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Positional Listing of Variables

Name	Type	Description
PERSID	CHAR	PERSON ID
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...
CGACTI01	NUM	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?
CGACTI02	NUM	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?
CGACTI03	NUM	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?
CGACTI04	NUM	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?
CGACTI05	NUM	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?
CGACTI06	NUM	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGHRWK	NUM	# HRS/WK RESPITE CARE USUALLY RECEIVE
CGINFO	NUM	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO OTHER AVAILABLE SERVICES AND RESOURCES?
CGINFOHP	NUM	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEDKD01	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
CGEDKD02	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
CGEDKD03	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
CGEDKD04	NUM	HAVE YOU ATTENDED SOMETHING ELSE?
CGSUPA	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?
CGSUPB	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?
CGSUPC	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES?

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CGSUPD	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?
CGSUPE	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?
CGSUPF	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?
CGSUPG	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?
CGMSTHLP	NUM	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?
CGHEAR	NUM	WHERE DID YOU HEAR ABOUT THE NFCSP?
CGAFECA	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?
CGAFECB	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?
CGAFECC	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?
CGAFECD	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE A CLEARER UNDERSTANDING OF HOW TO GET THE SERVICES YOU AND THE CARE RECIPIENT NEED?
CGAFECE	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?
CGAFECF	NUM	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?
CGHELP	NUM	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?
CGCARLG	NUM	HAVE THESE CAREGIVER SERVICES ENABLED YOU TO PROVIDE CARE FOR THE CARE RECIPIENT FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?
CGRATE	NUM	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?
CGRATE2	NUM	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT
CGDIFF	NUM	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CGQUIT	NUM	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?
CGINTRFR	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGINTJB	NUM	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGSRVHLP	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGPSTRN	NUM	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 THE CARE RECIPIENT IS FOR YOU?
CGEMSTRS	NUM	WHERE 1 IS "NOT AT ALL STRESSFUL" AND 5 IS "VERY STRESSFUL," HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?
CGHDSHP	NUM	OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL" AND 5 IS "A GREAT HARDSHIP," HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?

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Name	Type	Description
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGALLEV	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/STROKE
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS
CGDISBB7	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS
CGDISBB8	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)
CGDISBB9	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES)
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSWD2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?

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CGOHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?
CGOHLPE	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?
CGCARE	NUM	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?
CGOHL2	NUM	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGINF01	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?
CGINF02	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?
CGINF03	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?
CGINF04	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?
CGINF05	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?
CGINF06	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?
CGINF07	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?
CGINF08	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?
CGINF91	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?
SVCCM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?

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Name	Type	Description
CGPFDSF	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?
CGPFDSG	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?
CGPFDSH	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
CGPFDSI	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
CGPFDSJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?
CGPFDSK	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?
CGPFDSL	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?
CGPFDSM	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?
CGPFDSN	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
CGPFDSO	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?
CGPFDSP	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?
CGPFDSQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?
CGPFDSR	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??
CGPFDS S	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPF DST	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?
CGPFDSU	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFD F INC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFD F IN BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFD F OUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFD F OUC BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFD BED C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFD BED BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFD BATH C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFD BATH BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFD RES C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?
PFD RES BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFD WALK C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFD WALK BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFEATC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFEATBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWCC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLRC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFMEALC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?
PFMEALBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFCLENBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFHCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFFONEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
CGISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?
PFDRIVEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUSC	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?
PFUSBSC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFUSBSBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
CGBDAY1	NUM	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH
ADLAOA6CR	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6CR_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUSCR	NUM	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUSCR_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION

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Name	Type	Description
ADLAOA6PCR	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6PCR_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
CGMANY	NUM	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?
CGWHO01	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?
CGWHO04	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?
CGWHO05	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?
CGWHO07	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
AGEC	NUM	CAREGIVER'S AGE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGGENDER	NUM	CAREGIVER'S GENDER?
RGENDER	NUM	CARE RECIPIENT'S GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN

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Name	Type	Description
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015 ABOVE OR BELOW \$20,000?
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?
URBAN	NUM	URBAN
DIF_CR_CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50

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Positional Listing of Variables

Name	Type	Description
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64
CGOHQ1	NUM	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?
CGOHQ2	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN THE CARE RECIPIENT NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
CGOHQ301	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE COULD NOT AFFORD THE COST?
CGOHQ302	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT WANT TO SPEND THE MONEY?
CGOHQ303	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
CGOHQ304	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
CGOHQ305	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
CGOHQ306	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
CGOHQ307	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS AFRAID OF OR DOES NOT LIKE DENTISTS?
CGOHQ308	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?
CGOHQ309	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?
CGOHQ310	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGOHQ311	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT HAVE TRANSPORTATION?
CGOHQ312	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
CGOHQ4	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?
CGPMM	NUM	IN WHAT MONTH WAS THE CARE RECIPIENT BORN?
CGPDD	NUM	ON WHAT DAY WAS THE CARE RECIPIENT BORN?
CGPYYYY	NUM	IN WHAT YEAR WAS THE CARE RECIPIENT BORN?

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Alphabetical Listing of Variables

Name	Type	Description
ADL3PLUSCR	NUM	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUSCR_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6CR	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6CR_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6PCR	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6PCR_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
AGEC	NUM	CAREGIVER'S AGE?
BENEFITS	NUM	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?
CGACTI01	NUM	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?
CGACTI02	NUM	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?
CGACTI03	NUM	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?
CGACTI04	NUM	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?
CGACTI05	NUM	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?
CGACTI06	NUM	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?
CGAFECA	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?
CGAFECB	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?
CGAFECC	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?
CGAFECD	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE A CLEARER UNDERSTANDING OF HOW TO GET THE SERVICES YOU AND THE CARE RECIPIENT NEED?
CGAFECE	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?
CGAFECF	NUM	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?
CGALLEV	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGBDAY1	NUM	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH
CGCARE	NUM	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?
CGCARLG	NUM	HAVE THESE CAREGIVER SERVICES ENABLED YOU TO PROVIDE CARE FOR THE CARE RECIPIENT FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?
CGCRHL	NUM	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?

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Alphabetical Listing of Variables

Name	Type	Description
CGDFPLC	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGDIFF	NUM	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/STROKE
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS
CGDISBB7	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS
CGDISBB8	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)
CGDISBB9	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGEDKD01	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
CGEDKD02	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
CGEDKD03	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
CGEDKD04	NUM	HAVE YOU ATTENDED SOMETHING ELSE?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEMSTRS	NUM	WHERE 1 IS "NOT AT ALL STRESSFUL" AND 5 IS "VERY STRESSFUL," HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?
CGENDER	NUM	CAREGIVER'S GENDER?
CGHDSHP	NUM	OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL" AND 5 IS "A GREAT HARDSHIP," HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGHEAR	NUM	WHERE DID YOU HEAR ABOUT THE NFCSP?
CGHELP	NUM	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?

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Alphabetical Listing of Variables

Name	Type	Description
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSD2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRWK5	NUM	# HRS YOU CARE PER WEEK
CGHRWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUANTILES)
CGHRWK	NUM	# HRS/WK RESPITE CARE USUALLY RECEIVE
CGINF01	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?
CGINF02	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?
CGINF03	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?
CGINF04	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?
CGINF05	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?
CGINF06	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?
CGINF07	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?
CGINF08	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?
CGINF91	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?
CGINFO	NUM	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO OTHER AVAILABLE SERVICES AND RESOURCES?
CGINFOHP	NUM	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?
CGINTJB	NUM	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGINTRFR	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGMANY	NUM	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
CGMSTHLP	NUM	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?
CGOHQ1	NUM	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?
CGOHQ2	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN THE CARE RECIPIENT NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
CGOHQ301	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE COULD NOT AFFORD THE COST?
CGOHQ302	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT WANT TO SPEND THE MONEY?
CGOHQ303	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
CGOHQ304	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
CGOHQ305	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
CGOHQ306	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
CGOHQ307	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS AFRAID OF OR DOES NOT LIKE DENTISTS?
CGOHQ308	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?
CGOHQ309	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?
CGOHQ310	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
CGOHQ311	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT HAVE TRANSPORTATION?
CGOHQ312	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
CGOHQ4	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?
CGOTHLP2	NUM	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?

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Alphabetical Listing of Variables

Name	Type	Description
CGOHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?
CGOHLPE	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGPDD	NUM	ON WHAT DAY WAS THE CARE RECIPIENT BORN?
CGPFDSA	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?
CGPFDSB	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?
CGPFDS C	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?
CGPFDS D	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
CGPFDS E	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?
CGPFDS F	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?
CGPFDS G	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?
CGPFDS H	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
CGPFDS I	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
CGPFDS J	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?
CGPFDS K	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?
CGPFDS L	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?
CGPFDS M	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?
CGPFDS N	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
CGPFDS O	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?
CGPFDS P	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?
CGPFDS Q	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?
CGPFDS R	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??
CGPFDS S	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPFDS T	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?
CGPFDS U	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?

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Alphabetical Listing of Variables

Name	Type	Description
CGPMM	NUM	IN WHAT MONTH WAS THE CARE RECIPIENT BORN?
CGPSTRN	NUM	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 THE CARE RECIPIENT IS FOR YOU?
CGPYYYY	NUM	IN WHAT YEAR WAS THE CARE RECIPIENT BORN?
CGQUIT	NUM	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?
CGRATE	NUM	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?
CGRATE2	NUM	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGSRVHLP	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGSUPA	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?
CGSUPB	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?
CGSUPC	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES?
CGSUPD	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?
CGSUPE	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?
CGSUPF	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?
CGSUPG	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?
CGWHER	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WHERE WOULD THE CARE RECIPIENT BE LIVING?
CGWHO01	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?

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Alphabetical Listing of Variables

Name	Type	Description
CGWHO04	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?
CGWHO05	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?
CGWHO07	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CSARRNG	NUM	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?
CSHOME	NUM	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DIF_CR.CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
EXERCISE	NUM	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?

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Alphabetical Listing of Variables

Name	Type	Description
HNREDUYN	NUM	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PERSID	CHAR	PERSON ID
PFBATHBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBATHC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBEDBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBEDC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBUSC	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?
PFCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFDFINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFOUBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?

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Alphabetical Listing of Variables

Name	Type	Description
PFDFOUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDLRBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFDLRC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDRESBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRESC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?
PFDRIVEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEATBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?
PFEATC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFFONEBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFFONEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?
PFHCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFHCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFMEALBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFMEALC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?
PFTKDGBBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSBSBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFUSBSC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALKBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWALKC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFWCBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWCC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49

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Alphabetical Listing of Variables

Name	Type	Description
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
RGENDER	NUM	CARE RECIPIENT'S GENDER?
SHOTS	NUM	HAS THE CARE RECIPIENT RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
SVC5A	NUM	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?
SVC5B	NUM	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	IS THE CARE RECIPIENT RECEIVING MEDICAID?
SVC5D	NUM	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?
SVCCM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?
SVCCSEMG	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVCPCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?
SVCTRAN	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	1,709	179,035
				1,709	179,035
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...				
		1	Husband	302	28,961
		2	Wife	438	46,033
		3	Son	155	15,781
		4	Son-In-Law	7	1,877
		5	Daughter	569	60,655
		6	Daughter-In-Law	31	4,771
		7	Father	11	1,686
		8	Mother	47	4,284
		9	Brother	3	244
		10	Sister	41	4,681
		11	Granddaughter	14	1,398
		12	Grandson	3	468
		13	Niece	27	2,550
		14	Nephew	7	761
		15	A Friend/Neighbor/Another Person	47	4,126
		91	Other Relative	7	757
				1,709	179,035
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?				
		-8	Don't Know	3	667
		1	Yes	1,304	133,450
		2	No	402	44,918
				1,709	179,035
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		-8	Don't Know	1	96
		1	Yes	1,487	152,506
		2	No	221	26,432
				1,709	179,035
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?				
		-8	Don't Know	1	63
		-7	Refused	1	104
		1	Yes	1,532	160,378

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	175	18,489
				1,709	179,035
CGACTI04	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?	1	Yes	1,575	165,278
		2	No	134	13,757
				1,709	179,035
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	2	304
		-7	Refused	1	125
		1	Yes	1,620	168,726
		2	No	86	9,879
				1,709	179,035
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	10	1,770
		-7	Refused	1	31
		1	Yes	1,548	159,453
		2	No	150	17,781
				1,709	179,035
CGRSPT	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?	-8	Don't Know	7	575
		1	Yes	1,017	94,032
		2	No	685	84,428
				1,709	179,035
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?	-1	Not Collected	692	85,003
		1	Yes	882	81,558
		2	No	135	12,474
				1,709	179,035
CGRSP02	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?	-8	Don't Know	1	32
		-1	Not Collected	692	85,003
		1	Yes	202	18,953
		2	No	814	75,047

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,709	179,035
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?	-8	Don't Know	1	159
		-1	Not Collected	692	85,003
		1	Yes	61	5,928
		2	No	955	87,945
				1,709	179,035
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?	-8	Don't Know	3	1,189
		-1	Not Collected	692	85,003
		1	Yes	20	1,502
		2	No	994	91,342
				1,709	179,035
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?	-8	Don't Know	1	49
		-7	Refused	1	114
		-1	Not Collected	692	85,003
		1	Yes	12	1,243
		2	No	1,003	92,627
				1,709	179,035
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE	-8	Don't Know	84	8,433
		-7	Refused	2	100
		-1	Not Collected	692	85,003
		1	0 Hours	57	5,451
		2	1 - 5 Hours	397	33,258
		3	6 - 10 Hours	244	23,158
		4	11 - 20 Hours	141	13,174
		5	21 - 80 Hours	89	10,296
		6	81 - 167 Hours	2	139
		7	168 Hours	1	23
				1,709	179,035
CGINFO	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO OTHER AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	31	3,901
		-7	Refused	2	355
		1	Yes	1,159	119,022
		2	No	517	55,756

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,709	179,035
CGINFOHP	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	24	2,166
		-7	Refused	6	379
		-1	Not Collected	550	60,013
		1	Yes	890	90,979
		2	No	239	25,498
				1,709	179,035
CGEDU	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?	-8	Don't Know	11	1,121
		-7	Refused	1	34
		1	Yes	571	65,506
		2	No	1,126	112,374
				1,709	179,035
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?	-8	Don't Know	2	158
		-1	Not Collected	1,138	113,529
		1	Yes	270	32,749
		2	No	299	32,599
				1,709	179,035
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?	-8	Don't Know	3	376
		-1	Not Collected	1,138	113,529
		1	Yes	235	27,228
		2	No	333	37,902
				1,709	179,035
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?	-8	Don't Know	1	145
		-1	Not Collected	1,138	113,529
		1	Yes	316	38,229
		2	No	254	27,133
				1,709	179,035
CGEDKD04	HAVE YOU ATTENDED SOMETHING ELSE?	-8	Don't Know	1	60

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,138	113,529
		1	Yes	39	3,730
		2	No	531	61,716
				1,709	179,035
CGSUPA	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?				
		-8	Don't Know	11	1,964
		1	Yes	252	27,263
		2	No	1,446	149,808
				1,709	179,035
CGSUPB	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?				
		-8	Don't Know	9	796
		-7	Refused	1	125
		1	Yes	227	22,625
		2	No	1,472	155,489
				1,709	179,035
CGSUPC	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES?				
		-8	Don't Know	24	3,074
		-7	Refused	3	219
		1	Yes	362	38,525
		2	No	1,320	137,217
				1,709	179,035
CGSUPD	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?				
		-8	Don't Know	21	2,517
		-7	Refused	1	63
		1	Yes	291	29,301
		2	No	1,396	147,154
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGSUPE	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?	-8	Don't Know	11	1,446
		1	Yes	304	30,491
		2	No	1,394	147,098
				1,709	179,035
CGSUPF	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?	-8	Don't Know	12	887
		-7	Refused	1	116
		1	Yes	288	25,323
		2	No	1,408	152,709
		1,709	179,035		
CGSUPG	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?	-8	Don't Know	10	1,601
		-7	Refused	2	62
		1	Yes	24	3,366
		2	No	1,673	174,006
		1,709	179,035		
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Don't Know	26	2,674
		-7	Refused	5	431
		-1	Not Collected	436	48,050
		1	Respite Care Services	627	56,449
		2	Help/Information Re: Available Services/Resources	219	29,277
		3	Cg Training/Education	138	17,944
		4	Other Support Services/Assistance	258	24,210
		1,709	179,035		
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-8	Don't Know	70	6,973
		1	Family	219	21,674
		2	Friends	278	30,887

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	A Physician	271	29,043
		4	A Community Organization	137	16,766
		5	The Media	116	12,422
		6	A Social Worker Or Case Manager	164	16,544
		7	The Hospital	142	13,558
		8	The State/Local Office For The Aging	216	21,573
		91	Someplace Else	96	9,594
				1,709	179,035
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?				
		-8	Don't Know	20	2,020
		-7	Refused	4	422
		1	Yes	1,114	107,700
		2	No	571	68,893
				1,709	179,035
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?				
		-8	Don't Know	21	1,541
		-7	Refused	7	699
		1	Yes	1,274	131,396
		2	No	407	45,399
				1,709	179,035
CGAFECC	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?				
		-8	Don't Know	29	5,092
		-7	Refused	5	483
		1	Yes	1,431	144,350
		2	No	244	29,110
				1,709	179,035
CGAFECD	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE A CLEARER UNDERSTANDING OF HOW TO GET THE SERVICES YOU AND THE CARE RECIPIENT NEED?				
		-8	Don't Know	29	4,649
		-7	Refused	8	746
		1	Yes	1,286	130,043
		2	No	386	43,597
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGAFECE	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?	-8	Don't Know	15	2,381
		-7	Refused	2	212
		1	Yes	1,047	110,108
		2	No	645	66,334
				1,709	179,035
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Don't Know	18	1,767
		-7	Refused	1	290
		1	Yes	1,597	166,651
		2	No	93	10,327
				1,709	179,035
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	32	4,098
		-7	Refused	3	431
		1	Yes	1,483	153,910
		2	No	191	20,595
				1,709	179,035
CGCARLG	HAVE THESE CAREGIVER SERVICES ENABLED YOU TO PROVIDE CARE FOR THE CARE RECIPIENT FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?	-8	Don't Know	87	9,224
		-7	Refused	3	265
		1	Yes	1,291	130,181
		2	No	328	39,366
				1,709	179,035
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	11	1,199
		-7	Refused	3	308
		1	Excellent	745	70,985
		2	Very Good	574	63,203
		3	Good	268	31,689
		4	Fair	74	8,493
		5	Poor	34	3,157
		1,709	179,035		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	14	1,507
		1	Rating of Good to Excellent	1,587	165,877
		2	Rating of Fair or Poor	108	11,651
				1,709	179,035
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	68	8,570
		-7	Refused	11	2,524
		1	Yes	541	58,695
		2	No	1,089	109,246
				1,709	179,035
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Don't Know	4	727
		-7	Refused	4	634
		1	Working Full Time	285	31,978
		2	Working Part Time	171	20,667
		3	Retired	937	94,288
		4	Not Working	308	30,741
		1,709	179,035		
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Don't Know	3	453
		-1	Not Collected	464	54,006
		1	Yes	366	37,147
		2	No	876	87,429
				1,709	179,035
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	1	73
		-7	Refused	1	23
		-1	Not Collected	1,253	126,390
		1	Yes	251	28,351
		2	No	203	24,198
				1,709	179,035
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-1	Not Collected	1,458	150,684
		1	Always	39	3,571
		2	Often	63	7,300
		3	Sometimes	119	13,806

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Rarely	27	3,333
		5	Never	3	342
				1,709	179,035
CGSRVHLP	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?	-8	Don't Know	3	853
		-1	Not Collected	1,461	151,026
		1	Yes	147	14,866
		2	No	98	12,290
				1,709	179,035
CGPSTRN	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 THE CARE RECIPIENT IS FOR YOU?	-8	Don't Know	16	1,460
		-7	Refused	7	595
		1	1 - Not a strain at all	279	29,716
		2	2	329	32,366
		3	3	502	53,543
		4	4	288	29,768
		5	5 - Very much of a strain	288	31,588
				1,709	179,035
CGEMSTRS	WHERE 1 IS "NOT AT ALL STRESSFUL" AND 5 IS "VERY STRESSFUL," HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?	-8	Don't Know	7	544
		-7	Refused	5	937
		1	1 - Not at all stressful	176	16,555
		2	2	277	29,821
		3	3	477	50,013
		4	4	376	39,550
		5	5 - Very stressful	391	41,615
				1,709	179,035
CGHDSHP	OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL" AND 5 IS "A GREAT HARDSHIP," HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?	-8	Don't Know	18	1,512
		-7	Refused	5	895
		1	1 - No hardship at all	435	44,178

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2	350	34,396
		3	3	404	42,746
		4	4	237	26,167
		5	5 - A great hardship	260	29,140
				1,709	179,035
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?				
		-8	Don't Know	28	3,205
		-7	Refused	11	922
		1	The Financial Burden	175	21,044
		2	Not Enough Time For Self	252	24,394
		3	Not Enough Time For Family	117	12,272
		4	Interferes With Your Work	33	3,382
		5	Affects Your Family Relationships	88	9,798
		6	Interferes With Your Privacy	20	1,997
		7	Conflicts With Your Social Life	100	11,654
		8	Creates Stress	363	36,824
		9	None	169	15,788
		10	All Of The Above	323	34,718
		91	Something Else	30	3,037
				1,709	179,035
CGALLEV	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?				
		-8	Don't Know	33	4,505
		-7	Refused	4	202
		-1	Not Collected	57	5,476
		1	Yes	1,184	119,410
		2	No	431	49,442
				1,709	179,035
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?				
		-8	Don't Know	4	657
		-7	Refused	2	258
		1	Excellent	166	21,720
		2	Very Good	401	42,753
		3	Good	601	62,133
		4	Fair	379	36,197

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Poor	156	15,318
				1,709	179,035
CGDISAB	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?				
		-8	Don't Know	4	289
		-7	Refused	5	818
		1	Yes	714	74,000
		2	No	986	103,928
				1,709	179,035
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS				
		-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	415	43,703
		2	No	294	29,795
				1,709	179,035
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT				
		-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	90	8,816
		2	No	619	64,682
				1,709	179,035
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH				
		-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	78	7,823
		2	No	631	65,675
				1,709	179,035
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/STROKE				
		-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	190	21,679
		2	No	519	51,819
				1,709	179,035
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES	-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	109	10,210
		2	No	600	63,287
				1,709	179,035
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS	-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	77	7,085
		2	No	632	66,412
				1,709	179,035
CGDISBB7	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS	-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	39	4,169
		2	No	670	69,328
				1,709	179,035
CGDISBB8	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)	-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	69	7,962
		2	No	640	65,536
				1,709	179,035
CGDISBB9	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)	-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	34	3,192

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	675	70,306
				1,709	179,035
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-8	Don't Know	1	37
		-7	Refused	4	465
		-1	Not Collected	995	105,035
		1	Yes	115	10,246
		2	No	594	63,251
				1,709	179,035
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Don't Know	22	2,016
		-7	Refused	2	91
		-1	Not Collected	995	105,035
		1	Yes	381	40,498
		2	No	309	31,395
				1,709	179,035
CGHLONG	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?	-8	Don't Know	4	179
		1	6 Months Or Less	18	3,057
		2	More Than 6 Months, But Less Than 1 Year	50	6,135
		3	At Least 1 Year, But Less Than 2 Years	171	21,228
		4	2 To 5 Years	654	67,771
		5	5 To 10 Years	547	53,469
		6	11 To 20 Years	195	20,810
		7	More Than 20 Years	70	6,385
				1,709	179,035
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?	-8	Don't Know	3	146
		-7	Refused	1	49
		1	In The Same House	1,301	135,091
		2	Less Than 20 Minutes Away	294	29,253
		3	Between 20 And 60 Minutes Away	84	11,115
		4	Between 1 And 2 Hours Away	10	1,297

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	More Than Two Hours Away	16	2,084
				1,709	179,035
VISTIMES	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?	-7	Refused	1	63
		-1	Not Collected	1,301	135,091
		1	Every Day	179	17,338
		2	Two Or More Times Per Week	176	19,458
		3	Once A Week	25	3,112
		4	A Few Times A Month	16	2,290
		5	Once A Month	6	1,249
		6	A Few Times A Year	5	434
				1,709	179,035
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?	-1	Not Collected	1,301	135,091
		1	Yes	261	28,975
		2	No	147	14,970
				1,709	179,035
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Don't Know	4	622
		-7	Refused	1	65
		1	Can Be Left Alone Over A Day At A Time	123	15,099
		2	Can Be Left Alone A Day But Then Checked	189	18,766
		3	Needs Someone There At Least Part Of Day	374	39,287
		4	Needs Someone There All/Nearly All Time	1,018	105,196
				1,709	179,035
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	77	8,960
		-7	Refused	10	606
		1	0 Hours	45	5,783
		2	1 - 2 Hours	162	17,780
		3	3 - 4 Hours	201	20,128
		4	5 - 6 Hours	135	12,942
		5	7 - 10 Hours	164	16,829
		6	11 - 15 Hours	157	16,297
		7	16 - 23 Hours	131	15,234

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	24 Hours	627	64,476
				1,709	179,035
CGHRS_Q	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES)	.	Missing	87	9,566
		1	First Quartile (0-4)	408	43,691
		2	Second Quartile (5-12)	409	41,568
		3	Third Quartile (adjusted to 13-23)	178	19,733
		4	Fourth Quartile (24)	627	64,476
				1,709	179,035
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Collected	87	9,566
		1	0 Hours	45	5,783
		3	6 - 10 Hours	57	6,589
		4	11 - 20 Hours	105	11,192
		5	21 - 30 Hours	201	20,128
		6	31 - 40 Hours	71	7,290
		7	41 - 80 Hours	233	22,701
		8	81 - 120 Hours	191	21,227
		9	121 - 167 Hours	92	10,084
		10	168 Hours	627	64,476
				1,709	179,035
CGHRSWK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	72	8,680
		-7	Refused	12	1,103
		1	0 Hours	41	5,666
		2	1 - 2 Hours	170	18,000
		3	3 - 4 Hours	162	17,245
		4	5 - 6 Hours	101	11,845
		5	7 - 10 Hours	157	17,384
		6	11 - 15 Hours	200	21,053
		7	16 - 23 Hours	254	28,227
		8	24 Hours	540	49,832
				1,709	179,035
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Collected	84	9,783
		1	0 Hours	41	5,666
		2	1 - 10 Hours	170	18,000
		3	11 - 20 Hours	162	17,245

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	21 - 30 Hours	101	11,845
		5	31 - 50 Hours	157	17,384
		6	51 - 80 Hours	266	29,034
		7	81 - 119 Hours	188	20,245
		8	120 Hours	540	49,832
				1,709	179,035
CGHRSDW	# HOURS YOU CARE ON WEEKEND DAY				
		-8	Don't Know	70	8,512
		-7	Refused	8	976
		1	0 Hours	60	7,361
		2	1 - 2 Hours	148	15,824
		3	3 - 4 Hours	140	14,312
		4	5 - 6 Hours	108	12,598
		5	7 - 10 Hours	130	14,186
		6	11 - 15 Hours	170	16,671
		7	16 - 23 Hours	173	20,923
		8	24 Hours	702	67,671
				1,709	179,035
CGHRSDW2	# HOURS YOU CARE ON THE WEEKEND				
		-1	Not Collected	78	9,489
		1	0 Hours	60	7,361
		2	1 - 5 Hours	148	15,824
		3	6 - 10 Hours	187	19,183
		4	11 - 20 Hours	191	21,913
		5	21 - 30 Hours	170	16,671
		6	31 - 47 Hours	173	20,923
		7	48 Hours	702	67,671
				1,709	179,035
CGHRSWK7	HOURS HELP CAREGIVER PROVIDES PER WK				
		-1	Not Collected	111	12,288
		1	0 Hours	24	3,597
		2	1 - 20 Hours	181	19,692
		3	21 - 40 Hours	190	20,931
		4	41 - 80 Hours	204	21,996
		5	81 - 120 Hours	265	30,176
		6	121 - 167 Hours	250	26,183
		7	168 Hours	484	44,172
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHLPA	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?	1	Yes	939	100,170
		2	No	770	78,865
				1,709	179,035
CGOHLPB	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?	-8	Don't Know	41	5,040
		-7	Refused	1	80
		1	Yes	829	74,593
		2	No	838	99,322
			1,709	179,035	
CGOHLPC	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?	-8	Don't Know	11	1,339
		-7	Refused	2	113
		1	Yes	411	44,701
		2	No	1,285	132,882
			1,709	179,035	
CGOHLPD	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?	-8	Don't Know	7	736
		-7	Refused	2	467
		1	Yes	697	73,326
		2	No	1,003	104,506
			1,709	179,035	
CGOHLPE	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?	-8	Don't Know	7	1,313
		1	Yes	23	2,301
		2	No	1,679	175,421
			1,709	179,035	
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?	-8	Don't Know	16	1,670
		-7	Refused	3	807
		-1	Not Collected	177	19,852
		1	Caregiver(You)	1,312	133,759
		2	Other Family Members Or Friends	83	11,578
		3	Agency	40	3,804
		4	Other Community Agencies	13	1,882

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Help Paid For By Care Recipient Or Family	61	5,365
		6	Other Specify	4	318
				1,709	179,035
CGOTHLP2	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?	-8	Don't Know	5	602
		-1	Not Collected	196	22,328
		1	Caregiver(You)	148	16,298
		2	Other Family Members Or Friends	580	63,891
		3	Agency	386	33,287
		4	Other Community Agencies	133	14,553
		5	Help Paid For By Care Recipient Or Family	249	26,602
		6	Other Specify	12	1,474
				1,709	179,035
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Don't Know	4	241
		1	Yes	96	9,132
		2	No	1,609	169,662
				1,709	179,035
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-8	Don't Know	1	238
		-1	Not Collected	1,613	169,903
		1	Care Recipient	32	3,633
		2	Community Agency	61	4,996
		91	Other	2	265
				1,709	179,035
CGINF01	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?	-8	Don't Know	21	1,826
		-7	Refused	3	176
		1	Yes	1,350	142,039
		2	No	335	34,994
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGINF02	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?	-8	Don't Know	24	2,176
		-7	Refused	5	264
		1	Yes	854	93,267
		2	No	826	83,329
				1,709	179,035
CGINF03	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?	-8	Don't Know	16	1,324
		-7	Refused	5	482
		1	Yes	679	77,308
		2	No	1,009	99,921
				1,709	179,035
CGINF04	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?	-8	Don't Know	41	3,715
		-7	Refused	4	362
		1	Yes	1,256	135,702
		2	No	408	39,256
				1,709	179,035
CGINF05	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?	-8	Don't Know	15	1,188
		-7	Refused	3	216
		1	Yes	838	94,389
		2	No	853	83,243
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGINF06	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?	-8	Don't Know	16	1,118
		-7	Refused	4	283
		1	Yes	1,089	120,485
		2	No	600	57,149
				1,709	179,035
CGINF07	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?	-8	Don't Know	16	1,388
		-7	Refused	2	80
		1	Yes	1,223	134,993
		2	No	468	42,574
				1,709	179,035
CGINF08	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?	-8	Don't Know	6	941
		1	Yes	649	68,857
		2	No	1,054	109,237
				1,709	179,035
CGINF91	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?	-8	Don't Know	18	2,236
		-7	Refused	1	321
		1	Yes	63	7,362
		2	No	1,627	169,115
				1,709	179,035
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?	-8	Don't Know	6	724
		1	Yes	211	23,028
		2	No	1,492	155,284
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	3	229
		1	Yes	440	41,484
		2	No	1,266	137,322
				1,709	179,035
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	10	853
		-7	Refused	1	125
		1	Yes	581	55,025
		2	No	1,117	123,032
		1,709	179,035		
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	33	3,119
		1	Yes	765	72,787
		2	No	911	103,129
		1,709	179,035		
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	2	168
		1	Yes	230	22,710
		2	No	1,477	156,157
		1,709	179,035		
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	181
		1	Yes	245	24,756
		2	No	1,462	154,098
		1,709	179,035		
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	423
		-7	Refused	1	112
		1	Yes	510	45,936
		2	No	1,196	132,564
		1,709	179,035		
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	6	532
		-7	Refused	1	44
		1	Yes	208	18,858

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,494	159,601
				1,709	179,035
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	77
		1	Yes	54	6,658
		2	No	1,653	172,300
				1,709	179,035
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	17	2,029
		-7	Refused	2	169
		1	Yes	375	39,763
		2	No	1,315	137,074
				1,709	179,035
HNREDUYN	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	11	1,222
		1	Yes	156	15,475
		2	No	1,542	162,338
				1,709	179,035
HLTHSCRN	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?	-8	Don't Know	18	3,357
		1	Yes	442	40,261
		2	No	1,249	135,417
				1,709	179,035
SHOTS	HAS THE CARE RECIPIENT RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?	-8	Don't Know	15	2,018
		1	Yes	218	22,033
		2	No	1,476	154,984
				1,709	179,035
EXERCISE	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	5	536
		-7	Refused	1	37

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	141	15,430
		2	No	1,562	163,032
				1,709	179,035
MEDS	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?	-8	Don't Know	7	1,004
		1	Yes	89	8,225
		2	No	1,613	169,806
				1,709	179,035
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?	-8	Don't Know	10	1,345
		1	Yes	185	18,263
		2	No	1,514	159,427
				1,709	179,035
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	27	3,335
		-7	Refused	6	494
		-1	Not Collected	266	32,143
		1	Excellent	382	32,665
		2	Very Good	465	47,432
		3	Good	395	43,869
		4	Fair	112	13,411
		5	Poor	56	5,685
				1,709	179,035
SVCCURT	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	54	7,003
		-7	Refused	5	1,102
		1	Agree	1,610	167,417
		2	Disagree	40	3,513
				1,709	179,035
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	2	62
		-7	Refused	1	175

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	191	18,956
		2	No	1,515	159,841
				1,709	179,035
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	6	327
		-7	Refused	1	175
		1	Yes	194	19,503
		2	No	1,508	159,029
				1,709	179,035
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	27	2,854
		-7	Refused	2	465
		1	Yes	352	35,139
		2	No	1,328	140,577
				1,709	179,035
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	5	454
		-7	Refused	1	175
		1	Yes	59	6,654
		2	No	1,644	171,751
				1,709	179,035
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	6	691
		-7	Refused	2	151
		1	Yes	1,200	125,196
		2	No	501	52,996
				1,709	179,035
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?	-8	Don't Know	10	1,403
		-7	Refused	2	136
		1	Yes	1,294	135,912
		2	No	403	41,583
				1,709	179,035
CGDFPLC	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?	-8	Don't Know	72	7,188

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	6	511
		1	Yes	987	106,165
		2	No	644	65,171
				1,709	179,035
CGWHER	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WHERE WOULD THE CARE RECIPIENT BE LIVING?				
		-8	Don't Know	121	14,464
		-7	Refused	4	577
		-1	Not Collected	987	106,165
		1	In Caregiver's Home	59	5,084
		2	In The Home Of Another Family Mem/Friend	59	7,779
		3	In An Assisted Living Facility	129	11,555
		4	In A Nursing Home	329	31,271
		5	Care Recipient Would Have Died	10	1,310
		91	Other	11	831
				1,709	179,035
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?				
		-8	Don't Know	14	1,674
		1	Excellent	39	5,644
		2	Very Good	139	15,907
		3	Good	427	45,745
		4	Fair	544	55,122
		5	Poor	546	54,942
				1,709	179,035
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	15	2,249
		-7	Refused	1	133
		1	Yes	1,097	111,432
		2	No	596	65,221
				1,709	179,035
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	6	712
		-7	Refused	1	133
		1	Yes	1,160	122,182

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	541	55,881
		3	Does Not Apply	1	128
				1,709	179,035
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?				
		-8	Don't Know	8	1,156
		-7	Refused	2	182
		1	Yes	773	79,673
		2	No	926	98,025
				1,709	179,035
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?				
		-8	Don't Know	44	4,977
		-7	Refused	2	182
		1	Yes	804	83,134
		2	No	856	89,987
		3	Does Not Apply	3	755
				1,709	179,035
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?				
		-8	Don't Know	8	1,633
		-7	Refused	2	182
		1	Yes	531	54,969
		2	No	1,168	122,251
				1,709	179,035
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?				
		-8	Don't Know	3	475
		-7	Refused	3	452
		1	Yes	663	69,092
		2	No	1,039	108,948
		3	Does Not Apply	1	69
				1,709	179,035
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?				
		-8	Don't Know	7	772
		-7	Refused	1	133

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	349	36,793
		2	No	1,350	141,261
		3	Does Not Apply	2	77
				1,709	179,035
CGPFDSH	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?				
		-8	Don't Know	15	2,594
		-7	Refused	2	182
		1	Yes	529	51,724
		2	No	1,162	124,513
		3	Does Not Apply	1	23
				1,709	179,035
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?				
		-8	Don't Know	25	3,162
		-7	Refused	2	182
		1	Yes	364	40,135
		2	No	1,316	135,214
		3	Does Not Apply	2	343
				1,709	179,035
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?				
		-8	Don't Know	38	4,624
		-7	Refused	2	182
		1	Yes	520	55,520
		2	No	1,146	118,279
		3	Does Not Apply	3	430
				1,709	179,035
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?				
		-8	Don't Know	14	2,225
		-7	Refused	2	182
		1	Yes	283	28,475
		2	No	1,408	147,948
		3	Does Not Apply	2	206
				1,709	179,035
CGPFDSL	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?				
		-8	Don't Know	12	1,704

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	182
		1	Yes	1,155	119,749
		2	No	539	57,380
		3	Does Not Apply	1	20
				1,709	179,035
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Don't Know	11	1,889
		-7	Refused	2	182
		1	Yes	818	83,817
		2	No	878	93,148
				1,709	179,035
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	16	2,174
		-7	Refused	3	471
		1	Yes	632	66,128
		2	No	1,057	110,235
		3	Does Not Apply	1	26
				1,709	179,035
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	11	1,447
		-7	Refused	2	182
		1	Yes	1,020	108,542
		2	No	675	68,818
		3	Does Not Apply	1	47
				1,709	179,035
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?	-8	Don't Know	3	574
		-7	Refused	2	182
		1	Yes	115	10,421
		2	No	1,589	167,858
				1,709	179,035
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	9	1,092
		-7	Refused	3	471
		1	Yes	173	16,932
		2	No	1,523	160,308

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Does Not Apply	1	232
				1,709	179,035
CGPFDSR	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??				
		-8	Don't Know	13	2,198
		-7	Refused	2	182
		1	Yes	974	99,547
		2	No	719	77,058
		3	Does Not Apply	1	51
				1,709	179,035
CGPFSS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?				
		-8	Don't Know	7	800
		-7	Refused	2	182
		1	Yes	48	4,123
		2	No	1,651	173,784
		3	Does Not Apply	1	146
				1,709	179,035
CGPF DST	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?				
		-8	Don't Know	12	1,546
		-7	Refused	3	471
		1	Yes	775	79,868
		2	No	919	97,150
				1,709	179,035
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?				
		-8	Don't Know	8	848
		-7	Refused	3	744
		-1	Not Collected	1	69
		1	Yes	228	24,207
		2	No	1,464	152,712
		3	Does Not Apply	5	456
				1,709	179,035
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	5	306
		1	1 Medical Condition	25	1,841
		2	2 Medical Conditions	36	3,246
		3	3 Medical Conditions	78	9,209
		4	4 Medical Conditions	106	14,867

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Medical Conditions	177	17,418
		6	6 Medical Conditions	213	23,308
		7	7 Medical Conditions	200	23,318
		8	8 Medical Conditions	209	19,316
		9	9 Medical Conditions	211	20,806
		10	10 Medical Conditions	159	14,748
		11	11 Medical Conditions	109	11,869
		12	12 Medical Conditions	84	9,524
		13	13 Medical Conditions	59	5,628
		14	14 Medical Conditions	20	1,483
		15	15 Medical Conditions	11	1,567
		16	16 Medical Conditions	6	545
		17	17 Medical Conditions	1	36
				1,709	179,035
PFDIFIC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	4	257
		1	Yes	1,085	112,039
		2	No	620	66,739
				1,709	179,035
PFDIFIBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	7	479
		-7	Refused	1	125
		-1	Not Collected	624	66,996
		1	Yes	750	76,779
		2	No	327	34,656
				1,709	179,035
PFDIFOC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	8	769
		-7	Refused	4	318
		1	Yes	1,384	142,410
		2	No	313	35,538
				1,709	179,035
PFDIFIBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	6	238
		-7	Refused	2	338

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	325	36,625
		1	Yes	1,322	137,212
		2	No	54	4,622
				1,709	179,035
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	4	241
		-7	Refused	1	178
		1	Yes	1,038	107,509
		2	No	666	71,107
				1,709	179,035
PFBEDBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	7	924
		-1	Not Collected	671	71,526
		1	Yes	798	80,389
		2	No	233	26,196
				1,709	179,035
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?				
		-8	Don't Know	11	1,822
		-7	Refused	1	125
		1	Yes	1,297	133,254
		2	No	400	43,834
				1,709	179,035
PFBATHBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?				
		-8	Don't Know	1	321
		-7	Refused	1	33
		-1	Not Collected	412	45,781
		1	Yes	1,205	121,698
		2	No	90	11,202
				1,709	179,035
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?				
		-8	Don't Know	9	872
		-7	Refused	1	116
		1	Yes	1,113	112,926
		2	No	586	65,121
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	128
		-7	Refused	1	31
		-1	Not Collected	596	66,109
		1	Yes	1,041	106,457
		2	No	70	6,310
				1,709	179,035
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	14	1,487
		1	Yes	1,325	137,737
		2	No	370	39,811
				1,709	179,035
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	17	1,401
		-7	Refused	3	234
		-1	Not Collected	384	41,298
		1	Yes	895	95,257
		2	No	410	40,846
				1,709	179,035
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Don't Know	11	1,333
		-7	Refused	1	88
		1	Yes	457	47,691
		2	No	1,240	129,924
				1,709	179,035
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	98
		-1	Not Collected	1,252	131,344
		1	Yes	321	33,494
		2	No	135	14,099
				1,709	179,035
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	13	1,943
		-7	Refused	1	106
		1	Yes	859	89,295
		2	No	836	87,691
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFWCBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	4	387
		-7	Refused	1	145
		-1	Not Collected	850	89,740
		1	Yes	716	73,844
		2	No	138	14,919
				1,709	179,035
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	16	1,513
		-7	Refused	4	444
		1	Yes	1,304	135,038
		2	No	385	42,041
				1,709	179,035
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-7	Refused	2	394
		-1	Not Collected	405	43,997
		1	Yes	1,289	133,319
		2	No	13	1,325
				1,709	179,035
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	21	2,138
		-7	Refused	8	1,015
		1	Yes	1,452	149,198
		2	No	228	26,684
				1,709	179,035
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	6	1,268
		-1	Not Collected	257	29,837
		1	Yes	1,416	145,279
		2	No	30	2,650
				1,709	179,035
PFCLENC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??	-8	Don't Know	21	3,773
		-7	Refused	5	735

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1,382	140,826
		2	No	301	33,701
				1,709	179,035
PFCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	6	517
		-1	Not Collected	327	38,209
		1	Yes	1,349	134,892
		2	No	27	5,418
				1,709	179,035
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	26	3,882
		-7	Refused	10	1,320
		1	Yes	1,600	165,121
		2	No	73	8,712
				1,709	179,035
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	8	594
		-1	Not Collected	109	13,914
		1	Yes	1,577	162,256
		2	No	15	2,271
				1,709	179,035
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	10	922
		-7	Refused	1	65
		1	Yes	1,236	126,087
		2	No	462	51,961
				1,709	179,035
PFTKDGBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	1	391
		-1	Not Collected	473	52,948
		1	Yes	1,225	124,958
		2	No	10	738
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	12	1,592
		-7	Refused	2	291
		1	Yes	1,091	111,020
		2	No	604	66,132
				1,709	179,035
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	4	374
		-1	Not Collected	618	68,015
		1	Yes	1,020	104,041
		2	No	67	6,606
				1,709	179,035
CGISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?	-8	Don't Know	1	270
		1	Yes	1,384	142,921
		2	No	324	35,844
		1,709	179,035		
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	23	2,412
		-7	Refused	4	575
		-1	Not Collected	325	36,114
		1	Yes	1,195	120,323
		2	No	162	19,611
		1,709	179,035		
PFBUSC	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?	-8	Don't Know	102	8,829
		-7	Refused	5	519
		1	Yes	695	77,893
		2	No	907	91,794
		1,709	179,035		
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	3	461
		-7	Refused	1	116
		-1	Not Collected	1,014	101,142

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	283	32,694
		2	No	62	7,942
		3	Never Uses Bus	346	36,679
				1,709	179,035
PFUSBSBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?				
		-8	Don't Know	2	147
		-1	Not Collected	1,426	146,341
		1	Yes	272	30,206
		2	No	9	2,341
				1,709	179,035
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH				
		-8	Don't Know	2	241
		-7	Refused	1	301
		-1	Not Collected	278	35,944
		1	Yes	1,360	134,469
		2	No	68	8,081
				1,709	179,035
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.				
		.	Missing	48	5,252
		0	0 limitations	133	14,859
		1	1 limitation	173	19,826
		2	2 limitations	206	21,785
		3	3 limitations	224	23,078
		4	4 limitations	246	22,527
		5	5 limitations	365	38,483
		6	6 limitations	314	33,224
				1,709	179,035
ADLAOA6CR_SSS	AOA ADL LIMITATIONS, SSS VERSION				
		.	Missing	1	80
		0	0 limitations	138	15,459
		1	1 limitation	177	20,205
		2	2 limitations	215	23,371
		3	3 limitations	233	24,104
		4	4 limitations	256	23,151
		5	5 limitations	375	39,441
		6	6 limitations	314	33,224

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,709	179,035
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	48	5,252
		1	Yes	1,149	117,312
		2	No	512	56,471
				1,709	179,035
ADL3PLUSCR _SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	80
		1	Yes	1,178	119,920
		2	No	530	59,035
				1,709	179,035
ADLAOA6PCR	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	33	2,908
		0	0 limitations	310	34,407
		1	1 limitation	245	27,791
		2	2 limitations	227	23,060
		3	3 limitations	170	15,833
		4	4 limitations	176	17,604
		5	5 limitations	308	31,532
		6	6 limitations	240	25,900
				1,709	179,035
ADLAOA6PCR _SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	80
		0	0 limitations	314	35,125
		1	1 limitation	248	28,142
		2	2 limitations	235	23,474
		3	3 limitations	177	16,378
		4	4 limitations	183	18,164
		5	5 limitations	311	31,772
		6	6 limitations	240	25,900
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7CR	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	96	11,469
		0	0 limitations	30	3,736
		1	1 limitation	58	7,987
		2	2 limitations	68	7,210
		3	3 limitations	94	10,110
		4	4 limitations	156	15,934
		5	5 limitations	194	19,901
		6	6 limitations	382	39,240
		7	7 limitations	631	63,447
				1,709	179,035
IADLAOA7CR_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	38	4,686
		1	1 limitation	65	8,862
		2	2 limitations	77	8,308
		3	3 limitations	108	12,016
		4	4 limitations	178	18,769
		5	5 limitations	216	22,041
		6	6 limitations	396	40,907
		7	7 limitations	631	63,447
				1,709	179,035
IADLAOA7PC R	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	52	6,441
		0	0 limitations	49	6,378
		1	1 limitation	76	9,807
		2	2 limitations	79	9,338
		3	3 limitations	100	9,623
		4	4 limitations	170	16,144
		5	5 limitations	203	21,289
		6	6 limitations	393	40,555

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	587	59,459
				1,709	179,035
IADLAOA7PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	52	6,584
		1	1 limitation	79	10,344
		2	2 limitations	84	10,685
		3	3 limitations	110	10,914
		4	4 limitations	182	18,102
		5	5 limitations	212	21,568
		6	6 limitations	403	41,380
		7	7 limitations	587	59,459
				1,709	179,035
IADLAOA8CR	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	104	12,555
		0	0 limitations	6	803
		1	1 limitation	37	5,004
		2	2 limitations	54	6,590
		3	3 limitations	64	6,778
		4	4 limitations	100	10,787
		5	5 limitations	151	15,728
		6	6 limitations	192	18,918
		7	7 limitations	376	39,073
		8	8 limitations	625	62,799
				1,709	179,035
IADLAOA8CR_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	10	1,166
		1	1 limitation	46	6,637
		2	2 limitations	62	7,400
		3	3 limitations	73	8,416
		4	4 limitations	116	12,274
		5	5 limitations	177	19,072
		6	6 limitations	210	20,936
		7	7 limitations	390	40,335
		8	8 limitations	625	62,799
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8PC R	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	57	6,696
		0	0 limitations	17	2,082
		1	1 limitation	52	7,458
		2	2 limitations	65	7,373
		3	3 limitations	81	10,088
		4	4 limitations	106	9,985
		5	5 limitations	168	16,328
		6	6 limitations	195	20,289
		7	7 limitations	388	40,035
		8	8 limitations	580	58,701
				1,709	179,035
IADLAOA8PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	17	2,082
		1	1 limitation	58	8,201
		2	2 limitations	69	8,636
		3	3 limitations	84	10,582
		4	4 limitations	119	11,688
		5	5 limitations	182	17,739
		6	6 limitations	205	20,669
		7	7 limitations	395	40,737
		8	8 limitations	580	58,701
				1,709	179,035
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-7	Refused	1	63
		1	0 People	1,321	133,636
		2	1 Person	230	27,238
		3	2 People	87	9,237
		4	3 People	37	4,819
		5	4 People	17	1,986
		6	5 People	12	1,775
		7	6 People	3	218
		9	8 or More People	1	63

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,709	179,035
CGWHO01	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	116	12,424
		2	No	270	32,736
				1,709	179,035
CGWHO02	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	121	14,393
		2	No	265	30,767
				1,709	179,035
CGWHO03	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	36	3,931
		2	No	350	41,229
				1,709	179,035
CGWHO04	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	45	6,090
		2	No	341	39,070
				1,709	179,035
CGWHO05	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	24	2,747
		2	No	362	42,413
				1,709	179,035
CGWHO06	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	46	3,843
		2	No	340	41,317
				1,709	179,035
CGWHO07	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	41	4,753
		2	No	345	40,407
				1,709	179,035
CGWHO08	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	24	3,105
		2	No	362	42,056
				1,709	179,035
CGWHOO0H	OTHER PERSON CARE FOR:SPECIFY	-8	Don't Know	1	175
		-1	Not Collected	1,322	133,699
		1	Yes	41	5,042
		2	No	345	40,119
				1,709	179,035
AGEC	CAREGIVER'S AGE?	.	Missing	4	267
		2	18-34 years	12	1,639
		3	35-59 years	436	46,517
		4	60-64 years	270	28,033
		5	65-74 years	558	59,935
		6	75-84 years	332	33,502
		7	85+ years	97	9,143
				1,709	179,035
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	15	2,316
		4	60-64 years	63	7,205
		5	65-74 years	339	36,569
		6	75-84 years	592	60,344
		7	85+ years	700	72,603
				1,709	179,035
CGENDER	CAREGIVER'S GENDER?	.	Missing	31	3,126
		1	Male	467	45,717
		2	Female	1,211	130,192

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,709	179,035
RGENDER	CARE RECIPIENT'S GENDER?	.	Missing	1	80
		1	Male	634	70,316
		2	Female	1,074	108,639
				1,709	179,035
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	184
		-7	Refused	8	909
		1	Less Than High School Diploma	128	11,077
		2	High School Diploma Or GED	421	40,706
		3	Some College(Business/Vocational/Techni)	662	70,127
		4	Bachelor's Degree	225	24,073
		5	Some Post-Graduate Work/Advanced Degree	262	31,959
				1,709	179,035
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	11	973
		-7	Refused	16	1,563
		1	Yes	134	18,633
		2	No	1,548	157,865
				1,709	179,035
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	7	1,040
		-7	Refused	33	4,668
		1	Yes	1,331	134,426
		2	No	338	38,901
				1,709	179,035
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	7	1,040
		-7	Refused	33	4,668
		1	Yes	275	29,829
		2	No	1,394	143,498
				1,709	179,035
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	7	1,040
		-7	Refused	33	4,668
		1	Yes	13	2,699
		2	No	1,656	170,629

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,709	179,035
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	7	1,040
		-7	Refused	33	4,668
		1	Yes	44	4,538
		2	No	1,625	168,790
				1,709	179,035
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	7	1,040
		-7	Refused	33	4,668
		1	Yes	3	358
		2	No	1,666	172,970
				1,709	179,035
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	7	1,040
		-7	Refused	33	4,668
		1	Yes	44	6,205
		2	No	1,625	167,123
				1,709	179,035
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	37
		-7	Refused	5	581
		1	Yes	214	20,653
		2	No	1,489	157,764
				1,709	179,035
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	16	1,314
		-7	Refused	6	724
		1	The City	715	76,434
		2	The Suburbs	419	50,327
		3	A Rural Area	553	50,235
				1,709	179,035
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	3	318
		-7	Refused	14	1,775
		1	Yes	467	45,279
		2	No	1,225	131,663

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,709	179,035
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	3	526
		-7	Refused	12	1,608
		-1	Not Collected	467	45,279
		1	Yes	961	106,040
		2	No	266	25,581
				1,709	179,035
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	4	631
		-7	Refused	13	1,630
		-1	Not Collected	467	45,279
		1	Yes	276	36,513
		2	No	949	94,982
				1,709	179,035
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	3	526
		-7	Refused	13	1,630
		-1	Not Collected	467	45,279
		1	Yes	369	42,030
		2	No	857	89,570
				1,709	179,035
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	3	526
		-7	Refused	14	1,919
		-1	Not Collected	467	45,279
		1	Yes	42	4,884
		2	No	1,183	126,427
				1,709	179,035
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	3	526
		-7	Refused	12	1,608
		1	Alone	467	45,279
		2	With spouse only	627	61,276
		3	With children only	42	4,074
		4	With spouse and children	126	17,423
		5	With others	432	48,848
				1,709	179,035
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	3	476
		-7	Refused	14	1,804
		1	1 Person	472	45,917

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 People	722	71,639
		3	3 People	297	30,789
		4	4 People	119	15,973
		5	5 People	53	7,985
		6	6 People	16	1,787
		7	7 People	6	757
		8	8 People	5	724
		9	9 People	2	1,184
				1,709	179,035
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	5	685
		-7	Refused	19	2,869
		1	Married	1,210	129,975
		2	Widowed	113	11,323
		3	Divorced	190	16,818
		4	Separated	23	2,501
		5	Never Married	149	14,863
				1,709	179,035
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015 ABOVE OR BELOW \$20,000?	-8	Don't Know	76	9,131
		-7	Refused	161	19,334
		1	Below \$20,000 [1666 Per Month Or Less]	301	26,656
		2	Above \$20,000 [1667 Per Month Or More]	1,171	123,914
				1,709	179,035
INCOME6	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?	.	Missing	237	28,465
		-8	Don't Know	61	6,955
		-7	Refused	93	10,420
		1	\$5,000 or less	30	2,607
		2	\$5,001-\$10,000	37	3,039
		3	\$10,001-\$15,000	76	6,818
		4	\$15,001-\$20,000	127	10,641
		5	\$20,001-\$25,000	156	13,350
		6	\$25,001-\$30,000	160	15,379

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	\$30,001-\$35,000	125	10,955
		8	\$35,001-\$40,000	105	10,783
		9	\$40,001-\$50,000	123	12,020
		10	ABOVE \$50,000	379	47,603
				1,709	179,035
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	29	4,810
		0	Rural (Not in Urbanized Area or Urban Cluster)	258	24,024
		1	In Urbanized Area	1,069	119,545
		2	In Urban Cluster	353	30,656
				1,709	179,035
DIF_CR_CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	19	2,582
		1	Care Recipient is Younger Than Caregiver	240	22,018
		2	Care Recipient is Older or Same Age As Caregiver	1,450	154,434
				1,709	179,035
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,709	179,035
				1,709	179,035
VARUNIT	VARIANCE UNIT	1	Variance unit 1	858	83,225
		2	Variance unit 2	851	95,810
				1,709	179,035
PSTOTWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	12.49 - 1004.33	Weight range	1,709	179,035
				1,709	179,035
PSTOTWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	4.27 - 1127.01	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	3.93 - 1252.97	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	5.02 - 1719.89	Replicate weight range	1,709	179,035
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	3.30 - 1817.03	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	5.37 - 1673.20	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	3.93 - 2004.77	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	5.49 - 1418.38	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	3.47 - 1612.62	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	3.33 - 2091.02	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	5.61 - 1480.74	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	3.46 - 1937.02	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	4.79 - 1813.63	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	4.17 - 1725.41	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	4.94 - 1615.73	Replicate weight range	1,709	179,035
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	5.29 - 669.33	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	4.30 - 1368.69	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	3.94 - 1703.36	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	4.70 - 1494.57	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	3.34 - 1071.41	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	5.84 - 1166.42	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	4.01 - 1425.67	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	6.03 - 1842.23	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	3.80 - 1731.42	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	5.74 - 1949.89	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	5.74 - 1875.86	Replicate weight range	1,709	179,035
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	3.45 - 1533.78	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	5.78 - 1977.81	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	3.59 - 1601.44	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	4.56 - 1259.86	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	4.18 - 1096.48	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	3.89 - 1819.78	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	3.73 - 1871.00	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	4.17 - 1263.00	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	4.46 - 1177.74	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	4.30 - 1671.29	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	6.02 - 1713.36	Replicate weight range	1,709	179,035
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	3.54 - 1626.47	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	5.21 - 1839.41	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	4.66 - 1336.07	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	5.36 - 1779.67	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	6.21 - 2238.30	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	3.36 - 1440.29	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	5.55 - 1819.03	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	2.82 - 1838.82	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	4.33 - 1701.38	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	4.24 - 1751.70	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	5.58 - 742.24	Replicate weight range	1,709	179,035
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	4.16 - 1216.52	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	4.67 - 1627.00	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	3.70 - 1462.38	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	3.85 - 1014.99	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	3.79 - 1233.63	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	5.89 - 1480.39	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	4.01 - 1677.89	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	5.36 - 1732.30	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	4.79 - 2266.81	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	3.69 - 1959.95	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	5.10 - 1771.20	Replicate weight range	1,709	179,035
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	3.21 - 1947.91	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	5.89 - 1748.41	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	4.19 - 1212.05	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	4.72 - 1210.84	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	3.60 - 1882.32	Replicate weight range	1,709	179,035
				1,709	179,035
PSTOTWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	4.29 - 1816.50	Replicate weight range	1,709	179,035
				1,709	179,035
CGOHQ1	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?	-8	Don't Know	57	7,065
		-7	Refused	2	164
		1	6 Months Or Less	547	63,722
		2	More Than 6 Months, Not More Than 1 Yr	224	23,843
		3	More Than 1 Yr, Not More Than 2 Years	197	20,279
		4	More Than 2 Yrs, Not More Than 3 Years	113	10,998
		5	More Than 3 Yrs, Not More Than 5 Years	140	11,989
		6	More Than 5 Years Ago	410	38,685
		7	Never Have Been To Dentist	19	2,290
				1,709	179,035
CGOHQ2	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN THE CARE RECIPIENT NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?	-8	Don't Know	20	2,830

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	31
		1	Yes	267	30,593
		2	No	1,421	145,581
				1,709	179,035
CGOHQ301	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE COULD NOT AFFORD THE COST?				
		-8	Don't Know	3	296
		-1	Not Collected	1,442	148,442
		1	Yes	189	19,066
		2	No	75	11,231
				1,709	179,035
CGOHQ302	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT WANT TO SPEND THE MONEY?				
		-8	Don't Know	3	155
		-7	Refused	3	249
		-1	Not Collected	1,442	148,442
		1	Yes	54	7,046
		2	No	207	23,143
				1,709	179,035
CGOHQ303	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?				
		-8	Don't Know	9	819
		-7	Refused	2	172
		-1	Not Collected	1,442	148,442
		1	Yes	115	12,909
		2	No	141	16,693
				1,709	179,035
CGOHQ304	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?				
		-8	Don't Know	3	291
		-7	Refused	1	53
		-1	Not Collected	1,442	148,442
		1	Yes	33	3,629

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	230	26,620
				1,709	179,035
CGOHQ305	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?				
		-8	Don't Know	2	348
		-7	Refused	2	172
		-1	Not Collected	1,442	148,442
		1	Yes	25	2,894
		2	No	238	27,179
				1,709	179,035
CGOHQ306	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	4	303
		-7	Refused	2	84
		-1	Not Collected	1,442	148,442
		1	Yes	13	1,362
		2	No	248	28,844
				1,709	179,035
CGOHQ307	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS AFRAID OF OR DOES NOT LIKE DENTISTS?				
		-7	Refused	2	172
		-1	Not Collected	1,442	148,442
		1	Yes	49	5,179
		2	No	216	25,242
				1,709	179,035
CGOHQ308	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?				
		-7	Refused	1	53
		-1	Not Collected	1,442	148,442
		1	Yes	8	963
		2	No	258	29,577
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHQ309	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?	-8	Don't Know	1	52
		-7	Refused	1	53
		-1	Not Collected	1,442	148,442
		1	Yes	8	870
		2	No	257	29,618
				1,709	179,035
CGOHQ310	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?	-8	Don't Know	3	389
		-7	Refused	2	172
		-1	Not Collected	1,442	148,442
		1	Yes	45	6,130
		2	No	217	23,901
				1,709	179,035
CGOHQ311	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT HAVE TRANSPORTATION?	-8	Don't Know	2	223
		-7	Refused	1	53
		-1	Not Collected	1,442	148,442
		1	Yes	36	5,566
		2	No	228	24,751
				1,709	179,035
CGOHQ312	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-8	Don't Know	1	80
		-1	Not Collected	1,442	148,442
		1	Yes	63	9,788
		2	No	203	20,726
				1,709	179,035

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHQ4	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?	-8	Don't Know	29	3,226
		-7	Refused	2	238
		1	Excellent	97	9,616
		2	Very Good	229	25,779
		3	Good	598	59,029
		4	Fair	454	52,006
		5	Poor	300	29,141
					1,709
CGPMM	IN WHAT MONTH WAS THE CARE RECIPIENT BORN?	-8	Don't Know	3	489
		-7	Refused	12	1,657
		1	January	149	17,904
		2	February	147	15,123
		3	March	153	13,659
		4	April	121	14,229
		5	May	160	16,437
		6	June	126	13,453
		7	July	139	12,727
		8	August	127	11,331
		9	September	148	15,674
		10	October	141	14,862
		11	November	140	14,444
12	December	143	17,047		
			1,709	179,035	
CGPDD	ON WHAT DAY WAS THE CARE RECIPIENT BORN?	-8	Don't Know	3	489
		-7	Refused	13	2,031
		1	Day 1 - 5	52	5,393
		2	Day 6 - 10	64	6,893
		3	Day 11 - 15	58	6,646
		4	Day 16 - 20	42	5,056
		5	Day 21 - 25	45	4,910
		6	Day 26 - 31	57	6,733
		7	7	56	6,147
		8	8	59	5,942
		9	9	47	5,863
10	10	57	5,231		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		11	11	54	6,376
		12	12	57	5,334
		13	13	62	7,246
		14	14	53	5,640
		15	15	62	5,396
		16	16	50	6,260
		17	17	52	4,646
		18	18	57	5,873
		19	19	59	6,514
		20	20	56	5,619
		21	21	72	6,663
		22	22	46	4,090
		23	23	62	5,838
		24	24	52	5,565
		25	25	49	4,518
		26	26	56	5,552
		27	27	57	5,618
		28	28	55	5,976
		29	29	58	5,699
		30	30	52	6,454
		31	31	35	2,827
				1,709	179,035
CGPYYYY	IN WHAT YEAR WAS THE CARE RECIPIENT BORN?	-8	Don't Know	4	588
		-7	Refused	9	1,568
		1909	1909	1	88
		1911	1911	1	182
		1912	1912	2	182
		1913	1913	3	475
		1914	1914	2	164
		1915	1915	4	199
		1916	1916	9	944
		1917	1917	3	431
		1918	1918	11	1,021
		1919	1919	20	2,053
		1920	1920	15	953
		1921	1921	38	4,632
		1922	1922	36	2,952

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1923	1923	51	5,681
		1924	1924	66	7,090
		1925	1925	52	4,385
		1926	1926	67	8,925
		1927	1927	56	5,354
		1928	1928	64	5,435
		1929	1929	69	8,948
		1930	1930	79	7,936
		1931	1931	70	6,241
		1932	1932	70	6,829
		1933	1933	72	7,824
		1934	1934	80	9,580
		1935	1935	73	6,699
		1936	1936	58	5,437
		1937	1937	48	4,024
		1938	1938	59	6,596
		1939	1939	43	3,256
		1940	1940	44	5,236
		1941	1941	34	3,929
		1942	1942	51	4,885
		1943	1943	39	4,113
		1944	1944	45	6,785
		1945	1945	34	3,035
		1946	1946	34	4,209
		1947	1947	40	5,004
		1948	1948	24	2,940
		1949	1949	26	2,024
		1950	1950	25	1,975
		1951	1951	18	1,254
		1952	1952	25	3,537
		1953	1953	11	669
		1954	1954	5	309
		1955	1955	11	1,105
		1956	1956	8	1,356
				1,709	179,035