 2 NO	1	1669 1669 MPP_9
10A	391	IN LAST MO,RECEIVE NURSING CARE AT HOME FROM VISITING NURSE 1 YES 2 NO	1	1670 1670 MPP_10A
E.3	392	CHECK ITEM: RESPONDENT IS 1 SAMPLE PERSON 2 PROXY	1	1671 1671 MPP_CK12
11A	393	IN LAST MO,HEALTH PROB,DID NOT SEE DOCTOR,WOULD HAVE LIKED TO 1 YES 2 NO	1	1672 1672 MPP_11A

11B		REASON...DID NOT SEE DOCTOR				
	394	1 FINANCIAL	1	1673	1673	MPP_1105
		1 (MARKED)				
		2 TIME	1	1674	1674	MPP_1106
		1 (MARKED)				
		3 AVAILABILITY OF A DOCTOR	1	1675	1675	MPP_1107
		1 (MARKED)				
	395	4 TRANSPORTATION	1	1676	1676	MPP_1108
		1 (MARKED)				
		5 NOT FREE TO LEAVE	1	1677	1677	MPP_1109
		1 (MARKED)				
		6 PROBLEM NOT SERIOUS	1	1678	1678	MPP_1110
		1 (MARKED)				
	396	7 AFRAID TO FIND OUT PROBLEM	1	1679	1679	MPP_1111
		1 (MARKED)				
		8 WEATHER	1	1680	1680	MPP_1112
		1 (MARKED)				
		9 OTHER REASONS	1	1681	1681	MPP_1113
		1 (MARKED)				
12A	397	IN LAST MO, NUM OF PRESCRIPTIONS	2	1682	1683	MPP_12A
		00 NONE				
		01-99				
12B	398	WILL...PAY FOR PRESCRIPTIONS	1	1684	1684	MPP_12B
		1 YES				
		2 NO				
		3 INCLUDED WITH OTHER CHARGES				
12C		HOW MUCH				
	399	DOLLARS	6	1685	1690	MPP_12C1
		000001-999999				
	400	PERCENT	3	1691	1693	MPP_12C2
		001-100				
	401	1 DK	1	1694	1694	MPP_12C3
12D	402	HEALTH INS OR ANYONE ELSE PAY	1	1695	1695	MPP_12D
		1 YES				
		2 NO				
E.4	403	CHECK ITEM	1	1696	1696	MPP_CK13
		1 SAMPLE PERSON PAID NOTHING AND NO ONE ELSE WILL PAY				
		2 ALL OTHERS				
12E		WHY WAS THERE NO CHARGE				
	404	1 ONE GENERAL FEE	1	1697	1697	MPP_1202
		1 (MARKED)				
		2 GROUP PRACTICE PREPAYMENT/HMO	1	1698	1698	MPP_1203
		1 (MARKED)				
		3 WELFARE/PUBLIC ASSISTANCE	1	1699	1699	MPP_1204
		1 (MARKED)				
		4 PRIVATE ORGANIZATION/CHARITY	1	1700	1700	MPP_1205
		1 (MARKED)				
		5 FEDERAL, ST, CITY HOSP	1	1701	1701	MPP_1206
		1 (MARKED)				

12F

	6	PROFESSIONAL COURTESY	1	1702	1702	MPP_1207
	1	(MARKED)				
405	7	OTHER	1	1703	1703	MPP_1208
	1	(MARKED)				
		WHO BELOW WILL END UP PAYING				
406	11	FEE FOR SERVICE INS PLANS	1	1704	1704	MPP_1213
	1	(MARKED)				
	12	HMO/PREPAID GROUP	1	1705	1705	MPP_1215
	1	(MARKED)				
407	14	MEDICAID	1	1706	1706	MPP_1219
	1	(MARKED)				
	15	VETERANS ADMINISTRATION	1	1707	1707	MPP_1221
	1	(MARKED)				
	16	HOUSEHOLD MEMBERS	1	1708	1708	MPP_1223
	1	(MARKED)				
408		PERSON NUMBER	2	1709	1710	MPP_1223_2
		02-20,99				
409		PERSON NUMBER	2	1711	1712	MPP_1223_3
		02-20,99				
410	17	CHILDREN NOT LIVING AT HOME	1	1713	1713	MPP_1225
	1	(MARKED)				
411		PERSON NUMBER	2	1714	1715	MPP_1225_2
		31-48,99				
412		PERSON NUMBER	2	1716	1717	MPP_1225_3
		31-48,99				
413		PERSON NUMBER	2	1718	1719	MPP_1225_4
		31-48,99				
414		PERSON NUMBER	2	1720	1721	MPP_1225_5
		31-48,99				
		OTHER NONHOUSEHOLD MEMBERS				
415	18	FATHER	1	1722	1722	MPP_1228
	1	(MARKED)				
	19	MOTHER	1	1723	1723	MPP_1230
	1	(MARKED)				
	20	SON-IN-LAW	1	1724	1724	MPP_1214
	1	(MARKED)				
416	21	DAUGHTER-IN-LAW	1	1725	1725	MPP_1216
	1	(MARKED)				
	22	BROTHER	1	1726	1726	MPP_1218
	1	(MARKED)				
	23	SISTER	1	1727	1727	MPP_1220
	1	(MARKED)				
417	24	OTHER MALE RELATIVE	1	1728	1728	MPP_1222
	1	(MARKED)				
	25	OTHER FEMALE RELATIVE	1	1729	1729	MPP_1224
	1	(MARKED)				
	26	MALE FRIEND	1	1730	1730	MPP_1226
	1	(MARKED)				
418	27	FEMALE FRIEND	1	1731	1731	MPP_2127
	1	(MARKED)				
	28	PUBLIC PROGRAM	1	1732	1732	MPP_1231
	1	(MARKED)				
	29	PRIVATE CHARITY	1	1733	1733	MPP_1232
	1	(MARKED)				
419	30	MEDICARE	1	1734	1734	MPP_MED
	1	(MARKED)				

		31 OTHER	1	1735 1735 MPP_1229
		1 (MARKED)		
13	420	PAST MO, TAKE PRESC TO CALM DOWN	1	1736 1736 MPP_13
		1 YES		
		2 NO		

SECTION F COGNITIVE FUNCTIONING

F.1	421	CHECK ITEM: RESPONDENT IS	1	1737 1737 MNT_CK1
		1 SAMPLE PERSON		
		2 PROXY		

THE FOLLOWING ITEMS ARE SCORES
BASED ON THE SAMPLE PERSONS
ANSWERS TO THE QUESTIONS

1	422	WHAT IS THE DATE TODAY	1	1738 1738 MNT_1
		1 PLUS (+)		
		2 MINUS (-)		
2	423	WHAT DAY OF THE WEEK IS IT	1	1739 1739 MNT_2
		1 PLUS (+)		
		2 MINUS (-)		
3	424	WHAT IS YOUR STREET ADDRESS	1	1740 1740 MNT_3
		1 PLUS (+)		
		2 MINUS (-)		
4	425	IN WHAT STATE IS THIS	1	1741 1741 MNT_4
		1 PLUS (+)		
		2 MINUS (-)		
5	426	HOW OLD ARE YOU	1	1742 1742 MNT_5
		1 PLUS (+)		
		2 MINUS (-)		
6	427	WHEN WERE YOU BORN	1	1743 1743 MNT_6
		1 PLUS (+)		
		2 MINUS (-)		
7	428	WHO IS THE PRESIDENT OF THE U.S. NOW	1	1744 1744 MNT_7
		1 PLUS (+)		
		2 MINUS (-)		
8	429	WHO WAS THE PRESIDENT BEFORE HIM	1	1745 1745 MNT_8
		1 PLUS (+)		
		2 MINUS (-)		
9	430	WHAT WAS YOUR MOTHERS MAIDEN NAME	1	1746 1746 MNT_9
		1 PLUS (+)		
		2 MINUS (-)		
10	431	SUBTRACT 3 FROM 20.....(MATH PROB)	1	1747 1747 MNT_10
		1 PLUS (+)		
		2 MINUS (-)		

SECTION G MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS

G.1	432	CHECK ITEM: FIRST CHAR OF CNTL # "N" 1 YES 2 NO	1	1748 1748	INC_CK2
G.2	433	CHECK ITEM: SAMPLE PERSON IS 1 MALE 2 FEMALE	1	1749 1749	SSEX
1A	434	SERVE ACTIVE DUTY IN ARMED FORCES 1 YES 2 NO	1	1750 1750	INC_1A
1B	435	WHEN DID ... SERVE 1 WORLD WAR I 1 (MARKED) 2 WORLD WAR II 1 (MARKED) 3 KOREAN WAR 1 (MARKED) 4 VIETNAM ERA 1 (MARKED) 5 POST-VIETNAM 1 (MARKED) 6 OTHER SERVICE (ALL OTHER PERIODS) 1 (MARKED)	1 1 1 1 1 1 1 1	1751 1751 1752 1752 1753 1753 1754 1754 1755 1755 1756 1756	INC_1B_1 INC_1B_2 INC_1B_3 INC_1B_4 INC_1B_5 INC_1B_6
1C	436	ACTIVE MEMBER OF NATL GUARD 1 YES 2 NO 3 DK	1	1757 1757	INC_1C
1D	437	ALL ACTIVE DUTY RELATED TO NATIONAL GUARD TRAINING 1 YES 2 NO	1	1758 1758	INC_1D
2A	438	HAVE DISABILITY REALTED TO SERVING 1 YES 2 NO	1	1759 1759	INC_2A
2B	439	CURRENT VA DISABILITY RATING 001-100 PERCENT	3	1760 1762	INC_2B
3A	440	IS...OF SPANISH/HISPANIC ORIGIN 1 YES 2 NO	1	1763 1763	INC_3A
3B	441	RACE 1 WHITE 2 BLACK 3 ASIAN OR PACIFIC ISLANDER 4 AMERICAN INDIAN, ESKIMO, OR ALEUT 5 OTHER	1	1764 1764	INC_3B

4	442	TYPE OF PLACE...NOW LIVING 1 ALONE OR WITH OTHERS IN HOME 2 RETIREMENT HOME 3 BOARDING HOUSE, ROOMING HOUSE 4 FOSTER OR FAMILY CARE HOME 5 GROUP HOME 6 SEMI-INDEPENDENT SETTING 7 ANOTHER PLACE 8 DON'T KNOW	1	1765 1765	INC_4
13A	443	RECEIVE FOOD STAMPS 1 YES 2 NO	1	1766 1766	INC_13A
13B	444	WHAT WAS THE VALUE OF THE STAMPS 0000-9999	4	1767 1770	INC_13B
G.3	445	CHECK ITEM: SAM PER FAMILY IN HH NOW HAS 1 ONE OR MORE PERSONS UNDER 21 YRS 2 NO PERSONS UNDER 21 YRS	1	1771 1771	INC_CK2A
14A	446	RECEIVE ANY PYMT FROM AFDC OR ADC 1 YES 2 NO	1	1772 1772	INC_14A
14B	447	WHOSE NAME WAS ON THE CHECK PERSON NUMBER 01-48,99	2	1773 1774	INC_14B
14C	448	HOW MUCH WAS THE CHECK FOR 0001-9999	4	1775 1778	INC_14C
14D	449	WHOM DID THE CHECK COVER PERSON NUMBER 01-48,99	2	1779 1780	INC_14D1
	450	PERSON NUMBER 01-48,99	2	1781 1782	INC_14D2
	451	PERSON NUMBER 01-48,99	2	1783 1784	INC_14D3
	452	PERSON NUMBER 01-48,99	2	1785 1786	INC_14D4
	453	PERSON NUMBER 01-48,99	2	1787 1788	INC_14D5
15A	454	RECEIVE WELFARE PAYMENTS 1 YES 2 NO	1	1789 1789	INC_15A
15B	455	WHOSE NAME WAS ON THE CHECK PERSON NUMBER 01-48	2	1790 1791	INC_15B
15C	456	HOW MUCH WAS THE CHECK FOR 0001-9999	4	1792 1795	INC_15C

15D		WHOM DID THE CHECK COVER			
	457	PERSON NUMBER 01-48,99	2	1796 1797	INC_15D1
	458	PERSON NUMBER 01-48,99	2	1798 1799	INC_15D2
	459	PERSON NUMBER 01-48,99	2	1800 1801	INC_15D3
	460	PERSON NUMBER 01-48,99	2	1802 1803	INC_15D4
	461	PERSON NUMBER 01-48,99	2	1804 1805	INC_15D5
18A	462	TOTAL COMBINED INCOME DURING LAST 12 MONTHS (INCLUDE ALL LIV W/ SAM PER,BUS,PENSIONS,ETC) 01 UNDER \$3,000 02 \$ 3,000 - \$ 3,999 03 4,000 - 4,999 04 5,000 - 5,999 05 6,000 - 6,999 06 7,000 - 7,999 07 8,000 - 8,999 08 9,000 - 9,999 09 10,000 - 11,999 10 12,000 - 14,999 11 15,000 - 19,999 12 20,000 - 24,999 13 25,000 - 29,999 14 30,000 - 39,999 15 40,000 - 49,999 16 50,000 OR MORE 88 REFUSED 99 DK	2	1806 1807	INC_18A
G.4	463	CHECK ITEM: FAMILY MEMBERS OVER 15 YRS-OTHER THEN SPOUSE-LIVING WITH SAMPLE PERSON 1 YES 2 NO	1	1808 1808	INC_CK3
18B	464	TOTAL COMBINED INCOME DURING LAST 12 MONTHS (INCLUDE ONLY INCOME FROM ... AND SPOUSE) 01 UNDER \$3,000 02 \$ 3,000 - \$ 3,999 03 4,000 - 4,999 04 5,000 - 5,999 05 6,000 - 6,999 06 7,000 - 7,999 07 8,000 - 8,999 08 9,000 - 9,999 09 10,000 - 11,999 10 12,000 - 14,999 11 15,000 - 19,999 12 20,000 - 24,999 13 25,000 - 29,999 14 30,000 - 39,999	2	1809 1810	INC_18B

15 40,000 - 49,999
 16 50,000 OR MORE
 88 REFUSED
 99 DK

19	465	NUMBER OF VEHICLES OWNED 00 NONE 01-99	2	1811 1812	INC_19
20A	466	SINCE 1984, .../SPOUSE SOLD HOUSE 1 YES 2 NO	1	1813 1813	INC_20A
20B		WHAT YEAR WAS HOUSE SOLD			
	467	84-99	2	1814 1815	INC_20B
	468	1 DK	1	1816 1816	INC_20B1
20C		WHY WAS HOUSE SOLD			
	469	1 NO LONGER NEEDED 1 (MARKED)	1	1817 1817	INC_20C1
		2 WANTED LESS EXPENSIVE HOUSE 1 (MARKED)	1	1818 1818	INC_20C2
		3 MARRIED/WIDOWED/DIVORCED/SEPARATED 1 (MARKED)	1	1819 1819	INC_20C3
		4 TO BE CLOSER TO FAMILY/FRIENDS 1 (MARKED)	1	1820 1820	INC_20C4
		5 TO HELP COVER MEDICAL EXPENSES 1 (MARKED)	1	1821 1821	INC_20C5
		6 EMPLOYMENT RELATED 1 (MARKED)	1	1822 1822	INC_20C6
	470	7 RETIRED AND RELOCATED 1 (MARKED)	1	1823 1823	INC_20C7
		8 TO BE CONVENIENT TO PUBLIC SERV 1 (MARKED)	1	1824 1824	INC_20C8
		9 OTHER 1 (MARKED)	1	1825 1825	INC_20C9
20D	471	SALE PROCEEDS USED FOR MED EXP 1 YES 2 NO	1	1826 1826	INC_20D
21A	472	LIVNG QTRS OWNED/BEING BOUGHT BY SOMEONE LIVING IN HOUSEHOLD 1 YES 2 NO	1	1827 1827	INC_21A
21B	473	RENT LIVNG QTRS/OCCUPY W/OUT PAY 1 RENTED FOR CASH 2 OCCUPIED W/OUT PAYMENT OF RENT	1	1828 1828	INC_21B
22	474	ABOUT HOW MUCH IS MONTHLY RENT 000001-999999	6	1829 1834	INC_22
23		IN WHOSE NAME IS HOUSE/APT RENTED			
	475	1 HOUSEHOLD MEMBER(S) 1 (MARKED)	1	1835 1835	INC_23_1
	476	PERSON NUMBER	2	1836 1837	INC_23_1A

		01-20,99						
	477	PERSON NUMBER	2	1838	1839	INC_23_1B		
		01-20,99						
	478	2 CHILDREN NONHOUSEHOLD MEMBERS	1	1840	1840	INC_23_2		
		1 (MARKED)						
	479	PERSON NUMBER	2	1841	1842	INC_23_2A		
		31-48,99						
	480	PERSON NUMBER	2	1843	1844	INC_23_2B		
		31-48,99						
	481	PERSON NUMBER	2	1845	1846	INC_23_2C		
		31-48,99						
	482	PERSON NUMBER	2	1847	1848	INC_23_2D		
		31-48,99						
	483	3 OTHER NONHOUSEHOLD MEMBER(S)	1	1849	1849	INC_23_3		
		1 (MARKED)						
24A	484	PRESENT VALUE OF HOME	1	1850	1850	INC_24B		
		1 UNDER \$20,000						
		2 \$ 20,000 - \$ 34,999						
		3 35,000 - 49,999						
		4 50,000 - 74,999						
		5 75,000 - 99,999						
		6 100,000 - 149,999						
		7 150,000 OR MORE						
24B	485	IS THERE A MORTGAGE/INDEBTEDNESS	1	1851	1851	INC_24C		
		1 YES						
		2 NO						
24C	486	HOW MUCH IS STILL OWED	6	1852	1857	INC_24D		
		000000-999999						
24D	487	HOW MUCH IS THE MORTGAGE PYMT	6	1858	1863	INC_24E		
		000000-999999						
25		WHO OWNS THIS HOUSE/APARTMENT						
	488	1 HOUSEHOLD MEMBER(S)	1	1864	1864	INC_25_1		
		1 (MARKED)						
	489	PERSON NUMBER	2	1865	1866	INC_25_1A		
		02-20,99						
	490	PERSON NUMBER	2	1867	1868	INC_25_1B		
		02-20,99						
	491	2 CHILDREN NONHOUSEHOLD MEMBERS	1	1869	1869	INC_25_2		
		1 (MARKED)						
	492	PERSON NUMBER	2	1870	1871	INC_25_2A		
		31-48,99						
	493	PERSON NUMBER	2	1872	1873	INC_25_2B		
		31-48,99						
	494	PERSON NUMBER	2	1874	1875	INC_25_2C		
		31-48,99						
	495	PERSON NUMBER	2	1876	1877	INC_25_2D		
		31-48,99						
	496	3 OTHER NONHOUSEHOLD MEMBER(S)	1	1878	1878	INC_25_3		
		1 (MARKED)						
26A		DURING LAST MO,DID.../SPOUSE OWN:						
	497	(1) SAVINGS ACCOUNTS IN BANK	1	1879	1879	INC_26A1		

	1	YES				
	2	NO				
498		TOTAL VALUE AS OF TODAY				
		DOLLARS	6	1880	1885	INC_26B1
		000000-999999				
499	8	DK	1	1886	1886	INC_26B1_DK
	9	REFUSED				
500		ARE ACCOUNTS JOINTLY OWNED	1	1887	1887	INC_26C1
	1	YES				
	2	NO				
501	(2)	CERT OF DEPOSIT/SAV CERT	1	1888	1888	INC_26A2
	1	YES				
	2	NO				
		TOTAL VALUE AS OF TODAY				
502		DOLLARS	6	1889	1894	INC_26B2
		000000-999999				
503	8	DK	1	1895	1895	INC_26B2_DK
	9	REFUSED				
504		ARE CERTIFICATES JOINTLY OWNED	1	1896	1896	INC_26C2
	1	YES				
	2	NO				
505	(3)	MONEY MARKET FUNDS	1	1897	1897	INC_26A3
	1	YES				
	2	NO				
		TOTAL VALUE AS OF TODAY				
506		DOLLARS	6	1898	1903	INC_26B3
		000000-999999				
507	8	DK	1	1904	1904	INC_26B3_DK
	9	REFUSED				
508		ARE MM FUNDS JOINTLY OWNED	1	1905	1905	INC_26C3
	1	YES				
	2	NO				
509	(4)	U.S. GOVT SECURITIES/BONDS	1	1906	1906	INC_26A4
	1	YES				
	2	NO				
		TOTAL VALUE AS OF TODAY				
510		DOLLARS	6	1907	1912	INC_26B4
		000000-999999				
511	8	DK	1	1913	1913	INC_26B4_DK
	9	REFUSED				
512		ARE GOVT SEC JOINTLY OWNED	1	1914	1914	INC_26C4
	1	YES				
	2	NO				
513	(5)	MUNICIPAL OR CORPORATE BONDS	1	1915	1915	INC_26A5
	1	YES				
	2	NO				
		TOTAL VALUE AS OF TODAY				
514		DOLLARS	6	1916	1921	INC_26B5
		000000-999999				
515	8	DK	1	1922	1922	INC_26B5_DK
	9	REFUSED				
516		ARE BONDS JOINTLY OWNED	1	1923	1923	INC_26C5
	1	YES				

2 NO

517	(6) MONEY MARKET ACCOUNTS	1	1924	1924	INC_26A6
	1 YES				
	2 NO				
	TOTAL VALUE AS OF TODAY				
518	DOLLARS	6	1925	1930	INC_26B6
	000000-999999				
519	8 DK	1	1931	1931	INC_26B6_DK
	9 REFUSED				
520	ARE MM ACCOUNTS JOINTLY OWNED	1	1932	1932	INC_26C6
	1 YES				
	2 NO				
521	(7) MORTGAGES	1	1933	1933	INC_26A7
	1 YES				
	2 NO				
	TOTAL VALUE AS OF TODAY				
522	DOLLARS	6	1934	1939	INC_26B7
	000000-999999				
523	8 DK	1	1940	1940	INC_26B7_DK
	9 REFUSED				
524	ARE MORTGAGES JOINTLY OWNED	1	1941	1941	INC_26C7
	1 YES				
	2 NO				
525	(8) OTHER INTEREST-EARNING ASSETS	1	1942	1942	INC_26A8
	1 YES				
	2 NO				
	TOTAL VALUE AS OF TODAY				
526	DOLLARS	6	1943	1948	INC_26B8
	000000-999999				
527	8 DK	1	1949	1949	INC_26B8_DK
	9 REFUSED				
528	ARE ASSETS JOINTLY OWNED	1	1950	1950	INC_26C8
	1 YES				
	2 NO				
27A	DURING LAST MO,DID.../SPOUSE HAVE:				
529	(1) STOCKS OR MUTUAL FUND SHARES	1	1951	1951	INC_27A1
	1 YES				
	2 NO				
	TOTAL VALUE AS OF TODAY				
530	DOLLARS	6	1952	1957	INC_27B1
	000000-999999				
531	8 DK	1	1958	1958	INC_27B1_DK
	9 REFUSED				
532	ARE SHARES JOINTLY OWNED	1	1959	1959	INC_27C1
	1 YES				
	2 NO				
533	(2) PROPERTY WITH RENTAL INCOME	1	1960	1960	INC_27A2
	1 YES				
	2 NO				
	TOTAL VALUE AS OF TODAY				
534	DOLLARS	6	1961	1966	INC_27B2
	000000-999999				

535	8 DK	1	1967 1967	INC_27B2_DK
	9 REFUSED			
536	IS PROPERTY JOINTLY OWNED	1	1968 1968	INC_27C2
	1 YES			
	2 NO			
537	(3) FINANCIAL INTEREST IN A BUSINESS	1	1969 1969	INC_27A3
	1 YES			
	2 NO			
	TOTAL VALUE AS OF TODAY			
538	DOLLARS	6	1970 1975	INC_27B3
	000000-999999			
539	8 DK	1	1976 1976	INC_27B3_DK
	9 REFUSED			
540	ARE INVESTMENTS JOINTLY OWNED	1	1977 1977	INC_27C3
	1 YES			
	2 NO			
541	(4) ANY OTHER FINANCIAL INVESTMENTS	1	1978 1978	INC_27A4
	1 YES			
	2 NO			
	TOTAL VALUE AS OF TODAY			
542	DOLLARS	6	1979 1984	INC_27B4
	000000-999999			
543	8 DK	1	1985 1985	INC_27B4_DK
	9 REFUSED			
544	ARE INVESTMENTS JOINTLY OWNED	1	1986 1986	INC_27C4
	1 YES			
	2 NO			

SECTION H FIELD REPRESENTATIVE OBSERVATIONS

H.1	545	CHECK ITEM	1	1987 1987	OBS_FR1
		1 SAMPLE PER ANSWERED ALL QUESTIONS			
		2 PROXY ANSWERED ALL QUESTIONS			
		3 BOTH SAMPLE PERSON AND PROXY ANSWERED ALL QUESTIONS			
1		WHAT IS THE PROXY'S PERSON NUMBER			
	546	PERSON NUMBER	2	1988 1989	OBS_PRN1
		01-48,99			
	547	PERSON NUMBER	2	1990 1991	OBS_PRN2
		01-48,99			
2		DID SAMPLE PERSON SHOW ANY SIGNS OF CONFUSION AT ANY TIME DURING THE INTERVIEW			
	548	1 YES	1	1992 1992	OBS_7_1
	549	2 NO	1	1993 1993	OBS_7_2

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CAREGIVER SELECTION PROCEDURE

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
1	550	CHECK ITEM ARE ALL HELPERS LISTED ON FLAP PAID TO HELP SAMPLE PERSON 1 YES 2 NO	1	1994 1994 CKITEM_1
2	551	CHECK ITEM DID ANY UNPAID HELPERS SPEND HOURS ON ADL ACTIVITIES 1 YES 2 NO	1	1995 1995 CKITEM_2
3	552	CHECK ITEM ARE ANY UNPAID HELPERS TIED FOR THE LARGEST NUMBER ENTERED IN 3D 1 YES 2 NO	1	1996 1996 CKITEM_3
4	553	CHECK ITEM DID ANY UNPAID HELPERS SPEND TIME ON IADL ACTIVITIES 1 YES 2 NO	1	1997 1997 CKITEM_4
5	554	CHECK ITEM ARE ANY UNPAID HELPERS TIED FOR THE LARGEST NUMBER ENTERED IN 3E 1 YES 2 NO	1	1998 1998 CKITEM_5
6	555	CHECK ITEM CAREGIVER SELECTED PERSON NUMBER 02-48,99	2	1999 2000 CKITEM_6
7	556	CHECK ITEM IS THE CAREGIVER A MEMBER OF THE SAMPLE PERSON'S HOUSEHOLD 1 YES 2 NO	1	2001 2001 CKITEM_7
8	557	CHECK ITEM 1 NO CAREGIVER SELECTED - ALL HELPERS PAID 2 NO CAREGIVER SELECTED - NO ADL OR IADL HELP GIVEN	1	2002 2002 CKITEM_8

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PROGRAM 6 (CONT'D)--BACKFLAP

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
1		ACTIVITIES OF DAILY LIVING		
	558	1 EATING	1	2003 2003 ADL_EAT
		1 (MARKED)		
		2 GETTING IN/OUT OF BED	1	2004 2004 ADL_BED
		1 (MARKED)		
		3 DID NOT GET OUT OF BED AT ALL	1	2005 2005 ADL_IBD
		1 (MARKED)		
		4 GETTING AROUND INSIDE	1	2006 2006 ADL_INS
		1 (MARKED)		
		5 DID NOT GET AROUND INSIDE AT ALL	1	2007 2007 ADL_NAR
		1 (MARKED)		
		6 CONFINED TO A WHEELCHAIR	1	2008 2008 ADL_WHL
		1 (MARKED)		
	559	7 DRESSING	1	2009 2009 ADL_DRS
		1 (MARKED)		
		8 BATHING	1	2010 2010 ADL_BTH
		1 (MARKED)		
		9 GETTING TO THE BATHROOM OR USING THE TOILET	1	2011 2011 ADL_TOI
		1 (MARKED)		
2		INSTRUMENTAL ACT OF DAILY LIVING		
	560	1 DOING HEAVY WORK	1	2012 2012 IDL_HVW
		1 (MARKED)		
		2 DOING LIGHT WORK	1	2013 2013 IDL_TWK
		1 (MARKED)		
		3 DOING LAUNDRY	1	2014 2014 IDL_LND
		1 (MARKED)		
		4 PREPARING MEALS	1	2015 2015 IDL_MLS
		1 (MARKED)		
		5 SHOPPING FOR GROCERIES	1	2016 2016 IDL_SHP
		1 (MARKED)		
	561	6 GETTING AROUND OUTSIDE	1	2017 2017 IDL_OUT
		1 (MARKED)		
		7 GOING PLACES OUTSIDE WALK DIST	1	2018 2018 IDL_WLK
		1 (MARKED)		
		8 MANAGING MONEY	1	2019 2019 IDL_MON
		1 (MARKED)		
		9 MAKING TELEPHONE CALLS	1	2020 2020 IDL_TEL
		1 (MARKED)		

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RECODES FOR SECTION A - FUNCTIONAL STATUS
PART 3 - IADL AND HELPERS (ITEM 13A-C; SC 168-172)

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
RECODE 13A-C		HEALTH CONDITIONS...HAS TROUBLE W/ AND WHICH IS THE MAIN CONDITION		
		MAIN HEALTH CONDITION 1 INDICATES SC169 IS THE MAIN HEALTH PROBLEM BLANK INDICATES SC169 IS NOT THE MAIN HEALTH PROBLEM	1	2021 2021 RCMHC169
	169	RECODE OF SC169 RECODE WITH 2 IMPLIED DECIMALS	5	2022 2026 RECSC169
		MAIN HEALTH CONDITION 1 INDICATES SC170 IS THE MAIN HEALTH PROBLEM BLANK INDICATES SC170 IS NOT THE MAIN HEALTH PROBLEM	1	2027 2027 RCMHC170
	170	RECODE OF SC170 RECODE WITH 2 IMPLIED DECIMALS	5	2028 2032 RECSC170
		MAIN HEALTH CONDITION 1 INDICATES SC171 IS THE MAIN HEALTH PROBLEM BLANK INDICATES SC171 IS NOT THE MAIN HEALTH PROBLEM	1	2033 2033 RCMHC171
	171	RECODE OF SC171 RECODE WITH 2 IMPLIED DECIMALS	5	2034 2038 RECSC171
		MAIN HEALTH CONDITION 1 INDICATES SC172 IS THE MAIN HEALTH PROBLEM BLANK INDICATES SC172 IS NOT THE MAIN HEALTH PROBLEM	1	2039 2039 RCMHC172
	172	RECODE OF SC172 RECODE WITH 2 IMPLIED DECIMALS	5	2040 2044 RECSC172

NOTE: FOR PROGRAM 6, SOURCE CODE 168, THE 300 SERIES CODES WERE RECODED. IF THE CODE ENTERED IS NOT IN THE 300 SERIES CODES, THE VALUE IS GIVEN 2 IMPLIED DECIMALS AND RELOCATED TO THE RECODE LOCATIONS FOR ITEM 13A-C.

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PROGRAM 7 (IADL AND HELPERS) WITH
PROGRAM 10 (HELPERS-BACKFLAP) ATTACHED

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
		NUMBER OF IADL SEGMENTS USED MAXIMUM SEGMENTS USED = 6	2	2045 2046 NUM_IADL
		NUMBER OF MEIC SEGMENTS USED MAXIMUM SEGMENTS USED = 8	2	2047 2048 NUM_MEIC
PGM 10				
3B.1	001	COLUMN LABEL A-F	1	2049 2049 PGM10_1
		PERSON NUMBER 02-49,99	2	2050 2051 PGM10PN1
PGM 7				
	001	COLUMN LABEL A-F	1	2052 2052 PBM7_1
		PERSON NUMBER 02-48,99	2	2053 2054 HPA_NO
15A.1	002	IN PAST WK,DAYS HELPER HELPED BECAUSE OF A HEALTH PROBLEM 0 NONE 1-7 DAYS	1	2055 2055 HPA_1A
15B.1	003	HOW LONG HAS HELPER HELPED 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	2056 2056 HPA_1B
A.10.1	004	CHECK ITEM DOES HELPER ASSIST WITH ADL ACTIVITIES 1 YES 2 NO	1	2057 2057 HPA_CK1
15C.1		WHICH ACTIVITIES ... NEEDS HELP W/		
	005	1 EATING 1 (MARKED)	1	2058 2058 HPA_1C01
		2 GETTING IN/OUT OF BED 1 (MARKED)	1	2059 2059 HPA_1C02
		4 GETTING AROUND INSIDE 1 (MARKED)	1	2060 2060 HPA_1C04
		7 DRESSING 1 (MARKED)	1	2061 2061 HPA_1C07
		8 BATHING 1 (MARKED)	1	2062 2062 HPA_1C08
		9 GETTING TO/USING THE BATHROOM 1 (MARKED)	1	2063 2063 HPA_1C09

A.11.1	006	CHECK ITEM DOES HELPER ASSIST W/IADL ACTIVITIES 1 YES 2 NO	1	2064	2064	HPA_CK2
15F.1	007	HELPERS RELATION TO SAMPLE PERSON 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER 18 SON-IN-LAW 19 DAUGHTER-IN-LAW 20 OTHER MALE RELATIVE 21 OTHER FEMALE RELATIVE 22 MALE FRIEND 23 FEMALE FRIEND 24 SOMEONE HIRED 25 SOMEONE FROM HELPING ORGANIZATION 26 SOMEONE ELSE	2	2065	2066	HPA_1F
	008	COLUMN LABEL A-F	1	2067	2067	HLP_CNO
		PERSON NUMBER 02-48,99	2	2068	2069	HLP_PN1
15G.1	009	IS HELPER PAID TO HELP 1 YES 2 NO	1	2070	2070	HPA_1G
15H.1	010	WILL...PAY FOR HELP FROM HELPER 1 YES 2 NO	1	2071	2071	HPA_1K
15I.1	011	HOW MUCH 0001-9999	4	2072	2075	HPA_1L
15J.1	012	WILL INS/ANYONE ELSE PAY 1 YES 2 NO	1	2076	2076	HPA_1M
15K.1	013	WHO WILL END UP PAYING 11 FEE FOR SERVICE INS PLANS 1 (MARKED) 12 HMO/PREPAID GROUP 1 (MARKED) 13 MEDICARE 1 (MARKED) 14 MEDICAID 1 (MARKED) 15 HOUSEHOLD MEMBERS 1 (MARKED)	1	2077	2077	HPA_1N11
			1	2078	2078	HPA_1N12
			1	2079	2079	HPA_1N13
			1	2080	2080	HPA_1N14
			1	2081	2081	HPA_1N15
	014	PERSON NUMBER 02-20,99	2	2082	2083	HPA_1N15A

	PERSON NUMBER	2	2084	2085	HPA_1N15B
	02-20,99				
015	16 CHILDREN NOT IN HOUSEHOLD	1	2086	2086	HPA_1N16
	1 (MARKED)				
	01-99				
016	PERSON NUMBER	2	2087	2088	HPA_1N16A
	20-48,99				
	PERSON NUMBER	2	2089	2090	HPA_1N16B
	20-48,99				
	PERSON NUMBER	2	2091	2092	HPA_1N16C
	20-48,99				
	PERSON NUMBER	2	2093	2094	HPA_1N16D
	20-48,99				
	OTHER NONHOUSEHOLD MEMBERS				
017	17 FATHER	1	2095	2095	HPA_1N17
	1 (MARKED)				
	18 MOTHER	1	2096	2096	HPA_1N18
	1 (MARKED)				
	19 SON-IN-LAW	1	2097	2097	HPA_1N19
	1 (MARKED)				
	20 DAUGHTER-IN-LAW	1	2098	2098	HPA_1N20
	1 (MARKED)				
	21 BROTHER	1	2099	2099	HPA_1N21
	1 (MARKED)				
	22 SISTER	1	2100	2100	HPA_1N22
	1 (MARKED)				
	23 OTHER MALE RELATIVE	1	2101	2101	HPA_1N23
	1 (MARKED)				
	24 OTHER FEMALE RELATIVE	1	2102	2102	HPA_1N24
	1 (MARKED)				
	25 MALE FRIEND	1	2103	2103	HPA_1N25
	1 (MARKED)				
	26 FEMALE FRIEND	1	2104	2104	HPA_1N26
	1 (MARKED)				
	27 OTHER	1	2105	2105	HPA_1N27
	1 (MARKED)				

PGM 10 BACKFLAP

3C.1	TYPE OF HELP				
002	1 ANY ADL ACTIVITY	1	2106	2106	HPABF_3C1
	1 (MARKED)				
	2 DOING HOUSEWORK/LAUNDRY	1	2107	2107	HPABF_3C2
	1 (MARKED)				
	3 PREPARING MEALS	1	2108	2108	HPABF_3C3
	1 (MARKED)				
	4 SHOPPING FOR GROCERIES	1	2109	2109	HPABF_3C4
	1 (MARKED)				
	5 GETTING AROUND OUTSIDE	1	2110	2110	HPABF_3C5
	1 (MARKED)				
	6 GOING PLACES OUTSIDE WALK DIST	1	2111	2111	HPABF_3C6
	1 (MARKED)				
003	7 MANAGING MONEY	1	2112	2112	HPABF_3C7
	1 (MARKED)				
	8 TAKING MEDICINE	1	2113	2113	HPABF_3C8
	1 (MARKED)				
	9 NURSING SERVICES	1	2114	2114	HPABF_3C9

		1 (MARKED)				
3D.1	004	TOTAL HOURS SPENT ON ADL ACTIVITIES 000 NONE 001-999 HOURS	3	2115	2117	HP_1D_01
3E.1	005	TOTAL HOURS SPEND ON IADL ACTIVITY 000 NONE 001-999 HOURS	3	2118	2120	HP_1E_01
3F.1	006	PERSON IS PAID TO HELP 1 YES 2 NO	1	2121	2121	HP_1K_01
3G.1	007	HELPER SELECTED FOR CAREGIVER SURVEY 1 YES 2 NO	1	2122	2122	HP_SEL01
		PERSON NUMBER 2				
3B.1	001	COLUMN LABEL A-F PERSON NUMBER 02-49, 99	1	2123	2123	PGM10_2
			2	2124	2125	PGM10PN2
PGM 7						
	001	COLUMN LABEL A-F PERSON NUMBER 02-48, 99	1	2126	2126	PBM7_2
			2	2127	2128	HPB_NO
15A.1	002	IN PAST WK, DAYS HELPER HELPED BECAUSE OF A HEALTH PROBLEM 0 NONE 1-7 DAYS	1	2129	2129	HPB_1A
15B.1	003	HOW LONG HAS HELPER HELPED 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	2130	2130	HPB_1B
A.10.1	004	CHECK ITEM DOES HELPER ASSIST WITH ADL ACTIVITIES 1 YES 2 NO	1	2131	2131	HPB_CK1
15C.1	005	WHICH ACTIVITIES ... NEEDS HELP W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING	1	2132	2132	HPB_1C01
			1	2133	2133	HPB_1C02
			1	2134	2134	HPB_1C04
			1	2135	2135	HPB_1C07
			1	2136	2136	HPB_1C08

		1 (MARKED)				
		9 GETTING TO/USING THE BATHROOM	1	2137	2137	HPB_1C09
		1 (MARKED)				
A.11.1	006	CHECK ITEM	1	2138	2138	HPB_CK2
		DOES HELPER ASSIST W/IADL ACTIVITIES				
		1 YES				
		2 NO				
15F.1	007	HELPERS RELATION TO SAMPLE PERSON	2	2139	2140	HPB_1F
		11 SPOUSE				
		12 FATHER				
		13 MOTHER				
		14 SON				
		15 DAUGHTER				
		16 BROTHER				
		17 SISTER				
		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
		26 SOMEONE ELSE				
	008	COLUMN LABEL	1	2141	2141	HP1F2_02
		A-F				
		PERSON NUMBER	2	2142	2143	HLP_PN2
		02-48, 99				
15G.1	009	IS HELPER PAID TO HELP	1	2144	2144	HP_1G
		1 YES				
		2 NO				
15H.1	010	WILL...PAY FOR HELP FROM HELPER	1	2145	2145	HP_1H
		1 YES				
		2 NO				
15I.1	011	HOW MUCH	4	2146	2149	HP_1J
		0001-9999				
15J.1	012	WILL INS/ANYONE ELSE PAY	1	2150	2150	HPB_1K
		1 YES				
		2 NO				
15K.1	013	WHO WILL END UP PAYING				
		11 FEE FOR SERVICE INS PLANS	1	2151	2151	HPB_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	2152	2152	HPB_1N12
		1 (MARKED)				
		13 MEDICARE	1	2153	2153	HPB_1N13
		1 (MARKED)				
		14 MEDICAID	1	2154	2154	HPB_1N14
		1 (MARKED)				
		1 (MARKED)				

	15	HOUSEHOLD MEMBERS	1	2155	2155	HPB_1N15
	1	(MARKED)				
014		PERSON NUMBER	2	2156	2157	HPB_1N15A
		02-20, 99				
		PERSON NUMBER	2	2158	2159	HPB_1N15B
		02-20, 99				
015	16	CHILDREN NOT IN HOUSEHOLD	1	2160	2160	HPB_1N16
	1	(MARKED)				
		01-99				
016		PERSON NUMBER	2	2161	2162	HPB_1N16A
		20-48, 99				
		PERSON NUMBER	2	2163	2164	HPB_1N16B
		20-48, 99				
		PERSON NUMBER	2	2165	2166	HPB_1N16C
		20-48, 99				
		PERSON NUMBER	2	2167	2168	HPB_1N16D
		20-48, 99				
		OTHER NONHOUSEHOLD MEMBERS				
017	17	FATHER	1	2169	2169	HPB_1N17
	1	(MARKED)				
	18	MOTHER	1	2170	2170	HPB_1N18
	1	(MARKED)				
	19	SON-IN-LAW	1	2171	2171	HPB_1N19
	1	(MARKED)				
	20	DAUGHTER-IN-LAW	1	2172	2172	HPB_1N20
	1	(MARKED)				
21	21	BROTHER	1	2173	2173	HPB_1N21
	1	(MARKED)				
	22	SISTER	1	2174	2174	HPB_1N22
	1	(MARKED)				
	23	OTHER MALE RELATIVE	1	2175	2175	HPB_1N23
	1	(MARKED)				
	24	OTHER FEMALE RELATIVE	1	2176	2176	HPB_1N24
	1	(MARKED)				
	25	MALE FRIEND	1	2177	2177	HPB_1N25
	1	(MARKED)				
	26	FEMALE FRIEND	1	2178	2178	HPB_1N26
	1	(MARKED)				
	27	OTHER	1	2179	2179	HPB_1N27
	1	(MARKED)				

PGM 10 BACKFLAP

3C.1		TYPE OF HELP				
002	1	ANY ADL ACTIVITY	1	2180	2180	HPBBF_3C1
	1	(MARKED)				
	2	DOING HOUSEWORK/LAUNDRY	1	2181	2181	HPBBF_3C2
	1	(MARKED)				
	3	PREPARING MEALS	1	2182	2182	HPBBF_3C3
	1	(MARKED)				
	4	SHOPPING FOR GROCERIES	1	2183	2183	HPBBF_3C4
	1	(MARKED)				
	5	GETTING AROUND OUTSIDE	1	2184	2184	HPBBF_3C5
	1	(MARKED)				
	6	GOING PLACES OUTSIDE WALK DIST	1	2185	2185	HPBBF_3C6
	1	(MARKED)				
003	7	MANAGING MONEY	1	2186	2186	HPBBF_3C7

		1 (MARKED)				
		8 TAKING MEDICINE	1	2187	2187	HPBBF_3C8
		1 (MARKED)				
		9 NURSING SERVICES	1	2188	2188	HPBBF_3C9
		1 (MARKED)				
3D.1	004	TOTAL HOURS SPENT ON ADL ACTIVITIES	3	2189	2191	HP_1D_02
		000 NONE				
		001-999 HOURS				
3E.1	005	TOTAL HOURS SPEND ON IADL ACTIVITY	3	2192	2194	HP_1E_02
		000 NONE				
		001-999 HOURS				
3F.1	006	PERSON IS PAID TO HELP	1	2195	2195	HP_1K_02
		1 YES				
		2 NO				
3G.1	007	HELPER SELECTED FOR CAREGIVER SURVEY	1	2196	2196	HP_SEL02
		1 YES				
		2 NO				
		PERSON NUMBER 3				
3B.1	001	COLUMN LABEL	1	2197	2197	PGM10_3
		A-F				
		PERSON NUMBER	2	2198	2199	PGM10PN3
		02-49,99				
PGM 7						
	001	COLUMN LABEL	1	2200	2200	PBM7_3
		A-F				
		PERSON NUMBER	2	2201	2202	HPC_NO
		02-48,99				
15A.1	002	IN PAST WK,DAYS HELPER HELPED BECAUSE OF A HEALTH PROBLEM	1	2203	2203	HPC_1A
		0 NONE				
		1-7 DAYS				
15B.1	003	HOW LONG HAS HELPER HELPED	1	2204	2204	HPC_1B
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				
A.10.1	004	CHECK ITEM DOES HELPER ASSIST WITH ADL ACTIVITIES	1	2205	2205	HPC_CK1
		1 YES				
		2 NO				
15C.1		WHICH ACTIVITIES ... NEEDS HELP W/				
	005	1 EATING	1	2206	2206	HPC_1C01
		1 (MARKED)				
		2 GETTING IN/OUT OF BED	1	2207	2207	HPC_1C02
		1 (MARKED)				

		4 GETTING AROUND INSIDE	1	2208	2208	HPC_1C04
		1 (MARKED)				
		7 DRESSING	1	2209	2209	HPC_1C07
		1 (MARKED)				
		8 BATHING	1	2210	2210	HPC_1C08
		1 (MARKED)				
		9 GETTING TO/USING THE BATHROOM	1	2211	2211	HPC_1C09
		1 (MARKED)				
A.11.1	006	CHECK ITEM	1	2212	2212	HPC_CK2
		DOES HELPER ASSIST W/IADL ACTIVITIES				
		1 YES				
		2 NO				
15F.1	007	HELPERS RELATION TO SAMPLE PERSON	2	2213	2214	HPC_1F
		11 SPOUSE				
		12 FATHER				
		13 MOTHER				
		14 SON				
		15 DAUGHTER				
		16 BROTHER				
		17 SISTER				
		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
		26 SOMEONE ELSE				
	008	COLUMN LABEL	1	2215	2215	HP1F2_03
		A-F				
		PERSON NUMBER	2	2216	2217	HLP_PN3
		02-48,99				
15G.1	009	IS HELPER PAID TO HELP	1	2218	2218	HP_1G
		1 YES				
		2 NO				
15H.1	010	WILL...PAY FOR HELP FROM HELPER	1	2219	2219	HP_1H
		1 YES				
		2 NO				
15I.1	011	HOW MUCH	4	2220	2223	HP_1J
		0001-9999				
15J.1	012	WILL INS/ANYONE ELSE PAY	1	2224	2224	HPC_1K
		1 YES				
		2 NO				
15K.1	013	WHO WILL END UP PAYING				
		11 FEE FOR SERVICE INS PLANS	1	2225	2225	HPC_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	2226	2226	HPC_1N12
		1 (MARKED)				

	13	MEDICARE	1	2227	2227	HPC_1N13
	1	(MARKED)				
	14	MEDICAID	1	2228	2228	HPC_1N14
	1	(MARKED)				
	1	(MARKED)				
	15	HOUSEHOLD MEMBERS	1	2229	2229	HPC_1N15
	1	(MARKED)				
014		PERSON NUMBER	2	2230	2231	HPC_1N15A
		02-20,99				
		PERSON NUMBER	2	2232	2233	HPC_1N15B
		02-20,99				
015	16	CHILDREN NOT IN HOUSEHOLD	1	2234	2234	HPC_1N16
	1	(MARKED)				
		01-99				
016		PERSON NUMBER	2	2235	2236	HPC_1N16A
		20-48,99				
		PERSON NUMBER	2	2237	2238	HPC_1N16B
		20-48,99				
		PERSON NUMBER	2	2239	2240	HPC_1N16C
		20-48,99				
		PERSON NUMBER	2	2241	2242	HPC_1N16D
		20-48,99				
		OTHER NONHOUSEHOLD MEMBERS				
017	17	FATHER	1	2243	2243	HPC_1N17
	1	(MARKED)				
	18	MOTHER	1	2244	2244	HPC_1N18
	1	(MARKED)				
	19	SON-IN-LAW	1	2245	2245	HPC_1N19
	1	(MARKED)				
	20	DAUGHTER-IN-LAW	1	2246	2246	HPC_1N20
	1	(MARKED)				
21	21	BROTHER	1	2247	2247	HPC_1N21
	1	(MARKED)				
22	22	SISTER	1	2248	2248	HPC_1N22
	1	(MARKED)				
	23	OTHER MALE RELATIVE	1	2249	2249	HPC_1N23
	1	(MARKED)				
	24	OTHER FEMALE RELATIVE	1	2250	2250	HPC_1N24
	1	(MARKED)				
	25	MALE FRIEND	1	2251	2251	HPC_1N25
	1	(MARKED)				
	26	FEMALE FRIEND	1	2252	2252	HPC_1N26
	1	(MARKED)				
	27	OTHER	1	2253	2253	HPC_1N27
	1	(MARKED)				

PGM 10 BACKFLAP

3C.1		TYPE OF HELP				
002	1	ANY ADL ACTIVITY	1	2254	2254	HPCBF_3C1
	1	(MARKED)				
	2	DOING HOUSEWORK/LAUNDRY	1	2255	2255	HPCBF_3C2
	1	(MARKED)				
	3	PREPARING MEALS	1	2256	2256	HPCBF_3C3
	1	(MARKED)				
	4	SHOPPING FOR GROCERIES	1	2257	2257	HPCBF_3C4
	1	(MARKED)				

		5 GETTING AROUND OUTSIDE 1 (MARKED)	1	2258	2258	HPCBF_3C5
		6 GOING PLACES OUTSIDE WALK DIST 1 (MARKED)	1	2259	2259	HPCBF_3C6
003		7 MANAGING MONEY 1 (MARKED)	1	2260	2260	HPCBF_3C7
		8 TAKING MEDICINE 1 (MARKED)	1	2261	2261	HPCBF_3C8
		9 NURSING SERVICES 1 (MARKED)	1	2262	2262	HPCBF_3C9
3D.1	004	TOTAL HOURS SPENT ON ADL ACTIVITIES 000 NONE 001-999 HOURS	3	2263	2265	HP_1D_03
3E.1	005	TOTAL HOURS SPEND ON IADL ACTIVITY 000 NONE 001-999 HOURS	3	2266	2268	HP_1E_03
3F.1	006	PERSON IS PAID TO HELP 1 YES 2 NO	1	2269	2269	HP_1K_03
3G.1	007	HELPER SELECTED FOR CAREGIVER SURVEY 1 YES 2 NO	1	2270	2270	HP_SEL03
		PERSON NUMBER 4				
3B.1	001	COLUMN LABEL A-F PERSON NUMBER 02-49,99	1	2271	2271	PGM10_4
			2	2272	2273	PGM10PN4
PGM 7						
	001	COLUMN LABEL A-F PERSON NUMBER 02-48,99	1	2274	2274	PBM7_4
			2	2275	2276	HPD_NO
15A.1	002	IN PAST WK,DAYS HELPER HELPED BECAUSE OF A HEALTH PROBLEM 0 NONE 1-7 DAYS	1	2277	2277	HPD_1A
15B.1	003	HOW LONG HAS HELPER HELPED 1 LESS THAN 3 MONTHS 2 3 MONTHS TO LESS THAN 6 MONTHS 3 6 MONTHS TO LESS THAN 1 YEAR 4 1 YEAR TO LESS THAN 5 YEARS 5 5 YEARS OR OVER	1	2278	2278	HPD_1B
A.10.1	004	CHECK ITEM DOES HELPER ASSIST WITH ADL ACTIVITIES 1 YES 2 NO	1	2279	2279	HPD_CK1

15C.1		WHICH ACTIVITIES ... NEEDS HELP W/				
	005	1 EATING	1	2280	2280	HP1C1
		1 (MARKED)				
		2 GETTING IN/OUT OF BED	1	2281	2281	HP1C2
		1 (MARKED)				
		4 GETTING AROUND INSIDE	1	2282	2282	HP1C4
		1 (MARKED)				
		7 DRESSING	1	2283	2283	HP1C7
		1 (MARKED)				
		8 BATHING	1	2284	2284	HP1C8
		1 (MARKED)				
		9 GETTING TO/USING THE BATHROOM	1	2285	2285	HP1C9
		1 (MARKED)				
A.11.1	006	CHECK ITEM	1	2286	2286	HPD_CK2
		DOES HELPER ASSIST W/IADL ACTIVITIES				
		1 YES				
		2 NO				
15F.1	007	HELPERS RELATION TO SAMPLE PERSON	2	2287	2288	HPD_1F
		11 SPOUSE				
		12 FATHER				
		13 MOTHER				
		14 SON				
		15 DAUGHTER				
		16 BROTHER				
		17 SISTER				
		18 SON-IN-LAW				
		19 DAUGHTER-IN-LAW				
		20 OTHER MALE RELATIVE				
		21 OTHER FEMALE RELATIVE				
		22 MALE FRIEND				
		23 FEMALE FRIEND				
		24 SOMEONE HIRED				
		25 SOMEONE FROM HELPING ORGANIZATION				
		26 SOMEONE ELSE				
	008	COLUMN LABEL	1	2289	2289	HP1F2_04
		A-F				
		PERSON NUMBER	2	2290	2291	HLP_PN4
		02-48,99				
15G.1	009	IS HELPER PAID TO HELP	1	2292	2292	HP_1G
		1 YES				
		2 NO				
15H.1	010	WILL...PAY FOR HELP FROM HELPER	1	2293	2293	HP_1H
		1 YES				
		2 NO				
15I.1	011	HOW MUCH	4	2294	2297	HP_1J
		0001-9999				
15J.1	012	WILL INS/ANYONE ELSE PAY	1	2298	2298	HP_1M
		1 YES				
		2 NO				

15K.1		WHO WILL END UP PAYING				
	013	11 FEE FOR SERVICE INS PLANS	1	2299	2299	HPD_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	2300	2300	HPD_1N12
		1 (MARKED)				
		13 MEDICARE	1	2301	2301	HPD_1N13
		1 (MARKED)				
		14 MEDICAID	1	2302	2302	HPD_1N14
		1 (MARKED)				
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	2303	2303	HPD_1N15
		1 (MARKED)				
	014	PERSON NUMBER	2	2304	2305	HPD_1N15A
		02-20,99				
		PERSON NUMBER	2	2306	2307	HPD_1N15B
		02-20,99				
	015	16 CHILDREN NOT IN HOUSEHOLD	1	2308	2308	HPD_1N16
		1 (MARKED)				
		01-99				
	016	PERSON NUMBER	2	2309	2310	HPD_1N16A
		20-48,99				
		PERSON NUMBER	2	2311	2312	HPD_1N16B
		20-48,99				
		PERSON NUMBER	2	2313	2314	HPD_1N16C
		20-48,99				
		PERSON NUMBER	2	2315	2316	HPD_1N16D
		20-48,99				
		OTHER NONHOUSEHOLD MEMBERS				
	017	17 FATHER	1	2317	2317	HPD_1N17
		1 (MARKED)				
		18 MOTHER	1	2318	2318	HPD_1N18
		1 (MARKED)				
		19 SON-IN-LAW	1	2319	2319	HPD_1N19
		1 (MARKED)				
		20 DAUGHTER-IN-LAW	1	2320	2320	HPD_1N20
		1 (MARKED)				
		21 BROTHER	1	2321	2321	HPD_1N21
		1 (MARKED)				
	22	SISTER	1	2322	2322	HPD_1N22
		1 (MARKED)				
	23	OTHER MALE RELATIVE	1	2323	2323	HPD_1N23
		1 (MARKED)				
		24 OTHER FEMALE RELATIVE	1	2324	2324	HPD_1N24
		1 (MARKED)				
		25 MALE FRIEND	1	2325	2325	HPD_1N25
		1 (MARKED)				
		26 FEMALE FRIEND	1	2326	2326	HPD_1N26
		1 (MARKED)				
		27 OTHER	1	2327	2327	HPD_1N27
		1 (MARKED)				

PGM 10 BACKFLAP

3C.1		TYPE OF HELP				
	002	1 ANY ADL ACTIVITY	1	2328	2328	HPDBF_3C1
		1 (MARKED)				
		2 DOING HOUSEWORK/LAUNDRY	1	2329	2329	HPDBF_3C2

		1 (MARKED)				
		3 PREPARING MEALS	1	2330	2330	HPDBF_3C3
		1 (MARKED)				
		4 SHOPPING FOR GROCERIES	1	2331	2331	HPDBF_3C4
		1 (MARKED)				
		5 GETTING AROUND OUTSIDE	1	2332	2332	HPDBF_3C5
		1 (MARKED)				
		6 GOING PLACES OUTSIDE WALK DIST	1	2333	2333	HPDBF_3C6
		1 (MARKED)				
003		7 MANAGING MONEY	1	2334	2334	HPDBF_3C7
		1 (MARKED)				
		8 TAKING MEDICINE	1	2335	2335	HPDBF_3C8
		1 (MARKED)				
		9 NURSING SERVICES	1	2336	2336	HPDBF_3C9
		1 (MARKED)				
3D.1	004	TOTAL HOURS SPENT ON ADL ACTIVITIES	3	2337	2339	HP_1D_04
		000 NONE				
		001-999 HOURS				
3E.1	005	TOTAL HOURS SPEND ON IADL ACTIVITY	3	2340	2342	HP_1E_04
		000 NONE				
		001-999 HOURS				
3F.1	006	PERSON IS PAID TO HELP	1	2343	2343	HP_1K_04
		1 YES				
		2 NO				
3G.1	007	HELPER SELECTED FOR CAREGIVER SURVEY	1	2344	2344	HP_SEL04
		1 YES				
		2 NO				
		PERSON NUMBER 5				
3B.1	001	COLUMN LABEL	1	2345	2345	PGM10_5
		A-F				
		PERSON NUMBER	2	2346	2347	PGM10PN5
		02-49,99				
PGM 7						
	001	COLUMN LABEL	1	2348	2348	PBM7_5
		A-F				
		PERSON NUMBER	2	2349	2350	HPE_NO
		02-48,99				
15A.1	002	IN PAST WK,DAYS HELPER HELPED	1	2351	2351	HPE_1A
		BECAUSE OF A HEALTH PROBLEM				
		0 NONE				
		1-7 DAYS				
15B.1	003	HOW LONG HAS HELPER HELPED	1	2352	2352	HPE_1B
		1 LESS THAN 3 MONTHS				
		2 3 MONTHS TO LESS THAN 6 MONTHS				
		3 6 MONTHS TO LESS THAN 1 YEAR				
		4 1 YEAR TO LESS THAN 5 YEARS				
		5 5 YEARS OR OVER				

A.10.1	004	CHECK ITEM DOES HELPER ASSIST WITH ADL ACTIVITIES 1 YES 2 NO	1	2353	2353	HPE_CK1
15C.1	005	WHICH ACTIVITIES ... NEEDS HELP W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO/USING THE BATHROOM 1 (MARKED)	1 1 1 1 1 1 1 1	2354 2355 2356 2357 2358 2359	2354 2355 2356 2357 2358 2359	HPE_1C01 HPE_1C02 HPE_1C04 HPE_1C07 HPE_1C08 HPE_1C09
A.11.1	006	CHECK ITEM DOES HELPER ASSIST W/IADL ACTIVITIES 1 YES 2 NO	1	2360	2360	HPE_CK2
15F.1	007	HELPERS RELATION TO SAMPLE PERSON 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER 18 SON-IN-LAW 19 DAUGHTER-IN-LAW 20 OTHER MALE RELATIVE 21 OTHER FEMALE RELATIVE 22 MALE FRIEND 23 FEMALE FRIEND 24 SOMEONE HIRED 25 SOMEONE FROM HELPING ORGANIZATION 26 SOMEONE ELSE	2	2361	2362	HPE_1F
	008	COLUMN LABEL A-F PERSON NUMBER 02-48,99	1 2	2363 2364	2363 2365	HP1F2_05 HLP_PN5
15G.1	009	IS HELPER PAID TO HELP 1 YES 2 NO	1	2366	2366	HPE_1G
15H.1	010	WILL...PAY FOR HELP FROM HELPER 1 YES 2 NO	1	2367	2367	HPE_1H
15I.1	011	HOW MUCH 0001-9999	4	2368	2371	HPE_1J

15J.1	012	WILL INS/ANYONE ELSE PAY	1	2372	2372	HPE_1M
		1 YES				
		2 NO				
15K.1		WHO WILL END UP PAYING				
	013	11 FEE FOR SERVICE INS PLANS	1	2373	2373	HPE_1N11
		1 (MARKED)				
		12 HMO/PREPAID GROUP	1	2374	2374	HPE_1N12
		1 (MARKED)				
		13 MEDICARE	1	2375	2375	HPE_1N13
		1 (MARKED)				
		14 MEDICAID	1	2376	2376	HPE_1N14
		1 (MARKED)				
		1 (MARKED)				
		15 HOUSEHOLD MEMBERS	1	2377	2377	HPE_1N15
		1 (MARKED)				
	014	PERSON NUMBER	2	2378	2379	HPE_1N15A
		02-20,99				
		PERSON NUMBER	2	2380	2381	HPE_1N15B
		02-20,99				
	015	16 CHILDREN NOT IN HOUSEHOLD	1	2382	2382	HPE_1N16
		1 (MARKED)				
		01-99				
	016	PERSON NUMBER	2	2383	2384	HPE_1N16A
		20-48,99				
		PERSON NUMBER	2	2385	2386	HPE_1N16B
		20-48,99				
		PERSON NUMBER	2	2387	2388	HPE_1N16C
		20-48,99				
		PERSON NUMBER	2	2389	2390	HPE_1N16D
		20-48,99				
		OTHER NONHOUSEHOLD MEMBERS				
	017	17 FATHER	1	2391	2391	HPE_1N17
		1 (MARKED)				
		18 MOTHER	1	2392	2392	HPE_1N18
		1 (MARKED)				
		19 SON-IN-LAW	1	2393	2393	HPE_1N19
		1 (MARKED)				
		20 DAUGHTER-IN-LAW	1	2394	2394	HPE_1N20
		1 (MARKED)				
		21 BROTHER	1	2395	2395	HPE_1N21
		1 (MARKED)				
		22 SISTER	1	2396	2396	HPE_1N22
		1 (MARKED)				
	23	OTHER MALE RELATIVE	1	2397	2397	HPE_1N23
		1 (MARKED)				
	24	OTHER FEMALE RELATIVE	1	2398	2398	HPE_1N24
		1 (MARKED)				
		25 MALE FRIEND	1	2399	2399	HPE_1N25
		1 (MARKED)				
		26 FEMALE FRIEND	1	2400	2400	HPE_1N26
		1 (MARKED)				
		27 OTHER	1	2401	2401	HPE_1N27
		1 (MARKED)				

3C.1		TYPE OF HELP				
	002	1 ANY ADL ACTIVITY	1	2402	2402	HPEBF_3C1
		1 (MARKED)				
		2 DOING HOUSEWORK/LAUNDRY	1	2403	2403	HPEBF_3C2
		1 (MARKED)				
		3 PREPARING MEALS	1	2404	2404	HPEBF_3C3
		1 (MARKED)				
		4 SHOPPING FOR GROCERIES	1	2405	2405	HPEBF_3C4
		1 (MARKED)				
		5 GETTING AROUND OUTSIDE	1	2406	2406	HPEBF_3C5
		1 (MARKED)				
		6 GOING PLACES OUTSIDE WALK DIST	1	2407	2407	HPEBF_3C6
		1 (MARKED)				
	003	7 MANAGING MONEY	1	2408	2408	HPEBF_3C7
		1 (MARKED)				
		8 TAKING MEDICINE	1	2409	2409	HPEBF_3C8
		1 (MARKED)				
		9 NURSING SERVICES	1	2410	2410	HPEBF_3C9
		1 (MARKED)				
3D.1	004	TOTAL HOURS SPENT ON ADL ACTIVITIES	3	2411	2413	HP_1D_05
		000 NONE				
		001-999 HOURS				
3E.1	005	TOTAL HOURS SPEND ON IADL ACTIVITY	3	2414	2416	HP_1E_05
		000 NONE				
		001-999 HOURS				
3F.1	006	PERSON IS PAID TO HELP	1	2417	2417	HP_1K_05
		1 YES				
		2 NO				
3G.1	007	HELPER SELECTED FOR CAREGIVER SURVEY	1	2418	2418	HP_SEL05
		1 YES				
		2 NO				
		PERSON NUMBER 6				
3B.1	001	COLUMN LABEL	1	2419	2419	PGM10_6
		A-F				
		PERSON NUMBER	2	2420	2421	PGM10PN6
		02-49, 99				
PGM 7						
	001	COLUMN LABEL	1	2422	2422	PBM7_6
		A-F				
		PERSON NUMBER	2	2423	2424	HPF_NO
		02-48, 99				
15A.1	002	IN PAST WK, DAYS HELPER HELPED BECAUSE OF A HEALTH PROBLEM	1	2425	2425	HPF_1A
		0 NONE				
		1-7 DAYS				
15B.1	003	HOW LONG HAS HELPER HELPED	1	2426	2426	HPF_1B
		1 LESS THAN 3 MONTHS				

- 2 3 MONTHS TO LESS THAN 6 MONTHS
- 3 6 MONTHS TO LESS THAN 1 YEAR
- 4 1 YEAR TO LESS THAN 5 YEARS
- 5 5 YEARS OR OVER

A.10.1	004	CHECK ITEM DOES HELPER ASSIST WITH ADL ACTIVITIES 1 YES 2 NO	1	2427	2427	HPF_CK1
15C.1	005	WHICH ACTIVITIES ... NEEDS HELP W/ 1 EATING 1 (MARKED) 2 GETTING IN/OUT OF BED 1 (MARKED) 4 GETTING AROUND INSIDE 1 (MARKED) 7 DRESSING 1 (MARKED) 8 BATHING 1 (MARKED) 9 GETTING TO/USING THE BATHROOM 1 (MARKED)	1	2428	2428	HPF_1C01
			1	2429	2429	HPF_1C02
			1	2430	2430	HPF_1C04
			1	2431	2431	HPF_1C07
			1	2432	2432	HPF_1C08
			1	2433	2433	HPF_1C09
A.11.1	006	CHECK ITEM DOES HELPER ASSIST W/IADL ACTIVITIES 1 YES 2 NO	1	2434	2434	HPF_CK2
15F.1	007	HELPERS RELATION TO SAMPLE PERSON 11 SPOUSE 12 FATHER 13 MOTHER 14 SON 15 DAUGHTER 16 BROTHER 17 SISTER 18 SON-IN-LAW 19 DAUGHTER-IN-LAW 20 OTHER MALE RELATIVE 21 OTHER FEMALE RELATIVE 22 MALE FRIEND 23 FEMALE FRIEND 24 SOMEONE HIRED 25 SOMEONE FROM HELPING ORGANIZATION 26 SOMEONE ELSE	2	2435	2436	HPF_1F
	008	COLUMN LABEL A-F PERSON NUMBER 02-48,99	1	2437	2437	HP1F2_06
			2	2438	2439	HLP_PN6
15G.1	009	IS HELPER PAID TO HELP 1 YES 2 NO	1	2440	2440	HPF_1G
15H.1	010	WILL...PAY FOR HELP FROM HELPER	1	2441	2441	HPF_1H

		1 YES				
		2 NO				
15I.1	011	HOW MUCH 0001-9999	4	2442	2445	HPF_1J
15J.1	012	WILL INS/ANYONE ELSE PAY 1 YES 2 NO	1	2446	2446	HPF_1K
15K.1		WHO WILL END UP PAYING				
	013	11 FEE FOR SERVICE INS PLANS 1 (MARKED)	1	2447	2447	HPF_1N11
		12 HMO/PREPAID GROUP 1 (MARKED)	1	2448	2448	HPF_1N12
		13 MEDICARE 1 (MARKED)	1	2449	2449	HPF_1N13
		14 MEDICAID 1 (MARKED)	1	2450	2450	HPF_1N14
		15 HOUSEHOLD MEMBERS 1 (MARKED)	1	2451	2451	HPF_1N15
	014	PERSON NUMBER 02-20,99	2	2452	2453	HPF_1N15A
		PERSON NUMBER 02-20,99	2	2454	2455	HPF_1N15B
	015	16 CHILDREN NOT IN HOUSEHOLD 1 (MARKED)	1	2456	2456	HPF_1N16
		01-99				
	016	PERSON NUMBER 20-48,99	2	2457	2458	HPF_1N16A
		PERSON NUMBER 20-48,99	2	2459	2460	HPF_1N16B
		PERSON NUMBER 20-48,99	2	2461	2462	HPF_1N16C
		PERSON NUMBER 20-48,99	2	2463	2464	HPF_1N16D
		OTHER NONHOUSEHOLD MEMBERS				
	017	17 FATHER 1 (MARKED)	1	2465	2465	HPF_1N17
		18 MOTHER 1 (MARKED)	1	2466	2466	HPF_1N18
		19 SON-IN-LAW 1 (MARKED)	1	2467	2467	HPF_1N19
		20 DAUGHTER-IN-LAW 1 (MARKED)	1	2468	2468	HPF_1N20
		21 BROTHER 1 (MARKED)	1	2469	2469	HPF_1N21
		22 SISTER 1 (MARKED)	1	2470	2470	HPF_1N22
		23 OTHER MALE RELATIVE 1 (MARKED)	1	2471	2471	HPF_1N23
	24	OTHER FEMALE RELATIVE 1 (MARKED)	1	2472	2472	HPF_1N24
	25	MALE FRIEND 1 (MARKED)	1	2473	2473	HPF_1N25
		26 FEMALE FRIEND	1	2474	2474	HPF_1N26

1 (MARKED)					
27 OTHER		1	2475	2475	HPF_1N27
1 (MARKED)					

PGM 10 BACKFLAP

3C.1		TYPE OF HELP			
	002	1 ANY ADL ACTIVITY	1	2476	2476 HPFBF_3C1
		1 (MARKED)			
		2 DOING HOUSEWORK/LAUNDRY	1	2477	2477 HPFBF_3C2
		1 (MARKED)			
		3 PREPARING MEALS	1	2478	2478 HPFBF_3C3
		1 (MARKED)			
		4 SHOPPING FOR GROCERIES	1	2479	2479 HPFBF_3C4
		1 (MARKED)			
		5 GETTING AROUND OUTSIDE	1	2480	2480 HPFBF_3C5
		1 (MARKED)			
		6 GOING PLACES OUTSIDE WALK DIST	1	2481	2481 HPFBF_3C6
		1 (MARKED)			
	003	7 MANAGING MONEY	1	2482	2482 HPFBF_3C7
		1 (MARKED)			
		8 TAKING MEDICINE	1	2483	2483 HPFBF_3C8
		1 (MARKED)			
		9 NURSING SERVICES	1	2484	2484 HPFBF_3C9
		1 (MARKED)			
3D.1	004	TOTAL HOURS SPENT ON ADL ACTIVITIES	3	2485	2487 HP_1D_06
		000 NONE			
		001-999 HOURS			
3E.1	005	TOTAL HOURS SPEND ON IADL ACTIVITY	3	2488	2490 HP_1E_06
		000 NONE			
		001-999 HOURS			
3F.1	006	PERSON IS PAID TO HELP	1	2491	2491 HP_1K_06
		1 YES			
		2 NO			
3G.1	007	HELPER SELECTED FOR CAREGIVER SURVEY	1	2492	2492 HP_SEL06
		1 YES			
		2 NO			

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PROGRAM 8 AND 9
MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS (MEIC)

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NOTE: FOR THE FIRST SEGMENT ALL ITEMS WERE ASKED (FOLLOWING APPROPRIATE SKIP PATTERNS). HOWEVER, FOR THE FOLLOWING SEGMENTS, THE LEAD-IN QUESTIONS WERE NOT ASKED AND ARE BLANK ON THE RECORD. BOTH ARE DOCUMENTED IN THE FOLLOWING PAGES.

ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
FIRST SEGMENT:				
PGM 9	001	COLUMN LABEL A-H	1	2493 2493 INCA_9CL
		PERSON NUMBER 01-20, 99	2	2494 2495 INCA_9PN
PGM 8	001	COLUMN LABEL A-H	1	2496 2496 INCA_8CL
		PERSON NUMBER 01-20, 99	2	2497 2498 INCA_PNO
5A	002	DURING LAST MO, RECEIVE ANY SOC SEC OR RAILROAD RET PAYMENTS 1 YES 2 NO	1	2499 2499 INCA_5A
5B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2500 2500 INCA_5B
5C	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2501 2504 INCA_5C
	005	8 REFUSED 9 DK	1	2505 2505 INCA_5C_DK
6A	006	DURING LAST MO, RECEIVE ANY VA COMPENSATION OR PENSION 1 YES 2 NO	1	2506 2506 INCA_6A
6B	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2507 2507 INCA_6B
6C	008	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2508 2511 INCA_6C
	009	8 REFUSED 9 DK	1	2512 2512 INCA_6C_DK

7A	010	DURING LAST MO,RECEIVE ANY RETIREMENT,PENSION,ANNUITY INCOME 1 YES 2 NO	1	2513	2513	INCA_7A
7B	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2514	2514	INCA_7B
7C	012	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2515	2518	INCA_7C
	013	8 REFUSED 9 DK	1	2519	2519	INCA_7C_DK
8A	014	DURING LAST MO,RECEIVE ANY UNEMPLOYMENT/WORKERS COMPENSATION 1 YES 2 NO	1	2520	2520	INCA_8A
8B	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2521	2521	INCA_8B
8C	016	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2522	2525	INCA_8C
	017	8 REFUSED 9 DK	1	2526	2526	INCA_8C_DK
9A	018	DURING LAST MO,RECEIVE ANY SSI FROM STATE OR FEDERAL GOVT 1 YES 2 NO	1	2527	2527	INCA_9A
9B	019	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2528	2528	INCA_9B
9C	020	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2529	2532	INCA_9C
	021	8 REFUSED 9 DK	1	2533	2533	INCA_9C_DK
10A	022	DURING LAST MO,RECEIVE ANY EARNINGS FROM JOB/BUSINESS 1 YES 2 NO	1	2534	2534	INCA_10A
10B	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2535	2535	INCA_10B
10C	024	HOW MUCH DID...RECEIVE DOLLARS	5	2536	2540	INCA_10C

		0001-9999					
	025	8 REFUSED 9 DK	1	2541	2541	INCA_10C_DK	
	026	COLUMN LABEL A-H	1	2542	2542	INCA_CL	
		PERSON NUMBER 01-20,99	2	2543	2544	MEIC_APNO	
11A	027	DURING LAST MO,RECEIVE NET INCOME FROM RENT OF APT OR OTHER REAL ESTATE 1 YES 2 NO	1	2545	2545	INCA_11A	
11B	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2546	2546	INCA_11B	
11C	029	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2547	2550	INCA_11C	
	030	8 REFUSED 9 DK	1	2551	2551	INCA_11C_DK	
12A	031	DURING LAST MO,RECEIVE REGULAR CONTRIBUTIONS FROM FRIENDS/RELATIVES 1 YES 2 NO	1	2552	2552	INCA_12A	
12B	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2553	2553	INCA_12C	
12C	033	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2554	2557	INCA_12C	
	034	8 REFUSED 9 DK	1	2558	2558	INCA_12C_DK	
16A	002	DURING LAST MO,RECEIVE INTEREST OR DIVIDENDS 1 YES 2 NO	1	2559	2559	INCA_16A	
16B	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2560	2560	INCA_16B	
16C	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	2561	2565	INCA_16C	
	005	8 REFUSED 9 DK	1	2566	2566	INCA_16C_DK	
17A	006	DURING LAST MO,RECEIVE ANY OTHER KIND OF INCOME NOT ALREADY TOLD	1	2567	2567	INCA_17A	

1 YES
2 NO

17B	007	WHO RECEIVED THESE PAYMENTS	1	2568	2568	INCA_17B
		1 RECEIVED				
		2 DID NOT RECEIVE				
17C		HOW MUCH DID...RECEIVE				
	008	DOLLARS	5	2569	2573	INCA_17C
		0001-9999				
	009	8 REFUSED	1	2574	2574	INCA_17C_DK
		9 DK				

SECOND THROUGH EIGHTH SEGMENTS:

PGM 9						
	001	COLUMN LABEL	1	2575	2575	INCB_9CL
		A-H				
		PERSON NUMBER	2	2576	2577	INCB_9PN
		01-20,99				
PGM 8						
	001	COLUMN LABEL	1	2578	2578	INCB_8CL
		A-H				
		PERSON NUMBER	2	2579	2580	INCB_PNO
		01-20,99				
5A.2		BLANK (Only asked of first person in roster)	1	2581	2581	INCB_5A
5B.2	003	WHO RECEIVED THESE PAYMENTS	1	2582	2582	INCB_5B
		1 RECEIVED				
		2 DID NOT RECEIVE				
5C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS	4	2583	2586	INCB_5C
		0001-9999				
	005	8 REFUSED	1	2587	2587	INCB_5C_DK
		9 DK				
6A.2		BLANK (Only asked of first person in roster)	1	2588	2588	INCB_6A
6B.2	007	WHO RECEIVED THESE PAYMENTS	1	2589	2589	INCB_6B
		1 RECEIVED				
		2 DID NOT RECEIVE				
6C.2		HOW MUCH DID...RECEIVE				
	008	DOLLARS	4	2590	2593	INCB_6C
		0001-9999				
	009	8 REFUSED	1	2594	2594	INCB_6C_DK
		9 DK				
7A.2		BLANK	1	2595	2595	INCB_7A
7B.2	011	WHO RECEIVED THESE PAYMENTS	1	2596	2596	INCB_7B
		1 RECEIVED				

		2 DID NOT RECEIVE				
7C.2		HOW MUCH DID...RECEIVE				
	012	DOLLARS	4	2597	2600	INCB_7C
		0001-9999				
	013	8 REFUSED	1	2601	2601	INCB_7C_DK
		9 DK				
8A.2		BLANK	1	2602	2602	INCB_8A
8B.2	015	WHO RECEIVED THESE PAYMENTS	1	2603	2603	INCB_8B
		1 RECEIVED				
		2 DID NOT RECEIVE				
8C.2		HOW MUCH DID...RECEIVE				
	016	DOLLARS	4	2604	2607	INCB_8C
		0001-9999				
	017	8 REFUSED	1	2608	2608	INCB_8C_DK
		9 DK				
9A.2		BLANK	1	2609	2609	INCB_9A
9B.2	019	WHO RECEIVED THESE PAYMENTS	1	2610	2610	INCB_9B
		1 RECEIVED				
		2 DID NOT RECEIVE				
9C.2		HOW MUCH DID...RECEIVE				
	020	DOLLARS	4	2611	2614	INCB_9C
		0001-9999				
	021	8 REFUSED	1	2615	2615	INCB_9C_DK
		9 DK				
10A.2		BLANK	1	2616	2616	INCB_10A
10B.2	023	WHO RECEIVED THESE PAYMENTS	1	2617	2617	INCB_10B
		1 RECEIVED				
		2 DID NOT RECEIVE				
10C.2		HOW MUCH DID...RECEIVE				
	024	DOLLARS	5	2618	2622	INCB_10C
		0001-9999				
	025	8 REFUSED	1	2623	2623	INCB_10C_DK
		9 DK				
	026	COLUMN LABEL	1	2624	2624	INCB_CL
		A-H				
		PERSON NUMBER	2	2625	2626	MEIC_BPNO
		01-20, 99				
11A.2		BLANK	1	2627	2627	INCB_11A
11B.2	028	WHO RECEIVED THESE PAYMENTS	1	2628	2628	INCB_11B
		1 RECEIVED				
		2 DID NOT RECEIVE				
11C.2		HOW MUCH DID...RECEIVE				
	029	DOLLARS	4	2629	2632	INCB_11C

	030	0001-9999 8 REFUSED 9 DK	1	2633	2633	INCB_11C_DK
12A.2		BLANK	1	2634	2634	INCB_12A
12B.2	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2635	2635	INCB_12B
12C.2		HOW MUCH DID...RECEIVE				
	033	DOLLARS 0001-9999	4	2636	2639	INCB_12C
	034	8 REFUSED 9 DK	1	2640	2640	INCB_12C_DK
16A.2		BLANK	1	2641	2641	INCB_16A
16B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2642	2642	INCB_16B
16C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS 0001-9999	5	2643	2647	INCB_16C
	005	8 REFUSED 9 DK	1	2648	2648	INCB_16C_DK
17A.2		BLANK	1	2649	2649	INCB_17A
17B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2650	2650	INCB_17B
17C.2		HOW MUCH DID...RECEIVE				
	008	DOLLARS 0001-9999	5	2651	2655	INCB_17C
	009	8 REFUSED 9 DK	1	2656	2656	INCB_17C_DK
PGM 9		PERSON NUMBER 3				
	001	COLUMN LABEL A-H	1	2657	2657	INCC_9CL
		PERSON NUMBER 01-20,99	2	2658	2659	INCC_9PN
PGM 8						
	001	COLUMN LABEL A-H	1	2660	2660	INCC_8CL
		PERSON NUMBER 01-20,99	2	2661	2662	INCC_PNO
5A.2		BLANK	1	2663	2663	INCC_5A
5B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED	1	2664	2664	INCC_5B

		2 DID NOT RECEIVE				
5C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS	4	2665	2668	INCC_5C
		0001-9999				
	005	8 REFUSED	1	2669	2669	INCC_5C_DK
		9 DK				
6A.2		BLANK	1	2670	2670	INCC_6A
6B.2	007	WHO RECEIVED THESE PAYMENTS	1	2671	2671	INCC_6B
		1 RECEIVED				
		2 DID NOT RECEIVE				
6C.2		HOW MUCH DID...RECEIVE				
	008	DOLLARS	4	2672	2675	INCC_6C
		0001-9999				
	009	8 REFUSED	1	2676	2676	INCC_6C_DK
		9 DK				
7A.2		BLANK	1	2677	2677	INCC_7A
7B.2	011	WHO RECEIVED THESE PAYMENTS	1	2678	2678	INCC_7C
		1 RECEIVED				
		2 DID NOT RECEIVE				
7C.2		HOW MUCH DID...RECEIVE				
	012	DOLLARS	4	2679	2682	INCC_7C
		0001-9999				
	013	8 REFUSED	1	2683	2683	INCC_7C_DK
		9 DK				
8A.2		BLANK	1	2684	2684	INCC_8A
8B.2	015	WHO RECEIVED THESE PAYMENTS	1	2685	2685	INCC_8B
		1 RECEIVED				
		2 DID NOT RECEIVE				
8C.2		HOW MUCH DID...RECEIVE				
	016	DOLLARS	4	2686	2689	INCC_8C
		0001-9999				
	017	8 REFUSED	1	2690	2690	INCC_8C_DK
		9 DK				
9A.2		BLANK	1	2691	2691	INCC_9A
9B.2	019	WHO RECEIVED THESE PAYMENTS	1	2692	2692	INCC_9B
		1 RECEIVED				
		2 DID NOT RECEIVE				
9C.2		HOW MUCH DID...RECEIVE				
	020	DOLLARS	4	2693	2696	INCC_9C
		0001-9999				
	021	8 REFUSED	1	2697	2697	INCC_9C_DK
		9 DK				
10A.2		BLANK	1	2698	2698	INCC_10A

10B.2	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2699	2699	INCC_10B
10C.2	024	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	2700	2704	INCC_10C
	025	8 REFUSED 9 DK	1	2705	2705	MEIC_CPNO
	026	COLUMN LABEL A-H PERSON NUMBER 01-20,99	1	2706	2706	INCC_CL
			2	2707	2708	INCC_11C_DK
11A.2		BLANK	1	2709	2709	INCC_11A
11B.2	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2710	2710	INCC_11B
11C.2	029	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2711	2714	INCC_11C
	030	8 REFUSED 9 DK	1	2715	2715	INCC_11C_DK
12A.2		BLANK	1	2716	2716	INCC_12A
12B.2	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2717	2717	INCC_12B
12C.2	033	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2718	2721	INCC_12C
	034	8 REFUSED 9 DK	1	2722	2722	INCC_12C_DK
16A.2		BLANK	1	2723	2723	INCC_16A
16B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2724	2724	INCC_16B
16C.2	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	2725	2729	INCC_16C
	005	8 REFUSED 9 DK	1	2730	2730	INCC_16C_DK
17A.2		BLANK	1	2731	2731	INCC_17A
17B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2732	2732	INCC_17B

17C.2		HOW MUCH DID...RECEIVE				
	008	DOLLARS	5	2733	2737	INCC_17C
		0001-9999				
	009	8 REFUSED	1	2738	2738	INCC_17C_DK
		9 DK				
PGM 9		PERSON NUMBER 4				
	001	COLUMN LABEL	1	2739	2739	INCD_9CL
		A-H				
		PERSON NUMBER	2	2740	2741	INCD_9PN
		01-20,99				
PGM 8						
	001	COLUMN LABEL	1	2742	2742	INCD_8CL
		A-H				
		PERSON NUMBER	2	2743	2744	INCD_PNO
		01-20,99				
5A.2		BLANK	1	2745	2745	INCD_5A
5B.2	003	WHO RECEIVED THESE PAYMENTS	1	2746	2746	INCD_5B
		1 RECEIVED				
		2 DID NOT RECEIVE				
5C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS	4	2747	2750	INCD_5C
		0001-9999				
	005	8 REFUSED	1	2751	2751	INCD_5C_DK
		9 DK				
6A.2		BLANK	1	2752	2752	INCD_6A
6B.2	007	WHO RECEIVED THESE PAYMENTS	1	2753	2753	INCD_6B
		1 RECEIVED				
		2 DID NOT RECEIVE				
6C.2		HOW MUCH DID...RECEIVE				
	008	DOLLARS	4	2754	2757	INCD_6C
		0001-9999				
	009	8 REFUSED	1	2758	2758	INCD_6C_DK
		9 DK				
7A.2		BLANK	1	2759	2759	INCD_7A
7B.2	011	WHO RECEIVED THESE PAYMENTS	1	2760	2760	INCD_7B
		1 RECEIVED				
		2 DID NOT RECEIVE				
7C.2		HOW MUCH DID...RECEIVE				
	012	DOLLARS	4	2761	2764	INCD_7C
		0001-9999				
	013	8 REFUSED	1	2765	2765	INCD_7C_DK
		9 DK				
8A.2		BLANK	1	2766	2766	INCD_8A

8B.2	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2767	2767	INCD_8B
8C.2	016	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2768	2771	INCD_8C
	017	8 REFUSED 9 DK	1	2772	2772	INCD_8C_DK
9A.2		BLANK	1	2773	2773	INC_9A4
9B.2	019	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2774	2774	INC_9B4
9C.2	020	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2775	2778	INCD_9C
	021	8 REFUSED 9 DK	1	2779	2779	INCD_9_DK
10A.2		BLANK	1	2780	2780	INCD_10A
10B.2	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2781	2781	INCD_10B
10C.2	024	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	2782	2786	INCD_10C
	025	8 REFUSED 9 DK	1	2787	2787	INCD_10C_DK
	026	COLUMN LABEL A-H PERSON NUMBER 01-20,99	1 2	2788 2789	2788 2790	INCD_CL MEIC_DPNO
11A.2		BLANK	1	2791	2791	INCD_11A
11B.2	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2792	2792	INCD_11B
11C.2	029	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2793	2796	INCD_11C
	030	8 REFUSED 9 DK	1	2797	2797	INCD_11C_DK
12A.2		BLANK	1	2798	2798	INCD_12A
12B.2	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2799	2799	INCD_12B

12C.2		HOW MUCH DID...RECEIVE				
	033	DOLLARS	4	2800	2803	INCD_12C
		0001-9999				
	034	8 REFUSED	1	2804	2804	INCD_12C_DK
		9 DK				
16A.2		BLANK	1	2805	2805	INCD_16A
16B.2	003	WHO RECEIVED THESE PAYMENTS	1	2806	2806	INCD_16B
		1 RECEIVED				
		2 DID NOT RECEIVE				
16C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS	5	2807	2811	INCD_16C
		0001-9999				
	005	8 REFUSED	1	2812	2812	INCD_16C_DK
		9 DK				
17A.2		BLANK	1	2813	2813	INCD_17A
17B.2	007	WHO RECEIVED THESE PAYMENTS	1	2814	2814	INCD_17B
		1 RECEIVED				
		2 DID NOT RECEIVE				
17C.2		HOW MUCH DID...RECEIVE				
	008	DOLLARS	5	2815	2819	INCD_17C
		0001-9999				
	009	8 REFUSED	1	2820	2820	INCD_17C_DK
		9 DK				
PGM 9		PERSON NUMBER 5				
	001	COLUMN LABEL	1	2821	2821	INCE_9CL
		A-H				
		PERSON NUMBER	2	2822	2823	INCE_9PN
		01-20,99				
PGM 8						
	001	COLUMN LABEL	1	2824	2824	INCE_8CL
		A-H				
		PERSON NUMBER	2	2825	2826	INCE_PNO
		01-20,99				
5A.2		BLANK	1	2827	2827	INCE_5A
5B.2	003	WHO RECEIVED THESE PAYMENTS	1	2828	2828	INCE_5B
		1 RECEIVED				
		2 DID NOT RECEIVE				
5C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS	4	2829	2832	INCE_5C
		0001-9999				
	005	8 REFUSED	1	2833	2833	INCE_5C_DK
		9 DK				
6A.2		BLANK	1	2834	2834	INCE_6A

6B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2835	2835	INCE_6B
6C.2	008	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2836	2839	INCE_6C
	009	8 REFUSED 9 DK	1	2840	2840	INCE_6C_DK
7A.2		BLANK	1	2841	2841	INCE_7A
7B.2	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2842	2842	INCE_7B
7C.2	012	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2843	2846	INCE_7C
	013	8 REFUSED 9 DK	1	2847	2847	INCE_7C_DK
8A.2		BLANK	1	2848	2848	INCE_8A
8B.2	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2849	2849	INCE_8B
8C.2	016	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2850	2853	INCE_8C
	017	8 REFUSED 9 DK	1	2854	2854	INCE_8C_DK
9A.2		BLANK	1	2855	2855	INCE_9A
9B.2	019	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2856	2856	INCE_9B
9C.2	020	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2857	2860	INCE_9C
	021	8 REFUSED 9 DK	1	2861	2861	INCE_9C_DK
10A.2		BLANK	1	2862	2862	INCE_10A
10B.2	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2863	2863	INCE_10B
10C.2	024	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	2864	2868	INCE_10C
	025	8 REFUSED	1	2869	2869	INCE_10C_DK

		9 DK				
	026	COLUMN LABEL A-H	1	2870	2870	INCE_CL
		PERSON NUMBER 01-20,99	2	2871	2872	MEIC_EPNO
11A.2		BLANK	1	2873	2873	INCE_11A
11B.2	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2874	2874	INCE_11B
11C.2		HOW MUCH DID...RECEIVE				
	029	DOLLARS 0001-9999	4	2875	2878	INCE_11C
	030	8 REFUSED 9 DK	1	2879	2879	INCE_11C_DK
12A.2		BLANK	1	2880	2880	INCE_12A
12B.2	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2881	2881	INCE_12B
12C.2		HOW MUCH DID...RECEIVE				
	033	DOLLARS 0001-9999	4	2882	2885	INCE_12C
	034	8 REFUSED 9 DK	1	2886	2886	INCE_12C_DK
16A.2		BLANK	1	2887	2887	INCE_16A
16B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2888	2888	INCE_16B
16C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS 0001-9999	5	2889	2893	INCE_16C
	005	8 REFUSED 9 DK	1	2894	2894	INCE_16C_DK
17A.2		BLANK	1	2895	2895	INCE_17A
17B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2896	2896	INCE_17B
17C.2		HOW MUCH DID...RECEIVE				
	008	DOLLARS 0001-9999	5	2897	2901	INCE_17C
	009	8 REFUSED 9 DK	1	2902	2902	INCE_17C_DK

	001	COLUMN LABEL A-H PERSON NUMBER 01-20, 99	1 2	2903 2904	2903 2905	INCF_9CL INCF_9PN
PGM 8	001	COLUMN LABEL A-H PERSON NUMBER 01-20, 99	1 2	2906 2907	2906 2908	INCF_8CL INCF_PNO
5A.2		BLANK	1	2909	2909	INCF_5A
5B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2910	2910	INCF_5B
5C.2	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2911	2914	INCF_5C
	005	8 REFUSED 9 DK	1	2915	2915	INCF_5C_DK
6A.2		BLANK	1	2916	2916	INCF_6A
6B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2917	2917	INCF_6B
6C.2	008	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2918	2921	INCF_6C
	009	8 REFUSED 9 DK	1	2922	2922	INCF_6C_DK
7A.2		BLANK	1	2923	2923	INCF_7A
7B.2	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2924	2924	INCF_7B
7C.2	012	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2925	2928	INCF_7C
	013	8 REFUSED 9 DK	1	2929	2929	INCF_7C_DK
8A.2		BLANK	1	2930	2930	INCF_8A
8B.2	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2931	2931	INCF_8B
8C.2	016	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2932	2935	INCF_8C
	017	8 REFUSED	1	2936	2936	INCF_8C_DK

		9 DK				
9A.2		BLANK	1	2937	2937	INCF_9A
9B.2	019	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2938	2938	INCF_9B
9C.2		HOW MUCH DID...RECEIVE				
	020	DOLLARS 0001-9999	4	2939	2942	INCF_9C
	021	8 REFUSED 9 DK	1	2943	2943	INCF_9C_DK
10A.2		BLANK	1	2944	2944	INCF_10A
10B.2	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2945	2945	INCF_10B
10C.2		HOW MUCH DID...RECEIVE				
	024	DOLLARS 0001-9999	5	2946	2950	INCF_10C
	025	8 REFUSED 9 DK	1	2951	2951	INCF_10C_DK
	026	COLUMN LABEL A-H PERSON NUMBER 01-20,99	1	2952	2952	INCF_CL
			2	2953	2954	MEIC_FPNO
11A.2		BLANK	1	2955	2955	INCF_11A
11B.2	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2956	2956	INCF_11B
11C.2		HOW MUCH DID...RECEIVE				
	029	DOLLARS 0001-9999	4	2957	2960	INCF_11C
	030	8 REFUSED 9 DK	1	2961	2961	INCF_11C_DK
12A.2		BLANK	1	2962	2962	INCF_12A
12B.2	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2963	2963	INCF_12B
12C.2		HOW MUCH DID...RECEIVE				
	033	DOLLARS 0001-9999	4	2964	2967	INCF_12C
	034	8 REFUSED 9 DK	1	2968	2968	INCF_12C_DK
16A.2		BLANK	1	2969	2969	INCF_16A

16B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2970	2970	INCF_16B
16C.2	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	2971	2975	INCF_16C
	005	8 REFUSED 9 DK	1	2976	2976	INCF_16C_DK
17A.2		BLANK	1	2977	2977	INCF_17A
17B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2978	2978	INCF_17B
17C.2	008	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	2979	2983	INCF_17C
	009	8 REFUSED 9 DK	1	2984	2984	INCF_17C_DK
PGM 9		PERSON NUMBER 7				
	001	COLUMN LABEL A-H	1	2985	2985	INCG_9CL
		PERSON NUMBER 01-20,99	2	2986	2987	INCG_9PN
PGM 8						
	001	COLUMN LABEL A-H	1	2988	2988	INCG_8CL
		PERSON NUMBER 01-20,99	2	2989	2990	INCG_PNO
5A.2		BLANK	1	2991	2991	INCG_5A
5B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2992	2992	INCG_5B
5C.2	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	2993	2996	INCG_5C
	005	8 REFUSED 9 DK	1	2997	2997	INCG_5C_DK
6A.2		BLANK	1	2998	2998	INCG_6A
6B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	2999	2999	INCG_6B
6C.2	008	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	3000	3003	INCG_6C
	009	8 REFUSED	1	3004	3004	INCG_6C_DK

		9 DK				
7A.2		BLANK	1	3005	3005	INCG_7A
7B.2	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3006	3006	INCG_7B
7C.2		HOW MUCH DID...RECEIVE				
	012	DOLLARS 0001-9999	4	3007	3010	INCG_7C
	013	8 REFUSED 9 DK	1	3011	3011	INCG_7C_DK
8A.2		BLANK	1	3012	3012	INCG_8A
8B.2	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3013	3013	INCG_8B
8C.2		HOW MUCH DID...RECEIVE				
	016	DOLLARS 0001-9999	4	3014	3017	INCG_8C
	017	8 REFUSED 9 DK	1	3018	3018	INCG_8C_DK
9A.2		BLANK	1	3019	3019	INCG_9A
9B.2	019	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3020	3020	INCG_9B
9C.2		HOW MUCH DID...RECEIVE				
	020	DOLLARS 0001-9999	4	3021	3024	INCG_9C
	021	8 REFUSED	1	3025	3025	INCG_9C_DK
9 DK						
10A.2		BLANK	1	3026	3026	INCG_10A
10B.2	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3027	3027	INCG_10B
10C.2		HOW MUCH DID...RECEIVE				
	024	DOLLARS 0001-9999	5	3028	3032	INCG_10C
	025	8 REFUSED 9 DK	1	3033	3033	INCG_10C_DK
	026	COLUMN LABEL A-H PERSON NUMBER 01-20, 99	1 2	3034 3035	3034 3036	INCG_CL MEIC_GPNO
11A.2		BLANK	1	3037	3037	INCG_11A

11B.2	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3038	3038	INCG_11B
11C.2	029	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	3039	3042	INCG_11C
	030	8 REFUSED 9 DK	1	3043	3043	INCG_11C_DK
12A.2		BLANK	1	3044	3044	INCG_12A
12B.2	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3045	3045	INCG_12B
12C.2	033	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	3046	3049	INCG_12C
	034	8 REFUSED 9 DK	1	3050	3050	INCG_12C_DK
16A.2		BLANK	1	3051	3051	INCG_16A
16B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3052	3052	INCG_16B
16C.2	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	3053	3057	INCG_16C
	005	8 REFUSED 9 DK	1	3058	3058	INCG_16C_DK
17A.2		BLANK	1	3059	3059	INCG_17A
17B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3060	3060	INCG_17B
17C.2	008	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	5	3061	3065	INCG_17C
	009	8 REFUSED 9 DK	1	3066	3066	INCG_17C_DK
PGM 9		PERSON NUMBER 8				
	001	COLUMN LABEL A-H	1	3067	3067	INCH_9CL
		PERSON NUMBER 01-20,99	2	3068	3069	INCH_9PN
PGM 8						
	001	COLUMN LABEL A-H	1	3070	3070	INCH_8CL
		PERSON NUMBER	2	3071	3072	INCH_PNO

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5A.2		BLANK	1	3073	3073	INCH_5A
5B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3074	3074	INCH_5B
5C.2	004	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	3075	3078	INCH_5C
	005	8 REFUSED 9 DK	1	3079	3079	INCH_5C_DK
6A.2		BLANK	1	3080	3080	INCH_6A
6B.2	007	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3081	3081	INCH_6B
6C.2	008	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	3082	3085	INCH_6C
	009	8 REFUSED 9 DK	1	3086	3086	INCH_6C_DK
7A.2		BLANK	1	3087	3087	INCH_7A
7B.2	011	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3088	3088	INCH_7B
7C.2	012	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	3089	3092	INCH_7C
	013	8 REFUSED 9 DK	1	3093	3093	INCH_7C_DK
8A.2		BLANK	1	3094	3094	INCH_8A
8B.2	015	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3095	3095	INCH_8B
8C.2	016	HOW MUCH DID...RECEIVE DOLLARS 0001-9999	4	3096	3099	INCH_8C
	017	8 REFUSED 9 DK	1	3100	3100	INCH_8C_DK
9A.2		BLANK	1	3101	3101	INCH_9A
9B.2	019	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3102	3102	INCH_9B
9C.2		HOW MUCH DID...RECEIVE				

	020	DOLLARS 0001-9999	4	3103	3106	INCH_9C
	021	8 REFUSED 9 DK	1	3107	3107	INCH_9C_DK
10A.2		BLANK	1	3108	3108	INCH_10A
10B.2	023	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3109	3109	INCH_10B
10C.2		HOW MUCH DID...RECEIVE				
	024	DOLLARS 0001-9999	5	3110	3114	INCH_10C
	025	8 REFUSED 9 DK	1	3115	3115	INCH_10C_DK
	026	COLUMN LABEL A-H PERSON NUMBER 01-20, 99	1 2	3116 3117	3116 3118	INCH_CL MEIC_HPNO
11A.2		BLANK	1	3119	3119	INCH_11A
11B.2	028	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3120	3120	INCH_11B
11C.2		HOW MUCH DID...RECEIVE				
	029	DOLLARS 0001-9999	4	3121	3124	INCH_11C
	030	8 REFUSED 9 DK	1	3125	3125	INCH_11C_DK
12A.2		BLANK	1	3126	3126	INCH_12A
12B.2	032	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3127	3127	INCH_12B
12C.2		HOW MUCH DID...RECEIVE				
	033	DOLLARS 0001-9999	4	3128	3131	INCH_12C
	034	8 REFUSED 9 DK	1	3132	3132	INCH_12C_DK
16A.2		BLANK	1	3133	3133	INCH_16A
16B.2	003	WHO RECEIVED THESE PAYMENTS 1 RECEIVED 2 DID NOT RECEIVE	1	3134	3134	INCH_16B
16C.2		HOW MUCH DID...RECEIVE				
	004	DOLLARS 0001-9999	5	3135	3139	INCH_16C
	005	8 REFUSED 9 DK	1	3140	3140	INCH_16C_DK

17A.2		BLANK		1	3141	3141	INCH_17A
17B.2	007	WHO RECEIVED THESE PAYMENTS		1	3142	3142	INCH_17B
		1 RECEIVED					
		2 DID NOT RECEIVE					
17C.2		HOW MUCH DID...RECEIVE					
	008	DOLLARS		5	3143	3147	INCH_17C
		0001-9999					
	009	8 REFUSED		1	3148	3148	INCH_17C_DK
		9 DK					

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SURVEY OF INFORMAL CAREGIVERS LTC-10

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
1		REGIONAL OFFICE CODE	2	3149 3150 CG_RO
4		FIELD REPRESENTATIVE CODE	3	3151 3153 CG_FIELD
5B		CAREGIVER'S PERSON NUMBER	2	3154 3155 CG_SPNO
5C		CAREGIVER LIVES W/DISABLED PERSON 1 YES 2 NO	1	3156 3156 CG_LIVES
6		TYPE OF INTERVIEW 1 PERSONAL VISIT 2 TELEPHONE	1	3157 3157 CG_INV1
8A		DATE OF INTERVIEW MONTH DAY YEAR	2 2 2	3158 3159 CG_MONTH 3160 3161 CG_DAY 3162 3163 CG_YEAR
8B		TIME OF INTERVIEW (MINUTES) 000-999	3	3164 3166 START_26
8C		TYPE OF INTERVIEW 1 TELEPHONE 2 PERSONAL 3 BOTH	1	3167 3167 CG_INV2
9		NONINTERVIEW REASON FIELD TYPE A 01 UNABLE TO LOCATE CAREGIVER 02 TEMPORARILY ABSENT/NO TELEPHONE 03 REFUSED 04 UNABLE TO CONTACT CAREGIVER 05 OTHER FIELD TYPE C 06 INELIGIBLE - PAID HELPER 07 INELIGIBLE - OTHER 08 CAREGIVER DECEASED 09 MOVED WITHIN COUNTRY /BEYOND LIMITS NO TELEPHONE AVAILABLE 10 MOVED OUTSIDE COUNTRY	2	3168 3169 CG_NONINV
5B		ADDRESS AND TELEPHONE NUMBER NO TELEPHONE CODE 1 NO TELEPHONE 2 DK/REFUSED	1	3170 3170 CG_PHN

SECTION A - AMOUNT AND KINDS OF HELP

A.1	001	CHECK ITEM 1 CAREGIVER ONLY RESPONDENT-LTC3 2 ALL OTHERS	1	3171 3171 CG_CK1
1	002	DID YOU HELP ... IN PAST 2 WEEKS 1 YES 2 NO	1	3172 3172 CG_HLP
2A	003	RELATIONSHIP TO ... 01 SPOUSE 02 FATHER 03 MOTHER 04 SON 05 DAUGHTER 06 BROTHER 07 SISTER 08 SON-IN-LAW 09 DAUGHTER-IN-LAW 10 OTHER MALE RELATIVES 11 OTHER FEMALE RELATIVES 12 MALE FRIEND 13 FEMALE FRIEND 14 SOMEONE HIRED 15 SOMEONE FROM HELPING ORGANIZATION 16 SOMEONE ELSE	2	3173 3174 CG_REL
2B	004	ARE YOU PAID TO HELP ... 1 YES 2 NO	1	3175 3175 AKH_1
2C	005	HOW MANY YEARS HAVE YOU KNOWN ... 1 LESS THAN 1 YEAR 2 1 YEAR - LESS THAN 3 YEARS 3 3 YEARS - LESS THAN 6 YEARS 4 6 YEARS - LESS THAN 11 YEARS 5 11 YEARS - LESS THAN 16 YEARS 6 16 YEARS - LESS THAN 21 YEARS 7 21 YEARS - LESS THAN 31 YEARS 8 31 YEARS OR MORE	1	3176 3176 AKH_YR
3A	006	HOURS HELPED ... IN PAST WEEK 001-999	3	3177 3179 AKH_3A1
	007	1 NONE	1	3180 3180 AKH_3A2
3B	008	HOURS HELPED ... IN PAST 2 WEEKS 001-999	3	3181 3183 AKH_3B1
	009	1 NONE	1	3184 3184 AKH_3B2
4		ACTIVITIES HELPED ... WITH IN PAST 2 WEEKS		
A	010	HELP ... GET AROUND INSIDE 1 YES 2 NO 3 DOES NOT GET AROUND INSIDE	1	3185 3185 AKH_AD_A
B	011	HELP ... EAT 1 YES	1	3186 3186 AKH_AD_B

		2 NO				
		3 DOES NOT EAT AT ALL				
C	012	HELP...GET IN/OUT OF BED	1	3187	3187	AKH_AD_C
		1 YES				
		2 NO				
		3 DOES NOT GET OUT OF BED				
D	013	HELP ... GET DRESSED	1	3188	3188	AKH_AD_D
		1 YES				
		2 NO				
		3 DOES NOT GET DRESSED AT ALL				
E	014	GIVE ... SHOTS OR INJECTIONS	1	3189	3189	AKH_AD_E
		1 YES				
		2 NO				
F	015	GIVE MEDICINE/CHANGE BANDAGES	1	3190	3190	AKH_AD_F
		1 YES				
		2 NO				
5		AVERAGE NUMBER OF TIMES YOU				
A	016	HELP ... WALK AROUND INSIDE	2	3191	3192	AKH_AT_A
		00-99				
B	017	HELP ... EAT	2	3193	3194	AKH_AT_B
		00-99				
C	018	HELP...GET IN/OUT OF BED	2	3195	3196	AKH_AT_C
		00-99				
D	019	HELP ... GET DRESSED	2	3197	3198	AKH_AT_D
		00-99				
E	020	GIVE ... SHOTS OR INJECTIONS	2	3199	3200	AKH_AT_E
		00-99				
F	021	GIVE MEDICINE/CHANGE BANDAGES	2	3201	3202	AKH_AT_F
		00-99				
6A	022	HELP...BATHE IN PAST 2 WEEKS	1	3203	3203	AKH_BTH1
		1 YES				
		2 NO				
		3 DOES NOT BATHE AT ALL				
6B	023	NUMBER OF TIMES HELP ... BATHE	2	3204	3205	AKH_BTH2
		00-99				
6C	024	DID YOU ACTUALLY BATHE ...	1	3206	3206	AKH_BTH3
		1 YES				
		2 NO				
7		SINCE (DAY/DATE), DID YOU HELP ...				
A	025	USE THE TOILET	1	3207	3207	AKH_TO_A
		1 YES				

		2 NO			
B	026	WITH A BEDPAN 1 YES 2 NO	1	3208 3208	AKH_TO_B
C	027	WITH A CATHETER OR COLOSTOMY 1 YES 2 NO	1	3209 3209	AKH_TO_C
D	028	CLEAN UP BLADDER/BOWEL ACCIDENT 1 YES 2 NO	1	3210 3210	AKH_TO_D
8		AVERAGE NUMBER OF TIMES YOU HELP ...			
A	029	USE THE TOILET 00-99	2	3211 3212	AKH_TT_A
B	030	WITH A BEDPAN 00-99	2	3213 3214	AKH_TT_B
C	031	WITH A CATHETER OR COLOSTOMY 00-99	2	3215 3216	AKH_TT_C
D	032	CLEAN UP BLADDER/BOWEL ACCIDENT 00-99	2	3217 3218	AKH_TT_D
9A	033	DOES HELPING...EVER BOTHER YOU 1 YES 2 NO	1	3219 3219	AKH_BOT1
9B	034	HOW MUCH DOES IT BOTHER YOU 1 A GREAT DEAL 2 SOMEWHAT 3 NOT TOO MUCH	1	3220 3220	AKH_BOT2
10		SINCE (DATE) DID YOU, BECAUSE OF ...'S DISABILITY, HELP ... BY -			
A	035	PREPARING SPECIAL/EXTRA MEALS 1 YES 2 NO	1	3221 3221	AKH_ID_A
B	036	MANAGING ...'S MONEY 1 YES 2 NO	1	3222 3222	AKH_ID_B
C	037	MAKING TELEPHONE CALLS 1 YES 2 NO	1	3223 3223	AKH_ID_C
D	038	DOING THINGS AROUND THE HOUSE 1 YES 2 NO	1	3224 3224	AKH_ID_D
E	039	DOING ...'S LAUNDRY	1	3225 3225	AKH_ID_E

		1 YES					
		2 NO					
F	040	SHOPPING FOR ...'S GROCERIES	1	3226	3226	AKH_ID_F	
		1 YES					
		2 NO					
G	041	DO OTHER SMALL ERRANDS	1	3227	3227	AKH_ID_G	
		1 YES					
		2 NO					
H	042	HELPING...GET AROUND OUTSIDE	1	3228	3228	AKH_ID_H	
		1 YES					
		2 NO					
I	043	HELP...GET AROUND THE NEIGHBORHOOD	1	3229	3229	AKH_ID_I	
		1 YES					
		2 NO					
11		SINCE (DATE) HOW MANY TIMES DID YOU HELP ... BY -					
A	044	PREPARING SPECIAL/EXTRA MEALS 00-99	2	3230	3231	AKH_IT_A	
B	045	MANAGING ...'S MONEY 00-99	2	3232	3233	AKH_IT_B	
C	046	MAKING TELEPHONE CALLS 00-99	2	3234	3235	AKH_IT_C	
D	047	DOING THINGS AROUND THE HOUSE 00-99	2	3236	3237	AKH_IT_D	
E	048	DOING ...'S LAUNDRY 00-99	2	3238	3239	AKH_IT_E	
F	049	SHOPPING FOR ...'S GROCERIES 00-99	2	3240	3241	AKH_IT_F	
G	050	DO OTHER SMALL ERRANDS 00-99	2	3242	3243	AKH_IT_G	
H	051	HELPING...GET AROUND OUTSIDE 00-99	2	3244	3245	AKH_IT_H	
I	052	HELP...GET AROUND THE NEIGHBORHOOD 00-99	2	3246	3247	AKH_IT_I	
A.2	053	CHECK ITEM: CAREGIVER PROVIDE ADL OR IADL HELP	1	3248	3248	AKH_CK1	
		1 YES					
		2 NO					
12A	054	CAN ... BE LEFT ALONE IN HOUSE	1	3249	3249	AKH_6A	
		1 YES					
		2 NO					

12B		NO. HOURS ... CAN BE LEFT ALONE				
	055	01-99	2	3250	3251	AKH_6B_H
	056	1 LESS THAN 1	1	3252	3252	AKH_6B_O
		2 NO LIMIT				
13A	057	IS YOUR SLEEP EVER INTERRUPTED	1	3253	3253	AKH_7A
		1 YES				
		2 NO				
13B		NO. TIMES/WK SLEEP INTERRUPTED				
	058	01-99	2	3254	3255	AKH_7B1
	059	1 LESS THAN 1	1	3256	3256	AKH_7B2
14		CARETAKER PROBLEMS/INCONVENIENCES				
A	060	CARE WHEN DON'T FEEL LIKE IT	1	3257	3257	AKH_8_A
		1 TRUE				
		2 FALSE				
B	061	NEEDS SPECIAL CARE I CAN'T GIVE	1	3258	3258	AKH_8_B
		1 TRUE				
		2 FALSE				
C	062	CARE IS HARD ON ME EMOTIONALLY	1	3259	3259	AKH_8_C
		1 TRUE				
		2 FALSE				
D	063	LIFTING OR MOVING ... IS DIFFICULT	1	3260	3260	AKH_8_D
		1 TRUE				
		2 FALSE				
		3 DOES NOT APPLY				
A.3	064	CHECK ITEM	1	3261	3261	AKH_CK2
		1 CAREGIVER - ONLY LTC3 RESPONDENT				
		2 ALL OTHERS				
15	065	... 'S HEALTH IN GENERAL	1	3262	3262	AKH_1A
		1 EXCELLENT				
		2 GOOD				
		3 FAIR				
		4 POOR				

SECTION B - HELP FROM OTHERS

1		IN THE PAST WEEK, DID ANYONE BESIDES YOU HELP ... -				
A	066	WITH EATING, DRESSING, BATHING, ETC.	1	3263	3263	HFO_EAT
		1 YES				
		2 NO				
B	067	BY STAYING NEARBY	1	3264	3264	HFO_NBY
		1 YES				
		2 NO				
2		IN THE PAST WEEK, DID ANYONE BESIDES				

YOU HELP ... -

A	068	PREPARING MEALS, DOING CHORES, ETC. 1 YES 2 NO	1	3265 3265	HFO_MLS
B	069	MANAGING ...'S MONEY 1 YES 2 NO	1	3266 3266	HFO_MON
C	070	GIVING MEDICINES AND ETC. 1 YES 2 NO	1	3267 3267	HFO_MED
D	071	GETTING AROUND OUTSIDE AND ETC. 1 YES 2 NO	1	3268 3268	HFO_INS
B.1		CHECK ITEM 1 ALL ITEMS 1 AND 2 MARKED 'NO' 2 ALL OTHERS	1	3269 3269	HFO_CK1
3A		PEOPLE WHO HELPED DURING THE PAST WEEK			
3B		FIRST PERSON PERSON NUMBER 01-20 (HOUSEHOLD ROSTER) 31-48 (NOT LIVING IN HH ROSTER) BLANK	2	3270 3271	HFO_PN1
3C		RELATIONSHIP 01 SPOUSE 02 SON/DAUGHTER 03 SON-IN-LAW/DAUGHTER-IN-LAW 04 PARENT 5 PARENT-IN-LAW 06 BROTHER/SISTER 07 BROTHER-IN-LAW/SISTER-IN-LAW 08 GRANDCHILD 09 OTHER RELATIVE 10 EMPLOYEE 11 OTHER NONRELATIVE	2	3272 3273	HFO_REL1
3D		IS HELPER PAID TO HELP	1	3274 3274	HFO_PAID1
3B		SECOND PERSON PERSON NUMBER 01-20 (HOUSEHOLD ROSTER) 31-48 (NOT LIVING IN HH ROSTER) BLANK	2	3275 3276	HFO_PN2
3C		RELATIONSHIP 01 SPOUSE 02 SON/DAUGHTER 03 SON-IN-LAW/DAUGHTER-IN-LAW 04 PARENT 5 PARENT-IN-LAW	2	3277 3278	HFO_REL2

- 06 BROTHER/SISTER
- 07 BROTHER-IN-LAW/SISTER-IN-LAW
- 08 GRANDCHILD
- 09 OTHER RELATIVE
- 10 EMPLOYEE
- 11 OTHER NONRELATIVE

3D IS HELPER PAID TO HELP 1 3279 3279 HFO_PAID2

THIRD PERSON

3B PERSON NUMBER 2 3280 3281 HFO_PN3
 01-20 (HOUSEHOLD ROSTER)
 31-48 (NOT LIVING IN HH ROSTER)
 BLANK

3C RELATIONSHIP 2 3282 3283 HFO_REL3
 01 SPOUSE
 02 SON/DAUGHTER
 03 SON-IN-LAW/DAUGHTER-IN-LAW
 04 PARENT
 5 PARENT-IN-LAW
 06 BROTHER/SISTER
 07 BROTHER-IN-LAW/SISTER-IN-LAW
 08 GRANDCHILD
 09 OTHER RELATIVE
 10 EMPLOYEE
 11 OTHER NONRELATIVE

3D IS HELPER PAID TO HELP 1 3284 3284 HFO_PAID3

FOURTH PERSON

3B PERSON NUMBER 2 3285 3286 HFO_PN4
 01-20 (HOUSEHOLD ROSTER)
 31-48 (NOT LIVING IN HH ROSTER)
 BLANK

3C RELATIONSHIP 2 3287 3288 HFO_REL4
 01 SPOUSE
 02 SON/DAUGHTER
 03 SON-IN-LAW/DAUGHTER-IN-LAW
 04 PARENT
 5 PARENT-IN-LAW
 06 BROTHER/SISTER
 07 BROTHER-IN-LAW/SISTER-IN-LAW
 08 GRANDCHILD
 09 OTHER RELATIVE
 10 EMPLOYEE
 11 OTHER NONRELATIVE

3D IS HELPER PAID TO HELP 1 3289 3289 HFO_PAID4

FIFTH PERSON

3B PERSON NUMBER 2 3290 3291 HFO_PN5
 01-20 (HOUSEHOLD ROSTER)
 31-48 (NOT LIVING IN HH ROSTER)
 BLANK

3C		RELATIONSHIP	2	3292	3293	HFO_REL5
		01 SPOUSE				
		02 SON/DAUGHTER				
		03 SON-IN-LAW/DAUGHTER-IN-LAW				
		04 PARENT				
		5 PARENT-IN-LAW				
		06 BROTHER/SISTER				
		07 BROTHER-IN-LAW/SISTER-IN-LAW				
		08 GRANDCHILD				
		09 OTHER RELATIVE				
		10 EMPLOYEE				
		11 OTHER NONRELATIVE				
3D		IS HELPER PAID TO HELP	1	3294	3294	HFO_PAID5
		SIXTH PERSON				
3B		PERSON NUMBER	2	3295	3296	HFO_PN6
		01-20 (HOUSEHOLD ROSTER)				
		31-48 (NOT LIVING IN HH ROSTER)				
		BLANK				
3C		RELATIONSHIP	2	3297	3298	HFO_REL6
		01 SPOUSE				
		02 SON/DAUGHTER				
		03 SON-IN-LAW/DAUGHTER-IN-LAW				
		04 PARENT				
		5 PARENT-IN-LAW				
		06 BROTHER/SISTER				
		07 BROTHER-IN-LAW/SISTER-IN-LAW				
		08 GRANDCHILD				
		09 OTHER RELATIVE				
		10 EMPLOYEE				
		11 OTHER NONRELATIVE				
3D		IS HELPER PAID TO HELP	1	3299	3299	HFO_PAID6
4A	073	IS THERE SOMEONE ELSE TO HELP ... IF YOU WERE UNABLE	1	3300	3300	HLP_CK
		1 YES				
		2 NO				
4C		FIRST PERSON PERSON NUMBER	2	3301	3302	HLP_PNU1
		01-20 (HOUSEHOLD ROSTER)				
		31-48 (NOT LIVING IN HH ROSTER)				
		BLANK				
4D		RELATIONSHIP	2	3303	3304	HLP_REL1
		01 SPOUSE				
		02 SON/DAUGHTER				
		03 SON-IN-LAW/DAUGHTER-IN-LAW				
		04 PARENT				
		5 PARENT-IN-LAW				
		06 BROTHER/SISTER				
		07 BROTHER-IN-LAW/SISTER-IN-LAW				
		08 GRANDCHILD				
		09 OTHER RELATIVE				

	10 EMPLOYEE			
	11 OTHER NONRELATIVE			
4E	WOULD ... BE PAID FOR HELPING	1	3305 3305	HLP_PAID1
	1 YES			
	2 NO			
	SECOND PERSON			
4C	PERSON NUMBER	2	3306 3307	HFO_PNU2
	01-20 (HOUSEHOLD ROSTER)			
	31-48 (NOT LIVING IN HH ROSTER)			
	BLANK			
4D	RELATIONSHIP	2	3308 3309	HLP_REL2
	01 SPOUSE			
	02 SON/DAUGHTER			
	03 SON-IN-LAW/DAUGHTER-IN-LAW			
	04 PARENT			
	5 PARENT-IN-LAW			
	06 BROTHER/SISTER			
	07 BROTHER-IN-LAW/SISTER-IN-LAW			
	08 GRANDCHILD			
	09 OTHER RELATIVE			
	10 EMPLOYEE			
	11 OTHER NONRELATIVE			
4E	WOULD ... BE PAID FOR HELPING	1	3310 3310	HLP_PAID2
	1 YES			
	2 NO			
	THIRD PERSON			
4C	PERSON NUMBER	2	3311 3312	HFO_PNU3
	01-20 (HOUSEHOLD ROSTER)			
	31-48 (NOT LIVING IN HH ROSTER)			
	BLANK			
4D	RELATIONSHIP	2	3313 3314	HLP_REL3
	01 SPOUSE			
	02 SON/DAUGHTER			
	03 SON-IN-LAW/DAUGHTER-IN-LAW			
	04 PARENT			
	5 PARENT-IN-LAW			
	06 BROTHER/SISTER			
	07 BROTHER-IN-LAW/SISTER-IN-LAW			
	08 GRANDCHILD			
	09 OTHER RELATIVE			
	10 EMPLOYEE			
	11 OTHER NONRELATIVE			
4E	WOULD ... BE PAID FOR HELPING	1	3315 3315	HLP_PAID3
	1 YES			
	2 NO			
	FOURTH PERSON			
4C	PERSON NUMBER	2	3316 3317	HFO_PNU4
	01-20 (HOUSEHOLD ROSTER)			
	31-48 (NOT LIVING IN HH ROSTER)			

BLANK

4D	RELATIONSHIP	2	3318 3319 HLP_REL4
	01 SPOUSE		
	02 SON/DAUGHTER		
	03 SON-IN-LAW/DAUGHTER-IN-LAW		
	04 PARENT		
	5 PARENT-IN-LAW		
	06 BROTHER/SISTER		
	07 BROTHER-IN-LAW/SISTER-IN-LAW		
	08 GRANDCHILD		
	09 OTHER RELATIVE		
	10 EMPLOYEE		
	11 OTHER NONRELATIVE		
4E	WOULD ... BE PAID FOR HELPING	1	3320 3320 HLP_PAID4
	1 YES		
	2 NO		
	FIFTH PERSON		
4C	PERSON NUMBER	2	3321 3322 HFO_PNU5
	01-20 (HOUSEHOLD ROSTER)		
	31-48 (NOT LIVING IN HH ROSTER)		
	BLANK		
4D	RELATIONSHIP	2	3323 3324 HLP_REL5
	01 SPOUSE		
	02 SON/DAUGHTER		
	03 SON-IN-LAW/DAUGHTER-IN-LAW		
	04 PARENT		
	5 PARENT-IN-LAW		
	06 BROTHER/SISTER		
	07 BROTHER-IN-LAW/SISTER-IN-LAW		
	08 GRANDCHILD		
	09 OTHER RELATIVE		
	10 EMPLOYEE		
	11 OTHER NONRELATIVE		
4E	WOULD ... BE PAID FOR HELPING	1	3325 3325 HLP_PAID5
	1 YES		
	2 NO		
	SIXTH PERSON		
4C	PERSON NUMBER	2	3326 3327 HFO_PNU6
	01-20 (HOUSEHOLD ROSTER)		
	31-48 (NOT LIVING IN HH ROSTER)		
	BLANK		
4D	RELATIONSHIP	2	3328 3329 HLP_REL6
	01 SPOUSE		
	02 SON/DAUGHTER		
	03 SON-IN-LAW/DAUGHTER-IN-LAW		
	04 PARENT		
	5 PARENT-IN-LAW		
	06 BROTHER/SISTER		
	07 BROTHER-IN-LAW/SISTER-IN-LAW		
	08 GRANDCHILD		

09 OTHER RELATIVE
10 EMPLOYEE
11 OTHER NONRELATIVE

4E WOULD ... BE PAID FOR HELPING 1 3330 3330 HLP_PAID6
1 YES
2 NO

SECTION C - PROBLEMS

1 PROBLEMS OF ...

A 074 FORGETS THINGS/GETS CONFUSED, ETC 1 3331 3331 CGP_FOR
1 TRUE
2 FALSE

B 075 EMBARRASSES ME OR OTHERS 1 3332 3332 CGP_EMB
1 TRUE
2 FALSE

C 076 LAPSES INTO SENILITY 1 3333 3333 CGP_SEN
1 TRUE
2 FALSE

D 077 BECOMES UPSET AND YELLS AT ME 1 3334 3334 CGP_UPS1
1 TRUE
2 FALSE

C.1 078 CHECK ITEM: WAS ITEM 1D 'TRUE'
1 YES
2 NO

2 079 HOW OFTEN DOES ... BECOME UPSET 1 3336 3336 CGP_UPS3
1 VERY OFTEN
2 FAIRLY OFTEN
3 OCCASIONALLY
4 HARDLY EVER

3 PROBLEMS YOU HAVE CARING FOR OTHERS

A 080 DON'T HAVE MUCH PRIVACY 1 3337 3337 CGE_1_A
1 TRUE
2 FALSE

B 081 LIMITS MY SOCIAL LIFE/FREE TIME 1 3338 3338 CGE_1_B
1 TRUE
2 FALSE

C 082 GIVE ... ALMOST CONSTANT ATTENTION 1 3339 3339 CGE_1_C
1 TRUE
2 FALSE

D 083 CAUSE MY HEALTH TO GET WORSE 1 3340 3340 CGE_1_D
1 TRUE
2 FALSE

E 084 CARE COST MORE THAN I CAN AFFORD 1 3341 3341 CGE_1_E

- 1 TRUE
- 2 FALSE

C.2	085	CHECK ITEM: IS SPOUSE=CAREGIVER 1 YES 2 NO	1	3342 3342 CGE_CK1
4A	086	UNEXPECTED AMOUNT OF OWN MONEY BECAUSE OF ...'S DISABILITY 000001-999999	6	3343 3348 GIC_OWN1
	087	1 NOTHING 2 DK	1	3349 3349 GIC_OWN2
4B	088	AMOUNT YOU THINK 1 LESS THAN \$50 2 BETWEEN \$50 AND \$100 3 OVER \$100	1	3350 3350 CGP_AMT
4C	089	DOES YOUR INSURANCE PAY FOR ANY PART OF ...'S MEDICAL CARE 1 YES 2 NO	1	3351 3351 CGP_INS

SECTION D - CAREGIVER'S LIVING SITUATION

D.1	090	CHECK ITEM: IS SPOUSE=CAREGIVER 1 YES 2 NO	1	3352 3352 CLS_CK1
D.2	091	CHECK ITEM: DOES CAREGIVER LIVE WITH DISABLED PERSON 1 YES 2 NO	1	3353 3353 CLS_CK2
1A	092	LIVED WITH...BEFORE...NEEDED CARE 1 YES 2 NO	1	3354 3354 CLS_1A
1B	093	BEFORE YOU BEGAN LIVING TOGETHER 1 IN THE SAME NEIGHBORHOOD 2 IN A DIFFERENT NEIGHBORHOOD BUT IN SAME CITY OR TOWN 3 IN A DIFFERENT CITY OR TOWN BUT IN THE SAME STATE 4 IN A DIFFERENT STATE OR COUNTRY	1	3355 3355 CLS_1B1
1C	094	THE DISTANCE 1 LESS THAN 100 MILES AWAY 2 BETWEEN 100 AND 500 MILES AWAY 3 MORE THAN 500 MILES AWAY	1	3356 3356 CLS_1B2
2A	095	IF YOU DIDN'T HELP..., WOULD YOU STILL LIVE TOGETHER 1 YES 2 NO 3 DK	1	3357 3357 CLS_2A

2B	096	WOULD YOU LIVE 1 IN THE SAME NEIGHBORHOOD 2 IN A DIFFERENT NEIGHBORHOOD BUT IN SAME CITY OR TOWN 3 SOMEWHERE ELSE 4 DK	1	3358 3358	CLS_2B1
3		TIME IT TAKES TO GET TO...HOUSE			
	097	MINUTES	2	3359 3360	CLS_3_MN
	098	HOURS	2	3361 3362	CLS_3_HR
4A	099	EVER CHANGED PLACE OF RESIDENCE BECAUSE OF ...'S DISABILITY 1 YES 2 NO	1	3363 3363	CLS_4A
4B	100	DID YOU MAKE THE MOVE FROM 1 A DIFFERENT PLACE IN THE SAME NEIGHBORHOOD 2 FROM A DIFFERENT NEIGHBORHOOD IN SAME CITY OR TOWN 3 FROM A DIFFERENT CITY OR TOWN IN THE SAME STATE 4 FROM A DIFFERENT STATE OR COUNTRY	1	3364 3364	CLS_4B1
4C	101	DISTANCE OF MOVE 1 FROM LESS THAN 100 MILES AWAY 2 FROM BETWEEN 100 AND 500 MILES AWAY 3 FROM MORE THAN 500 MILES AWAY	1	3365 3365	CLS_4B2
5A	102	HAS...EVER CHANGED PLACE OF RESIDENCE BECAUSE OF YOU 1 YES 2 NO	1	3366 3366	CLS_5A
5B	103	DID...MOVE FROM 1 A DIFFERENT PLACE IN THE SAME NEIGHBORHOOD 2 FROM A DIFFERENT NEIGHBORHOOD IN SAME CITY OR TOWN 3 FROM A DIFFERENT CITY OR TOWN IN THE SAME STATE 4 FROM A DIFFERENT STATE OR COUNTRY	1	3367 3367	CLS_5B1
5C	104	DISTANCE OF MOVE 1 FROM LESS THAN 100 MILES AWAY 2 FROM BETWEEN 100 AND 500 MILES AWAY 3 FROM MORE THAN 500 MILES AWAY	1	3368 3368	CLS_5B2
5D	105	DID...MOVE SO THAT YOU COULD TAKE CARE OF ... 1 YES 2 NO	1	3369 3369	CLS_5D
6A	106	EVER WANTED TO CHANGE PLACE OF RESIDENCE BUT DID NOT 1 YES	1	3370 3370	CLS_6A

2 NO

6B 107 WOULD YOU LIKE TO LIVE 1 3371 3371 CLS_6B
1 DIFFERENT NEIGHBORHOOD
2 SOMEWHERE ELSE

7 109 IS PERSON YOU CARE FOR HELPFUL 1 3372 3372 CLS_7
7 NO WAY

SECTION E - CAREGIVER'S WORK SITUATION

1A 110 HOW LONG AGO YOU STARTED CARING 1 3373 3373 CWS_1A
FOR ...
1 LESS THAN 3 MONTHS
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

1B 111 AMOUNT OF CARE PROVIDED NOW 1 3374 3374 CWS_1B
1 MORE THAN BEFORE
2 LESS THAN BEFORE
3 SAME AS BEFORE

1C 112 HOW LONG AGO YOU START TAKING 1 3375 3375 CWS_1C
CARE OF ... AS YOU DO NOW
1 LESS THAN 3 MONTHS
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

2 113 HOW OLD ARE YOU 2 3376 3377 CWS_2
01-99

3A 114 CURRENTLY WORKING FOR PAY 1 3378 3378 CWS_3A
1 YES
2 NO

3B 115 NUMBER OF HOURS PER WEEK 2 3379 3380 CWS_3B
01-99

E.1 116 CHECK ITEM: IS 3B LESS THAN 35 1 3381 3381 CWS_CK1
1 YES
2 NO

3C 117 WORKING FEWER HOURS THAN YOU 1 3382 3382 CWS_3C
WOULD LIKE TO
1 YES
2 NO

4A	118	HAVE YOU EVER WORKED FOR PAY 1 YES 2 NO	1	3383 3383 CWS_4A
4B	119	HOW LONG AGO DID YOU STOP WORKING 1 LESS THAN 3 MONTHS 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	1	3384 3384 CWS_4B
4C	120	MAIN REASON YOU STOPPED WORKING 1 RETIRED 2 ILL/DISABLED 3 HAD TO CARE FOR DISABLED PERSON 4 WANTED TO TAKE CARE OF HOME/FAMILY 5 FIRED/LAID OFF 6 WENT (BACK) TO SCHOOL 7 OTHER	1	3385 3385 CWS_4C
4D	121	WOULD HAVE CONTINUED WORKING IF WEREN'T TAKING CARE OF ... 1 YES 2 NO	1	3386 3386 CWS_4D
E.2	122	CHECK ITEM: 4B MORE THAN 1A 1 YES 2 NO	1	3387 3387 CWS_CK2
5A	123	EVER WORKED FEWER HOURS BECAUSE YOU WERE CARING FOR... 1 YES 2 NO	1	3388 3388 CWS_5A
5B	124	HOW LONG DID THIS HAPPEN (THE LAST TIME) 1 LESS THAN 3 MONTHS 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	1	3389 3389 CWS_5B
6A	125	EVER REARRANGE YOUR SCHEDULE BECAUSE YOU WERE CARING FOR... 1 YES 2 NO	1	3390 3390 CWS_6A
6B	126	HOW LONG DID THIS HAPPEN (THE LAST TIME) 1 LESS THAN 3 MONTHS 2 3 MONTHS - LESS THAN 6 MONTHS	1	3391 3391 CWS_6B

- 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

7A	127	EVER HAD TO TAKE TIME OFF W/O PAY BECAUSE YOU WERE CARING FOR ... 1 YES 2 NO	1	3392	3392	CWS_7A
7B	128	HOW LONG DID THIS HAPPEN (THE LAST TIME) 1 LESS THAN 3 MONTHS 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	1	3393	3393	CWS_7B
7C	129	HOW LONG OFF WITHOUT PAY	2	3394	3395	CWS_7C_N
	130	UNIT 1 HOURS 2 DAYS 3 WEEKS 4 MONTHS	1	3396	3396	CWS_7C_U
8A	131	EVER HAD TO QUIT A JOB BECAUSE YOU WERE CARING FOR... 1 YES 2 NO	1	3397	3397	CWS_8A
8B	132	HOW LONG DID THIS HAPPEN (THE LAST TIME) 1 LESS THAN 3 MONTHS 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	1	3398	3398	CWS_8B
9B	133	WHAT KIND OF BUSINESS	3	3399	3401	CWS_9B
9C	134	WHAT KIND OF WORK WAS IT	3	3402	3404	CWS_9C
9E	135	(ARE/WERE) YOU 1 EMPLOYEE OF A PRIVATE COMPANY 2 FEDERAL GOV'T EMPLOYEE 3 STATE GOV'T EMPLOYEE 4 LOCAL GOV'T EMPLOYEE 5 SELF-EMPLOYED IN OWN BUSINESS	1	3405	3405	CWS_9E

9F	136	IS BUSINESS INCORPORATED 1 YES 2 NO	1	3406 3406 CWS_9F
9G	137	(IS/WAS) THIS A NONPROFIT ORG. 1 YES 2 NO	1	3407 3407 CWS_9G
10	138	HAS TAKING CARE OF ...EVER KEPT YOU FROM LOOKING FOR A JOB 1 YES 2 NO	1	3408 3408 CWS_10
11A	139	EVER HAD TO TURN DOWN A JOB BECAUSE YOU WERE CARING FOR ... 1 YES 2 NO	1	3409 3409 CWS_11A
11B	140	HOW LONG DID THIS HAPPEN (THE LAST TIME) 1 LESS THAN 3 MONTHS 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	1	3410 3410 CWS_11B

SECTION F - GENERAL INFORMATION ON CAREGIVER

1	141	COMPARED TO OTHERS - YOUR HEALTH 1 EXCELLENT 2 GOOD 3 FAIR 4 POOR	1	3411 3411 GIC_1A
2		DO YOU HAVE ANY PROBLEMS		
A	142	EATING WITHOUT HELP 1 YES 2 NO	1	3412 3412 GIC_EAT
B	143	GETTING IN/OUT OF BED W/O HELP 1 YES 2 NO	1	3413 3413 GIC_BED
C	144	GETTING IN/OUT OF CHAIRS W/O HELP 1 YES 2 NO	1	3414 3414 GIC_CHR
D	145	WALKING AROUND INSIDE W/O HELP 1 YES 2 NO	1	3415 3415 GIC_INS
E	146	GOING OUTSIDE W/O HELP	1	3416 3416 GIC_OUT

		1 YES				
		2 NO				
F	147	GETTING DRESSED W/O HELP	1	3417	3417	GIC_DRS
		1 YES				
		2 NO				
G	148	BATHING W/O HELP	1	3418	3418	GIC_BTH
		1 YES				
		2 NO				
H	149	GETTING TO BATHROOM/USING TOILET	1	3419	3419	GIC_TOI
		1 YES				
		2 NO				
I	150	CONTROLLING BOWEL MOVEMENTS OR URINATION	1	3420	3420	GIC_BWL
		1 YES				
		2 NO				
F.1	151	CHECK ITEM: CAREGIVER LIVES WITH DISABLED PERSON	1	3421	3421	GIC_CK1
		1 YES				
		2 NO				
		CAREGIVER'S HOUSEHOLD ROSTER				
		FIRST PERSON: CAREGIVER				
3A		PERSON NUMBER 61-75	2	3422	3423	GIC_PNO1
3C		RELATIONSHIP TO CAREGIVER	2	3424	3425	GICREL1
		01 CAREGIVER				
		02 SPOUSE				
		03 SON/DAUGHTER				
		04 SON-IN-LAW/DAUGHTER-IN-LAW				
		05 PARENT				
		6 PARENT-IN-LAW				
		07 BROTHER/SISTER				
		08 BROTHER-IN-LAW/SISTER-IN-LAW				
		09 GRANDCHILD				
		1 OTHER RELATIVE				
		11 EMPLOYEE				
		12 OTHER NONRELATIVE				
5		DOES...USUALLY LIVE WITH YOU BLANK	1	3426	3426	GICLIVE1
6A		PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3427	3428	GICCCPN1
6B		PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3429	3430	GICCCNL1

7	SEX 1 MALE 2 FEMALE	1	3431 3431 GICSEX1
8	HOW OLD IS ... TODAY BLANK	3	3432 3434 GICAGE1
9	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	3435 3435 GIC_MS1
10	NO. HOURS USUALLY WORK PER WEEK BLANK	2	3436 3437 GICWORK1
11A	HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV 24 4TH YEAR OF COLLEGE OR EQUIV 31 1 YEAR OF GRADUATE SCHOOL 32 2 OR MORE YEARS OF GRADUATE SCHOOL	2	3438 3439 GICED1
11B	DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3440 3440 GICGRD1
3A	SECOND PERSON: PERSON NUMBER 62-75	2	3441 3442 GIC_PNO2
3C	RELATIONSHIP TO CAREGIVER 01 CAREGIVER 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 6 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 1 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE	2	3443 3444 GICREL2
5	DOES...USUALLY LIVE WITH YOU 1 YES 2 NO	1	3445 3445 GICLIVE2
6A	PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3446 3447 GICCCPN2

6B	PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3448 3449 GICCCNL2
7	SEX 1 MALE 2 FEMALE	1	3450 3450 GICSEX2
8	HOW OLD IS ... TODAY 000-999	3	3451 3453 GICAGE2
9	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	3454 3454 GIC_MS2
10	NO. HOURS USUALLY WORK PER WEEK 01-99	2	3455 3456 GICWORK2
11A	HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV 24 4TH YEAR OF COLLEGE OR EQUIV 31 1 YEAR OF GRADUATE SCHOOL 32 2 OR MORE YEARS OF GRADUATE SCHOOL	2	3457 3458 GICED2
11B	DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3459 3459 GICGRD2
THIRD PERSON			
3A	PERSON NUMBER 62-75	2	3460 3461 GIC_PNO3
3C	RELATIONSHIP TO CAREGIVER 01 CAREGIVER 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 6 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 1 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE	2	3462 3463 GICREL3
5	DOES...USUALLY LIVE WITH YOU	1	3464 3464 GICLIVE3

	1 YES 2 NO			
6A	PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3465	3466 GICCCPN3
6B	PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3467	3468 GICCCNL3
7	SEX 1 MALE 2 FEMALE	1	3469	3469 GICSEX3
8	HOW OLD IS ... TODAY 000-999	3	3470	3472 GICAGE3
9	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	3473	3473 GIC_MS3
10	NO. HOURS USUALLY WORK PER WEEK 01-99	2	3474	3475 GICWORK3
11A	HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV 24 4TH YEAR OF COLLEGE OR EQUIV 31 1 YEAR OF GRADUATE SCHOOL 32 2 OR MORE YEARS OF GRADUATE SCHOOL	2	3476	3477 GICED3
11B	DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3478	3478 GICGRD3
	FOURTH PERSON			
3A	PERSON NUMBER 62-75	2	3479	3480 GIC_PNO4
3C	RELATIONSHIP TO CAREGIVER 01 CAREGIVER 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 06 PARENT-IN-LAW 07 BROTHER/SISTER	2	3481	3482 GICREL4

08 BROTHER-IN-LAW/SISTER-IN-LAW
 09 GRANDCHILD
 1 OTHER RELATIVE
 11 EMPLOYEE
 12 OTHER NONRELATIVE

5	DOES...USUALLY LIVE WITH YOU 1 YES 2 NO	1	3483	3483	GICLIVE4
6A	PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3484	3485	GICCCPN4
6B	PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3486	3487	GICCCNL4
7	SEX 1 MALE 2 FEMALE	1	3488	3488	GICSEX4
8	HOW OLD IS ... TODAY 000-999	3	3489	3491	GICAGE4
9	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	3492	3492	GIC_MS4
10	NO. HOURS USUALLY WORK PER WEEK 01-99	2	3493	3494	GICWORK4
11A	HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV 24 4TH YEAR OF COLLEGE OR EQUIV 31 1 YEAR OF GRADUATE SCHOOL 32 2 OR MORE YEARS OF GRADUATE SCHOOL	2	3495	3496	GICED4
11B	DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3497	3497	GICGRD4
3A	FIFTH PERSON PERSON NUMBER 62-75	2	3498	3499	GIC_PNO5
3C	RELATIONSHIP TO CAREGIVER	2	3500	3501	GICREL5

- 01 CAREGIVER
- 02 SPOUSE
- 03 SON/DAUGHTER
- 04 SON-IN-LAW/DAUGHTER-IN-LAW
- 05 PARENT
- 6 PARENT-IN-LAW
- 07 BROTHER/SISTER
- 08 BROTHER-IN-LAW/SISTER-IN-LAW
- 09 GRANDCHILD
- 1 OTHER RELATIVE
- 11 EMPLOYEE
- 12 OTHER NONRELATIVE

5	DOES...USUALLY LIVE WITH YOU 1 YES 2 NO	1	3502	3502 GICLIVE5
6A	PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3503	3504 GICCCPN5
6B	PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3505	3506 GICCCNL5
7	SEX 1 MALE 2 FEMALE	1	3507	3507 GICSEX5
8	HOW OLD IS ... TODAY 000-999	3	3508	3510 GICAGE5
9	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	3511	3511 GIC_MS5
10	NO. HOURS USUALLY WORK PER WEEK 01-99	2	3512	3513 GICWORK5
11A	HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV 24 4TH YEAR OF COLLEGE OR EQUIV 31 1 YEAR OF GRADUATE SCHOOL 32 2 OR MORE YEARS OF GRADUATE SCHOOL	2	3514	3515 GICED5
11B	DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3516	3516 GICGRD5

SIXTH PERSON

3A	PERSON NUMBER 62-75	2	3517	3518	GIC_PNO6
3C	RELATIONSHIP TO CAREGIVER 01 CAREGIVER 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 6 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 1 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE	2	3519	3520	GICREL6
5	DOES...USUALLY LIVE WITH YOU 1 YES 2 NO	1	3521	3521	GICLIVE6
6A	PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3522	3523	GICCCPN6
6B	PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3524	3525	GICCCNL6
7	SEX 1 MALE 2 FEMALE	1	3526	3526	GICSEX6
8	HOW OLD IS ... TODAY 000-999	3	3527	3529	GICAGE6
9	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	3530	3530	GIC_MS6
10	NO. HOURS USUALLY WORK PER WEEK 01-99	2	3531	3532	GICWORK6
11A	HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV	2	3533	3534	GICED6

24 4TH YEAR OF COLLEGE OR EQUIV
 31 1 YEAR OF GRADUATE SCHOOL
 32 2 OR MORE YEARS OF GRADUATE SCHOOL

11B	DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3535	3535 GICGRD6
SEVENTH PERSON				
3A	PERSON NUMBER 62-75	2	3536	3537 GIC_PNO7
3C	RELATIONSHIP TO CAREGIVER 01 CAREGIVER 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 6 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 1 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE	2	3538	3539 GICREL7
5	DOES...USUALLY LIVE WITH YOU 1 YES 2 NO	1	3540	3540 GICLIVE7
6A	PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3541	3542 GICCCPN7
6B	PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3543	3544 GICCCNL7
7	SEX 1 MALE 2 FEMALE	1	3545	3545 GICSEX7
8	HOW OLD IS ... TODAY 000-999	3	3546	3548 GICAGE7
9	MARITAL STATUS 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	1	3549	3549 GIC_MS7
10	NO. HOURS USUALLY WORK PER WEEK 01-99	2	3550	3551 GICWORK7

11A	HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV 24 4TH YEAR OF COLLEGE OR EQUIV 31 1 YEAR OF GRADUATE SCHOOL 32 2 OR MORE YEARS OF GRADUATE SCHOOL	2	3552	3553 GICED7
11B	DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3554	3554 GICGRD7
EIGHTH PERSON				
3A	PERSON NUMBER 62-75	2	3555	3556 GIC_PNO8
3C	RELATIONSHIP TO CAREGIVER 01 CAREGIVER 02 SPOUSE 03 SON/DAUGHTER 04 SON-IN-LAW/DAUGHTER-IN-LAW 05 PARENT 6 PARENT-IN-LAW 07 BROTHER/SISTER 08 BROTHER-IN-LAW/SISTER-IN-LAW 09 GRANDCHILD 1 OTHER RELATIVE 11 EMPLOYEE 12 OTHER NONRELATIVE	2	3557	3558 GICREL8
5	DOES...USUALLY LIVE WITH YOU 1 YES 2 NO	1	3559	3559 GICLIVE8
6A	PERSON NUMBER FROM CONTROL CARD SAMPLE PERSON'S HOUSEHOLD ROSTER 01-20	2	3560	3561 GICCCPN8
6B	PERSON NUMBER FROM CONTROL CARD CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON 31-48	2	3562	3563 GICCCNL8
7	SEX 1 MALE 2 FEMALE	1	3564	3564 GICSEX8
8	HOW OLD IS ... TODAY 000-999	3	3565	3567 GICAGE8
9	MARITAL STATUS 1 MARRIED 2 WIDOWED	1	3568	3568 GIC_MS8

- 3 DIVORCED
- 4 SEPARATED
- 5 NEVER MARRIED

10		NO. HOURS USUALLY WORK PER WEEK 01-99	2	3569	3570 GICWORK8
11A		HIGHEST GRADE...HAS EVER ENTERED 00 NEVER ATTENDED, PRESCHOOL OR KINDERGARTEN 01-12 (1ST THROUGH 12TH GRADE OR EQUIV) 21 1ST YEAR OF COLLEGE OR EQUIV 22 2ND YEAR OF COLLEGE OR EQUIV 23 3RD YEAR OF COLLEGE OR EQUIV 24 4TH YEAR OF COLLEGE OR EQUIV 31 1 YEAR OF GRADUATE SCHOOL 32 2 OR MORE YEARS OF GRADUATE SCHOOL	2	3571	3572 GICED8
11B		DID...COMPLETE THAT GRADE (YEAR) 1 YES 2 NO	1	3573	3573 GICGRD8
		DURING THE PREVIOUS MONTH			
12A	152	DID ANY OF FAMILY WHO LIVES HERE RECEIVE SS OR RR BENEFITS 1 YES 2 NO	1	3574	3574 GIC_12A
12B	153	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999	6	3575	3580 GIC_12B
13A	154	DID ANY OF FAMILY WHO LIVES HERE RECEIVE OTHER RETIREMENT,PENSION OR ANNUITY INCOME 1 YES 2 NO	1	3581	3581 GIC_13A
13B	155	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999	6	3582	3587 GIC_13B
14A	156	DID ANY OF FAMILY WHO LIVES HERE RECEIVE UNEMPLOYMENT OR WORKER'S COMPENSATION 1 YES 2 NO	1	3588	3588 GIC_14A
14B	157	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999	6	3589	3594 GIC_14B
15A	158	DID ANY OF FAMILY WHO LIVES HERE RECEIVE WAGES, SALARIES, OR ETC. 1 YES	1	3595	3595 GIC_15A

2 NO

15B	159	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999	6	3596 3601 GIC_15B
16A	160	DID ANY OF FAMILY WHO LIVES HERE RECEIVE NET INCOME FROM RENT 1 YES 2 NO	1	3602 3602 GIC_16A
16B	161	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999	6	3603 3608 GIC_16B
17A	162	DID ANY OF FAMILY WHO LIVES HERE RECEIVE FOOD STAMPS 1 YES 2 NO	1	3609 3609 GIC_17A
17B	163	VALUE OF THE FOOD STAMPS RECEIVED 000001-999999	6	3610 3615 GIC_17B
18A	164	DID ANY OF FAMILY WHO LIVES HERE RECEIVE PAYMENTS FROM ADC OR AFDC 1 YES 2 NO	1	3616 3616 GIC_18A
18B	165	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999 IN THE PAST TWELVE MONTHS	6	3617 3622 GIC_18B
19A	166	DID ANY OF FAMILY WHO LIVES HERE RECEIVE INTEREST OR DIVIDENDS 1 YES 2 NO	1	3623 3623 GIC_19A
19B	167	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999	6	3624 3629 GIC_19B
20A	168	DID ANY OF FAMILY WHO LIVES HERE RECEIVE OTHER KINDS OF INCOME 1 YES 2 NO	1	3630 3630 GIC_20A
20B	169	HOW MUCH DID ALL MEMBERS OF FAMILY RECEIVE 000001-999999	6	3631 3636 GIC_20B
21A	170	TOTAL COMBINED INCOME YOU AND ALL FAMILY MEMBERS 01 UNDER \$3,000 02 \$ 3,000 - \$ 3,999 03 \$ 4,000 - \$ 4,999	2	3637 3638 GIC_21A

- 04 \$ 5,000 - \$ 5,999
- 05 \$ 6,000 - \$ 6,999
- 06 \$ 7,000 - \$ 7,999
- 07 \$ 8,000 - \$ 8,999
- 08 \$ 9,000 - \$ 9,999
- 09 \$10,000 - \$11,999
- 10 \$12,000 - \$14,999
- 11 \$15,000 - \$19,999
- 12 \$20,000 - \$24,999
- 13 \$25,000 - \$29,999
- 14 \$30,000 - \$39,999
- 15 \$40,000 - \$49,999
- 16 \$50,000 OR MORE
- 17 REFUSED
- 18 DK

F.2	171	CHECK ITEM: FAMILY MEM OVER 15 OTHER THAN SPOUSE LIVING WITH YOU 1 YES 2 NO	1	3639 3639	GIC_CK2
21B	172	TOTAL COMBINED INCOME YOU AND ALL FAMILY MEMBERS 01 UNDER \$3,000 02 \$ 3,000 - \$ 3,999 03 \$ 4,000 - \$ 4,999 04 \$ 5,000 - \$ 5,999 05 \$ 6,000 - \$ 6,999 06 \$ 7,000 - \$ 7,999 07 \$ 8,000 - \$ 8,999 08 \$ 9,000 - \$ 9,999 09 \$10,000 - \$11,999 10 \$12,000 - \$14,999 11 \$15,000 - \$19,999 12 \$20,000 - \$24,999 13 \$25,000 - \$29,999 14 \$30,000 - \$39,999 15 \$40,000 - \$49,999 16 \$50,000 OR MORE 17 REFUSED 18 DK	2	3640 3641	G_21B1
22		IN PREVIOUS MONTH DID YOU OR YOUR SPOUSE OWN....			
A-1	173	SAVINGS ACCOUNT IN A BANK OR ETC 1 YES 2 NO	1	3642 3642	GIC_SAV1
B-1	174	WHAT IS TOTAL VALUE AS OF TODAY 000001-999999	6	3643 3648	GIC_SAV2
	175	1 DK 2 REF	1	3649 3649	GIC_SAV3
C-1	176	DOES...OWN JOINTLY WITH ANYONE 1 YES 2 NO	1	3650 3650	GIC_SAV4

A-2	177	CERTIFICATE OF DEPOSIT OR ETC 1 YES 2 NO	1	3651 3651	GIC_CD1
B-2	178	WHAT IS TOTAL VALUE AS OF TODAY 000001-999999	6	3652 3657	GIC_CD2
	179	1 DK 2 REF	1	3658 3658	GIC_CD3
C-2	180	DOES...OWN JOINTLY WITH ANYONE 1 YES 2 NO	1	3659 3659	GIC_CD4
A-3	181	MONEY MARKET FUNDS 1 YES 2 NO	1	3660 3660	GIC_MMF1
B-3	182	WHAT IS TOTAL VALUE AS OF TODAY 000001-999999	6	3661 3666	GIC_MMF2
	183	1 DK 2 REF	1	3667 3667	GIC_MMF3
C-3	184	DOES...OWN JOINTLY WITH ANYONE 1 YES 2 NO	1	3668 3668	GIC_MMF4
A-4	185	U.S. GOVERNMENT SECURITIES/BONDS 1 YES 2 NO	1	3669 3669	GIC_GOVB1
B-4	186	WHAT IS TOTAL VALUE AS OF TODAY 000001-999999	6	3670 3675	GIC_GOVB2
	187	1 DK 2 REF	1	3676 3676	GIC_GOVB3
C-4	188	DOES...OWN JOINTLY WITH ANYONE 1 YES 2 NO	1	3677 3677	GIC_GOVB4
A-5	189	MUNICIPAL OR CORPORATE BONDS 1 YES 2 NO	1	3678 3678	GIC_MCB1
B-5	190	WHAT IS TOTAL VALUE AS OF TODAY 000001-999999	6	3679 3684	GIC_MCB2
	191	1 DK 2 REF	1	3685 3685	GIC_MCB3
C-5	192	DOES...OWN JOINTLY WITH ANYONE 1 YES 2 NO	1	3686 3686	GIC_MCB4
A-6	193	MONEY MARKET ACCOUNTS 1 YES 2 NO	1	3687 3687	GIC_MMA1

B-6		WHAT IS TOTAL VALUE AS OF TODAY					
	194	000001-999999	6	3688	3693	GIC_MMA2	
	195	1 DK	1	3694	3694	GIC_MMA3	
		2 REF					
C-6	196	DOES...OWN JOINTLY WITH ANYONE	1	3695	3695	GIC_MMA4	
		1 YES					
		2 NO					
A-7	197	MORTGAGES	1	3696	3696	GIC_MGG1	
		1 YES					
		2 NO					
B-7		WHAT IS TOTAL VALUE AS OF TODAY					
	198	000001-999999	6	3697	3702	GIC_MGG2	
	199	1 DK	1	3703	3703	GIC_MGG3	
		2 REF					
C-7	200	DOES...OWN JOINTLY WITH ANYONE	1	3704	3704	GIC_MGG4	
		1 YES					
		2 NO					
A-8	201	OTHER INTEREST-BEARING ASSETS	1	3705	3705	GIC_OTH1	
		1 YES					
		2 NO					
B-8		WHAT IS TOTAL VALUE AS OF TODAY					
	202	000001-999999	6	3706	3711	GIC_OTH2	
	203	1 DK	1	3712	3712	GIC_OTH3	
		2 REF					
C-8	204	DOES...OWN JOINTLY WITH ANYONE	1	3713	3713	GIC_OTH4	
		1 YES					
		2 NO					
23		DURING PREVIOUS MONTH DID YOU OR YOUR SPOUSE HAVE					
A-1	205	STOCKS OR MUTUAL FUND SHARES	1	3714	3714	GIC_MFS1	
		1 YES					
		2 NO					
B-1		WHAT IS TOTAL VALUE AS OF TODAY					
	206	000001-999999	6	3715	3720	GIC_MFS2	
	207	1 DK	1	3721	3721	GIC_MFS3	
		2 REF					
C-1	208	DOES...OWN JOINTLY WITH ANYONE	1	3722	3722	GIC_MFS4	
		1 YES					
		2 NO					
A-2	209	PROPERTY FROM WHICH YOU RECEIVED RENTAL INCOME	1	3723	3723	GIC_RNT1	
		1 YES					
		2 NO					
B-2		WHAT IS TOTAL VALUE AS OF TODAY					

	210	000001-999999	6	3724	3729	GIC_RNT2
	211	1 DK	1	3730	3730	GIC_RNT3
		2 REF				
C-2	212	DOES...OWN JOINTLY WITH ANYONE	1	3731	3731	GIC_RNT4
		1 YES				
		2 NO				
A-3	213	FINANCIAL INTEREST IN A BUSINESS	1	3732	3732	GIC_FIN1
		1 YES				
		2 NO				
B-3		WHAT IS TOTAL VALUE AS OF TODAY				
	214	000001-999999	6	3733	3738	GIC_FIN2
	215	1 DK	1	3739	3739	GIC_FIN3
		2 REF				
C-3	216	DOES...OWN JOINTLY WITH ANYONE	1	3740	3740	GIC_FIN4
		1 YES				
		2 NO				
A-4	217	ANY OTHER FINANCIAL INVESTMENTS	1	3741	3741	GIC_OFI1
		1 YES				
		2 NO				
B-4		WHAT IS TOTAL VALUE AS OF TODAY				
	218	000001-999999	6	3742	3747	GIC_OFI2
	219	1 DK	1	3748	3748	GIC_OFI3
		2 REF				
C-4	220	DOES...OWN JOINTLY WITH ANYONE	1	3749	3749	GIC_OFI4
		1 YES				
		2 NO				
7		IS PERSON YOU CARE FOR HELPFUL				
*	108	1 WITH HOUSEHOLD CHORES	1	3750	3750	GIC_HLP1
		1 (MARKED)				
		2 WITH BABYSITTING	1	3751	3751	GIC_HLP2
		1 (MARKED)				
		3 BUYING THINGS FOR ME OR	1	3752	3752	GIC_HLP3
		GIVING ME MONEY				
		1 (MARKED)				
		4 KEEPING ME COMPANY	1	3753	3753	GIC_HLP4
		1 (MARKED)				
		5 MAKING ME FEEL USEFUL AND NEEDED	1	3754	3754	GIC_HLP5
		1 (MARKED)				
		6 ANOTHER WAY	1	3755	3755	GIC_HLP6
		1 (MARKED)				

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INSTITUTIONAL QUESTIONNAIRE LTC-7

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
PGM 5				
1		REGIONAL OFFICE CODE	2	3756 3757 IROCODE
4		FIELD REPRESENTATIVE CODE		
		ALPHA	1	3758 3758 IN_ALPHA
		NUMERIC	2	3759 3760 INST_NUM

PGM 6				
6		STATE WHERE INSTITUTION IS LOCATED	2	3761 3762 IPG6ST

SECTION 1 - COGNITIVE FUNCTIONING

THE FOLLOWING ITEMS ARE SCORES
BASED ON HOW THE SAMPLE PERSON
ANSWERED THE QUESTIONS.

1	001	WHAT IS THE DATE TODAY 1 PLUS (+) 2 MINUS (-)	1	3763 3763 ICF_1
2	002	WHAT DAY OF THE WEEK IS THIS 1 PLUS (+) 2 MINUS (-)	1	3764 3764 ICF_2
3	003	WHAT IS THE NAME OF THIS PLACE 1 PLUS (+) 2 MINUS (-)	1	3765 3765 ICF_3
4	004	IN WHAT STATE IS THIS 1 PLUS (+) 2 MINUS (-)	1	3766 3766 ICF_4
5	005	HOW OLD ARE YOU 1 PLUS (+) 2 MINUS (-)	1	3767 3767 ICF_5
6	006	WHEN WERE YOU BORN 1 PLUS (+) 2 MINUS (-)	1	3768 3768 ICF_6
7	007	WHO IS THE PRESIDENT OF THE UNITED STATES NOW 1 PLUS (+) 2 MINUS (-)	1	3769 3769 ICF_7
8	008	WHO WAS PRESIDENT JUST BEFORE HIM 1 PLUS (+)	1	3770 3770 ICF_8

2 MINUS (-)

9 009 WHAT WAS YOUR MOTHER'S MAIDEN NAME 1 3771 3771 ICF_9
1 PLUS (+)
2 MINUS (-)

10 010 SUBTRACT 3 FROM 20 AND KEEP SUBTRACTING 1 3772 3772 ICF_10
3 FROM EACH NEW NUMBER YOU GET, ALL THE WAY
DOWN - CAN YOU SUBTRACT 3 FROM THAT
1 PLUS (+)
2 MINUS (-)

SECTION 2 - ACTIVITIES OF DAILY LIVING

1A 011 IN PAST WEEK, DID ANY PERSON HELP 1 3773 3773 IAD_1A
SAMPLE PERSON EAT
1 YES
2 NO
3 DID NOT EAT AT ALL

1B 012 DID SOMEONE FEED SAMPLE PERSON 1 3774 3774 IAD_1B
1 YES
2 NO

1C 013 DID SOMEONE HELP SAMPLE PERSON CUT 1 3775 3775 IAD_1C
MEAT OR BUTTER BREAD
1 YES
2 NO

1D 014 DID SAMPLE PERSON USE SPECIAL UTENSILS 1 3776 3776 IAD_1D
OR SPECIAL DISHES TO HELP HIM/HER EAT
1 YES
2 NO

2A 015 IN PAST WEEK, DID SAMPLE PERSON GET OUT 1 3777 3777 IAD_2A
OF BED FOR ANY REASON
1 YES
2 NO

2B 016 DID ANYONE HELP SAMPLE PERSON GET IN 1 3778 3778 IAD_2B
OR OUT OF BED
1 YES
2 NO

2C 017 DID SOMEONE LIFT SAMPLE PERSON IN 1 3779 3779 IAD_2C
OR OUT OF BED
1 YES
2 NO

2D 018 DOES SAMPLE PERSON USE - 1 3780 3780 IAD_2D
SPECIAL EQUIPMENT (WHEELCHAIR, RAILING,
WALKER, CANE) TO GET IN/OUT OF BED
1 YES
2 NO

3A 019 IN PAST WEEK, DID SAMPLE PERSON 1 3781 3781 IAD_3A
GET AROUND INSIDE AT ALL

		1 YES					
		2 NO					
3B	020	DID ANYONE HELP SAMPLE PERSON GET AROUND INDOORS	1	3782	3782	IAD_3B	
		1 YES					
		2 NO					
3C	021	DOES SAMPLE PERSON USE SPECIAL EQUIPMENT (WHEELCHAIR, CANE, OTHER DEVICE) TO GET AROUND INDOORS	1	3783	3783	IAD_3C	
		1 YES					
		2 NO					
3D	022	DOES SAMPLE PERSON USE A WHEELCHAIR	1	3784	3784	IAD_3D	
		1 YES					
		2 NO					
3E	023	IS SAMPLE PERSON ABLE TO GET AROUND AT ALL WITHOUT WHEELCHAIR	1	3785	3785	IAD_3E	
		1 YES					
		2 NO					
4A	024	DURING PAST WEEK, DID SAMPLE PERSON GET DRESSED AT ALL	1	3786	3786	IAD_4A	
		1 YES					
		2 NO					
4B	025	DOES SAMPLE PERSON USUALLY HAVE HELP GETTING DRESSED	1	3787	3787	IAD_4B	
		1 YES					
		2 NO					
4C	026	SOMEONE PUT ON ALL SAMPLE PERSON'S CLOTHES	1	3788	3788	IAD_4C	
		1 YES					
		2 NO					
4D	027	DOES SAMPLE PERSON WEAR SPECIAL CLOTHING OR USE SPECIAL EQUIPMENT TO DRESS	1	3789	3789	IAD_4D	
		1 YES					
		2 NO					
4E	028	DOES SAMPLE PERSON HAVE HELP CHANGING PAJAMAS OR GOWN	1	3790	3790	IAD_4E	
		1 YES					
		2 NO					
5A	029	DURING PAST WEEK, WAS SAMPLE PERSON ABLE TO TAKE A BATH OR SHOWER	1	3791	3791	IAD_5A	
		1 YES					
		2 NO					
5B	030	DOES SAMPLE PERSON HAVE HELP TAKING A BATH OR SHOWER	1	3792	3792	IAD_5B	
		1 YES					

		2 NO				
5C	031	DID SOMEONE BATHE SAMPLE PERSON 1 YES 2 NO	1	3793	3793	IAD_5C
5D	032	DOES SAMPLE PERSON HAVE HELP GETTING IN/OUT TUB/SHOWER 1 YES 2 NO	1	3794	3794	IAD_5D
5E	033	DOES SAMPLE PERSON USE SPECIAL EQUIPMENT (SHOWER SEAT, TUB STOOL, GRAB BARS) TO HELP HIM/HER BATHE 1 YES 2 NO	1	3795	3795	IAD_5E
5F	034	DOES SAMPLE PERSON WASH AT SINK OR BASIN 1 YES 2 NO	1	3796	3796	IAD_5F
5G	035	DURING PAST WEEK, HAS SAMPLE PERSON HAD A BED BATH 1 YES 2 NO	1	3797	3797	IAD_5G
6A	036	DURING PAST WEEK, HAS SAMPLE PERSON USED TOILET 1 YES 2 NO	1	3798	3798	IAD_6A
6B	037	DOES SAMPLE PERSON HAVE HELP GETTING TO THE BATHROOM OR USING THE TOILET 1 YES 2 NO	1	3799	3799	IAD_6B
6C	038	DOES SAMPLE PERSON HAVE HELP GETTING ON/OFF TOILET, ARRANGE OR CLEAN HIMSELF/HERSELF 1 YES 2 NO	1	3800	3800	IAD_6C
6D	039	DOES SAMPLE PERSON USE SPECIAL EQUIPMENT (BED PAN, PORTABLE TOILET, SPECIAL UNDERWEAR) TO TAKE CARE OF TOILET NEEDS 1 YES 2 NO	1	3801	3801	IAD_6D
6E	040	DOES SAMPLE PERSON USE DEVICE SUCH AS A URINARY CATHETER OR A COLOSTOMY BAG 1 YES 2 NO	1	3802	3802	IAD_6E
6F	041	DOES SAMPLE PERSON TAKE CARE OF	1	3803	3803	IAD_6F

DEVICE HIMSELF/HERSELF

- 1 SELF CARE
- 2 WITH HELP

6G	042	DURING PAST WEEK, HAD TROUBLE CONTROLLING BLADDER OR BOWELS OR SOILED HIMSELF/HERSELF DAY/NIGHT	1	3804	3804	IAD_6G
		1 YES				
		2 NO				
6H	043	DOES SAMPLE PERSON CLEAN UP HIMSELF/HERSELF OR HAVE HELP	1	3805	3805	IAD_6H
		1 SELF CARE				
		2 WITH HELP				
7A	044	DOES SAMPLE PERSON GET AROUND OUTSIDE WITH/WITHOUT HELP	1	3806	3806	IAD_7A
		1 YES				
		2 NO				
7B	045	DOES SOMEONE USUALLY HELP SAMPLE PERSON GET AROUND OUTDOORS	1	3807	3807	IAD_7B
		1 YES				
		2 NO				
7C	046	DOES SAMPLE PERSON USE SPECIAL EQUIPMENT LIKE CANE OR WALKER WHEN OUTDOORS	1	3808	3808	IAD_7C
		1 YES				
		2 NO				
7D	047	DOES SAMPLE PERSON USE EQUIPMENT ALONE OR WITH HELP FROM ANOTHER PERSON	1	3809	3809	IAD_7D
		1 BY SELF				
		2 WITH HELP				
8A	048	SAMPLE PERSON OF SPANISH OR HISPANIC ORIGIN	1	3810	3810	IAD_8A
		1 YES				
		2 NO				
8B	049	WHAT IS SAMPLE PERSON'S RACE	1	3811	3811	IAD_8B1
		1 WHITE				
		2 BLACK				
		3 ASIAN/PACIFIC ISLANDER				
		4 AMERICAN INDIAN/ESKIMO/ALEUT				
		5 OTHER				

SECTION 3 - ADMISSION, WHO PAYS, AND HEALTH INSURANCE

1		MO/YEAR MOST RECENTLY ADMITTED				
	050	MONTH	2	3812	3813	AMN_1_I1
	051	YEAR	2	3814	3815	AMN_1_I2
2	052	JUST BEFORE ADMITTED HERE, WHAT TYPE OF PLACE LIVING IN	2	3816	3817	AMN_2_1
		01 ALONE/WITH OTHERS IN HOUSE/APT				

- 02 RETIREMENT HOME
- 03 BOARDING HOUSE/ROOMING HOUSE
- 04 FOSTER OR FAMILY CARE HOME
- 05 GROUP HOME/COMMUNITY RESIDENCE
- 06 SEMI-INDEPENDENT LIVING
- 07 HOSPITAL, NOT A SNF/ICF UNIT
- 08 SKILLED NURSING FACILITY (SNF)
- 09 INTERMED CARE FACILITY (ICF)
- 10 OTHER (NON-CERTIFIED) NURSING HOME
- 11 PERSONAL CARE FACILITY
- 12 INSTITUTION FOR MENTALLY ILL
- 13 MENTAL HEALTH CENTER FACILITY
- 14 CHRONIC DISEASE/REHAB HOSPITAL
- 15 OTHER
- 16 DK

3A	053	TIMES IN NURSING HOME 01-99	2	3818 3819	AMN_3A
3B		IN WHAT MONTH AND YEAR ADMITTED THE LAST TIME			
	054	MONTH	2	3820 3821	AMN_3B11
	055	YEAR	2	3822 3823	AMN_3B12
3C		TIME BEFORE THAT			
	056	MONTH	2	3824 3825	AMN_3C11
	057	YEAR	2	3826 3827	AMN_3C12
4A	058	IN THE LAST 12 MONTHS, IN A HOSPITAL OVERNIGHT OR LONGER	1	3828 3828	AMN_4A
		1 YES			
		2 NO			
4B	059	HOW MANY TIMES 01-99	2	3829 3830	AMN_4B
4C		WHEN WAS ADMITTED			
		THAT TIME/LAST TIME			
	060	MONTH	2	3831 3832	AMN_4C11
	061	YEAR	2	3833 3834	AMN_4C12
		NEXT TO LAST TIME			
	062	MONTH	2	3835 3836	AMN_4D11
	063	YEAR	2	3837 3838	AMN_4D12
		TIME BEFORE THAT			
	064	MONTH	2	3839 3840	AMN_4E11
	065	YEAR	2	3841 3842	AMN_4E12
5A		WHO PAID FOR ROOM/CARE			
	066	1 SAMPLE PERSON	1	3843 3843	AMN_5A01
		1 (MARKED)			
		2 SPOUSE	1	3844 3844	AMN_5A02
		1 (MARKED)			
		3 CHILDREN	1	3845 3845	AMN_5A03
		1 (MARKED)			

		4 OTHER RELATIVES	1	3846	3846	AMN_5A04
		1 (MARKED)				
		5 NONRELATIVES	1	3847	3847	AMN_5A05
		1 (MARKED)				
		6 PRIVATE INSURANCE	1	3848	3848	AMN_5A06
		1 (MARKED)				
067		7 MEDICARE	1	3849	3849	AMN_5A07
		1 (MARKED)				
		8 MEDICAID	1	3850	3850	AMN_5A08
		1 (MARKED)				
		9 OTHER PUBLIC ASSISTANCE	1	3851	3851	AMN_5A09
		1 (MARKED)				
068		10 VA, CHAMPUS, CHAMPVA	1	3852	3852	AMN_5A10
		1 (MARKED)				
		11 OTHER	1	3853	3853	AMN_5A11
		1 (MARKED)				
5B	069	WHO PAID THE MOST 01-11 FROM 5A	2	3854	3855	AMN_5C
3A	070	CHECK ITEM 3A CURRENT MO, YR IN ITEM 1 1 YES 2 NO	1	3856	3856	AMN_CK4
6A	071	WHO IS PAYING FOR ROOM/CARE NOW 1 SAMPLE PERSON 1 (MARKED) 2 SPOUSE 1 (MARKED) 3 CHILDREN 1 (MARKED) 4 OTHER RELATIVES 1 (MARKED) 5 NONRELATIVES 1 (MARKED) 6 PRIVATE INSURANCE 1 (MARKED)	1 1 1 1 1 1 1 1 1 1	3857 3858 3859 3860 3861 3862	3857 3858 3859 3860 3861 3862	AMN_6A01 AMN_6A02 AMN_6A03 AMN_6A04 AMN_6A05 AMN_6A06
	072	7 MEDICARE 1 (MARKED) 8 MEDICAID 1 (MARKED) 9 OTHER PUBLIC ASSISTANCE 1 (MARKED)	1 1 1 1 1	3863 3864 3865	3863 3864 3865	AMN_6A07 AMN_6A08 AMN_6A09
	073	10 VA, CHAMPUS, CHAMPVA 1 (MARKED) 11 OTHER 1 (MARKED)	1 1 1 1	3866 3867	3866 3867	AMN_6A10 AMN_6A11
6B	074	WHO PAID THE MOST 01-11 FROM 6A	2	3868	3869	AMN_6C
3B	075	CHECK ITEM 3B IS MEDCAID MARKED IN ITEM 5A 1 YES 2 NO	1	3870	3870	AMN_CK6

3C	076	CHECK ITEM IS MEDICAID MARKED IN ITEM 6A 1 YES 2 NO	1	3871 3871	AMN_CK7
7		MO/YR MEDICAID BEGAN PAYING			
	077	MONTH	2	3872 3873	AMN_7_M1
	078	YEAR	2	3874 3875	AMN_7_M2
8	079	COVERED BY PUBLIC ASSISTANCE PROGRAM 1 YES 2 NO 3 DK	1	3876 3876	AMN_9
9	080	COVERED BY CHAMPUS OR CHAMPVA 1 YES 2 NO 3 DK	1	3877 3877	AMN_10
10	081	COVERED BY PRIVATE HEALTH INSURANCE 1 YES 2 NO 3 DK	1	3878 3878	AMN_11
11B	082	RELATIONSHIP TO SAMPLE PERSON 1 SPOUSE 2 SON/DAUGHTER 3 OTHER RELATIVE 4 NONRELATIVE GUARDIAN 5 OTHER NONRELATIVE	1	3879 3879	AMN_12B
SECTION 4 - INCOME AND ASSETS					
	083	SAMPLE PERSON 01 SAMPLE PERSON	2	3880 3881	IAA_WHO_SPN
1A	084	RECEIVE SOCIAL SECURITY/RAILROAD RETIREMENT BENEFITS LAST WEEK 1 YES 2 NO	1	3882 3882	IAA_1A
1B	085	HOW MUCH RECEIVE 000000-999999	6	3883 3888	IAA_1B
	086	8 REFUSED 9 DK	1	3889 3889	IAA_1B_DK
2A	087	RECEIVED VA COMPENSATION/PENSION 1 YES 2 NO	1	3890 3890	IAA_2A
2B	088	HOW MUCH RECEIVE 000000-999999	6	3891 3896	IAA_2B
	089	8 REFUSED 9 DK	1	3897 3897	IAA_2B_DK
3A	090	RECEIVE SSI PAYMENT	1	3898 3898	IAA_3A

		1 YES					
		2 NO					
3B	091	HOW MUCH RECEIVE 000000-999999	6	3899	3904	IAA_3B	
	092	8 REFUSED 9 DK	1	3905	3905	IAA_3B_DK	
4A	093	RECEIVED NET INCOME FROM RENT OF AN APARTMENT/REAL ESTATE 1 YES 2 NO	1	3906	3906	IAA_4A	
4B	094	HOW MUCH RECEIVE 000000-999999	6	3907	3912	IAA_4B	
	095	8 REFUSED 9 DK	1	3913	3913	IAA_4B_DK	
5A	096	RECEIVED REGULAR CONTRIBUTION FROM FRIENDS OR RELATIVE 1 YES 2 NO	1	3914	3914	IAA_5A	
5B	097	HOW MUCH RECEIVE 000000-999999	6	3915	3920	IAA_5B	
	098	8 REFUSED 9 DK	1	3921	3921	IAA_5B_DK	
6A	099	DURING LAST 12 MO, RECEIVED INTEREST OR DIVIDENDS 1 YES 2 NO	1	3922	3922	IAA_6A	
6B	100	HOW MUCH RECEIVE 000000-999999	6	3923	3928	IAA_6B	
	101	8 REFUSED 9 DK	1	3929	3929	IAA_6B_DK	
	102	SPOUSE PERSON NUMBER 01-20, 99	2	3930	3931	IAA_6B_SPN	
1A	103	RECEIVE SOCIAL SECURITY/RAILROAD RETIREMENT BENEFITS LAST WEEK 1 YES 2 NO	1	3932	3932	IAA_1A_SP	
1B	104	HOW MUCH RECEIVE 000000-999999	6	3933	3938	IAA_1B_SP	
	105	8 REFUSED 9 DK	1	3939	3939	IAA_1B_SPDK	
2A	106	RECEIVED VA COMPENSATION/PENSION 1 YES 2 NO	1	3940	3940	IAA_2A_SP	
2B	107	HOW MUCH RECEIVE 000000-999999	6	3941	3946	IAA_2B_SP	

	108	8 REFUSED 9 DK	1	3947	3947	IAA_2B_SPDK
3A	109	RECEIVE SSI PAYMENT 1 YES 2 NO	1	3948	3948	IAA_3A_SP
3B	110	HOW MUCH RECEIVE 000000-999999	6	3949	3954	IAA_3B_SP
	111	8 REFUSED 9 DK	1	3955	3955	IAA_3B_SP_DK
4A	112	RECEIVED NET INCOME FROM RENT OF AN APARTMENT/REAL ESTATE 1 YES 2 NO	1	3956	3956	IAA_4A_SP
4B	113	HOW MUCH RECEIVE 000000-999999	6	3957	3962	IAA_4B_SP
	114	8 REFUSED 9 DK	1	3963	3963	IAA_4B_SPDK
5A	115	RECEIVED REGULAR CONTRIBUTION FROM FRIENDS OR RELATIVE 1 YES 2 NO	1	3964	3964	IAA_5A_SP
5B	116	HOW MUCH RECEIVE 000000-999999	6	3965	3970	IAA_5B_SP
	117	8 REFUSED 9 DK	1	3971	3971	IAA_5B_SPDK
6A	118	DURING LAST 12 MO, RECEIVED INTEREST OR DIVIDENDS 1 YES 2 NO	1	3972	3972	IAA_6A_SP
6B	119	HOW MUCH RECEIVE 000000-999999	6	3973	3978	IAA_6B_SP
	120	8 REFUSED 9 DK	1	3979	3979	IAA_6B_SPDK
7A	121	RECEIVE WELFARE IN PREVIOUS MO 1 YES 2 NO	1	3980	3980	IAA_7A
7B	122	WHOSE NAME ON THE CHECK PERSON NUMBER 01-48, 99	2	3981	3982	IAA_7B
7C	123	HOW MUCH CHECK FOR 000000-999999	6	3983	3988	IAA_7C
7D	124	WHOM CHECK COVER PERSON NUMBER 01-48	2	3989	3990	IAA_7D_1
	125	PERSON NUMBER	2	3991	3992	IAA_7D_2

		01-48					
	126	PERSON NUMBER	2	3993	3994	IAA_7D_3	
		01-48					
	127	PERSON NUMBER	2	3995	3996	IAA_7D_4	
		01-48					
	128	PERSON NUMBER	2	3997	3998	IAA_7D_5	
		01-48					
8	129	WHICH CATEGORY REPRESENTS TOTAL COMBINED INCOME	2	3999	4000	IAA_8	
		01 UNDER \$300					
		02 \$ 300 - \$ 599					
		03 600 - 899					
		04 900 - 1199					
		05 1200 - 1499					
		06 1500 - 1999					
		07 2000 - 2499					
		08 2500 - 2999					
		09 3000 - 3499					
		10 3500 - 3999					
		11 4000 - 4999					
		12 5000 - 5999					
		13 6000 OR MORE					
		88 REFUSED					
		99 DK					
9A	130	HAVE ANY SAVING ACCOUNT IN BANK, CREDIT UNION DURING LAST MONTH	1	4001	4001	IAA_9A	
		1 YES					
		2 NO					
9B	131	OWN ANY CERTIFICATE OF DEPOSIT, ANY SAVINGS CERTIFICATE	1	4002	4002	IAA_9B	
		1 YES					
		2 NO					
9C	132	OWN ANY MONEY MARKET FUNDS, GOVT SECURITIES, ANY ASSET	1	4003	4003	IAA_9C	
		1 YES					
		2 NO					
9D	133	WHAT KINDS OF ASSETS DID ... OWN					
		1 MONEY MARKET FUNDS	1	4004	4004	IAA_9D1	
		1 YES					
		2 U.S. GOVERNMENT SECURITIES	1	4005	4005	IAA_9D2	
		1 YES					
		3 MUNICIPAL/CORPORATE BONDS	1	4006	4006	IAA_9D3	
		1 YES					
		4 MONEY MARKET ACCOUNT	1	4007	4007	IAA_9D4	
		1 YES					
		5 MORTGAGES	1	4008	4008	IAA_9D5	
		1 YES					
		6 OTHER	1	4009	4009	IAA_9D6	
		1 YES					
9E	134	OWN STOCKS/MUTUAL FUND SHARES	1	4010	4010	IAA_9E	
		1 YES					

		2 NO				
9F	135	OWN PROPERTY FROM WHICH RECEIVE RENT INCOME 1 YES 2 NO	1	4011	4011	IAA_9F
9G	136	FINANCIAL INTEREST IN BUSINESS 1 YES 2 NO	1	4012	4012	IAA_9G
4A		CHECK ITEM 4A: REFER TO ITEM 9A-E MARK ALL THAT APPLY				
	137	1 SAVINGS ACCOUNTS 1 (MARKED)	1	4013	4013	IAA_CKE1
		2 SAVINGS CERTIFICATES 1 (MARKED)	1	4014	4014	IAA_CKE2
		3 MONEY MARKET FUND 1 (MARKED)	1	4015	4015	IAA_CKE3
		4 U.S. GOVERNMENT SECURITIES 1 (MARKED)	1	4016	4016	IAA_CKE4
		5 MUNICIPAL/CORPORATE BONDS 1 (MARKED)	1	4017	4017	IAA_CKE5
		6 MORTGAGES 1 (MARKED)	1	4018	4018	IAA_CKE6
	138	7 MONEY MARKET ACCOUNT 1 (MARKED)	1	4019	4019	IAA_CKE7
		8 STOCK OR MUTUAL FUND SHARES 1 (MARKED)	1	4020	4020	IAA_CKE8
		9 NONE 1 (MARKED)	1	4021	4021	IAA_CKE9
9H	139	ASSETS OWNED JOINTLY 1 YES 2 NO	1	4022	4022	IAA_9H
9I	140	ESTIMATE OF TOTAL ASSETS DURING PREVIOUS MONTH 000000-999999	6	4023	4028	IAA_9I
	141	0 REFUSED 1 DK	1	4029	4029	IAA_9I_DK
10A	142	SINCE 1984, DID SELL HOUSE 1 YES 2 NO	1	4030	4030	IAA_10A
10B	143	WHAT YEAR HOUSE SOLD 84-99 01 DK	2	4031	4032	IAA_10B
10C *	144	WHY SELL HOUSE 1 NO LONGER NEED/WANT/MAINTAIN 1 (MARKED) 2 WANT LESS EXPENSIVE TO MAINTAIN 1 (MARKED) 3 MARRIED/WIDOW/DIVORCE/SEPARATE 1 (MARKED)	1 1 1 1	4033 4034 4035	4033 4034 4035	IAA_10C1 IAA_10C2 IAA_10C3

		4 TO BE CLOSER TO FAMILY/FRIENDS	1	4036	4036	IAA_10C4
		1 (MARKED)				
		5 TO HELP COVER MEDICAL EXPENSE	1	4037	4037	IAA_10C5
		1 (MARKED)				
		6 EMPLOYMENT RELATED	1	4038	4038	IAA_10C6
		1 (MARKED)				
*	145	7 RETIRED AND RELOCATED	1	4039	4039	IAA_10C7
		1 (MARKED)				
		8 CONVENIENT TO PUBLIC TRANSPORT	1	4040	4040	IAA_10C8
		1 (MARKED)				
		9 OTHER	1	4041	4041	IAA_10C9
		1 (MARKED)				

10D	146	PROCEEDS FROM SALE OF HOUSE USED TO COVER HEALTH CARE COSTS	1	4042	4042	IAA_10D
		1 YES				
		2 NO				

SECTION 5 - CERTIFIED BEDS

5A	147	CHECK ITEM 5A: SECTION COMPLETED AT LEAST ONCE FOR THIS INSTITUTION	1	4043	4043	BED_CK1
		1 YES				
		2 NO				

1	148	TYPE OF HEALTH CARE FACILITY	1	4044	4044	BED_1_1
		1 HOSPITAL				
		2 SKILLED NURSING FACILITY (SNF)				
		3 INTERMEDIATE CARE FACILITY (ICF)				
		4 NON-CERTIFIED NURSING HOME				
		5 DOMICILIARY/PERSONL CARE FACILITY				
		6 INSTITUTION/FACILITY FOR MENTALLY RETARDED/DISABLED				
		7 MENTAL HEALTH CENTER/FACILITY				
		8 OTHER				

2	149	TOTAL NUMBER OF BEDS	6	4045	4050	BED_2
		000001-999999				

3A	150	CERTIFIED AS A MEDICARE SKILLED NURSING FACILITY	1	4051	4051	BED_3A
		1 YES				
		2 NO				

3B	151	HOW MANY CERTIFIED AS MEDICARE SKILLED NURSING BED	6	4052	4057	BED_3B
		000001-999999				

3C	152	CERTIFIED AS A MEDICAID SKILLED NURSING FACILITY	1	4058	4058	BED_3C
		1 YES				
		2 NO				

3D	153	NUM BEDS CERTIFIED AS MEDICAID SKILLED NURSING FACILITY BEDS	6	4059	4064	BED_3D
		000001-999999				

3E	154	CERTIFIED AS MEDICAID INTERMEDIATE CARE FACILITY 1 YES 2 NO	1	4065 4065 BED_3E
3F	155	HOW MANY CERTIFIED AS MEDICAID INTERMEDIATE CARE FACILITY BEDS 000001-999999	6	4066 4071 BED_3F
3G	156	HOW MANY BEDS NOT CERTIFIED UNDER MEDICARE OR MEDICAID 000001-999999	6	4072 4077 BED_3G

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INSTITUTIONAL FOLLOWUP LTC-11

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ITEM	SC	DESCRIPTION	LEN	CHARACTER LOCATION
1		REGIONAL OFFICE	2	4078 4079 INF_RO
4A		DATE OF INTERVIEW		
		MONTH	2	4080 4081 INF_4A1
		01-12		
		DAY	2	4082 4083 INF_4A2
		01-31		
		YEAR	2	4084 4085 INF_4A3
		01-99		
4C		TOTAL TIME	3	4086 4088 INF_TT
		001-999		
4D		TELEPHONE OR PERSONAL VISIT	1	4089 4089 INF_INV
		1 TELEPHONE		
		2 PERSONAL VISIT		
		3 BOTH		
5		NONINTERVIEW REASON	1	4090 4090 INF_5
		FIELD TYPE A		
		1 MOVED/ADDRESS CHANGED		
		2 INSTITUTION REFUSED		
		3 OTHER		
		FIELD TYPE C		
		4 DECEASED		
		5 NOT LIVING IN AN INSTITUTION		
		6 OTHER		
7	001	DOES...STILL LIVE THERE (HERE)	1	4091 4091 INF_7
		1 YES		
		2 NO		
		3 DECEASED		
8	002	IS A PLACE AT (INSTITUTION) BEING HELD FOR...	1	4092 4092 INF_8
		1 YES		
		2 NO		
9A		WHEN WAS...DISCHARGED		
	003	MONTH	2	4093 4094 INF_9A1
		01-12		
	004	DAY	2	4095 4096 INF_9A2
		01-31		
	005	DK	1	4097 4097 INF_9A3
9B	006	HOW LONG AGO WAS...DISCHARGED	1	4098 4098 INF_9B
		1 LESS THAN 1 WEEK		
		2 1 WEEK TO LESS THAN 2 WEEKS		
		3 2 WEEKS TO LESS THAN 1 MONTH		

		4 1 MONTH TO LESS THAN 3 MONTHS			
		5 3 MONTHS TO LESS THAN 6 MONTHS			
		6 6 MONTHS OR MORE			
10	007	TELEPHONE OF PLACE...MOVED TO	1	4099 4099	INF_10
		1 NO TELEPHONE			
		2 DK/REF			
A	008	CHECK ITEM: NAME OF INSTITUTION	1	4100 4100	INF_CK1
		IS PRINTED ON THE LABEL			
		1 YES			
		2 NO			
11A	009	ARE THERE 3 OR MORE UNRELATED	1	4101 4101	INF_11A
		PERSONS LIVING AT...			
		1 YES			
		2 NO			
11B	010	IS A HEALTH PROFESSIONAL ON DUTY	1	4102 4102	INF_11B
		EVERY DAY			
		1 YES			
		2 NO			
12	011	DESCRIBE...LIVING ARRANGEMENTS	1	4103 4103	INF_12A
		1 ALONE OR WITH OTHERS IN A HOUSE			
		2 IN A RETIREMENT HOME			
		3 IN A BOARDING/ROOMING HOUSE			
		OR RENTED ROOM			
		4 IN A FOSTER OR FAMILY CARE HOME			
		5 IN A GROUP OR COMMUNITY FACILITY			
		6 IN A SEMI-INDEPENDENT SETTING,			
		LIKE SUPERVISED APARTMENTS			
		7 IN ANOTHER PLACE			
13A	012	WHEN DID ... DIE	2	4104 4105	INF_13A1
		MONTH			
		01-12			
	013	DAY	2	4106 4107	INF_13A2
		01-31			
	014	DK	1	4108 4108	INF_13A3
13B	015	HOW LONG AGO DID ... DIE	1	4109 4109	INF_13B
		1 LESS THAN 1 WEEK			
		2 1 WEEK TO LESS THAN 2 WEEKS			
		3 2 WEEKS TO LESS THAN 1 MONTH			
		4 1 MONTH TO LESS THAN 3 MONTHS			
		5 3 MONTHS TO LESS THAN 6 MONTHS			
		6 6 MONTHS OR MORE			
13C	016	WHERE DID ... DIE	1	4110 4110	INF_13C
		1 HOSPITAL			
		2 THIS INSTITUTION			
		3 DIFFERENT NURSING HOME			
		4 OWN HOME			
		5 HOME OF RELATIVE/FRIEND			
		6 DOMICILIARY OR PERSONAL CARE			
		FACILITY			

7 SOMEPLACE ELSE

13D 017 DID...DIE IN A SHORT-STAY OR 1 4111 4111 INF_13D
LONG-STAY HOSPITAL
1 SHORT-STAY
2 LONG-STAY
3 DK

SECTION 1 - CERTIFIED BEDS

1 019 WHAT KIND OF HEALTH CARE FACILITY 1 4112 4112 CERT_1
1 HOSPITAL, OTHER THAN SNF OR ICF
2 SKILLED NURSING FACILITY
3 INTERMEDIATE CARE FACILITY
4 OTHER (NON-CERTIFIED) NURSING HOME
5 DOMICILIARY OR PERSONAL CARE FAC.
6 FACILITY FOR MENTALLY RETARDED/
DEVELOPMENTALLY DISABLED
7 MENTAL HEALTH CENTER/FACILITY
8 OTHER

2 020 TOTAL NUMBER OF BEDS REGULARLY 6 4113 4118 CERT_2
MAINTAINED FOR RESIDENTS HERE
000001-999999

3A 021 IS FACILITY CERTIFIED AS MEDICARE 1 4119 4119 CERT_3A
SKILLED NURSING FACILITY
1 YES
2 NO

3B 022 NO. OF MEDICARE FACILITY BEDS 6 4120 4125 CERT_3B
000001-999999

3C 023 IS FACILITY CERTIFIED AS MEDICAID 1 4126 4126 CERT_3C
SKILLED NURSING FACILITY
1 YES
2 NO

3D 024 NO. OF MEDICAID FACILITY BEDS 6 4127 4132 CERT_3D
000001-999999

3E 025 IS FACILITY CERTIFIED AS MEDICAID 1 4133 4133 CERT_3E
INTERMEDIATE CARE FACILITY
1 YES
2 NO

3F 026 NO. OF MEDICAID INTERMEDIATE CARE 6 4134 4139 CERT_3F
FACILITY BEDS
000001-999999

3G 027 NO. OF BEDS NOT CERTIFIED UNDER 6 4140 4145 CERT_3G
MEDICARE OR MEDICAID
000001-999999

1A 028 CHECK ITEM: SUM OF 3B, 3D, 3F, AND 1 4146 4146 CERT_CK1
3G LESS THAN ITEM 2
1 YES

2 NO

1A 029 CHECK ITEM: ANY OF 3B, 3D, 3F, AND 3G GREATER THAN ITEM 2 1 4147 4147 CERT_CK2
1 YES
2 NO

SECTION 2 - ADMISSION, WHO PAYS, AND HEALTH INSURANCE

1 030 MONTH AND YEAR ... ADMITTED 2 4148 4149 ADM_1A1
MONTH
01-12
031 YEAR 2 4150 4151 ADM_1A2
00-99

2A WHO PAID FOR ...'S ROOM, BOARD, AND NURSING CARE AT TIME OF ADMISSION
* 032 1 SAMPLE PERSON (INCLUDE SOC SEC) 1 4152 4152 ADM_2A1
1 (MARKED)
2 SPOUSE 1 4153 4153 ADM_2A2
1 (MARKED)
3 CHILDREN 1 4154 4154 ADM_2A3
1 (MARKED)
4 OTHER RELATIVES 1 4155 4155 ADM_2A4
1 (MARKED)
5 NONRELATIVES 1 4156 4156 ADM_2A5
1 (MARKED)
6 PRIVATE INSURANCE 1 4157 4157 ADM_2A6
1 (MARKED)
* 033 7 MEDICARE 1 4158 4158 ADM_2A7
1 (MARKED)
8 MEDICAID 1 4159 4159 ADM_2A8
1 (MARKED)
9 OTHER PUBLIC ASSISTANCE 1 4160 4160 ADM_2A9
1 (MARKED)
* 034 10 VA, CHAMPUS, CHAMPVA 1 4161 4161 ADM_2A10
1 (MARKED)
11 OTHER 1 4162 4162 ADM_2A11
1 (MARKED)

2B 035 WHO PAID THE MOST (FROM 2A) 2 4163 4164 ADM_2B
01-11

2A 036 CHECK ITEM: CURRENT MONTH AND YEAR ENTERED IN ITEM 1 1 4165 4165 ADM_2C
1 YES
2 NO

3A WHO PAID FOR ...'S ROOM, BOARD, AND NURSING CARE NOW
* 037 1 SAMPLE PERSON (INCLUDE SOC SEC) 1 4166 4166 ADM_3A1
1 (MARKED)
2 SPOUSE 1 4167 4167 ADM_3A2
1 (MARKED)
3 CHILDREN 1 4168 4168 ADM_3A3
1 (MARKED)
4 OTHER RELATIVES 1 4169 4169 ADM_3A4

		1 (MARKED)					
		5 NONRELATIVES	1	4170	4170	ADM_3A5	
		1 (MARKED)					
		6 PRIVATE INSURANCE	1	4171	4171	ADM_3A6	
*	038	1 (MARKED)					
		7 MEDICARE	1	4172	4172	ADM_3A7	
		1 (MARKED)					
		8 MEDICAID	1	4173	4173	ADM_3A8	
		1 (MARKED)					
		9 OTHER PUBLIC ASSISTANCE	1	4174	4174	ADM_3A9	
		1 (MARKED)					
*	039	10 VA, CHAMPUS, CHAMPVA	1	4175	4175	ADM_3A10	
		1 (MARKED)					
		11 OTHER	1	4176	4176	ADM_3A11	
		1 (MARKED)					
3B	040	WHO PAID THE MOST (FROM 3A)	2	4177	4178	ADM_3B	
		01-11					
2B	041	CHECK ITEM: ITEM 2A BLANK OR 8	1	4179	4179	ADM_CK1	
		1 YES					
		2 NO					
2C	042	CHECK ITEM: ITEM 3A IS 8	1	4180	4180	ADM_CK2	
		1 YES					
		2 NO					
4		DATE MEDICAID BEGAN PAYING					
	043	MONTH	2	4181	4182	ADM_4_1	
		01-12					
	044	YEAR	2	4183	4184	ADM_4_2	
		00-99					
5	045	IS ... NOW COVERED BY PUBLIC ASSISTANCE PROGRAM, OTHER THAN MEDICAID	1	4185	4185	ADM_5	
		1 YES					
		2 NO					
		3 DK					
6	046	IS ... COVERED BY CHAMPUS OR CHAMPVA	1	4186	4186	ADM_6	
		1 YES					
		2 NO					
		3 DK					
7	047	IS ... NOW COVERED BY A HEALTH INSURANCE PLAN	1	4187	4187	ADM_7	
		1 YES					
		2 NO					
		3 DK					
8B	048	CONTACT PERSON RELATION TO ...	1	4188	4188	ADM_8	
		1 SPOUSE					
		2 SON/DAUGHTER					
		3 OTHER RELATIVE					
		4 NONRELATIVE GUARDIAN					

5 OTHER NONRELATIVE

9A	049	IN THE PAST 6 MONTHS HAS...BEEN HOSPITALIZED AT LEAST OVERNIGHT 1 YES 2 NO	1	4189	4189	ADM_9A
9B	050	HOW MANY TIMES 01-99	2	4190	4191	ADM_9B
9C		WHEN WAS ... ADMITTED				
		THAT TIME/LAST TIME				
	051	MONTH 01-12	2	4192	4193	ADM_9C1
	052	YEAR 00-99	2	4194	4195	ADM_9C2
		NEXT TO LAST TIME				
	053	MONTH 01-12	2	4196	4197	ADM_9C3
	054	YEAR 00-99	2	4198	4199	ADM_9C4
		TIME BEFORE THAT				
	055	MONTH 01-12	2	4200	4201	ADM_9C5
	056	YEAR 00-99	2	4202	4203	ADM_9C6

SECTION 3 - ACTIVITIES OF DAILY LIVING (ADL)

1A	057	DID ANY PERSON HELP ... EAT 1 YES 2 NO 3 DID NOT EAT AT ALL	1	4204	4204	INF_1A
1B	058	DID SOMEONE FEED... 1 YES 2 NO	1	4205	4205	INF_1B
1C	059	SOMEONE HELP...CUT MEAT OR BUTTER BREAD 1 YES 2 NO	1	4206	4206	INF_1C
1D	060	DID...USE SPECIAL UTENSILS/DISHES 1 YES 2 NO	1	4207	4207	INF_1D
2A	061	DID...GET OUT OF BED AT ALL 1 YES 2 NO	1	4208	4208	INF_2A
2B	062	DID ANYONE HELP...GET IN/OUT BED 1 YES 2 NO	1	4209	4209	INF_2B

2C	063	DID ANYONE LIFT...IN/OUT BED 1 YES 2 NO	1	4210	4210	INF_2C
2D	064	DID...USE SPECIAL EQUIPMENT TO GET IN/OUT OF BED 1 YES 2 NO	1	4211	4211	INF_2D
3A	065	DID...GET AROUND INDOORS AT ALL 1 YES 2 NO	1	4212	4212	INF_3A
3B	066	DID...GET HELP AROUND INDOORS 1 YES 2 NO	1	4213	4213	INF_3B
3C	067	DID...USE SPECIAL EQUIPMENT TO GET AROUND INSIDE 1 YES 2 NO	1	4214	4214	INF_3C
3D	068	DID...USE A WHEELCHAIR 1 YES 2 NO	1	4215	4215	INF_3D
3E	069	IS...ABLE TO GET AROUND AT ALL WITHOUT THE WHEELCHAIR 1 YES 2 NO	1	4216	4216	INF_3E
4A	070	DID...GET DRESSED AT ALL 1 YES 2 NO	1	4217	4217	INF_4A
4B	071	DID...USUALLY GET HELP DRESSING 1 YES 2 NO	1	4218	4218	INF_4B
4C	072	DID SOMEONE PUT ...'S CLOTHES ON 1 YES 2 NO	1	4219	4219	INF_4C
4D	073	DID...WEAR SPECIAL CLOTHING OR USE SPECIAL EQUIP. TO GET DRESSED 1 YES 2 NO	1	4220	4220	INF_4D
4E	074	DID SOMEONE HELP CHANGE ...'S PAJAMAS OR GOWN 1 YES 2 NO	1	4221	4221	INF_4E
5A	075	WAS...ABLE TO TAKE A BATH/SHOWER 1 YES 2 NO	1	4222	4222	INF_5A

5B	076	DID SOMEONE HELP...TAKE A BATH OR SHOWER 1 YES 2 NO	1	4223	4223	INF_5B
5C	077	DID SOMEONE BATHE... 1 YES 2 NO	1	4224	4224	INF_5C
5D	078	DID SOMEONE HELP...IN/OUT OF THE TUB OR SHOWER 1 YES 2 NO	1	4225	4225	INF_5D
5E	079	DID...USE SPECIAL EQUIPMENT TO HELP HIM/HER BATHE 1 YES 2 NO	1	4226	4226	INF_5E
5F	080	DID...WASH BODY AT SINK OR BASIN 1 YES 2 NO	1	4227	4227	INF_5F
5G	081	DID...HAVE A BED BATH IN PAST 1 YES 2 NO	1	4228	4228	INF_5G
6A	082	DID...USE TOILET AT ALL 1 YES 2 NO	1	4229	4229	INF_6A
6B	083	DID SOMEONE HELP...GET TO THE BATHROOM 1 YES 2 NO	1	4230	4230	INF_6B
6C	084	DID...GET HELPED ON/OFF TOILET 1 YES 2 NO	1	4231	4231	INF_6C
6D	085	DID...USE SPECIAL EQUIPMENT FOR HIS/HER TOILET NEEDS 1 YES 2 NO	1	4232	4232	INF_6D
6E	086	DOES...USE A DEVICE SUCH AS A CATHETER OR A COLOSTOMY BAG 1 YES 2 NO	1	4233	4233	INF_6E
6F	087	DOES...TAKE CARE OF IT OR DOES SOMEONE HELP...TAKE CARE OF IT 1 SELF CARE 2 WITH HELP	1	4234	4234	INF_6F
6G	088	IN PAST WEEK, HAS...HAD TROUBLE	1	4235	4235	INF_6G

CONTROLLING BLADDER OR BOWELS

- 1 YES
- 2 NO

6H 089 DID...CLEAN IT UP OR DID SOMEONE HELP...CLEAN IT UP 1 4236 4236 INF_6H
 1 YES
 2 NO

7A 090 DOES...GET AROUND OUTDOORS AT ALL 1 4237 4237 INF_7A
 1 YES
 2 NO

7B 091 DOES SOMEONE HELP...WHEN OUTDOORS 1 4238 4238 INF_7B
 1 YES
 2 NO

7C 092 WHEN...IS OUTDOORS, IS SPECIAL EQUIPMENT USED 1 4239 4239 INF_7C
 1 YES
 2 NO

7D 093 DOES...USE THE EQUIPMENT ALONE OR WITH HELP FROM ANOTHER PERSON 1 4240 4240 INF_7D
 1 BY SELF
 2 WITH HELP

SECTION 4 - INCOME AND ASSETS

094 SAMPLE PERSON PERSON NUMBER 2 4241 4242 INA_PNO
 1

1A 095 RECEIVED SOCIAL SECURITY OR RAILROAD RETIREMENT BENEFITS 1 4243 4243 INA_1A
 1 YES
 2 NO

1B HOW MUCH DID...RECEIVE IN PREVIOUS MONTH
 096 000000-999999 6 4244 4249 INA_1B
 097 8 REF 1 4250 4250 INA_1B_DK
 9 DK

2A 098 RECEIVED VETERANS ADMINISTRATION COMPENSATION OR PENSION 1 4251 4251 INA_2A
 1 YES
 2 NO

2B HOW MUCH DID...RECEIVE IN PREVIOUS MONTH
 099 000000-999999 6 4252 4257 INA_2B
 100 8 REF 1 4258 4258 INA_2B_DK
 9 DK

3A 101 RECEIVED SUPPLEMENTAL SECURITY INCOME 1 4259 4259 INA_3A

1 YES
2 NO

3B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	102	000000-999999	6	4260	4265	INA_3B
	103	8 REF	1	4266	4266	INA_3B_DK
		9 DK				
4A	104	RECEIVED NET INCOME FROM RENT OR INCOME FROM ROOMERS/BOARDERS	1	4267	4267	INA_4A
		1 YES				
		2 NO				
4B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	105	000000-999999	6	4268	4273	INA_4B
	106	8 REF	1	4274	4274	INA_4B_DK
		9 DK				
5A	107	RECEIVED REGULAR CONTRIBUTIONS FROM RELATIVES OR FRIENDS	1	4275	4275	INA_5A
		1 YES				
		2 NO				
5B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	108	000000-999999	6	4276	4281	INA_5B
	109	8 REF	1	4282	4282	INA_5B_DK
		9 DK				
6A	110	RECEIVED INTEREST OR DIVIDENDS IN LAST 6 MONTHS	1	4283	4283	INA_6A
		1 YES				
		2 NO				
6B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	111	000000-999999	6	4284	4289	INA_6B
	112	8 REF	1	4290	4290	INA_6B_DK
		9 DK				

SECTION 4 - INCOME AND ASSETS

	113	SPOUSE PERSON NUMBER 2	2	4291	4292	INA_SPNO
1A	114	RECEIVED SOCIAL SECURITY OR RAILROAD RETIREMENT BENEFITS	1	4293	4293	INA_1AS
		1 YES				
		2 NO				
1B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	115	000000-999999	6	4294	4299	INA_1BS
	116	8 REF	1	4300	4300	INA_1BSDK

		9 DK				
2A	117	RECEIVED VETERANS ADMINISTRATION COMPENSATION OR PENSION	1	4301	4301	INA_2AS
		1 YES				
		2 NO				
2B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	118	000000-999999	6	4302	4307	INA_2BS
	119	8 REF	1	4308	4308	INA_2BSDK
		9 DK				
3A	120	RECEIVED SUPPLEMENTAL SECURITY INCOME	1	4309	4309	INA_3AS
		1 YES				
		2 NO				
3B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	121	000000-999999	6	4310	4315	INA_3BS
	122	8 REF	1	4316	4316	INA_3BSDK
		9 DK				
4A	123	RECEIVED NET INCOME FROM RENT OR INCOME FROM ROOMERS/BOARDERS	1	4317	4317	INA_4AS
		1 YES				
		2 NO				
4B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	124	000000-999999	6	4318	4323	INA_4BS
	125	8 REF	1	4324	4324	INA_4BSDK
		9 DK				
5A	126	RECEIVED REGULAR CONTRIBUTIONS FROM RELATIVES OR FRIENDS	1	4325	4325	INA_5AS
		1 YES				
		2 NO				
5B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	127	000000-999999	6	4326	4331	INA_5BS
	128	8 REF	1	4332	4332	INA_5BSDK
		9 DK				
6A	129	RECEIVED INTEREST OR DIVIDENDS IN LAST 6 MONTHS	1	4333	4333	INA_6AS
		1 YES				
		2 NO				
6B		HOW MUCH DID...RECEIVE IN PREVIOUS MONTH				
	130	000000-999999	6	4334	4339	INA_6BS
	131	8 REF	1	4340	4340	INA_6BSDK
		9 DK				

7A	132	DID... (OR SPOUSE) RECEIVE ANY WELFARE PAYMENTS IN PREVIOUS MONTH 1 YES 2 NO	1	4341 4341	INA_7A
7B	133	WHOSE NAME WAS ON THE CHECK 01 SAMPLE PERSON 02 SPOUSE	2	4342 4343	INA_7B
7C	134	HOW MUCH WAS CHECK FOR 000001-999999	6	4344 4349	INA_7C
7D	135	WHOM DID THE CHECK COVER PERSON NUMBER 01- 2 BLANK	2	4350 4351	INA_7D1
	136	PERSON NUMBER 01- 2 BLANK	2	4352 4353	INA_7D2
	137	PERSON NUMBER 01- 2 BLANK	2	4354 4355	INA_7D3
	138	PERSON NUMBER 01- 2 BLANK	2	4356 4357	INA_7D4
	139	PERSON NUMBER 01- 2 BLANK	2	4358 4359	INA_7D5
8	140	TOTAL COMBINED INCOME BEFORE DEDUCTIONS FOR...AND SPOUSE 01 UNDER \$3 0 02 \$ 300 - \$ 599 03 \$ 600 - \$ 899 04 \$ 900 - \$1199 05 \$1200 - \$1499 06 \$1500 - \$1999 07 \$2000 - \$2499 08 \$2500 - \$2999 09 \$3000 - \$3499 10 \$3500 - \$3999 11 \$4000 - \$4999 12 \$5000 - \$5999 13 \$600 + 88 REFUSED 99 DON'T KNOW	2	4360 4361	INA_8
9		DURING THE LAST MONTH DID... (OR SPOUSE)			
A	141	HAVE ANY SAVING ACCOUNTS 1 YES 2 NO	1	4362 4362	INA_9A
B	142	OWN ANY CERTIFICATES OF DEPOSIT 1 YES 2 NO	1	4363 4363	INA_9B

C	143	OWN ANY MONEY MARKET FUNDS OR U.S. GOV'T SECURITIES OR ANY INTEREST EARNING ASSETS 1 YES 2 NO	1	4364	4364	INA_9C
D	144	KINDS OF ASSETS...(OR SPOUSE) OWN 1 MONEY MARKET FUNDS 1 (MARKED) 2 U.S. GOVERNMENT SECURITIES 1 (MARKED) 3 MUNICIPAL OR CORPORATE BONDS 1 (MARKED) 4 MONEY MARKET ACCOUNT 1 (MARKED) 5 MORTGAGES 1 (MARKED) 6 OTHER 1 (MARKED)	1 1 1 1 1 1 1 1	4365 4366 4367 4368 4369 4370	4365 4366 4367 4368 4369 4370	INA_9D1 INA_9D2 INA_9D3 INA_9D4 INA_9D5 INA_9D6
E	145	OWN STOCKS OR MUTUAL FUND SHARES 1 YES 2 NO	1	4371	4371	INA_9E
F	146	OWN PROPERTY FROM WHICH YOU REC'D RENTAL INCOME 1 YES 2 NO	1	4372	4372	INA_9F
G	147	HAVE A FINANCIAL INTEREST IN A BUSINESS 1 YES 2 NO	1	4373	4373	INA_9G
4A *	148	CHECK ITEM: SAMPLE PERSON HAD - 1 SAVINGS ACCOUNTS 1 (MARKED) 2 SAVING CERTIFICATES 1 (MARKED) 3 MONEY MARKET FUND 1 (MARKED) 4 U.S. GOV'T SECURITIES 1 (MARKED) 5 MUNICIPAL OR CORPORATE BONDS 1 (MARKED) 6 MORTGAGES 1 (MARKED)	1 1 1 1 1 1 1 1	4374 4375 4376 4377 4378 4379	4374 4375 4376 4377 4378 4379	INA_9G1 INA_9G2 INA_9G3 INA_9G4 INA_9G5 INA_9G6
*	149	7 MONEY MARKET ACCOUNT 1 (MARKED) 8 STOCK OR MUTUAL FUND SHARES 1 (MARKED)	1 1 1	4380 4381	4380 4381	INA_9G7 INA_9G8
*	150	9 NONE 1 (MARKED)	1	4382	4382	INA_9G9
9H	151	ARE ASSETS OWNED JOINTLY 1 YES 2 NO	1	4383	4383	INA_9H

9I		TOTAL AMOUNT IN THESE ASSETS				
	152	000001-999999	6	4384	4389	INA_9I
	153	1 REF	1	4390	4390	INA_9I_DK
		2 DK				
10A	154	IN PAST 6 MONTHS HAS...OR SPOUSE SOLD A HOUSE	1	4391	4391	INA_10A
		1 YES				
		2 NO				
10B		WHY DID...SELL THIS HOUSE				
*	155	1 NO LONGER NEEDED/WANTED/ABLE TO BE MAINTAINED	1	4392	4392	INA_10B1
		1 (MARKED)				
		2 WANTED LESS EXPENSIVE HOUSE TO MAINTAIN	1	4393	4393	INA_10B2
		1 (MARKED)				
		3 MARRIED/WIDOWED/DIVORCED/ SEPARATED	1	4394	4394	INA_10B3
		1 (MARKED)				
		4 TO BE CLOSER TO FAMILY/FRIENDS	1	4395	4395	INA_10B4
		1 (MARKED)				
		5 TO HELP COVER MEDICAL EXPENSES	1	4396	4396	INA_10B5
		1 (MARKED)				
		6 EMPLOYMENT RELATED	1	4397	4397	INA_10B6
		1 (MARKED)				
*	156	7 RETIRED AND RELOCATED	1	4398	4398	INA_10B7
		1 (MARKED)				
		8 TO BE CONVENIENT TO PUBLIC TRANSPORTATION/PUBLIC SERVICES	1	4399	4399	INA_10B8
		1 (MARKED)				
		9 OTHER	1	4400	4400	INA_10B9
		1 (MARKED)				
10C	157	WERE PROCEEDS FROM THIS SALE USED TO COVER HEALTH CARE COST	1	4401	4401	INA_10C
		1 YES				
		2 NO				

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1989 CAREGIVER SURVEY CORRECTIONS
1989 REVISED CAREGIVER VARIABLES

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		REVISED PACKET	1	4402	4402	REV_PACK
		THIRTY SP HAD VALID CAREGIVERS WHO WERE NOT GIVEN A CAREGIVER SURVEY. THESE 30 CASES WERE MOVED FROM PACKET=2 TO REVISED PACKET=3.				
		1 LTC 2/1 PACKET (DETAILED NONINTERVIEW)				
		2 LTC 2/1/3 PACKET (COMMUNITY DETAILED)				
		3 LTC 2/1/10/3 PACKET (COMMUNITY DETAILED WITH INFORMAL CAREGIVER)				
		4 LTC 2/1/7 PACKET (INSTITUTIONAL)				

5 LTC 2 PACKET (SCREENER ONLY)

NONINTERVIEW REASON - REVISED 2 4403 4404 REV_REAS
THIRTY SP HAD VALID CAREGIVERS WHO
WERE NOT GIVEN A CAREGIVER SURVEY.
THESE 30 CASES WERE GIVEN NONINTERVIEW
CODE 11.

FIELD TYPE A

01 UNABLE TO LOCATE CAREGIVER
02 TEMPORARILY ABSENT/NO TELEPHONE
03 REFUSED
04 UNABLE TO CONTACT CAREGIVER
05 OTHER

FIELD TYPE C

06 INELIGIBLE - PAID HELPER
07 INELIGIBLE - OTHER
08 CAREGIVER DECEASED
09 MOVED WITHIN COUNTRY/BEYOND LIMITS
NO TELEPHONE AVAILABLE
10 MOVED OUTSIDE COUNTRY
11 SHOULD HAVE CG SURVEY, BUT DOES NOT

CAREGIVER CROSS SECTIONAL 12 4405 4416 CG_XSECT
(W NEW - FORM 2ND STAGE FAC) * 2.62
THIS WEIGHT IS FOR CAREGIVERS ONLY
(REVISED PACKET=3)
(nnnnn.ddddd)