

Final Version December 20, 2002: Section A - AMOUNTS AND KINDS OF HELP

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| VERIFY CASE | | |
| FR: Verify that you have the correct case. | | |
| CGNAME | Col. Char 42 | <input type="checkbox"/> Blank |
| CGPHN_AR | Col. Char 3 | <input type="checkbox"/> Blank |
| CGPHN_EX | Col. Char 4 | <input type="checkbox"/> Blank |
| CGPHN_NM | Col. Char 7 | <input type="checkbox"/> Blank |
| <p>NOTE TO INTERVIEWER: IF PERSONAL VISIT, HAND CAREGIVER A COPY OF THE CAREGIVER ADVANCE LETTER. ALLOW ENOUGH TIME FOR HIM/HER TO READ IT IF HE/SHE SO DESIRES</p> <p>Hello. I am (interviewer's name) from the United States Bureau of the Census. We are taking a survey of Long Term Care in the United States. This is a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States. We have some additional questions to ask regarding [caregiver's] experience in helping [sample person].</p> | | |
| May I speak to [caregiver]? | | 1 <input type="checkbox"/> Yes - SKIP to BEGIN CAREGIVER |
| CG_OPEN | Col. 9289 Char 1 | 2 <input type="checkbox"/> No - Inconvenient Time. Set OUTCOME=207 and hold pending rescheduling |
| | | 3 <input type="checkbox"/> No - Noninterview |
| CHECK REASON | | |
| FR: What is the reason you can't conduct an interview? | | |
| | | 1 <input type="checkbox"/> No one home |
| | | 2 <input type="checkbox"/> Temporarily absent |
| | | 3 <input type="checkbox"/> Refused |
| | | 4 <input type="checkbox"/> Unable to locate |
| | | 5 <input type="checkbox"/> Language problem; no |
| | | 6 <input type="checkbox"/> Type A Other - specify |
| | | 7 <input type="checkbox"/> Armed Forces |
| | | 8 <input type="checkbox"/> Correction Facility |
| | | 9 <input type="checkbox"/> Deceased |
| | | 10 <input type="checkbox"/> Mover |
| | | } Set OUTCOME = 208 and SKIP to Control Card FINISH |
| BEGIN CAREGIVER | | |
| Set AKH Start Time and Date: | | |
| START_26 | Col. 9290 Char 4 | 00-23 <input type="checkbox"/> Hours |
| CGDAY1 | Col. 9294 Char 6 | 00-59 <input type="checkbox"/> Minutes |
| | | <input type="checkbox"/> MMDDYY |
| 1. Are you paid to help [sample person]? | | 1 <input type="checkbox"/> Yes |
| AKH_1 | Col. 9300 Char 1 | 2 <input type="checkbox"/> No |
| 2. I am going to mention some activities for which a person might need help, and ask whether you helped [sample person] with them in the past week. | | |
| Did you - | | |
| a. Help [sample person] walk around inside or get around inside with a wheelchair or similar device? | | 1 <input type="checkbox"/> Yes |
| AKH_AD_A | Col. 9301 Char 1 | 2 <input type="checkbox"/> No |
| | | 3 <input type="checkbox"/> Does NOT get around inside at all |
| b. Help [sample person] eat? | | 1 <input type="checkbox"/> Yes |
| AKH_AD_B | Col. 9302 Char 1 | 2 <input type="checkbox"/> No |
| | | 3 <input type="checkbox"/> Does NOT eat at all |
| c. Help [sample person] get in or out of bed? | | 1 <input type="checkbox"/> Yes |
| AKH_AD_C | Col. 9303 Char 1 | 2 <input type="checkbox"/> No |
| | | 3 <input type="checkbox"/> Does NOT get out of bed at all |
| d. Help [sample person] get dressed - by getting and putting on the clothes [he/she] wears during the day? | | 1 <input type="checkbox"/> Yes |
| AKH_AD_D | Col. 9304 Char 1 | 2 <input type="checkbox"/> No |
| | | 3 <input type="checkbox"/> Does NOT get dressed at all |
| e. Give [sample person] shots or injections? | | 1 <input type="checkbox"/> Yes |

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| AKH_AD_E | Col. 9305 | Char 1 | 2 | <input type="checkbox"/> | No | |
| | | | 3 | <input type="checkbox"/> | Does NOT get shots or injections | |
| f. Give [sample person] medicine, pills, or change [his/her] bandages? | | | 1 | <input type="checkbox"/> | Yes | |
| | | | 2 | <input type="checkbox"/> | No | |
| AKH_AD_F | Col. 9306 | Char 1 | 3 | <input type="checkbox"/> | Does NOT take medicine | |
| If "yes" was answered to any part (a. thru f.) of the question above, ask only the relevant parts of the question below. | | | | | | |
| 3. On the days that you helped, how many times per day, on the average, did you - | | | | | | |
| a. Help [sample person] walk around inside or get around inside with a wheelchair or similar device? | | | 1-99 | <input type="checkbox"/> | times a day | |
| AKH_AT_A | Col. 9307 | Char 2 | | | | |
| b. Help [sample person] eat? | | | 1-99 | <input type="checkbox"/> | times a day | |
| AKH_AT_B | Col. 9309 | Char 2 | | | | |
| c. Help [sample person] get in or out of bed? | | | | | | |
| AKH_AT_C | Col. 9311 | Char 2 | | | | |
| d. Help [sample person] get dressed - by getting and putting on the clothes [he/she] wears during the day? | | | 1-99 | <input type="checkbox"/> | times a day | |
| AKH_AT_D | Col. 9313 | Char 2 | | | | |
| e. Give [sample person] shots or injections? | | | 1-99 | <input type="checkbox"/> | times a day | |
| AKH_AT_E | Col. 9315 | Char 2 | | | | |
| f. Give [sample person] medicine, pills, or change [his/her] bandages? | | | 1-99 | <input type="checkbox"/> | times a day | |
| AKH_AT_F | Col. 9317 | Char 2 | | | | |
| 4. a. In the past week, that is since last [day], did you help [sample person] bathe by helping [him/her] get into or out of the bathtub or shower, or by washing [him/her] in a bathtub or shower or at a sink or basin? | | | 1 | <input type="checkbox"/> | Yes | } SKIP to 5 |
| | | | 2 | <input type="checkbox"/> | No | |
| | | | 3 | <input type="checkbox"/> | Does not bathe at all | |
| | | | D,R | <input type="checkbox"/> | | |
| b. How many times in the past week did you help [sample person] bathe? | | | | <input type="checkbox"/> | times a day | |
| AKH_BTH2 | Col. 9320 | Char 2 | | | | |
| c. Did you actually bathe [sample person]? | | | 1 | <input type="checkbox"/> | Yes | |
| AKH_BTH3 | Col. 9322 | Char 1 | 2 | <input type="checkbox"/> | No | |
| 5. In the past week did you help [sample person] do any of the following? Did you help [sample person] - | | | | | | |
| a. Use the toilet by helping [him/her] get on or off the toilet, by arranging [his/her] clothes, or by cleaning [him/her]? | | | 1 | <input type="checkbox"/> | Yes | |
| | | | 2 | <input type="checkbox"/> | No | |
| AKH_TO_A | Col. 9323 | Char 1 | | | | |
| b. With a bed pan? | | | 1 | <input type="checkbox"/> | Yes | |
| AKH_TO_B | Col. 9324 | Char 1 | 2 | <input type="checkbox"/> | No | |
| c. With a catheter or colostomy bag? | | | 1 | <input type="checkbox"/> | Yes | |
| AKH_TO_C | Col. 9325 | Char 1 | 2 | <input type="checkbox"/> | No | |
| d. Clean up after bladder or bowel accidents? | | | 1 | <input type="checkbox"/> | Yes | |
| AKH_TO_D | Col. 9326 | Char 1 | 2 | <input type="checkbox"/> | No | |
| If "yes" was answered to any part (a. thru d.) of the question above, ask only the relevant parts of the question below. | | | | | | |
| 6. On the days that you helped, how many times per day, on the average, did you help [sample person] - | | | | | | |
| a. Use the toilet by helping [him/her] get on or off the toilet, by arranging [his/her] clothes, or by cleaning [him/her]? | | | 1-99 | <input type="checkbox"/> | Times per day | |
| AKH_TT_A | Col. 9327 | Char 2 | | | | |
| b. With a bed pan? | | | 1-99 | <input type="checkbox"/> | Times per day | |
| AKH_TT_B | Col. 9329 | Char 2 | | | | |
| c. With a catheter or colostomy bag? | | | 1-99 | <input type="checkbox"/> | Times per day | |

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| AKH_TT_C | Col. 9331 | Char 2 | | |
| d. Clean up after bladder or bowel accidents? | AKH_TT_D | Col. 9333 | Char 2 | 1-99 <input type="checkbox"/> Times per day |
| If "yes" was answered to any part (a. thru d.) of question 6, ask the next question | | | | |
| 7. a. Does helping [sample person] [with any of the four activities in question 5] ever bother you? | AKH_BOT1 | Col. 9335 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8 D,R <input type="checkbox"/> - SKIP to 8 |
| b. How much does it bother you? | AKH_BOT2 | Col. 9336 | Char 1 | 1 <input type="checkbox"/> A great deal 2 <input type="checkbox"/> Somewhat 3 <input type="checkbox"/> Not too much |
| 8. In the past week did you, BECAUSE OF [sample person]'s DISABILITY, help [him/her] by - | | | | |
| a. Preparing special foods or fixing extra meals? | AKH_ID_A | Col. 9337 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| b. Managing [sample person]'s money, like keeping track of bills or handling cash? | AKH_ID_B | Col. 9338 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| c. Making telephone calls for [sample person]? | AKH_ID_C | Col. 9339 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| d. Doing things around the house, such as straightening up, putting things away, or doing dishes? | AKH_ID_D | Col. 9340 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| e. Doing [sample person]'s laundry? | AKH_ID_E | Col. 9341 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| f. Shopping for [sample person]'s groceries? | AKH_ID_F | Col. 9342 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| g. Doing other small errands for [sample person] outside of the house? | AKH_ID_G | Col. 9343 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| h. Helping [sample person] get around outside, including helping [him/her] walk or use a wheelchair or walker? | AKH_ID_H | Col. 9344 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| i. Helping [sample person] get around the neighborhood or city by driving [him/her] or helping [him/her] use public transportation? | AKH_ID_I | Col. 9345 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| If "yes" was answered to any part (a. thru i.) of the question above, ask only the relevant parts of the question below. | | | | |
| 9. In the past week how many times did you help [sample person] by - | | | | |
| a. Preparing special foods or fixing extra meals? | AKH_IT_A | Col. 9346 | Char 2 | 1-99 <input type="checkbox"/> Times |
| b. Managing [sample person]'s money, like keeping track of bills or handling cash? | AKH_IT_B | Col. 9348 | Char 2 | 1-99 <input type="checkbox"/> Times |
| c. Making telephone calls for [sample person]? | AKH_IT_C | Col. 9350 | Char 2 | 1-99 <input type="checkbox"/> Times |
| d. Doing things around the house, such as straightening up, putting things away, or doing dishes? | AKH_IT_D | Col. 9352 | Char 2 | 1-99 <input type="checkbox"/> Times |
| e. Doing [sample person]'s laundry? | AKH_IT_E | Col. 9354 | Char 2 | 1-99 <input type="checkbox"/> Times |
| f. Shopping for [sample person]'s groceries? | AKH_IT_F | Col. 9356 | Char 2 | 1-99 <input type="checkbox"/> Times |
| g. Doing other small errands for [sample person] outside of the | | | | 1-99 <input type="checkbox"/> Times |

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| house? AKH_IT_G Col. 9358 Char 2 | | |
| h. Helping [sample person] get around outside, including helping [him/her] walk or use a wheelchair or walker? AKH_IT_H Col. 9360 Char 2 | 1-99 | <input type="checkbox"/> Times |
| i. Helping [sample person] get around the neighborhood or city by driving [him/her] or helping [him/her] use public transportation? AKH_IT_I Col. 9362 Char 2 | 1-99 | <input type="checkbox"/> Times |
| 10. On average, about how many hours do you spend helping [sample person] in a typical week? AKH_GEN Col. 9364 Char 3 | 0-168 | <input type="checkbox"/> Hours |
| 11. a. Can [sample person] be left at home without anyone else present? AKH_6A Col. 9367 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 12a <input type="checkbox"/> - SKIP to 12a |
| b. How many hours at a time, on the average, can [sample person] be left at home with no one else present? Record the number of hours, OR AKH_6B_H Col. 9368 Char2 Record less than 1 hour, or no limit AKH_6B_O Col. 9370 Char 1 | 0-99 1 2 | <input type="checkbox"/> Hours, OR <input type="checkbox"/> Less than 1 hour <input type="checkbox"/> No limit |
| 12. a. Can [sample person] be left alone in a room as long as someone else is at home? AKH_6C Col. 9371 Char 1 | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No--SKIP to 13 |
| b. How many hours at a time, on the average, can [sample person] be left alone in a room? Record the number of hours, OR AKH_6D_H Col. 9372 Char2 Record less than 1 hour, or no limit AKH_6D_O Col. 9374 Char 1 | 0-99 1 2 | <input type="checkbox"/> Hours, OR <input type="checkbox"/> Less than 1 hour <input type="checkbox"/> No limit |
| 13. a. Is your sleep ever interrupted because you have to take care of [sample person]? AKH_7A Col. 9375 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 14 <input type="checkbox"/> - SKIP to 14 |
| b. About how many times in an average week is your sleep interrupted because you have to take care of [sample person]? AKH_7B Col. 9376 Char 2 | 0-99 | <input type="checkbox"/> Times |
| 14. Now, I am going to read some statements that describe some problems or inconveniences that many people have when they take care of another person. As I read each statement, please tell me if that statement is TRUE or FALSE for you when you take care of [sample person] | | |
| a. I have to take care of [sample person] when I don't feel well enough. AKH_8_A Col. 9378 Char 1 | 1 2 | <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE |
| b. [Sample person] needs special medical care that I cannot give. AKH_8_B Col. 9379 Char 1 | 1 2 | <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE |
| c. Taking care of [sample person] is hard on me emotionally. AKH_8_C Col. 9380 Char 1 | 1 2 | <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE |
| This time, tell me if the statement is TRUE, FALSE, or does not apply. | | |
| d. Lifting or moving [sample person] is difficult. AKH_8_D Col. 9381 Char 1 | 1 2 3 | <input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> Does not apply |
| END AKH Set End Time | 0-23 | |

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| END_AKH | Col. 9382 | Char 4 | 0-59 | <input type="checkbox"/> | HHMM |
| Subtract AKH start time from AKH end time | | | 0000- | | |
| CUML_AKH | Col. 9386 | Char 4 | 9999 | <input type="checkbox"/> | Minutes |
| Section B - HELP FROM OTHERS | | | | | |
| Set A41Start Time | | | 0-23, | | |
| Time: | | | 0-59 | <input type="checkbox"/> | HHMM |
| START_27 | Col. 9390 | Char 4 | | | |
| 1. | If you were unable to help [sample person], is there someone else who would do the things you do? | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No |
| HFO_1 | Col. 9394 | Char 1 | | | |
| 2. | Have you ever received any respite or caregiver support services from a government source to assist you in providing care for [sample person]? | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No |
| HFO_2 | Col. 9395 | Char 1 | | | |
| 3. | There are many services available to help you provide help to an older person such as [sample person]. Please tell me whether you have ever used the following service or not. | | | | |
| a. | Have you ever requested information about how to get financial help for [sample person]? | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No - SKIP to 3d |
| HFO_3A | Col. 9396 | Char 1 | D,R | | - SKIP to 4a |
| b. | Who provided you with this service? | | 1 | <input type="checkbox"/> | Church or synagogue |
| | | | 2 | <input type="checkbox"/> | Community or government agency |
| HFO_3B_1 | Col. 9397 | Char 1 | 3 | <input type="checkbox"/> | Caregiver's employer |
| | | | 4 | <input type="checkbox"/> | Individual or private agency for which caregiver is paying |
| | | | 5 | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | 6 | <input type="checkbox"/> | Other - Specify in HFO_3B_S |
| | | | | | HFO_3B_S Col. Char30 (blank) |
| c. | How would you rate that financial information service? Did it meet your needs fully, only partly, or not at all? | | 1 | <input type="checkbox"/> | Did not meet needs at all |
| | | | 2 | <input type="checkbox"/> | Partly met needs |
| HFO_3C | Col. 9398 | Char 1 | 3 | <input type="checkbox"/> | Fully met needs |
| | | | | | } SKIP to 4a |
| d. | For what reasons have you never done this? | | 1 | <input type="checkbox"/> | Had no need for it |
| | | | 2 | <input type="checkbox"/> | Service is not available |
| HFO_3D_1 | Col. 9399 | Char 2 | 3 | <input type="checkbox"/> | Not aware of service |
| | | | 4 | <input type="checkbox"/> | Cost, can't afford |
| | | | 5 | <input type="checkbox"/> | Can't find qualified people |
| | | | 6 | <input type="checkbox"/> | Don't want an outsider coming in/strangers |
| | | | 7 | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service |
| | | | 8 | <input type="checkbox"/> | Language barrier |
| | | | 9 | <input type="checkbox"/> | Not eligible, make too much money, income too high |
| | | | 10 | <input type="checkbox"/> | No special reason/never thought of it |
| | | | 11 | <input type="checkbox"/> | Other - Specify in HFO_3D_S below |
| | | | | | HFO_3D_S Col. Char 30 (blank) |
| 4. a. | Have you ever taken part in support groups for caregivers? | | 1 | <input type="checkbox"/> | Yes |
| | | | 2 | <input type="checkbox"/> | No - SKIP to 4d |
| HFO_4A | Col. 9401 | Char 1 | D,R | | - SKIP to 5a |
| b. | Who provided you with this service? | | 1 | <input type="checkbox"/> | Church or synagogue |
| | | | 2 | <input type="checkbox"/> | Community or government agency |
| HFO_4B_1 | Col. 9402 | Char 1 | 3 | <input type="checkbox"/> | Caregiver's employer |
| | | | 4 | <input type="checkbox"/> | Individual or private agency for which caregiver is paying |
| | | | 5 | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider |
| | | | 6 | <input type="checkbox"/> | Other - Specify in HFO_4B_S below |
| | | | | | HFO_4B_S Col. Char 30 (blank) |

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| <p>c. How would you rate that support group? Did it meet your needs fully, only partly, or not at all? HFO_4C Col. 9403 Char 1</p> | <p>1 2 3</p> | <p><input type="checkbox"/> Did not meet needs at all <input type="checkbox"/> Partly met needs <input type="checkbox"/> Fully met needs</p> <p>} SKIP to 5a</p> |
| <p>d. For what reasons have you never done this? HFO_4D_1 Col. 9404 Char 2</p> | <p>1 2 3 4 5 6 7 8 9 10 11</p> | <p><input type="checkbox"/> Had no need for it <input type="checkbox"/> Service is not available <input type="checkbox"/> Not aware of service <input type="checkbox"/> Cost, can't afford <input type="checkbox"/> Can't find qualified people <input type="checkbox"/> Don't want an outsider coming in/strangers <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service <input type="checkbox"/> Language barrier <input type="checkbox"/> Not eligible, make too much money, income too high <input type="checkbox"/> No special reason/never thought of it <input type="checkbox"/> Other - Specify in HFO_4D_S below HFO_4D_S Col. Char 30 (blank)</p> |
| <p>5. a. Have you ever used a service to temporarily take care of [sample person] so that you get some time away? HFO_5A Col. 9406 Char 1</p> | <p>1 2 D,R</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 5d <input type="checkbox"/> - SKIP to 6a</p> |
| <p>b. Who provided you with this service? HFO_5B_1 Col. 9407 Char 1</p> | <p>1 2 3 4 5 6</p> | <p><input type="checkbox"/> Church or synagogue <input type="checkbox"/> Community or government agency <input type="checkbox"/> Caregiver's employer <input type="checkbox"/> Individual or private agency for which caregiver is paying <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider <input type="checkbox"/> Other - Specify in HFO_5B_S below HFO_5B_S Col. Char 30 (blank)</p> |
| <p>c. How would you rate that temporary care service? Did it meet your needs fully, only partly, or not at all? HFO_5C Col. 9408 Char 1</p> | <p>1 2 3</p> | <p><input type="checkbox"/> Did not meet needs at all <input type="checkbox"/> Partly met needs <input type="checkbox"/> Fully met needs</p> <p>} SKIP to 6a</p> |
| <p>d. For what reasons have you never done this? HFO_5D_1 Col. 9409 Char 2</p> | <p>1 2 3 4 5 6 7 8 9 10 11</p> | <p><input type="checkbox"/> Had no need for it <input type="checkbox"/> Service is not available <input type="checkbox"/> Not aware of service <input type="checkbox"/> Cost, can't afford <input type="checkbox"/> Can't find qualified people <input type="checkbox"/> Don't want an outsider coming in/strangers <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service <input type="checkbox"/> Language barrier <input type="checkbox"/> Not eligible, make too much money, income too high <input type="checkbox"/> No special reason/never thought of it <input type="checkbox"/> Other - Specify in HFO_5D_S below HFO_5D_S Col. Char 30 (blank)</p> |
| <p>6. a. Have you ever enrolled [sample person] in a program outside the home such as an Adult Day Care or senior center? HFO_6A Col. 9411 Char 1</p> | <p>1 2 D,R</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 6d <input type="checkbox"/> - SKIP to 7a</p> |
| <p>b. Who provided you with this service? HFO_6B_1 Col. 9412 Char 1</p> | <p>1 2 3 4 5 6</p> | <p><input type="checkbox"/> Church or synagogue <input type="checkbox"/> Community or government agency <input type="checkbox"/> Caregiver's employer <input type="checkbox"/> Individual or private agency for which caregiver is paying <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider <input type="checkbox"/> Other - Specify in HFO_6B_S below HFO_6B_S Col. Char 30 (blank)</p> |
| <p>c. How would you rate that Adult Day Care/senior center? Did it</p> | <p>1</p> | <p><input type="checkbox"/> Did not meet needs at all</p> <p>}</p> |

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| meet your needs fully, only partly, or not at all? HFO_6C Col. 9413 Char 1 | 2 3 | <input type="checkbox"/> Partly met needs <input type="checkbox"/> Fully met needs | } SKIP to 7a |
| d. For what reasons have you never done this? HFO_6D_1 Col. 9414 Char 2 | 1 2 3 4 5 6 7 8 9 10 11 | <input type="checkbox"/> Had no need for it <input type="checkbox"/> Service is not available <input type="checkbox"/> Not aware of service <input type="checkbox"/> Cost, can't afford <input type="checkbox"/> Can't find qualified people <input type="checkbox"/> Don't want an outsider coming in/strangers <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service <input type="checkbox"/> Language barrier <input type="checkbox"/> Not eligible, make too much money, income too high <input type="checkbox"/> No special reason/never thought of it <input type="checkbox"/> Other - Specify in HFO_6D_S below HFO_6D_S Col. Char 30 (blank) | |
| 7. a. Have you ever had a service come help with personal care or nursing care at [sample person]'s home? HFO_7A Col. 9416 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 7d <input type="checkbox"/> - SKIP to 8a | |
| b. Who provided you with this service? HFO_7B_1 Col. 9417 Char 1 | 1 2 3 4 5 6 | <input type="checkbox"/> Church or synagogue <input type="checkbox"/> Community or government agency <input type="checkbox"/> Caregiver's employer <input type="checkbox"/> Individual or private agency for which caregiver is paying <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider <input type="checkbox"/> Other - Specify in HFO_7B_S below HFO_7B_S Col. Char 30 (blank) | |
| c. How would you rate that personal, or nursing care service? Did it meet your needs fully, only partly, or not at all? HFO_7C Col. 9418 Char 1 | 1 2 3 | <input type="checkbox"/> Did not meet needs at all <input type="checkbox"/> Partly met needs <input type="checkbox"/> Fully met needs | } SKIP to 8a |
| d. For what reasons have you never done this? HFO_7D_1 Col. 9419 Char 2 | 1 2 3 4 5 6 7 8 9 10 11 | <input type="checkbox"/> Had no need for it <input type="checkbox"/> Service is not available <input type="checkbox"/> Not aware of service <input type="checkbox"/> Cost, can't afford <input type="checkbox"/> Can't find qualified people <input type="checkbox"/> Don't want an outsider coming in/strangers <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service <input type="checkbox"/> Language barrier <input type="checkbox"/> Not eligible, make too much money, income too high <input type="checkbox"/> No special reason/never thought of it <input type="checkbox"/> Other - Specify in HFO_7D_S below HFO_7D_S Col. Char 30 (blank) | |
| 8. a. Have you ever had a service come help you with housework at [sample person]'s home? HFO_8A Col. 9421 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 8d <input type="checkbox"/> - SKIP to 9a | |
| b. Who provided you with this service? HFO_8B_1 Col. 9422 Char 1 | 1 2 3 4 5 6 | <input type="checkbox"/> Church or synagogue <input type="checkbox"/> Community or government agency <input type="checkbox"/> Caregiver's employer <input type="checkbox"/> Individual or private agency for which caregiver is paying <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider <input type="checkbox"/> Other - Specify in HFO_8B_S below HFO_8B_S Col. Char 30 (blank) | |
| c. How would you rate that housework? Did it meet your needs fully, only partly, or not at all? | 1 2 | <input type="checkbox"/> Did not meet needs at all <input type="checkbox"/> Partly met needs | } SKIP to 9a |

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| HFO_8C | Col. 9423 | Char 1 | 3 | <input type="checkbox"/> | Fully met needs | |
| d. For what reasons have you never done this? | | | 1 | <input type="checkbox"/> | Had no need for it | } SKIP to 10a |
| HFO_8D_1 | Col. 9424 | Char 2 | 2 | <input type="checkbox"/> | Service is not available | |
| | | | 3 | <input type="checkbox"/> | Not aware of service | |
| | | | 4 | <input type="checkbox"/> | Cost, can't afford | |
| | | | 5 | <input type="checkbox"/> | Can't find qualified people | |
| | | | 6 | <input type="checkbox"/> | Don't want an outsider coming in/strangers | |
| | | | 7 | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service | |
| | | | 8 | <input type="checkbox"/> | Language barrier | |
| | | | 9 | <input type="checkbox"/> | Not eligible, make too much money, income too high | |
| | | | 10 | <input type="checkbox"/> | No special reason/never thought of it | |
| | | | 11 | <input type="checkbox"/> | Other - Specify in HFO_8D_S below HFO_8D_S Col. Char 30 (blank) | |
| 9. a. Have you ever had an outside service deliver meals to [sample person]'s home? | | | 1 | <input type="checkbox"/> | Yes | |
| HFO_9A | Col. 9426 | Char 1 | 2 | <input type="checkbox"/> | No - SKIP to 9d | |
| | | | D,R | <input type="checkbox"/> | - SKIP to 10a | |
| b. Who provided you with this service? | | | 1 | <input type="checkbox"/> | Church or synagogue | |
| HFO_9B_1 | Col. 9427 | Char 1 | 2 | <input type="checkbox"/> | Community or government agency | |
| | | | 3 | <input type="checkbox"/> | Caregiver's employer | |
| | | | 4 | <input type="checkbox"/> | Individual or private agency for which caregiver is paying | |
| | | | 5 | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider | |
| | | | 6 | <input type="checkbox"/> | Other - Specify in HFO_9B_S below HFO_9B_S Col. Char 30 (blank) | |
| c. How would you rate that meal service? Did it meet your needs fully, only partly, or not at all? | | | 1 | <input type="checkbox"/> | Did not meet needs at all | } SKIP to 10a |
| HFO_9C | Col. 9428 | Char 1 | 2 | <input type="checkbox"/> | Partly met needs | |
| | | | 3 | <input type="checkbox"/> | Fully met needs | |
| d. For what reasons have you never done this? | | | 1 | <input type="checkbox"/> | Had no need for it | } SKIP to 10a |
| HFO_9D_1 | Col. 9429 | Char 2 | 2 | <input type="checkbox"/> | Service is not available | |
| | | | 3 | <input type="checkbox"/> | Not aware of service | |
| | | | 4 | <input type="checkbox"/> | Cost, can't afford | |
| | | | 5 | <input type="checkbox"/> | Can't find qualified people | |
| | | | 6 | <input type="checkbox"/> | Don't want an outsider coming in/strangers | |
| | | | 7 | <input type="checkbox"/> | Bureaucracy too complex, hassle, couldn't access service | |
| | | | 8 | <input type="checkbox"/> | Language barrier | |
| | | | 9 | <input type="checkbox"/> | Not eligible, make too much money, income too high | |
| | | | 10 | <input type="checkbox"/> | No special reason/never thought of it | |
| | | | 11 | <input type="checkbox"/> | Other - Specify in HFO_9D_S below HFO_9D_S Col. Char 30 (blank) | |
| 10. a. Have you ever had an outside service provide transportation for [sample person]? | | | 1 | <input type="checkbox"/> | Yes | |
| HFO_10A | Col. 9431 | Char 1 | 2 | <input type="checkbox"/> | No - SKIP to 10d | |
| | | | D,R | <input type="checkbox"/> | - SKIP to 11a | |
| b. Who provided you with this service? | | | 1 | <input type="checkbox"/> | Church or synagogue | |
| HFO_10B1 | Col. 9432 | Char 1 | 2 | <input type="checkbox"/> | Community or government agency | |
| | | | 3 | <input type="checkbox"/> | Caregiver's employer | |
| | | | 4 | <input type="checkbox"/> | Individual or private agency for which caregiver is paying | |
| | | | 5 | <input type="checkbox"/> | Doctor, pharmacist, social worker, other health provider | |
| | | | 6 | <input type="checkbox"/> | Other - Specify in HFO_10BS below HFO_10BS Col. Char 30 (blank) | |
| c. How would you rate that transportation service? Did it meet your needs fully, only partly, or not at all? | | | 1 | <input type="checkbox"/> | Did not meet needs at all | } SKIP to 11a |
| HFO_10C | Col. 9433 | Char 1 | 2 | <input type="checkbox"/> | Partly met needs | |
| | | | 3 | <input type="checkbox"/> | Fully met needs | |

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| <p>d. For what reasons have you never done this? HFO_10D1 Col. 9434 Char 2</p> | <p>1 2 3 4 5 6 7 8 9 10 11</p> | <p><input type="checkbox"/> Had no need for it <input type="checkbox"/> Service is not available <input type="checkbox"/> Not aware of service <input type="checkbox"/> Cost, can't afford <input type="checkbox"/> Can't find qualified people <input type="checkbox"/> Don't want an outsider coming in/strangers <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service <input type="checkbox"/> Language barrier <input type="checkbox"/> Not eligible, make too much money, income too high <input type="checkbox"/> No special reason/never thought of it <input type="checkbox"/> Other - Specify IN HFO_10D2 BELOW HFO_10D2 Col. Char 30 (blank)</p> |
| <p>11. a. Have you ever had modifications made in [SAMPNAME]'s house to make things easier for [him/her]? HFO_11A Col. 9436 Char 1</p> | <p>1 2 D,R</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 11d <input type="checkbox"/> - SKIP to 12a</p> |
| <p>b. Who provided you with this service? HFO_11B1 Col. 9437 Char 1</p> | <p>1 2 3 4 5 6</p> | <p><input type="checkbox"/> Church or synagogue <input type="checkbox"/> Community or government agency <input type="checkbox"/> Caregiver's employer <input type="checkbox"/> Individual or private agency for which caregiver is paying <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider <input type="checkbox"/> Other - Specify in HFO_11B2 below HFO_11B2 Col. Char 30 (blank)</p> |
| <p>c. How would you rate that home modification? Did it meet your needs fully, only partly, or not at all? HFO_11C Col. 9438 Char 1</p> | <p>1 2 3</p> | <p><input type="checkbox"/> Did not meet needs at all <input type="checkbox"/> Partly met needs <input type="checkbox"/> Fully met needs } SKIP to 12a</p> |
| <p>d. For what reasons have you never done this? HFO_11D1 Col. 9439 Char 2</p> | <p>1 2 3 4 5 6 7 8 9 10 11</p> | <p><input type="checkbox"/> Had no need for it <input type="checkbox"/> Service is not available <input type="checkbox"/> Not aware of service <input type="checkbox"/> Cost, can't afford <input type="checkbox"/> Can't find qualified people <input type="checkbox"/> Don't want an outsider coming in/strangers <input type="checkbox"/> Bureaucracy too complex, hassle, couldn't access service <input type="checkbox"/> Language barrier <input type="checkbox"/> Not eligible, make too much money, income too high <input type="checkbox"/> No special reason/never thought of it <input type="checkbox"/> Other - Specify in HFO_11D2 below HFO_11D2 Col. Char 30 (blank)</p> |
| <p>12. a. Have you ever obtained assistive devices, such as wheelchairs, walkers, etc., for [sample person]? HFO_12A Col. 9441 Char 1</p> | <p>1 2 D,R</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 12d <input type="checkbox"/> - SKIP to 13</p> |
| <p>b. Who provided you with this service? HFO_12B1 Col. 9442 Char 1</p> | <p>1 2 3 4 5 6</p> | <p><input type="checkbox"/> Church or synagogue <input type="checkbox"/> Community or government agency <input type="checkbox"/> Caregiver's employer <input type="checkbox"/> Individual or private agency for which caregiver is paying <input type="checkbox"/> Doctor, pharmacist, social worker, other health provider <input type="checkbox"/> Other - Specify in HFO_12B2 below HFO_12B2 Col. Char 30 (blank)</p> |
| <p>c. How would you rate that wheelchair, walker, or other assistive device? Did it meet your needs fully, only partly, or not at all? HFO_12C Col. 9443 Char 1</p> | <p>1 2 3</p> | <p><input type="checkbox"/> Did not meet needs at all <input type="checkbox"/> Partly met needs <input type="checkbox"/> Fully met needs } SKIP to 13</p> |

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d. For what reasons have you never done this?
 HFO_12D1 Col. 9444 Char 2

- 1 Had no need for it
- 2 Service is not available
- 3 Not aware of service
- 4 Cost, can't afford
- 5 Can't find qualified people
- 6 Don't want an outsider coming in/strangers
- 7 Bureaucracy too complex, hassle, couldn't access service
- 8 Language barrier
- 9 Not eligible, make too much money, income too high
- 10 No special reason/never thought of it
- 11 Other - Specify in HFO_12D2 below
 HFO_12D2 Col. Char 30 (blank)

13. INTERVIEWER: RECORD UP TO 2 RESPONSES. ENTER "N" FOR NOTHING

a. Sometimes, people who provide care to an older person could use some assistance. Please think about your situation, and tell me any kinds of help, information, or support that you would use as a caregiver. Response number 1:
 HFO_13_1 Col. 9446 Char 2

- 1 Extra money; more money to help pay for things; financial support
- 2 Free time; time for myself, a break
- 3 A central place to go/to call to find out what kind of help is available/where to get it
- 4 Someone to talk to/counseling/support group
- 5 Help with housekeeping
- 6 Help with shopping
- 7 Help with transportation, getting to places
- 8 Help with making meals
- 9 Help with bathing, dressing, grooming, toileting, feeding, other personal care
- 10 Help with medicines (administering, side effects, etc.)
- 11 Information about [sample person]'s condition
- 12 Information about developments or changes in laws which might affect your situation
- 13 Help in understanding how to select nursing home/group home/other facility
- 14 Help in understanding how to pay for nursing homes, adult day care, or other services (financing)
- 15 Information about services for persons with Alzheimer's/memory problems
- 16 Help dealing with bureaucracy to get services
- 17 Tax break, stipend, government subsidy
- 18 Other - Specify in HFO_13_3 below
 HFO_13_3 Col. 9448 Char 30

b. Response number 2:
 HFO_13_4 Col. 9478 Char 2

- 1 Extra money; more money to help pay for things; financial support
- 2 Free time; time for myself, a break
- 3 A central place to go/to call to find out what kind of help is available/where to get it
- 4 Someone to talk to/counseling/support group
- 5 Help with housekeeping
- 6 Help with shopping
- 7 Help with transportation, getting to places
- 8 Help with making meals
- 9 Help with bathing, dressing, grooming, toileting, feeding, other personal care
- 10 Help with medicines (administering, side effects, etc.)

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| | 11 | <input type="checkbox"/> | Information about [sample person]'s condition |
| | 12 | <input type="checkbox"/> | Information about developments or changes in laws which might affect your situation |
| | 13 | <input type="checkbox"/> | Help in understanding how to select nursing home/group home/other facility |
| | 14 | <input type="checkbox"/> | Help in understanding how to pay for nursing homes, adult day care, or other services (financing) |
| | 15 | <input type="checkbox"/> | Information about services for persons with Alzheimer's/memory problems |
| | 16 | <input type="checkbox"/> | Help dealing with bureaucracy to get services |
| | 17 | <input type="checkbox"/> | Tax break, stipend, government subsidy |
| | 18 | <input type="checkbox"/> | Other - Specify in HFO_13_5 below HFO_13_5 Col. 9480 Char 30 |
| END HFO | | | |
| Set End Time | 0-23 | | |
| END_HFO Col. 9510 Char 4 | 0-59 | <input type="checkbox"/> | HHMM |
| Subtract HFO start time from HFO end time | 0000- | | |
| CUML_HFO Col. 9514 Char 4 | 9999 | <input type="checkbox"/> | Minutes |
| Section C - CAREGIVER'S EXPERIENCE | | | |
| Set Start Time | 0-59 | <input type="checkbox"/> | HHMM |
| START_28 Col. 9518 Char 4 | | | |
| 1. Now I am going to read some statements that describe some other problems people sometimes have when taking care of another person. As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [sample person]. | | | |
| a. I don't have as much privacy when I take care of [sample person]. | 1 | <input type="checkbox"/> | TRUE |
| CGE_1_A Col. 9522 Char 1 | 2 | <input type="checkbox"/> | FALSE |
| b. Taking care of [sample person] limits my social life or free time. | 1 | <input type="checkbox"/> | TRUE |
| CGE_1_B Col. 9523 Char 1 | 2 | <input type="checkbox"/> | FALSE |
| c. I have to give [sample person] almost constant attention. | 1 | <input type="checkbox"/> | TRUE |
| CGE_1_C Col. 9524 Char 1 | 2 | <input type="checkbox"/> | FALSE |
| d. Taking care of [sample person] has caused my health to get worse. | 1 | <input type="checkbox"/> | TRUE |
| CGE_1_D Col. 9525 Char 1 | 2 | <input type="checkbox"/> | FALSE |
| e. Care costs more than I can really afford. | 1 | <input type="checkbox"/> | TRUE |
| CGE_1_E Col. 9526 Char 1 | 2 | <input type="checkbox"/> | FALSE |
| 2. On a scale from 1 to 5, where 1 is not a strain at all and 5 is very much of a strain, how much of a physical strain would you say that caring for [sample person] is for you? | | | |
| CGE_2 Col. 9527 Char 1 | 1 | <input type="checkbox"/> | not a strain at all |
| | 2 | <input type="checkbox"/> | |
| | 3 | <input type="checkbox"/> | |
| | 4 | <input type="checkbox"/> | |
| | 5 | <input type="checkbox"/> | Very much of a strain |
| 3. Using the scale from 1 to 5, where 1 is not at all stressful and 5 is very stressful, how emotionally stressful would you say that caring for [sample person] is for you? | | | |
| CGE_3 Col. 9528 Char 1 | 1 | <input type="checkbox"/> | Not at all stressful |
| | 2 | <input type="checkbox"/> | |
| | 3 | <input type="checkbox"/> | |
| | 4 | <input type="checkbox"/> | |
| | 5 | <input type="checkbox"/> | Very stressful |
| 4. Using the same scale from 1 to 5 where 1 is no hardship at all and 5 is a great deal of hardship, how much of a financial hardship would you say that caring for [sample person] is? | | | |
| CGE_4 Col. 9529 Char 1 | 1 | <input type="checkbox"/> | No hardship at all |
| | 2 | <input type="checkbox"/> | |

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| | | 3 | <input type="checkbox"/> | |
| | | 4 | <input type="checkbox"/> | |
| | | 5 | <input type="checkbox"/> | Great deal of hardship |
| 5. | Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each statement describe you? | | | |
| a. | You are exhausted when you go to bed at night. CGE_5_A Col. 9530 Char 1 | 1 | <input type="checkbox"/> | Not at all |
| | | 2 | <input type="checkbox"/> | Somewhat |
| | | 3 | <input type="checkbox"/> | Quite a lot |
| | | 4 | <input type="checkbox"/> | Completely |
| b. | You have more things to do then you can handle. CGE_5_B Col. 9531 Char 1 | 1 | <input type="checkbox"/> | Not at all |
| | | 2 | <input type="checkbox"/> | Somewhat |
| | | 3 | <input type="checkbox"/> | Quite a lot |
| | | 4 | <input type="checkbox"/> | Completely |
| c. | You don't have time just for yourself. CGE_5_C Col. 9532 Char 1 | 1 | <input type="checkbox"/> | Not at all |
| | | 2 | <input type="checkbox"/> | Somewhat |
| | | 3 | <input type="checkbox"/> | Quite a lot |
| | | 4 | <input type="checkbox"/> | Completely |
| d. | You work hard as a caregiver but never seem to make any progress. CGE_5_D Col. 9533 Char 1 | 1 | <input type="checkbox"/> | Not at all |
| | | 2 | <input type="checkbox"/> | Somewhat |
| | | 3 | <input type="checkbox"/> | Quite a lot |
| | | 4 | <input type="checkbox"/> | Completely |
| 6. | On a scale from 1 to 10 where 1 is not much stress at all, and 10 is a great deal of stress, how much stress does it cause you to do all of the things you do to help [sample person]? CGE_6 Col. 9534 Char 2 | 1 | <input type="checkbox"/> | Not much stress at all |
| | | 2 | <input type="checkbox"/> | |
| | | 3 | <input type="checkbox"/> | |
| | | 4 | <input type="checkbox"/> | |
| | | 5 | <input type="checkbox"/> | |
| | | 6 | <input type="checkbox"/> | |
| | | 7 | <input type="checkbox"/> | |
| | | 8 | <input type="checkbox"/> | |
| | | 9 | <input type="checkbox"/> | |
| | | 10 | <input type="checkbox"/> | Great deal of stress |
| 7. | Providing help to [sample person] has - | | | |
| a. | Made me feel good about myself. CGE_7_A Col. 9536 Char 1 | 1 | <input type="checkbox"/> | Disagree a lot |
| | | 2 | <input type="checkbox"/> | Disagree a little |
| | | 3 | <input type="checkbox"/> | Neither agree or disagree |
| | | 4 | <input type="checkbox"/> | Agree a little |
| | | 5 | <input type="checkbox"/> | Agree a lot |
| b. | Enabled me to appreciate life more. CGE_7_B Col. 9537 Char 1 | 1 | <input type="checkbox"/> | Disagree a lot |
| | | 2 | <input type="checkbox"/> | Disagree a little |
| | | 3 | <input type="checkbox"/> | Neither agree or disagree |
| | | 4 | <input type="checkbox"/> | Agree a little |
| | | 5 | <input type="checkbox"/> | Agree a lot |
| 8. | In the past week, on how many days did you personally have to deal with the following behavior of [sample person]? How many days did [he/she]: | | | |
| a. | Keep you up at night CGE_8_A Col. 9538 Char 1 | 1 | <input type="checkbox"/> | No days |
| | | 2 | <input type="checkbox"/> | 1-2 days |
| | | 3 | <input type="checkbox"/> | 3-4 days |
| | | 4 | <input type="checkbox"/> | 5 or more days |
| b. | Repeat questions/stories CGE_8_B Col. 9539 Char 1 | 1 | <input type="checkbox"/> | No days |
| | | 2 | <input type="checkbox"/> | 1-2 days |
| | | 3 | <input type="checkbox"/> | 3-4 days |
| | | 4 | <input type="checkbox"/> | 5 or more days |
| c. | Try to dress the wrong way CGE_8_C Col. 9540 Char 1 | 1 | <input type="checkbox"/> | No days |
| | | 2 | <input type="checkbox"/> | 1-2 days |
| | | 3 | <input type="checkbox"/> | 3-4 days |

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| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| d. | Have a bowel or bladder accident | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8_D | Col. 9541 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| e. | Hide belongings and forget about them | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8_E | Col. 9542 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| f. | Cry easily | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8_F | Col. 9543 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| g. | Act depressed or downhearted | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8_G | Col. 9544 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| | In the past week, how many days did [sample person]: | | | 1 | <input type="checkbox"/> | No days |
| h. | Cling to you or follow you around | | | 2 | <input type="checkbox"/> | 1-2 days |
| | CGE_8B_H | Col. 9545 | Char 1 | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| i. | Become restless or agitated | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8B_I | Col. 9546 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| j. | Become irritable or angry | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8B_J | Col. 9547 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| k. | Swear or use foul language | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8B_K | Col. 9548 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| l. | Become suspicious, or believe someone is going to harm [him/her] | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8B_L | Col. 9549 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| m. | Threaten people | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8B_M | Col. 9550 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| n. | Show sexual behavior or interest at the wrong time/place | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8B_N | Col. 9551 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| o. | Destroy or damage property | | | 1 | <input type="checkbox"/> | No days |
| | CGE_8B_O | Col. 9552 | Char 1 | 2 | <input type="checkbox"/> | 1-2 days |
| | | | | 3 | <input type="checkbox"/> | 3-4 days |
| | | | | 4 | <input type="checkbox"/> | 5 or more days |
| CHECK RELATIONSHIP | | | | 1 | <input type="checkbox"/> | Spouse |
| [Refer to CGREL in Caregiver Selection section of Community Int.] | | | | 2 | <input type="checkbox"/> | (not used here) |
| CGREL | | | | 3 | <input type="checkbox"/> | Son / Daughter |
| | | | | 4 | <input type="checkbox"/> | Son-in-law / Daughter-in-law |
| | | | | 5 | <input type="checkbox"/> | Parent |
| | | | | 6 | <input type="checkbox"/> | Parent-in-law |
| | | | | 7 | <input type="checkbox"/> | Brother / Sister |
| | | | | 8 | <input type="checkbox"/> | Brother-in-law / Sister-in-law |

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| | | 9 | <input type="checkbox"/> | Grandchild | } SKIP to 14 |
| | | 10 | <input type="checkbox"/> | Other relative | |
| | | 11 | <input type="checkbox"/> | Employee | |
| | | 12 | <input type="checkbox"/> | Other nonrelative | |
| | | 13 | <input type="checkbox"/> | Ex-Spouse | |
| 9. | Do you feel that other relatives are doing their fair share of caregiving for [sample person]? CGE_9 Col. 9553 Char 1 | 1 | <input type="checkbox"/> | Yes | |
| | | 2 | <input type="checkbox"/> | No | |
| | | N | <input type="checkbox"/> | Don't have other relative/does not apply--SKIP to 11 | |
| 10. | To what extent has there been any family conflict over caregiving regarding [sample person]? Would you say there's been a lot of conflict, some conflict, or none at all? CGE_10 Col. 9554 Char 1 | 1 | <input type="checkbox"/> | Not at all | |
| | | 2 | <input type="checkbox"/> | Some conflict | |
| | | 3 | <input type="checkbox"/> | A lot of conflict | |
| 11. | Family members may differ among themselves in the way they deal with a relative who is ill. Thinking of all your relatives, how much disagreement have you had with anyone in your family because of the following issues? How much disagreement have you had with anyone in your family because they: | | | | |
| a. | Don't spend enough time with [sample person]? CGE_11_A Col. 9555 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| b. | Don't do their share in caring for [sample person]? CGE_11_B Col. 9556 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| c. | Don't show enough respect for [sample person]? CGE_11_C Col. 9557 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| d. | Lack patience with [sample person]? CGE_11_D Col. 9558 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| 12. | I've just asked you how your relatives act toward [sample person]. Now I'd like to ask how they act toward you, the caregiver. Again, thinking of all your relatives, how much disagreement have you had with anyone in your family because of the following issues? How much disagreement have you had with any one in your family because they: | | | | |
| a. | Don't visit or telephone you enough: CGE_12_A Col. 9559 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| b. | Don't give you enough help? CGE_12_B Col. 9560 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| c. | Don't show enough appreciation of your work as a caregiver? CGE_12_C Col. 9561 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| d. | Give you unwanted advice? CGE_12_D Col. 9562 Char 1 | 1 | <input type="checkbox"/> | No disagreement | |
| | | 2 | <input type="checkbox"/> | Just a little disagreement | |
| | | 3 | <input type="checkbox"/> | Some disagreement | |
| | | 4 | <input type="checkbox"/> | Quite a bit of disagreement | |
| 13. | Let's turn now to the help and support you get from your friends and relatives. Thinking about your friends and family, | | | | |

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| other than [sample person], please indicate the extent to which you agree or disagree with the following statements: | | | |
| a. There is really no one who understands what you are going through. CGE_13_A Col. 9563 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| b. The people close to you let you know that they care about you. CGE_13_B Col. 9564 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| c. You have a friend or relative in whose opinion you have confidence. CGE_13_C Col. 9565 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| d. You have someone whom you feel you can trust. CGE_13_D Col. 9566 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| e. You have people around you who help you to keep your spirits up. CGE_13_E Col. 9567 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| f. There are people in your life who make you feel good about yourself. CGE_13_F Col. 9568 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| g. You have at least one friend or relative you can really confide in. CGE_13_G Col. 9569 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| h. You have at least one friend or relative you want to be with when you are feeling down or discouraged. CGE_13_H Col. 9570 Char 1 | 1 2 3 4 | <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree | |
| 14. Here are some things that some people do when they are under stress from caregiving. How often do you do them? | | | |
| a. Spend time alone. CGE_14_A Col. 9571 Char 1 | 1 2 3 4 | <input type="checkbox"/> Never <input type="checkbox"/> Once in a while <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often | |
| b. Eat CGE_14_B Col. 9572 Char 1 | 1 2 3 4 | <input type="checkbox"/> Never <input type="checkbox"/> Once in a while <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often | |
| c. Take some medications to calm yourself CGE_14_C Col. 9573 Char 1 | 1 2 3 4 | <input type="checkbox"/> Never <input type="checkbox"/> Once in a while <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often | |
| d. Drink some alcohol CGE_14_D Col. 9574 Char 1 | 1 2 3 4 | <input type="checkbox"/> Never <input type="checkbox"/> Once in a while <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often | |
| e. Prayer/Meditation spirits up. CGE_14_E Col. 9575 Char 1 | 1 2 3 4 | <input type="checkbox"/> Never <input type="checkbox"/> Once in a while <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often | |
| f. Talk with friends or relatives | 1 | <input type="checkbox"/> Never | |

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| CGE_14_F | Col. 9576 | Char 1 | 2 | <input type="checkbox"/> | Once in a while |
| | | | 3 | <input type="checkbox"/> | Fairly often |
| | | | 4 | <input type="checkbox"/> | Very often |
| g. Spend time on exercise or hobbies | | | 1 | <input type="checkbox"/> | Never |
| CGE_14_G | Col. 9577 | Char 1 | 2 | <input type="checkbox"/> | Once in a while |
| | | | 3 | <input type="checkbox"/> | Fairly often |
| | | | 4 | <input type="checkbox"/> | Very often |
| h. Smoke | | | 1 | <input type="checkbox"/> | Never |
| CGE_14_H | Col. 9578 | Char 1 | 2 | <input type="checkbox"/> | Once in a while |
| | | | 3 | <input type="checkbox"/> | Fairly often |
| | | | 4 | <input type="checkbox"/> | Very often |
| i. Watch TV | | | 1 | <input type="checkbox"/> | Never |
| CGE_14_I | Col. 9579 | Char 1 | 2 | <input type="checkbox"/> | Once in a while |
| | | | 3 | <input type="checkbox"/> | Fairly often |
| | | | 4 | <input type="checkbox"/> | Very often |
| j. Read | | | 1 | <input type="checkbox"/> | Never |
| CGE_14_J | Col. 9580 | Char 1 | 2 | <input type="checkbox"/> | Once in a while |
| | | | 3 | <input type="checkbox"/> | Fairly often |
| | | | 4 | <input type="checkbox"/> | Very often |
| k. Get help from a counselor or other professional | | | 1 | <input type="checkbox"/> | Never |
| CGE_14_K | Col. 9581 | Char 1 | 2 | <input type="checkbox"/> | Once in a while |
| | | | 3 | <input type="checkbox"/> | Fairly often |
| | | | 4 | <input type="checkbox"/> | Very often |
| l. Other - Code CGE_14_L and explain in CGE_14_S below. | | | 1 | <input type="checkbox"/> | Never |
| CGE_14_L | Col. 9582 | Char 1 | 2 | <input type="checkbox"/> | Once in a while |
| CGE_14_S | Col. 9583 | Char 30 | 3 | <input type="checkbox"/> | Fairly often |
| | | | 4 | <input type="checkbox"/> | Very often |
| 15. There may be or may have been other ways in which providing care to [sample person] affects your life. As a caregiver, have you had: | | | | | |
| a. Less time for other family members than before? | | | 1 | <input type="checkbox"/> | Yes |
| CGE_15_A | Col. 9613 | Char 1 | 2 | <input type="checkbox"/> | No |
| b. To give up vacations, hobbies, or your own activities? | | | 1 | <input type="checkbox"/> | Yes |
| CGE_15_B | Col. 9614 | Char 1 | 2 | <input type="checkbox"/> | No |
| END CGE | | | | | |
| Set End Time | | | 0-23 | | |
| END_CGE | Col. 9615 | Char 4 | 0-59 | <input type="checkbox"/> | HHMM |
| Subtract CGE start time from CGE end time | | | 0000- | | |
| CUML_CGE | Col. 9619 | Char 4 | 9999 | <input type="checkbox"/> | Minutes |
| Section D - CAREGIVER'S LIVING SITUATION | | | | | |
| Set Start Time | | | 0-59 | <input type="checkbox"/> | HHMM |
| START_29 | Col. 9623 | Char 4 | | | |
| CHECK RELATIONSHIP | | | | | |
| Refer to CGREL. Is relationship 'spouse'? | | | 1 | <input type="checkbox"/> | Yes - SKIP to 7a |
| CLS_CK1 | Col. 9627 | Char 1 | 2 | <input type="checkbox"/> | No |
| CHECK HH MEM | | | | | |
| Refer to CGHOME. Does caregiver live with sample person? | | | 1 | <input type="checkbox"/> | Yes |
| CLS_CK2 | Col. 9628 | Char 1 | 2 | <input type="checkbox"/> | No - SKIP to 3 |
| 1. a. Did you and [sample person] live together before [he/she] needed your care? | | | 1 | <input type="checkbox"/> | Yes - SKIP to 7a |
| CLS_1A | Col. 9629 | Char 1 | 2 | <input type="checkbox"/> | No |
| b. Before you began living together, did you live less than 1 mile away, between 1 and 10 miles away, 10 and 50 miles away, between 50 and 100 miles way, between 100 and 500 miles away, or more than 500 miles away? | | | 1 | <input type="checkbox"/> | Less than 1 mile away |
| | | | 2 | <input type="checkbox"/> | Between 1 and 10 miles away |
| | | | 3 | <input type="checkbox"/> | Between 10 and 50 miles away |
| | | | 4 | <input type="checkbox"/> | Between 50 and 100 miles away |
| CLS_1B | Col. 9630 | Char 1 | 5 | <input type="checkbox"/> | Between 100 and 500 miles away |

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| | | 6 | <input type="checkbox"/> | More than 500 miles away |
| 2. | a. | If you didn't have to help [sample person] because of [sample person]'s disability, do you think you would still live together in the same household? CLS_2A Col. 9631 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes - SKIP to 7a <input type="checkbox"/> No <input type="checkbox"/> - SKIP to 7a |
| | b. | Would you live in the same neighborhood, in a different neighborhood but in the same city or town, or somewhere else? CLS_2B Col. 9632 Char 1 | 1 2 3 | <input type="checkbox"/> In the same neighborhood <input type="checkbox"/> In a different neighborhood but in the same city or town <input type="checkbox"/> Somewhere else } SKIP to 7a |
| 3. | | About how long does it take you to get to [sample person]'s house from where you live by the usual way? NOTE: Minutes OR Hours CLS_3_MN Col. 9633 Char 2 CLS_3_HR Col. 9635 Char 2 | 1-60 1-99 | <input type="checkbox"/> Minutes <input type="checkbox"/> Hours |
| 4. | a. | Have you ever changed your place of residence because of [sample person]'s disability? CLS_4A Col. 9637 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to CLS_5A <input type="checkbox"/> - SKIP to CLS_5A |
| | b. | Did you make that move from less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, between 50 and 100 miles away, between 100 and 500 miles away, or more than 500 miles away? CLS_4B Col. 9638 Char 1 | 1 2 3 4 5 6 | <input type="checkbox"/> Less than 1 mile away <input type="checkbox"/> Between 1 and 10 miles away <input type="checkbox"/> Between 10 and 50 miles away <input type="checkbox"/> Between 50 and 100 miles away <input type="checkbox"/> Between 100 and 500 miles away <input type="checkbox"/> More than 500 miles away |
| 5. | a. | Has [sample person] ever changed [his/her] place of residence to live closer to you because of [his/her] disability? CLS_5A Col. 9639 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 6a <input type="checkbox"/> - SKIP to 6a |
| | b. | Did [sample person] make that move from less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, between 50 and 100 miles away, between 100 and 500 miles away, or more than 500 miles away? CLS_5B Col. 9640 Char 1 | 1 2 3 4 5 6 | <input type="checkbox"/> Less than 1 mile away <input type="checkbox"/> Between 1 and 10 miles away <input type="checkbox"/> Between 10 and 50 miles away <input type="checkbox"/> Between 50 and 100 miles away <input type="checkbox"/> Between 100 and 500 miles away <input type="checkbox"/> More than 500 miles away |
| [Note: Letter c not used.] | | | | |
| | d. | Did [sample person] move mainly so that it would be more convenient for you to take care of [him/her]? CLS_5D Col. 9641 Char 1 | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | a. | Have you ever wanted to change your place of residence but did not because you needed to live close to [sample person] because of [sample person]'s disability? CLS_6A Col. 9642 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 7a <input type="checkbox"/> - SKIP to 7a |
| | b. | Would you have liked to live in a different neighborhood in the same city or town, or somewhere else? CLS_6B Col. 9643 Char 1 | 1 2 | <input type="checkbox"/> Different neighborhood <input type="checkbox"/> Somewhere else |
| 7. | | Often, a person you take care of can be helpful to you. I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [sample person] has been helpful to you in that way. | | |
| | a. | Helping with household chores CLS_7_1 Col. 9644 Char 1 | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b. | Helping with babysitting CLS_7_2 Col. 9645 Char 1 | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c. | Buying things for me or giving me money CLS_7_3 Col. 9646 Char 1 | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | d. | Keeping me company CLS_7_4 Col. 9647 Char 1 | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | e. | Making me feel useful and needed CLS_7_5 Col. 9648 Char 1 | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| f. Another way - Specify CLS_7_6 Col. 9649 Char 1 | 1 2 | <input type="checkbox"/> Yes - Specify in CLS_7_S below <input type="checkbox"/> No |
| | | CLS_7_S Col. 9650 Char 40 |
| END CLS Set End Time END_CLS Col. 9690 Char 4 | 0-23 0-59 | <input type="checkbox"/> HHMM |
| Subtract CLS start time from CLS end time CUML_CLS Col. 9694 Char 4 | 0000- 9999 | <input type="checkbox"/> Minutes |
| Section E - CAREGIVER'S WORK SITUATION | | |
| Set Start Time START_30 Col. 9698 Char 4 | | |
| 1. a. How long ago did you start taking care of [sample person] because of [sample person]'s disability? CWS_1A Col. 9702 Char 1 | 1 2 3 4 5 6 7 8 | <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months - less than 6 months <input type="checkbox"/> 6 months - less than 1 year <input type="checkbox"/> 1 year - less than 2 years <input type="checkbox"/> 2 years - less than 4 years <input type="checkbox"/> 4 years - less than 7 years <input type="checkbox"/> 7 years - less than 10 years <input type="checkbox"/> 10 years or more |
| b. Do you provide more care, less care, or the same amount of care now as you did then? CWS_1B Col. 9703 Char 1 | 1 2 3 D,R | <input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Same - SKIP to 2a <input type="checkbox"/> - SKIP to 2a |
| c. How long ago did you start taking care of [sample person] as much as you do now? CWS_1C Col. 9704 Char 1 | 1 2 3 4 5 6 7 8 | <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months - less than 6 months <input type="checkbox"/> 6 months - less than 1 year <input type="checkbox"/> 1 year - less than 2 years <input type="checkbox"/> 2 years - less than 4 years <input type="checkbox"/> 4 years - less than 7 years <input type="checkbox"/> 7 years - less than 10 years <input type="checkbox"/> 10 years or more |
| 2. We are interested in knowing more about the kinds of people who give care. The next few questions are about you. | | |
| a. How old are you? CWS_2 Col. 9705 Char 2 | 15-99 D, R | <input type="checkbox"/> YY |
| b. What is your current marital status? CWS_2B Col. 9707 Char 1 | 1 2 3 4 5 6 | <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Partnered, not married |
| c. INTERVIEWER: IS CAREGIVER MALE OR FEMALE? CWS_2C Col. 9708 Char 1 | 1 2 | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 3. a. Are you currently working for pay at a job or business? CWS_3A Col. 9709 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 4a <input type="checkbox"/> - SKIP to 4a |
| b. How many hours per week do you usually work? CWS_3B Col. 9710 Char 3 | 1-34 35-160 | <input type="checkbox"/> Hours <input type="checkbox"/> Hours - SKIP to 5a |
| c. Are you working fewer hours than you would like to because you help [sample person]? CWS_3C Col. 9713 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes - SKIP to 6a <input type="checkbox"/> No - SKIP to 5a <input type="checkbox"/> - SKIP to 5a |
| 4. a. Have you ever worked at a job for pay? CWS_4A Col. 9714 Char 1 | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 10 <input type="checkbox"/> - SKIP to 10 |
| b. How long ago did you stop working at your last job? CWS_4B Col. 9715 Char 1 | 1 2 3 | <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months - less than 6 months <input type="checkbox"/> 6 months - less than 1 year |

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| | 4 | <input type="checkbox"/> | 1 year - less than 2 years |
| | 5 | <input type="checkbox"/> | 2 years - less than 4 years |
| | 6 | <input type="checkbox"/> | 4 years - less than 7 years |
| | 7 | <input type="checkbox"/> | 7 years - less than 10 years |
| | 8 | <input type="checkbox"/> | 10 years or more |
| c. What was the MAIN reason you stopped working at that job? CWS_4C_1 Col. 9716 Char 1 | 1 | <input type="checkbox"/> | Retired |
| | 2 | <input type="checkbox"/> | Ill/disabled |
| | 3 | <input type="checkbox"/> | Had to take care of [sample person] |
| | 4 | <input type="checkbox"/> | Wanted to take care of home/family (other than sample person) |
| | 5 | <input type="checkbox"/> | Fired/Laid off |
| | 6 | <input type="checkbox"/> | Went (back) to school |
| | 7 | <input type="checkbox"/> | Other - Specify in CWS_4C_S below |
| | D,R | <input type="checkbox"/> | CWS_4C_S Col. Char 40 (blank) |
| | | } SKIP to CWS_CK2 | |
| d. Would you have continued working longer if you were not taking care of [sample person]? CWS_4D Col. 9717 Char 1 | 1 | <input type="checkbox"/> | Yes |
| | 2 | <input type="checkbox"/> | No |
| CWS_CK2 [Refer to 4b and 1a] Did caregiver stop working BEFORE he/she began caring for sample person? CWS_CK2 Col. 9718 Char 1 | 1 | <input type="checkbox"/> | Yes - SKIP to 9a |
| | 2 | <input type="checkbox"/> | No |
| 5. a. Have you ever worked fewer hours a week at a job than you wanted to because you were taking care of [sample person]? CWS_5A Col. 9719 Char 1 | 1 | <input type="checkbox"/> | Yes |
| | 2 | <input type="checkbox"/> | No - SKIP to 6a |
| | D,R | <input type="checkbox"/> | - SKIP to 6a |
| b. How long ago did this happen (the last time)? CWS_5B Col. 9720 Char 1 | 1 | <input type="checkbox"/> | Less than 3 months |
| | 2 | <input type="checkbox"/> | 3 months - less than 6 months |
| | 3 | <input type="checkbox"/> | 6 months - less than 1 year |
| | 4 | <input type="checkbox"/> | 1 year - less than 2 years |
| | 5 | <input type="checkbox"/> | 2 years - less than 4 years |
| | 6 | <input type="checkbox"/> | 4 years - less than 7 years |
| | 7 | <input type="checkbox"/> | 7 years - less than 10 years |
| | 8 | <input type="checkbox"/> | 10 years or more |
| 6. a. Have you ever had to rearrange your schedule at a job because you had to take care of [sample person]? CWS_6A Col. 9721 Char 1 | 1 | <input type="checkbox"/> | Yes |
| | 2 | <input type="checkbox"/> | No - SKIP to 7a |
| | D,R | <input type="checkbox"/> | - SKIP to 7a |
| b. How long ago did this happen (the last time)? CWS_6B Col. 9722 Char 1 | 1 | <input type="checkbox"/> | Less than 3 months |
| | 2 | <input type="checkbox"/> | 3 months - less than 6 months |
| | 3 | <input type="checkbox"/> | 6 months - less than 1 year |
| | 4 | <input type="checkbox"/> | 1 year - less than 2 years |
| | 5 | <input type="checkbox"/> | 2 years - less than 4 years |
| | 6 | <input type="checkbox"/> | 4 years - less than 7 years |
| | 7 | <input type="checkbox"/> | 7 years - less than 10 years |
| | 8 | <input type="checkbox"/> | 10 years or more |
| 7. a. (Besides what you have already told me) Have you ever had to take time off without pay from a job because you had to take care of [sample person]? CWS_7A Col. 9723 Char 1 | 1 | <input type="checkbox"/> | Yes |
| | 2 | <input type="checkbox"/> | No - SKIP to 8a |
| | D,R | <input type="checkbox"/> | - SKIP to 8a |
| b. How long ago did this happen (the last time)? CWS_7B Col. 9724 Char 1 | 1 | <input type="checkbox"/> | Less than 3 months |
| | 2 | <input type="checkbox"/> | 3 months - less than 6 months |
| | 3 | <input type="checkbox"/> | 6 months - less than 1 year |
| | 4 | <input type="checkbox"/> | 1 year - less than 2 years |
| | 5 | <input type="checkbox"/> | 2 years - less than 4 years |
| | 6 | <input type="checkbox"/> | 4 years - less than 7 years |
| | 7 | <input type="checkbox"/> | 7 years - less than 10 years |
| | 8 | <input type="checkbox"/> | 10 years or more |

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| <p>c. How long were you off from work without pay (the last time)?</p> <p>Number: CWS_7C_N Col. 9725 Char 2</p> <p>Units: CWS_7C_U Col. 9727 Char 1</p> | <p>0-99 <input type="checkbox"/> Amount</p> <p>1 <input type="checkbox"/> Hours</p> <p>2 <input type="checkbox"/> Days</p> <p>3 <input type="checkbox"/> Weeks</p> <p>4 <input type="checkbox"/> Months</p> |
| <p>8. a. Have you ever had to quit a job because you were taking care of [sample person]?</p> <p>CWS_8A Col. 9728 Char 1</p> | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to 9a</p> <p>D,R - SKIP to 9a</p> |
| <p>b. How long ago did this happen (the last time)?</p> <p>CWS_8B Col. 9729 Char 1</p> | <p>1 <input type="checkbox"/> Less than 3 months</p> <p>2 <input type="checkbox"/> 3 months - less than 6 months</p> <p>3 <input type="checkbox"/> 6 months - less than 1 year</p> <p>4 <input type="checkbox"/> 1 year - less than 2 years</p> <p>5 <input type="checkbox"/> 2 years - less than 4 years</p> <p>6 <input type="checkbox"/> 4 years - less than 7 years</p> <p>7 <input type="checkbox"/> 7 years - less than 10 years</p> <p>8 <input type="checkbox"/> 10 years or more</p> |
| <p>9. a. For whom do or did you work?</p> <p>CWS_9A</p> | <p><input type="checkbox"/> Blank</p> |
| <p>b. What kind of business is this or was this?</p> <p>CWS_9B Col. 9730 Char 50</p> | <p><input type="checkbox"/> Kind of business</p> |
| <p>c. What kind of work are or were you doing?</p> <p>CWS_9C Col. 9780 Char 50</p> | <p><input type="checkbox"/> Kind of work</p> |
| <p>d. What are or were your most important duties?</p> <p>CWS_9D Col. 9830 Char 90</p> | <p><input type="checkbox"/> Most important duties</p> |
| <p>e. Are you or were you:</p> <p>CWS_9E Col. 9920 Char 1</p> | <p>1 <input type="checkbox"/> An employee of a PRIVATE company, business, or individual for wages, salary, or commission? - SKIP to 9g</p> <p>2 <input type="checkbox"/> A FEDERAL government employee? - SKIP to 10 CWS_10</p> <p>3 <input type="checkbox"/> A STATE government employee?--SKIP to 10</p> <p>4 <input type="checkbox"/> A LOCAL government employee?--SKIP to 10</p> <p>5 <input type="checkbox"/> Self-employed in your OWN business, professional practice or farm?</p> <p>D,R <input type="checkbox"/> SKIP to 10</p> |
| <p>f. Is this business incorporated?</p> <p>CWS_9F Col. 9921 Char 1</p> | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } SKIP to 10</p> <p>D,R</p> |
| <p>g. Is this or was this a nonprofit organization?</p> <p>CWS_9G Col. 9922 Char 1</p> | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> |
| <p>10. Has taking care of [sample person] ever kept you from looking for a job?</p> <p>CWS_10 Col. 9923 Char 1</p> | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> |
| <p>11. a. Have you ever had to turn down a job because you were taking care of [sample person]?</p> <p>CWS_11A Col. 9924 Char 1</p> | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to CWS_CK3</p> <p>D,R - SKIP to CWS_CK3</p> |
| <p>b. How long ago did this happen (the last time)?</p> <p>CWS_11B Col. 9925 Char 1</p> | <p>1 <input type="checkbox"/> Less than 3 months</p> <p>2 <input type="checkbox"/> 3 months - less than 6 months</p> <p>3 <input type="checkbox"/> 6 months - less than 1 year</p> <p>4 <input type="checkbox"/> 1 year - less than 2 years</p> <p>5 <input type="checkbox"/> 2 years - less than 4 years</p> <p>6 <input type="checkbox"/> 4 years - less than 7 years</p> <p>7 <input type="checkbox"/> 7 years - less than 10 years</p> <p>8 <input type="checkbox"/> 10 years or more</p> |

CWS_CK3

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| [Refer to 3a, 4a, and 4b] | | | |
| Is caregiver currently or did caregiver ever have to work and take care of the sample person at the same time? | 1 | <input type="checkbox"/> Yes | |
| CWS CK3 Col. 9926 Char 1 | 2 | <input type="checkbox"/> No - SKIP to CWS CK4 | |
| 12. In your experience as both a worker and caregiver, did you ever . . . | | | |
| a. Have to go from working full time to part-time? | 1 | <input type="checkbox"/> Yes | |
| CWS 12_1 Col. 9927 Char 1 | 2 | <input type="checkbox"/> No | |
| b. Have to take a less demanding job? | 1 | <input type="checkbox"/> Yes | |
| CWS 12_2 Col. 9928 Char 1 | 2 | <input type="checkbox"/> No | |
| c. Have to turn down a promotion? | 1 | <input type="checkbox"/> Yes | |
| CWS 12_3 Col. 9929 Char 1 | 2 | <input type="checkbox"/> No | |
| d. Choose early retirement? | 1 | <input type="checkbox"/> Yes | |
| CWS 12_4 Col. 9930 Char 1 | 2 | <input type="checkbox"/> No | |
| e. Lose any job? | 1 | <input type="checkbox"/> Yes | |
| CWS 12_5 Col. 9931 Char 1 | 2 | <input type="checkbox"/> No | |
| CWS CK4 | | | |
| [Refer to 3a] | | | |
| Is caregiver currently working? | 1 | <input type="checkbox"/> Yes | |
| CWS CK4 Col. 9932 Char 1 | 2 | <input type="checkbox"/> No - SKIP to END CWS | |
| f. How would you rate your employer's attitude toward the demands of your caregiving: Would you say they were very understanding, somewhat understanding, or not very understanding? | 1 | <input type="checkbox"/> Not very understanding | |
| CWS 12B Col. 9933 Char 1 | 2 | <input type="checkbox"/> Somewhat understanding | |
| | 3 | <input type="checkbox"/> Very understanding | |
| | 4 | <input type="checkbox"/> They were not aware of it | |
| 13. From your own personal experience, how much do you agree or disagree with the following statements about your present work situation? In the last 2 months or so: | | | |
| a. You have had less energy for your work. | 1 | <input type="checkbox"/> Strongly disagree | |
| CWS 13_1 Col. 9934 Char 1 | 2 | <input type="checkbox"/> Disagree | |
| | 3 | <input type="checkbox"/> Agree | |
| | 4 | <input type="checkbox"/> Strongly Agree | |
| b. You have missed too many days. | 1 | <input type="checkbox"/> Strongly disagree | |
| CWS 13_2 Col. 9935 Char 1 | 2 | <input type="checkbox"/> Disagree | |
| | 3 | <input type="checkbox"/> Agree | |
| | 4 | <input type="checkbox"/> Strongly Agree | |
| c. You have been dissatisfied with the quality of your work. | 1 | <input type="checkbox"/> Strongly disagree | |
| CWS 13_3 Col. 9936 Char 1 | 2 | <input type="checkbox"/> Disagree | |
| | 3 | <input type="checkbox"/> Agree | |
| | 4 | <input type="checkbox"/> Strongly Agree | |
| d. You worry about [sample person] while you are at work. | 1 | <input type="checkbox"/> Strongly disagree | |
| CWS 13_4 Col. 9937 Char 1 | 2 | <input type="checkbox"/> Disagree | |
| | 3 | <input type="checkbox"/> Agree | |
| | 4 | <input type="checkbox"/> Strongly Agree | |
| e. Phone calls about or from [sample person] interrupt you at work. | 1 | <input type="checkbox"/> Strongly disagree | |
| CWS 13_5 Col. 9938 Char 1 | 2 | <input type="checkbox"/> Disagree | |
| | 3 | <input type="checkbox"/> Agree | |
| | 4 | <input type="checkbox"/> Strongly Agree | |
| END CWS | | | |
| Set End Time | 0-23 | | |
| END_CWS Col. 9939 Char 4 | 0-59 | <input type="checkbox"/> HHMM | |
| Subtract CWS start time from CWS end time | 0000- | | |
| CUML_CWS Col. 9943 Char 4 | 9999 | <input type="checkbox"/> Minutes | |
| Section F - GENERAL INFORMATION ON CAREGIVER | | | |
| Set Start Date and Start Time | | | |
| Time: | | | |
| START_31 Col. 9947 Char 4 | | | |

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| <p>1. The next questions are about your health. Since we are talking to a wide variety of people, some of the questions may not seem to apply to you. Even so, it is important that we have complete answers from everyone.</p> <p>a. Compared to other people your age, would you say your health, in general, is excellent, good, fair, or poor? GIC_1A Col. 9951 Char 1</p> | <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor</p> |
| <p>b. Do you usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows OR does someone usually help you do heavy work around the house because of a disability or health problem (including old age)? GIC_HVW Col. 9952 Char 1</p> | <p>1 <input type="checkbox"/> Yes-can do heavy work around the house 2 <input type="checkbox"/> No-someone helps because of a disability or health problem</p> |
| <p>c. Do you usually do light work around the house such as straightening up, putting things away, or washing dishes OR does someone usually help you do light work around the house because of a disability or health problem (including old age)? GIC_LTW Col. 9953 Char 1</p> | <p>1 <input type="checkbox"/> Yes-can do light work around the house 2 <input type="checkbox"/> No-someone helps because of a disability or health problem</p> |
| <p>d. Do you usually do your own laundry OR does someone usually help you do your own laundry because of a disability or health problem (including old age)? GIC_LND Col. 9954 Char 1</p> | <p>1 <input type="checkbox"/> Yes-can do own laundry 2 <input type="checkbox"/> No-someone helps do laundry because of a disability or health problem</p> |
| <p>e. Do you usually prepare your own meals OR does someone usually help you prepare your own meals because of a disability or health problem (including old age)? GIC_MLS Col. 9955 Char 1</p> | <p>1 <input type="checkbox"/> Yes-can prepare own meals 2 <input type="checkbox"/> No-someone helps prepare meals because of a disability or health problem</p> |
| <p>f. Do you usually shop for groceries, that is, go to the store, select the items, and get them home OR does someone usually help you shop for groceries or do it for you because of a disability or health problem (including old age)? GIC_SHP Col. 9956 Char 1</p> | <p>1 <input type="checkbox"/> Yes-can shop for groceries 2 <input type="checkbox"/> No-someone helps shop for groceries because of a disability or health problem</p> |
| <p>g. When you go outside, does someone usually help you get around because of a disability or health problem? GIC_OUTA Col. 9957 Char 1</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> |
| <p>h. When you go outside, do you use special equipment like a cane or walker or a guide dog to help you get around because of a disability or health problem? GIC_OUTB Col. 9958 Char 1</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> |
| <p>i. How do you USUALLY go places outside of walking distance? GIC_WLK1 Col. 9959 Char 1</p> | <p>1 <input type="checkbox"/> Car 2 <input type="checkbox"/> Van 3 <input type="checkbox"/> Taxi 4 <input type="checkbox"/> Bus 5 <input type="checkbox"/> Other public transportation 6 <input type="checkbox"/> Other - Specify in GIC_WLK2 below 7 <input type="checkbox"/> Does not travel at all - SKIP to k GIC_WLK2 Col. 9960 Char 60</p> |
| <p>j. Does someone usually help you go places outside of walking distance because of a disability or health problem? GIC_WLK3 Col. 10020 Char 1</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> |
| <p>k. Do you usually manage your own money by yourself including things like keeping track of bills or handling cash or does someone help you manage your own money because of a disability or health problem (including old age)? GIC_MON Col. 10021 Char 1</p> | <p>1 <input type="checkbox"/> Yes-manage own money 2 <input type="checkbox"/> No-someone helps manage money because of a disability or health problem</p> |
| <p>l. Does someone usually help you take your medicine because of a disability or health problem?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> |

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| GIC_MED Col. 10022 Char 1 | 3 | <input type="checkbox"/> Does not take medicine at all |
| m. Do you usually make your own telephone calls without the help of another person or does someone usually help you make your own telephone calls because of a disability or health problem (including old age)? | 1 2 | <input type="checkbox"/> Yes-can make own telephone calls <input type="checkbox"/> No-someone helps make calls because of a disability or health problem |
| GIC_TEL Col. 10023 Char 1 | | |
| GIC_CKHP [Refer to GIC_HVW, GIC_LTW, GIC_LND, GIC_MLS, GIC_SHP, GIC_OUTA, GIC_OUTB, GIC_WLKB, GIC_MON, GIC_TEL] Is caregiver disabled on any of these activities? | 1 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to GIC_CK1 |
| GIC_CKHP Col. 10024 Char 1 | | |
| 2. You said that health or age has kept you from doing: [GIC_HVW, GIC_LTW, GIC_LND, GIC_MLS, GIC_SHP, GIC_OUTA, GIC_OUTB, GIC_WLK3, GIC_MON, GIC_TEL]? About how long has your health or age kept you from doing this? INTERVIEWER: Probe as necessary, code for longest | 1 2 3 4 5 | <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to less than 6 months <input type="checkbox"/> 6 months to less than 1 year <input type="checkbox"/> 1 year to less than 5 years <input type="checkbox"/> 5 years or over |
| GIC_IDL1 Col. 10025 Char 1 | | |
| 3. What health conditions, either mental or physical, cause you to have trouble [as indicated by one or more of your answers to GIC_HVW, GIC_LTW, GIC_LND, GIC_MLS, GIC_SHP, GIC_OUTA, GIC_OUTB, GIC_WLK3, GIC_MON, GIC_TEL]? INTERVIEWER: Probe for specific condition. Enter verbatim response with each new condition on a separate line. Re-ask until no more conditions named. ENTER N FOR NO OTHER CONDITIONS | N,D,R | <input type="checkbox"/> Allow up to 50 characters <input type="checkbox"/> |
| GIC_ID01 Col. 10026 Char 50 GIC_ID02 Col. 10076 Char 50 GIC_ID03 Col. 10126 Char 50 GIC_ID04 Col. 10176 Char 50 GIC_ID05 Col. 10226 Char 50 GIC_ID06 Col. 10276 Char 50 GIC_ID07 Col. 10326 Char 50 GIC_ID08 Col. 10376 Char 50 GIC_ID09 Col. 10426 Char 50 GIC_ID10 Col. 10476 Char 50 | | |
| GIC_CK13 If only one condition is listed in 2b, SKIP to GIC_CK1 | | |
| 4. What is the MAIN condition: | 1-10 | <input type="checkbox"/> Condition number from 3 above. |
| GIC_ID11 Col. 10526 Char 2 | | |
| GIC_CK1 [Refer to CGHOME] Is caregiver a member of sample person's household? | 1 2 | <input type="checkbox"/> Yes - Set OUTCOME='201' and SKIP to Control Card FINISH <input type="checkbox"/> No |
| GIC_CK1 Col. 10528 Char 1 | | OUTCOME Col. Char 3 |
| 5. Other than yourself, is there anyone else currently living or staying in your home? | 1 2 D,R | <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 12a <input type="checkbox"/> - SKIP to 12a |
| GIC_HHME Col. 10529 Char 1 | | |
| CREATE FAMILY ROSTER | | |
| 6. Please give me the name of the person(s) currently living or staying in your home. MEMNAM1 - MEMNAM20 | | <input type="checkbox"/> blank |
| 7. What is [MEMNAMxx]'s relationship to you? | 2 3 4 | <input type="checkbox"/> Spouse <input type="checkbox"/> Son/daughter <input type="checkbox"/> Son-in-law/daughter-in-law |
| GICREL1 - Col. 10530 20 * Char 2 GICREL20 | | |

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| | | 5 | <input type="checkbox"/> | Parent |
| | | 6 | <input type="checkbox"/> | Parent-in-law |
| | | 7 | <input type="checkbox"/> | Brother/sister |
| | | 8 | <input type="checkbox"/> | Brother-in-law/sister-in-law |
| | | 9 | <input type="checkbox"/> | Grandchild |
| | | 10 | <input type="checkbox"/> | Other relative |
| | | 11 | <input type="checkbox"/> | Employee |
| | | 12 | <input type="checkbox"/> | Other non-relative |
| 8. | Is [MEMNAMxx] male or female? INTERVIEWER: FILL WITHOUT ASKING IF APPARENT BY OBSERVATION GICSEX1 - Col. 10570 20 * Char 1 GICSEX20 | 1 | <input type="checkbox"/> | Male |
| | | 2 | <input type="checkbox"/> | Female |
| 9. | How old is [MEMNAMxx] as of today? INTERVIEWER: IF LESS THAN 1 YEAR OLD, ENTER 1 GICAGE1 - Col. 10590 20 * Char 3 GICAGE20 | 1-110 | <input type="checkbox"/> | Years |
| 10. | Is [MEMNAMxx] now: GIC_MS1 - Col.10650 20 * Char 1 GIC_MS20 | 1 | <input type="checkbox"/> | Married |
| | | 2 | <input type="checkbox"/> | Widowed |
| | | 3 | <input type="checkbox"/> | Divorced |
| | | 4 | <input type="checkbox"/> | Separated |
| | | 5 | <input type="checkbox"/> | Never married |
| | | 6 | <input type="checkbox"/> | Partnered/not married |
| 11. | Is there anyone else who is currently living or staying with you? GICMOR1 - Col. 10670 20 * Char 1 GICMOR20 | 1 | <input type="checkbox"/> | Yes - Return to 6 |
| | | 2 | <input type="checkbox"/> | No |
| Close family roster | | | | |
| 12. a. | During [previous month], did you or any members of your family who live here receive Social Security benefits or Railroad Retirement benefits? GIC_12A Col. 10690 Char 1 | 1 | <input type="checkbox"/> | Yes |
| | | 2 | <input type="checkbox"/> | No - SKIP to 13a |
| | | D,R | <input type="checkbox"/> | - SKIP to 13a |
| b. | How much did you [and all members of the family] receive in [previous month]? GIC_12B Col. 10691 Char 4 | 1 - 5001 | <input type="checkbox"/> | Dollars - SKIP to 13a |
| | | D,R | <input type="checkbox"/> | |
| c. | Which category would you say best represents the amount that you [and all members of the family] received in [previous month]? GIC_12C Col. 10695 Char 2 | 1 | <input type="checkbox"/> | Under \$200 |
| | | 2 | <input type="checkbox"/> | \$200 - \$399 |
| | | 3 | <input type="checkbox"/> | \$400 - \$599 |
| | | 4 | <input type="checkbox"/> | \$600 - \$799 |
| | | 5 | <input type="checkbox"/> | \$800 - \$999 |
| | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | 10 | <input type="checkbox"/> | Over \$4000 |
| 13. a. | During [previous month], did you or any members of your family who live here receive any other retirement, pension, or annuity income? GIC_13A Col. 10697 Char 1 | 1 | <input type="checkbox"/> | Yes |
| | | 2 | <input type="checkbox"/> | No - SKIP to 14a |
| | | D,R | <input type="checkbox"/> | - SKIP to 14a |
| b. | How much did you [and all members of the family] receive in [previous month]? GIC_13B Col. 10698 Char 4 | 1 - 5001 | <input type="checkbox"/> | Dollars - SKIP to 14a |
| | | D,R | <input type="checkbox"/> | |
| c. | Which category would you say best represents the amount that you [and all members of the family] received in [previous month]? GIC_13C Col. 10702 Char 2 | 1 | <input type="checkbox"/> | Under \$200 |
| | | 2 | <input type="checkbox"/> | \$200 - \$399 |
| | | 3 | <input type="checkbox"/> | \$400 - \$599 |
| | | 4 | <input type="checkbox"/> | \$600 - \$799 |
| | | 5 | <input type="checkbox"/> | \$800 - \$999 |

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| | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | 10 | <input type="checkbox"/> | Over \$4000 |
| 14. a. | During the last month, that is, in the month of [previous month], did you [or any members of your family who live here] receive Supplemental Security Income, that is, SSI payments? These can come from either the Federal government or the State government. GIC_14A Col. 10704 Char 1 | 1 2 D,R | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yes No - SKIP to 17a - SKIP to 17a |
| b. | How much did you [and all members of the family] receive in [previous month]? GIC_14B Col. 10705 Char 4 | 1 - 5001 D,R | <input type="checkbox"/> <input type="checkbox"/> | Dollars - SKIP to 17a |
| c. | Which category would you say best represents the amount that you [and all members of the family] received in [previous month]? GIC_14C Col. 10709 Char 2 | 1 2 3 4 5 6 7 8 9 10 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Under \$200 \$200 - \$399 \$400 - \$599 \$600 - \$799 \$800 - \$999 \$1000 - \$1499 \$1500 - \$1999 \$2000 - \$2999 \$3000 - \$3999 Over \$4000 |
| (Note: Numbers 15 and 16 are not used) | | | | |
| 17. a. | During [previous month], did you [or any members of your family who live here] receive food stamps? GIC_17A Col. 10711 Char 1 | 1 2 D,R | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yes No - SKIP to 18a - SKIP to 18a |
| b. | What was the value of the stamps received? GIC_17B Col. 10712 Char 4 | 1 - 5000 D,R | <input type="checkbox"/> <input type="checkbox"/> | Dollars - SKIP to 18a |
| c. | Which category would you say best represents the value of the stamps received? GIC_17C Col. 10716 Char 2 | 1 2 3 4 5 6 7 8 9 10 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Under \$200 \$200 - \$399 \$400 - \$599 \$600 - \$799 \$800 - \$999 \$1000 - \$1499 \$1500 - \$1999 \$2000 - \$2999 \$3000 - \$3999 Over \$4000 |
| 18. a. | During [previous month], did you [or any members of your family who live here] receive any payments from Aid to Families with Dependent Children, sometimes called "AFDC" or "ADC," or any other welfare payments? GIC_18A Col. 10718 Char 1 | 1 2 D,R | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yes No - SKIP to 19a - SKIP to 19a |
| b. | How much did you [and all members of the family] receive in [previous month]? GIC_18B Col. 10719 Char 4 | 1 - 5000 D,R | <input type="checkbox"/> <input type="checkbox"/> | Dollars - SKIP to 19a |
| c. | Which category would you say best represents the amount that you [and all members of the family] received in [previous month]? GIC_18C Col. 10723 Char 2 | 1 2 3 4 5 6 7 8 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Under \$200 \$200 - \$399 \$400 - \$599 \$600 - \$799 \$800 - \$999 \$1000 - \$1499 \$1500 - \$1999 \$2000 - \$2999 |

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| | | 9 | <input type="checkbox"/> | \$3000 - \$3999 | |
| | | 10 | <input type="checkbox"/> | Over \$4000 | |
| 19. a. | During [previous month] did you [or any members of your family who live here] receive any (other) welfare payments? | 1 | <input type="checkbox"/> | Yes | |
| | | 2 | <input type="checkbox"/> | No - SKIP to 21a | |
| GIC_19A | Col. 10725 Char 1 | D,R | <input type="checkbox"/> | - SKIP to 21a | |
| Open Family Roster | | | | | |
| b. | Whose name was on the check? (Enter all that apply) | | <input type="checkbox"/> | X' if selected | |
| | CGFMXE01 - Col. 10726 20 * Char 1 | | | | |
| | CGFMXE20 | | | | |
| Close Family Roster | | | | | |
| c1. | How much was the check for? | 1 - | <input type="checkbox"/> | Dollars - SKIP to 19d | |
| | | 5000 | <input type="checkbox"/> | | |
| GIC_19C1 | Col. 10746 Char 4 | D,R | <input type="checkbox"/> | | |
| c2. | Which category would you say best represents the amount the check was for? | 1 | <input type="checkbox"/> | Under \$200 | |
| | | 2 | <input type="checkbox"/> | \$200 - \$399 | |
| GIC_19C2 | Col. 10750 Char 2 | 3 | <input type="checkbox"/> | \$400 - \$599 | |
| | | 4 | <input type="checkbox"/> | \$600 - \$799 | |
| | | 5 | <input type="checkbox"/> | \$800 - \$999 | |
| | | 6 | <input type="checkbox"/> | \$1000 - \$1499 | |
| | | 7 | <input type="checkbox"/> | \$1500 - \$1999 | |
| | | 8 | <input type="checkbox"/> | \$2000 - \$2999 | |
| | | 9 | <input type="checkbox"/> | \$3000 - \$3999 | |
| | | 10 | <input type="checkbox"/> | Over \$4000 | |
| Open Family Roster | | | | | |
| d. | Whom did the check cover? Anyone else? | | <input type="checkbox"/> | X' if selected | |
| | FAM_XF1 - Col. 10752 20 * Char 1 | | | | |
| | FAM_XF20 | | | | |
| Close Family Roster | | | | | |
| (Note: Number 20 is not used) | | | | | |
| 21. a. | During the last twelve months, what was the total combined income before deductions for you [and all members of your family who live with you] ? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments, and any other money income received by you [and all members of your family]. | 1 | <input type="checkbox"/> | Under \$3,000 | } SKIP to GIC_CK2 |
| | | 2 | <input type="checkbox"/> | 3,000 - 3,999 | |
| | | 3 | <input type="checkbox"/> | 4,000 - 4,999 | |
| | | 4 | <input type="checkbox"/> | 5,000 - 5,999 | |
| | | 5 | <input type="checkbox"/> | 6,000 - 6,999 | |
| | | 6 | <input type="checkbox"/> | 7,000 - 7,999 | |
| | | 7 | <input type="checkbox"/> | 8,000 - 8,999 | |
| | | 8 | <input type="checkbox"/> | 9,000 - 9,999 | |
| | | 9 | <input type="checkbox"/> | 10,000 - 11,999 | |
| | | 10 | <input type="checkbox"/> | 12,000 - 14,999 | |
| | | 11 | <input type="checkbox"/> | 15,000 - 19,999 | |
| | | 12 | <input type="checkbox"/> | 20,000 - 24,999 | |
| | | 13 | <input type="checkbox"/> | 25,000 - 29,999 | |
| | | 14 | <input type="checkbox"/> | 30,000 - 39,999 | |
| | | 15 | <input type="checkbox"/> | 40,000 - 49,999 | |
| | | 16 | <input type="checkbox"/> | 50,000 - 59,999 | |
| | | 17 | <input type="checkbox"/> | 60,000 - 69,999 | |
| | | 18 | <input type="checkbox"/> | 70,000 - 79,999 | |
| | | 19 | <input type="checkbox"/> | 80,000 - 99,999 | |
| | | 20 | <input type="checkbox"/> | 100,000 or more | |
| | | D, R | <input type="checkbox"/> | Continue | |
| a1. | Would it be \$25,000 or more? | 1 | <input type="checkbox"/> | Yes - SKIP to a4 | |
| | | 2 | <input type="checkbox"/> | No | |
| GIC_21A1 | Col. 10774 Char 1 | D,R | <input type="checkbox"/> | - SKIP to GIC_CK2 | |
| a2. | Would it be \$10,000 or more? | 1 | <input type="checkbox"/> | Yes - SKIP to GIC_CK2 | |
| | | 2 | <input type="checkbox"/> | No | |
| GIC_21A2 | Col. 10775 Char 1 | D,R | <input type="checkbox"/> | - SKIP to GIC_CK2 | |
| a3. | Would it be \$5,000 or more? | 1 | <input type="checkbox"/> | Yes | |

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| GIC_21A3 | Col. 10776 | Char 1 | 2 | <input type="checkbox"/> | No | } SKIP to GIC_CK2 |
| | | | D,R | <input type="checkbox"/> | | |
| a4. Would it be \$50,000 or more? | | | 1 | <input type="checkbox"/> | Yes | |
| GIC_21A4 | Col. 10777 | Char 1 | 2 | <input type="checkbox"/> | No - SKIP to GIC_CK2 | |
| | | | D,R | <input type="checkbox"/> | - SKIP to GIC_CK2 | |
| a5. Would it be \$75,000 or more? | | | 1 | <input type="checkbox"/> | Yes | |
| GIC_21A5 | Col. 10778 | Char 1 | 2 | <input type="checkbox"/> | No | |
| Open Family Roster | | | | | | |
| GIC_CK2 | | | | | | |
| [Refer to GICRELxx above. | | | | | | |
| Are relatives other than spouse living with the caregiver?] | | | | | | |
| If no, SKIP to 22a. If yes, continue. | | | | | | |
| 21. b. Now only consider you [and your spouse]. Which category on this card represents the total combined income before deductions during the LAST 12 months? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments, and any other money income received by you [and your spouse]. | | | 1 | <input type="checkbox"/> | Under \$3,000 | } Skip to 22a |
| | | | 2 | <input type="checkbox"/> | 3,000 - 3,999 | |
| | | | 3 | <input type="checkbox"/> | 4,000 - 4,999 | |
| | | | 4 | <input type="checkbox"/> | 5,000 - 5,999 | |
| | | | 5 | <input type="checkbox"/> | 6,000 - 6,999 | |
| | | | 6 | <input type="checkbox"/> | 7,000 - 7,999 | |
| | | | 7 | <input type="checkbox"/> | 8,000 - 8,999 | |
| | | | 8 | <input type="checkbox"/> | 9,000 - 9,999 | |
| | | | 9 | <input type="checkbox"/> | 10,000 - 11,999 | |
| | | | 10 | <input type="checkbox"/> | 12,000 - 14,999 | |
| | | | 11 | <input type="checkbox"/> | 15,000 - 19,999 | |
| | | | 12 | <input type="checkbox"/> | 20,000 - 24,999 | |
| | | | 13 | <input type="checkbox"/> | 25,000 - 29,999 | |
| | | | 14 | <input type="checkbox"/> | 30,000 - 39,999 | |
| | | | 15 | <input type="checkbox"/> | 40,000 - 49,999 | |
| | | | 16 | <input type="checkbox"/> | 50,000 - 59,999 | |
| | | | 17 | <input type="checkbox"/> | 60,000 - 69,999 | |
| | | | 18 | <input type="checkbox"/> | 70,000 - 79,999 | |
| | | | 19 | <input type="checkbox"/> | 80,000 - 99,999 | |
| | | | 20 | <input type="checkbox"/> | 100,000 or more | |
| | | | D, R | <input type="checkbox"/> | Continue | |
| b1. Would it be \$25,000 or more? | | | 1 | <input type="checkbox"/> | Yes - SKIP to b4 | |
| G1_21B1 - | Col. 10819 | 20 * Char 1 | 2 | <input type="checkbox"/> | No | |
| G1_21B20 | | | D,R | <input type="checkbox"/> | - SKIP to 22 | |
| b2. Would it be \$10,000 or more? | | | 1 | <input type="checkbox"/> | Yes - SKIP to 22 | |
| G2_21B1 - | Col. 10839 | 20 * Char 1 | 2 | <input type="checkbox"/> | No | |
| G2_21B20 | | | D,R | <input type="checkbox"/> | - SKIP to 22 | |
| b3. Would it be \$5,000 or more? | | | 1 | <input type="checkbox"/> | Yes | } SKIP to 22 |
| G3_21B1 - | Col. 10859 | 20 * Char 1 | 2 | <input type="checkbox"/> | No | |
| G3_21B20 | | | D,R | <input type="checkbox"/> | | |
| b4. Would it be \$50,000 or more? | | | 1 | <input type="checkbox"/> | Yes | |
| G4_21B1 - | Col. 10879 | 20 * Char 1 | 2 | <input type="checkbox"/> | No - SKIP to 22 | |
| G4_21B20 | | | | | | |
| b5. Would it be \$75,000 or more? | | | 1 | <input type="checkbox"/> | Yes | |
| G5_21B1 - | Col. 10899 | 20 * Char 1 | 2 | <input type="checkbox"/> | No | |
| G5_21B20 | | | | | | |
| Close Family Roster | | | | | | |
| 22. a. In [previous month], about how much of your own money have you spent taking care of [sample person]? | | | 0- | <input type="checkbox"/> | Dollars - SKIP to 23 | |
| GIC_OWN | Col. 10919 | Char 4 | 9999 | <input type="checkbox"/> | | |
| | | | D,R | <input type="checkbox"/> | | |
| b. Which category would you say best represents the amount of your own money you have spent taking care of [sample person] in [previous month]? | | | 1 | <input type="checkbox"/> | Under \$200 | |
| | | | 2 | <input type="checkbox"/> | \$200 - \$399 | |
| | | | 3 | <input type="checkbox"/> | \$400 - \$599 | |
| GIC_OWNC | Col. 10923 | Char 2 | 4 | <input type="checkbox"/> | \$600 - \$799 | |
| | | | 5 | <input type="checkbox"/> | \$800 - \$999 | |

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| | | | | |
|---|---|-----------|--------------------------|---|
| | | 6 | <input type="checkbox"/> | \$1000 - \$1499 |
| | | 7 | <input type="checkbox"/> | \$1500 - \$1999 |
| | | 8 | <input type="checkbox"/> | \$2000 - \$2999 |
| | | 9 | <input type="checkbox"/> | \$3000 - \$3999 |
| | | 10 | <input type="checkbox"/> | Over \$4000 |
| 23. | In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicare records for other health information in this study. In order to do this, we need your Social Security number. What is your Social Security number? Providing your Social Security number is optional and will not affect your benefits in any way. GIC_SOC | | <input type="checkbox"/> | Blank |
| END GIC | Set Caregiver End Date CGDAY2 Col. 10925 Char 6 | | <input type="checkbox"/> | MMDDYY |
| Set End Time | END_GIC Col. 10931 Char 4 | 0-23 | <input type="checkbox"/> | HHMM |
| Subtract GIC start time from GIC end time | CUML_GIC Col. 10935 Char 4 | 0000-9999 | | Minutes - SET OUTCOME = '201' and SKIP to Control Card FINISH |