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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 | HOW MANY HOURS PER WEEK OF RESPITE CARE DO YOU 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 | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS? |
| CGSUPB | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA? |
| CGSUPC | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES? |

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| CGSUPD | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS? |
| CGSUPE | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY 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 | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND? |
| CGSUPG | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY 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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| 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 | IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE 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 QUANTILES) |
| CGHRS7 | NUM | CALCULATED HOURS PER WEEK OF HELP, CARE, OR SUPERVISION THAT CARE RECIPIENT NEEDS |
| CGHRSWK | NUM | IN A TYPICAL 24-HOUR WEEK DAY, HOW MANY HOURS DO YOU PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT IN PERSON? |
| CGHRSWK5 | NUM | CALCULATED HOURS PER 5-DAY WEEK OF HELP, CARE, OR SUPERVISION THAT CAREGIVER PROVIDED |
| CGHRSWD | NUM | IN A TYPICAL 24-HOUR WEEKEND DAY, HOW MANY HOURS DO YOU PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT IN PERSON? |
| CGHRSWD2 | NUM | CALCULATED HOURS PER WEEKEND OF HELP, CARE, OR SUPERVISION CARE THAT CAREGIVER PROVIDED |

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| CGHRSWK7 | NUM | CALCULATED HOURS PER 7-DAY WEEK OF HELP, CARE, OR SUPERVISION THAT CAREGIVER PROVIDED |
| 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? |
| CGOTHLPC | 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? |
| CGOTHLPD | NUM | DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS? |
| CGOTHLPE | NUM | DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE? |
| CGCARE | NUM | WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT? |
| CGOTHLP2 | 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? |

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| SVCTRAN | NUM | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES? |
| SVC DYCR | 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? |
| SVCLGL | NUM | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE? |
| SVCIAA | NUM | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES? |
| HNREDUYN | NUM | HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM? |
| HLTHSCRN | NUM | HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR? |
| SHOTS | NUM | HAS THE CARE RECIPIENT RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR? |
| 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? |
| 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? |
| BENEFITS | NUM | HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY? |
| SVC RATE | NUM | OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES? |
| SVC CURT | NUM | THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS? |
| 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? |
| 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? |
| 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? |
| 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? |
| CGCRHL | NUM | IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS? |
| 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? |

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| 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? |
| NUM_COND | NUM | TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED |
| PFD F I N C | NUM | DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME? |
| PFD F I N B C | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME? |
| PFD F O U C | NUM | DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE? |
| PFD F O U B C | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? |
| PFB E D C | NUM | DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR? |
| PFB E D B C | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR? |
| PFB A T H C | NUM | DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER? |
| PFB A T H B C | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER? |

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| PFDRESC | NUM | DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING? |
| PFDRESBC | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED? |
| PFWALKC | NUM | DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING? |
| PFWALKBC | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK? |
| 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. |

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Positional Listing of Variables

| Name | Type | Description |
|-----------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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? |
| CGENDER | NUM | CAREGIVER'S GENDER? |
| RGENDER | NUM | CARE RECIPIENT'S GENDER? |

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Positional Listing of Variables

| Name | Type | Description |
|-----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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? |
| DEHBM | 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 2016 ABOVE OR BELOW \$20,000? |
| INCOMEC | NUM | WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016? |
| 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 |

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Positional Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|-----------------------------------------------------------------|
| 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 |
| 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 |

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Positional Listing of Variables

| Name | Type | Description |
|------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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? |

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Positional Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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? |
| 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 | IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? |
| CGHRS7 | NUM | CALCULATED HOURS PER WEEK OF HELP, CARE, OR SUPERVISION THAT CARE RECIPIENT NEEDS |
| CGHRSD | NUM | IN A TYPICAL 24-HOUR WEEKEND DAY, HOW MANY HOURS DO YOU PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT IN PERSON? |
| CGHRSD2 | NUM | CALCULATED HOURS PER WEEKEND OF HELP, CARE, OR SUPERVISION CARE THAT CAREGIVER PROVIDED |
| CGHRSWK | NUM | IN A TYPICAL 24-HOUR WEEK DAY, HOW MANY HOURS DO YOU PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT IN PERSON? |
| CGHRSWK5 | NUM | CALCULATED HOURS PER 5-DAY WEEK OF HELP, CARE, OR SUPERVISION THAT CAREGIVER PROVIDED |
| CGHRSWK7 | NUM | CALCULATED HOURS PER 7-DAY WEEK OF HELP, CARE, OR SUPERVISION THAT CAREGIVER PROVIDED |
| 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 | HOW MANY HOURS PER WEEK OF RESPITE CARE DO YOU 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? |

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Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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? |
| 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? |

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Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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? |
| CGOTHLPC | 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? |
| CGOTHLPD | NUM | DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS? |
| CGOTHLPE | 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? |
| CGPFDSC | 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? |
| CGPFDSD | NUM | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL? |
| CGPFDSE | NUM | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR? |
| 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?? |

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Alphabetical Listing of Variables

| Name | Type | Description |
|----------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CGPFDSS | NUM | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS? |
| CGPFDST | 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? |
| 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 | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS? |
| CGSUPB | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA? |
| CGSUPC | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES? |
| CGSUPD | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS? |
| CGSUPE | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY 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 | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND? |
| CGSUPG | NUM | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY 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? |

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| Name | Type | Description |
|-----------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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? |
| CGWHOOTH | 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? |
| DEHBM | 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 2016 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? |

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| Name | Type | Description |
|-----------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HLTHSCRN | NUM | HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR? |
| 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 |
| INCOME C | NUM | WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016? |
| 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?? |
| PFDINBC | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME? |
| PFDINC | NUM | DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME? |

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| Name | Type | Description |
|------------|------|------------------------------------------------------------------------------------------------------------------|
| PFDFOUBC | NUM | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? |
| 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? |
| PFDRSBC | 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 |

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| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|-----------------------------------------------------------------|
| 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 |
| 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 |

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Alphabetical Listing of Variables

| Name | Type | Description |
|------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| PSTOTWGT49 | NUM | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49 |
| 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? |

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Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|--------------------------------------------------------------------------------------|
| SVCLGL | NUM | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE? |
| 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 | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| CGREL | WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER... | | | | |
| | | -8 | Don't Know | 1 | 157 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Husband | 278 | 30,380 |
| | | 2 | Wife | 450 | 50,368 |
| | | 3 | Son | 160 | 17,222 |
| | | 4 | Son-In-Law | 7 | 1,098 |
| | | 5 | Daughter | 608 | 66,069 |
| | | 6 | Daughter-In-Law | 34 | 4,539 |
| | | 8 | Mother | 10 | 632 |
| | | 9 | Brother | 9 | 846 |
| | | 10 | Sister | 47 | 5,732 |
| | | 11 | Granddaughter | 20 | 2,975 |
| | | 12 | Grandson | 6 | 587 |
| | | 13 | Niece | 14 | 1,707 |
| | | 14 | Nephew | 8 | 1,071 |
| | | 15 | A Friend/Neighbor/Another Person | 44 | 5,981 |
| | | 91 | Other Relative | 10 | 1,369 |
| | | | | 1,708 | 190,844 |
| CGACTI01 | DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM? | | | | |
| | | -8 | Don't Know | 3 | 269 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,298 | 144,320 |
| | | 2 | No | 405 | 46,144 |
| | | | | 1,708 | 190,844 |
| CGACTI02 | DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES? | | | | |
| | | -8 | Don't Know | 4 | 657 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,475 | 165,779 |
| | | 2 | No | 227 | 24,296 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| CGACTI03 | DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS? | -8 | Don't Know | 1 | 18 |
| | | -7 | Refused | 1 | 45 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,535 | 172,512 |
| | | 2 | No | 169 | 18,158 |
| | | | | 1,708 | 190,844 |
| CGACTI04 | DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE? | -8 | Don't Know | 4 | 197 |
| | | -7 | Refused | 1 | 45 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,558 | 175,191 |
| | | 2 | No | 143 | 15,300 |
| | | | | 1,708 | 190,844 |
| CGACTI05 | DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING? | -8 | Don't Know | 6 | 428 |
| | | -7 | Refused | 1 | 45 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,619 | 181,982 |
| | | 2 | No | 80 | 8,278 |
| | | | | 1,708 | 190,844 |
| CGACTI06 | DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS? | -8 | Don't Know | 9 | 1,544 |
| | | -7 | Refused | 1 | 38 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,524 | 169,468 |
| | | 2 | No | 172 | 19,683 |
| | | | | 1,708 | 190,844 |
| 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 | 13 | 1,059 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 992 | 111,475 |
| | | 2 | No | 701 | 78,199 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|--------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| CGRSP01 | HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT? | -8 | Don't Know | 1 | 103 |
| | | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 716 | 79,369 |
| | | 1 | Yes | 828 | 89,791 |
| | | 2 | No | 162 | 21,502 |
| | | | | 1,708 | 190,844 |
| CGRSP02 | HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY? | -8 | Don't Know | 3 | 404 |
| | | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 716 | 79,369 |
| | | 1 | Yes | 223 | 27,316 |
| | | 2 | No | 765 | 83,675 |
| | | | | 1,708 | 190,844 |
| CGRSP03 | HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY? | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 716 | 79,369 |
| | | 1 | Yes | 69 | 8,392 |
| | | 2 | No | 922 | 103,003 |
| | | | | 1,708 | 190,844 |
| CGRSP04 | HAVE YOU RECEIVED RESPITE CAMP SERVICES? | -8 | Don't Know | 6 | 931 |
| | | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 716 | 79,369 |
| | | 1 | Yes | 19 | 1,684 |
| | | 2 | No | 966 | 108,781 |
| | | | | 1,708 | 190,844 |
| CGRSP05 | HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE? | -8 | Don't Know | 8 | 978 |
| | | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 716 | 79,369 |
| | | 1 | Yes | 12 | 1,607 |
| | | 2 | No | 971 | 108,811 |
| | | | | 1,708 | 190,844 |
| CGHRWK | HOW MANY HOURS PER WEEK OF RESPITE CARE DO YOU USUALLY RECEIVE? | -8 | Don't Know | 115 | 15,768 |
| | | -7 | Refused | 2 | 228 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------|-------|-------|----------------|------------|----------|
| | | -1 | Not Collected | 715 | 79,327 |
| | | 0 | 0 | 47 | 6,649 |
| | | 1 | 0 Hours | 13 | 1,369 |
| | | 2 | 1 - 5 Hours | 58 | 6,368 |
| | | 3 | 6 - 10 Hours | 69 | 7,859 |
| | | 4 | 11 - 20 Hours | 139 | 12,741 |
| | | 5 | 21 - 80 Hours | 46 | 5,320 |
| | | 6 | 81 - 167 Hours | 90 | 7,276 |
| | | 7 | 168 Hours | 25 | 2,690 |
| | | 8 | 8 | 75 | 10,646 |
| | | 9 | 9 | 14 | 1,533 |
| | | 10 | 10 | 47 | 5,195 |
| | | 11 | 11 | 3 | 636 |
| | | 12 | 12 | 41 | 4,693 |
| | | 13 | 13 | 4 | 485 |
| | | 14 | 14 | 8 | 1,037 |
| | | 15 | 15 | 25 | 2,241 |
| | | 16 | 16 | 20 | 3,002 |
| | | 17 | 17 | 1 | 26 |
| | | 18 | 18 | 12 | 1,089 |
| | | 20 | 20 | 39 | 3,727 |
| | | 21 | 21 | 3 | 445 |
| | | 22 | 22 | 2 | 72 |
| | | 23 | 23 | 1 | 19 |
| | | 24 | 24 | 20 | 2,889 |
| | | 25 | 25 | 9 | 1,114 |
| | | 26 | 26 | 2 | 143 |
| | | 27 | 27 | 3 | 283 |
| | | 28 | 28 | 3 | 126 |
| | | 29 | 29 | 1 | 137 |
| | | 30 | 30 | 18 | 2,141 |
| | | 32 | 32 | 3 | 263 |
| | | 34 | 34 | 1 | 182 |
| | | 35 | 35 | 5 | 451 |
| | | 36 | 36 | 3 | 322 |
| | | 37 | 37 | 1 | 154 |
| | | 40 | 40 | 14 | 912 |
| | | 45 | 45 | 1 | 86 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 48 | | 1 | 210 |
| | | 49 | | 2 | 77 |
| | | 56 | | 1 | 166 |
| | | 84 | | 2 | 464 |
| | | 91 | | 1 | 110 |
| | | 112 | | 1 | 45 |
| | | 126 | | 1 | 107 |
| | | 140 | | 1 | 20 |
| | | | | 1,708 | 190,844 |
| 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 | 32 | 4,005 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,176 | 128,908 |
| | | 2 | No | 498 | 57,820 |
| | | | | 1,708 | 190,844 |
| CGINFOHP | HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES? | | | | |
| | | -8 | Don't Know | 31 | 3,243 |
| | | -7 | Refused | 2 | 437 |
| | | -1 | Not Collected | 532 | 61,936 |
| | | 1 | Yes | 900 | 100,479 |
| | | 2 | No | 243 | 24,749 |
| | | | | 1,708 | 190,844 |
| 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 | 8 | 973 |
| | | -7 | Refused | 2 | 236 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 563 | 71,874 |
| | | 2 | No | 1,133 | 117,651 |
| | | | | 1,708 | 190,844 |
| CGEDKD01 | HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES? | | | | |
| | | -8 | Don't Know | 3 | 866 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | -1 | Not Collected | 1,145 | 118,970 |
| | | 1 | Yes | 265 | 37,761 |
| | | 2 | No | 295 | 33,246 |
| | | | | 1,708 | 190,844 |
| CGEDKD02 | HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION? | | | | |
| | | -8 | Don't Know | 7 | 991 |
| | | -1 | Not Collected | 1,145 | 118,970 |
| | | 1 | Yes | 235 | 32,730 |
| | | 2 | No | 321 | 38,153 |
| | | | | 1,708 | 190,844 |
| CGEDKD03 | HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS? | | | | |
| | | -8 | Don't Know | 2 | 736 |
| | | -1 | Not Collected | 1,145 | 118,970 |
| | | 1 | Yes | 314 | 40,574 |
| | | 2 | No | 247 | 30,564 |
| | | | | 1,708 | 190,844 |
| CGEDKD04 | HAVE YOU ATTENDED SOMETHING ELSE? | | | | |
| | | -8 | Don't Know | 5 | 647 |
| | | -1 | Not Collected | 1,145 | 118,970 |
| | | 1 | Yes | 55 | 8,136 |
| | | 2 | No | 503 | 63,090 |
| | | | | 1,708 | 190,844 |
| CGSUPA | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS? | | | | |
| | | -8 | Don't Know | 13 | 1,225 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 293 | 31,838 |
| | | 2 | No | 1,400 | 157,670 |
| | | | | 1,708 | 190,844 |
| CGSUPB | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA? | | | | |
| | | -8 | Don't Know | 13 | 1,501 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 231 | 27,146 |
| | | 2 | No | 1,462 | 162,087 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | | | 1,708 | 190,844 |
| CGSUPC | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES? | -8 | Don't Know | 23 | 2,463 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 338 | 37,273 |
| | | 2 | No | 1,345 | 150,997 |
| | | | | 1,708 | 190,844 |
| CGSUPD | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS? | -8 | Don't Know | 13 | 1,933 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 283 | 29,115 |
| | | 2 | No | 1,410 | 159,685 |
| | | | | 1,708 | 190,844 |
| CGSUPE | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY 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 | 1,069 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 276 | 30,517 |
| | | 2 | No | 1,419 | 159,147 |
| | | | | 1,708 | 190,844 |
| CGSUPF | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND? | -8 | Don't Know | 13 | 1,437 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 365 | 34,681 |
| | | 2 | No | 1,328 | 154,615 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------|--------------|----------------|
| CGSUPG | HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE? | -8 | Don't Know | 7 | 753 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 34 | 3,186 |
| | | 2 | No | 1,665 | 186,794 |
| | | | | 1,708 | 190,844 |
| CGMSTHLP | OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL? | -8 | Don't Know | 24 | 2,699 |
| | | -7 | Refused | 6 | 690 |
| | | -1 | Not Collected | 438 | 50,658 |
| | | 1 | Respite Care Services | 617 | 69,221 |
| | | 2 | Help/Information Re: Available Services/Resources | 212 | 23,112 |
| | | 3 | Cg Training/Education | 134 | 18,100 |
| | | 4 | Other Support Services/Assistance | 277 | 26,363 |
| | | 1,708 | 190,844 | | |
| CGHEAR | WHERE DID YOU HEAR ABOUT THE NFCSP? | -8 | Don't Know | 68 | 6,991 |
| | | -7 | Refused | 1 | 633 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Family | 195 | 19,650 |
| | | 2 | Friends | 288 | 32,752 |
| | | 3 | A Physician | 262 | 28,000 |
| | | 4 | A Community Organization | 120 | 16,329 |
| | | 5 | The Media | 101 | 12,215 |
| | | 6 | A Social Worker Or Case Manager | 196 | 23,836 |
| | | 7 | The Hospital | 131 | 12,803 |
| 8 | The State/Local Office For The Aging | 261 | 26,752 | | |
| 91 | Someplace Else | 83 | 10,771 | | |
| | | 1,708 | 190,844 | | |
| CGAFECA | AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES? | -8 | Don't Know | 21 | 2,824 |
| | | -1 | Not Collected | 2 | 111 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 1 | Yes | 1,079 | 119,337 |
| | | 2 | No | 606 | 68,572 |
| | | | | 1,708 | 190,844 |
| CGAFECB | AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS? | -8 | Don't Know | 30 | 2,897 |
| | | -7 | Refused | 5 | 899 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,240 | 138,571 |
| | | 2 | No | 431 | 48,366 |
| | | | | 1,708 | 190,844 |
| 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 | 34 | 3,380 |
| | | -7 | Refused | 3 | 648 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,372 | 149,351 |
| | | 2 | No | 297 | 37,353 |
| | | | | 1,708 | 190,844 |
| 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 | 39 | 3,885 |
| | | -7 | Refused | 3 | 760 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,292 | 144,350 |
| | | 2 | No | 372 | 41,739 |
| | | | | 1,708 | 190,844 |
| 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 | 31 | 4,020 |
| | | -7 | Refused | 4 | 306 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,033 | 120,678 |
| | | 2 | No | 638 | 65,729 |
| | | | | 1,708 | 190,844 |
| CGAFECF | DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE? | -8 | Don't Know | 28 | 3,238 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------|--------------|----------------|
| | | -7 | Refused | 3 | 127 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,588 | 176,975 |
| | | 2 | No | 87 | 10,392 |
| | | | | 1,708 | 190,844 |
| CGHELP | HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER? | | | | |
| | | -8 | Don't Know | 35 | 4,048 |
| | | -7 | Refused | 6 | 845 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,469 | 163,225 |
| | | 2 | No | 196 | 22,615 |
| | | | | 1,708 | 190,844 |
| 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 | 82 | 10,261 |
| | | -7 | Refused | 8 | 642 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,328 | 146,185 |
| | | 2 | No | 288 | 33,644 |
| | | | | 1,708 | 190,844 |
| CGRATE | OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED? | | | | |
| | | -8 | Don't Know | 19 | 2,560 |
| | | -7 | Refused | 4 | 965 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Excellent | 751 | 86,204 |
| | | 2 | Very Good | 577 | 63,000 |
| | | 3 | Good | 252 | 26,455 |
| | | 4 | Fair | 71 | 8,327 |
| | | 5 | Poor | 32 | 3,223 |
| | | | | 1,708 | 190,844 |
| CGRATE2 | RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT | | | | |
| | | . | Missing | 25 | 3,636 |
| | | 1 | Rating of Good to Excellent | 1,580 | 175,659 |
| | | 2 | Rating of Fair or Poor | 103 | 11,549 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|-------------------------------------------------------------------------------------|-------|-------------------|----------------|--------------|
| CGDIFF | HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT? | -8 | Don't Know | 103 | 12,663 |
| | | -7 | Refused | 11 | 1,563 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 549 | 64,385 |
| | | 2 | No | 1,043 | 112,121 |
| | | | | | 1,708 |
| CGWORK | WHAT IS YOUR CURRENT EMPLOYMENT STATUS? | -8 | Don't Know | 6 | 475 |
| | | -7 | Refused | 3 | 468 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Working Full Time | 314 | 34,835 |
| | | 2 | Working Part Time | 172 | 18,198 |
| | | 3 | Retired | 932 | 105,410 |
| | | 4 | Not Working | 279 | 31,347 |
| | | | 1,708 | 190,844 | |
| CGQUIT | DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY? | -8 | Don't Know | 9 | 792 |
| | | -7 | Refused | 1 | 58 |
| | | -1 | Not Collected | 497 | 54,087 |
| | | 1 | Yes | 355 | 40,810 |
| | | 2 | No | 846 | 95,098 |
| | | | | | 1,708 |
| CGINTRFR | HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB? | -8 | Don't Know | 2 | 567 |
| | | -7 | Refused | 1 | 166 |
| | | -1 | Not Collected | 1,222 | 137,811 |
| | | 1 | Yes | 285 | 30,319 |
| | | 2 | No | 198 | 21,981 |
| | | | | | 1,708 |
| CGINTJB | HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB? | -1 | Not Collected | 1,423 | 160,525 |
| | | 1 | Always | 55 | 5,668 |
| | | 2 | Often | 96 | 10,676 |
| | | 3 | Sometimes | 119 | 12,454 |
| | | 4 | Rarely | 14 | 1,507 |
| | | 5 | Never | 1 | 12 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------|--------------|----------------|
| | | | | 1,708 | 190,844 |
| CGSRVHLP | HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES? | -8 | Don't Know | 2 | 155 |
| | | -1 | Not Collected | 1,424 | 160,538 |
| | | 1 | Yes | 139 | 13,398 |
| | | 2 | No | 143 | 16,754 |
| | | | | 1,708 | 190,844 |
| 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 | 21 | 1,995 |
| | | -7 | Refused | 4 | 191 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Scale | 1,681 | 188,547 |
| | | | | 1,708 | 190,844 |
| 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 | 17 | 2,121 |
| | | -7 | Refused | 3 | 89 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Scale | 1,686 | 188,522 |
| | | | | 1,708 | 190,844 |
| 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 | 28 | 2,595 |
| | | -7 | Refused | 3 | 209 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Scale | 1,675 | 187,928 |
| | | | | 1,708 | 190,844 |
| CGDIF | WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT? | -8 | Don't Know | 44 | 5,435 |
| | | -7 | Refused | 6 | 490 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | The Financial Burden | 160 | 16,614 |
| | | 2 | Not Enough Time For Self | 308 | 35,266 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|--------------|----------------|
| | | 3 | Not Enough Time For Family | 121 | 12,221 |
| | | 4 | Interferes With Your Work | 37 | 4,352 |
| | | 5 | Affects Your Family Relationships | 75 | 10,504 |
| | | 6 | Interferes With Your Privacy | 28 | 2,262 |
| | | 7 | Conflicts With Your Social Life | 87 | 9,995 |
| | | 8 | Creates Stress | 322 | 36,504 |
| | | 9 | None | 155 | 16,646 |
| | | 10 | All Of The Above | 318 | 34,897 |
| | | 91 | Something Else | 45 | 5,548 |
| | | | | 1,708 | 190,844 |
| CGALLEV | HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING? | -8 | Don't Know | 59 | 5,419 |
| | | -7 | Refused | 4 | 310 |
| | | -1 | Not Collected | 57 | 6,720 |
| | | 1 | Yes | 1,176 | 128,990 |
| | | 2 | No | 412 | 49,405 |
| | | | | 1,708 | 190,844 |
| CGHEALTH | IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS? | -8 | Don't Know | 12 | 798 |
| | | -7 | Refused | 3 | 389 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Excellent | 179 | 20,643 |
| | | 2 | Very Good | 424 | 49,061 |
| | | 3 | Good | 565 | 61,318 |
| | | 4 | Fair | 372 | 42,458 |
| | | 5 | Poor | 151 | 16,065 |
| | | | | 1,708 | 190,844 |
| 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 | 13 | 1,798 |
| | | -7 | Refused | 6 | 793 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 721 | 81,042 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|-------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 2 | No | 966 | 107,100 |
| | | | | 1,708 | 190,844 |
| CGDISBB1 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 420 | 46,277 |
| | | 2 | No | 286 | 32,581 |
| | | | | 1,708 | 190,844 |
| CGDISBB2 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 74 | 9,540 |
| | | 2 | No | 632 | 69,317 |
| | | | | 1,708 | 190,844 |
| CGDISBB3 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 86 | 8,638 |
| | | 2 | No | 620 | 70,220 |
| | | | | 1,708 | 190,844 |
| CGDISBB4 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/STROKE | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 160 | 20,546 |
| | | 2 | No | 546 | 58,312 |
| | | | | 1,708 | 190,844 |
| CGDISBB5 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 110 | 13,453 |
| | | 2 | No | 596 | 65,405 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | | | 1,708 | 190,844 |
| CGDISBB6 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 62 | 6,734 |
| | | 2 | No | 644 | 72,123 |
| | | | | 1,708 | 190,844 |
| CGDISBB7 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 35 | 4,547 |
| | | 2 | No | 671 | 74,310 |
| | | | | 1,708 | 190,844 |
| CGDISBB8 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL) | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 56 | 6,074 |
| | | 2 | No | 650 | 72,783 |
| | | | | 1,708 | 190,844 |
| CGDISBB9 | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES) | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 23 | 2,277 |
| | | 2 | No | 683 | 76,581 |
| | | | | 1,708 | 190,844 |
| CGDISBOT | WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER | -8 | Don't Know | 2 | 195 |
| | | -7 | Refused | 13 | 1,990 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 111 | 13,200 |
| | | 2 | No | 595 | 65,658 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---------------------------------------------------------------------------------------------------------|-------|------------------------------------------|--------------|----------------|
| CGHLTH | HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES? | -8 | Don't Know | 26 | 2,497 |
| | | -7 | Refused | 3 | 352 |
| | | -1 | Not Collected | 987 | 109,802 |
| | | 1 | Yes | 385 | 43,605 |
| | | 2 | No | 307 | 34,589 |
| | | | | 1,708 | 190,844 |
| CGHLONG | FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT? | -8 | Don't Know | 4 | 256 |
| | | -7 | Refused | 1 | 153 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | 6 Months Or Less | 21 | 2,582 |
| | | 2 | More Than 6 Months, But Less Than 1 Year | 53 | 7,697 |
| | | 3 | At Least 1 Year, But Less Than 2 Years | 203 | 26,218 |
| | | 4 | 2 To 5 Years | 659 | 73,300 |
| | | 5 | 5 To 10 Years | 493 | 50,906 |
| | | 6 | 11 To 20 Years | 191 | 21,460 |
| 7 | More Than 20 Years | 81 | 8,160 | | |
| | | | | 1,708 | 190,844 |
| CGMINUT | HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT? | -8 | Don't Know | 1 | 18 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | In The Same House | 1,289 | 147,713 |
| | | 2 | Less Than 20 Minutes Away | 302 | 30,884 |
| | | 3 | Between 20 And 60 Minutes Away | 92 | 8,322 |
| | | 4 | Between 1 And 2 Hours Away | 12 | 2,504 |
| 5 | More Than Two Hours Away | 10 | 1,292 | | |
| | | | | 1,708 | 190,844 |
| VISTIMES | HOW OFTEN DO YOU VISIT THE CARE RECIPIENT? | -8 | Don't Know | 2 | 371 |
| | | -1 | Not Collected | 1,291 | 147,824 |
| | | 1 | Every Day | 186 | 17,621 |
| | | 2 | Two Or More Times Per Week | 184 | 18,644 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|------------------------------------------------------------------------------------------------------|-------|------------------------------------------|--------------|----------------|
| | | 3 | Once A Week | 27 | 3,900 |
| | | 4 | A Few Times A Month | 11 | 1,477 |
| | | 5 | Once A Month | 2 | 467 |
| | | 6 | A Few Times A Year | 4 | 464 |
| | | 7 | Less Often | 1 | 76 |
| | | | | 1,708 | 190,844 |
| CGALONE | DOES THE CARE RECIPIENT LIVE ALONE? | -8 | Don't Know | 1 | 103 |
| | | -1 | Not Collected | 1,291 | 147,824 |
| | | 1 | Yes | 265 | 26,791 |
| | | 2 | No | 151 | 16,126 |
| | | | | 1,708 | 190,844 |
| CGLFTLN | CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY? | -8 | Don't Know | 15 | 1,212 |
| | | -7 | Refused | 1 | 14 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Can Be Left Alone Over A Day At A Time | 132 | 13,596 |
| | | 2 | Can Be Left Alone A Day But Then Checked | 201 | 20,866 |
| | | 3 | Needs Someone There At Least Part Of Day | 362 | 44,489 |
| | | 4 | Needs Someone There All/Nearly All Time | 995 | 110,556 |
| | | | | 1,708 | 190,844 |
| CGHRS | IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? | -8 | Don't Know | 114 | 12,863 |
| | | -7 | Refused | 6 | 398 |
| | | -1 | Not Collected | 2 | 111 |
| | | 0 | 0 | 40 | 4,888 |
| | | 1 | 0 Hours | 54 | 3,910 |
| | | 2 | 1 - 2 Hours | 110 | 10,770 |
| | | 3 | 3 - 4 Hours | 77 | 7,963 |
| | | 4 | 5 - 6 Hours | 112 | 14,587 |
| | | 5 | 7 - 10 Hours | 64 | 7,486 |
| | | 6 | 11 - 15 Hours | 84 | 8,993 |
| | | 7 | 16 - 23 Hours | 17 | 2,616 |
| | | 8 | 24 Hours | 103 | 10,976 |
| | | 9 | 9 | 6 | 888 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|---------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------|--------------|----------------|
| | | 10 | 10 | 53 | 4,594 |
| | | 11 | 11 | 5 | 310 |
| | | 12 | 12 | 109 | 14,673 |
| | | 13 | 13 | 5 | 413 |
| | | 14 | 14 | 25 | 2,580 |
| | | 15 | 15 | 15 | 2,432 |
| | | 16 | 16 | 31 | 3,299 |
| | | 17 | 17 | 2 | 200 |
| | | 18 | 18 | 29 | 2,629 |
| | | 19 | 19 | 1 | 32 |
| | | 20 | 20 | 23 | 2,727 |
| | | 21 | 21 | 5 | 1,066 |
| | | 22 | 22 | 15 | 1,953 |
| | | 23 | 23 | 8 | 720 |
| | | 24 | 24 | 593 | 66,767 |
| | | | | 1,708 | 190,844 |
| CGHRS_Q | IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES) | . | Missing | 122 | 13,372 |
| | | 1 | First Quartile (0-4) | 393 | 42,117 |
| | | 2 | Second Quartile (5-12) | 441 | 50,538 |
| | | 3 | Third Quartile (adjusted to 13-23) | 159 | 18,050 |
| | | 4 | Fourth Quartile (24) | 593 | 66,767 |
| | | | | 1,708 | 190,844 |
| CGHRS7 | CALCULATED HOURS PER WEEK OF HELP, CARE, OR SUPERVISION THAT CARE RECIPIENT NEEDS | -1 | Not Collected | 122 | 13,372 |
| | | 0 | 0 | 40 | 4,888 |
| | | 7 | 41 - 80 Hours | 54 | 3,910 |
| | | 14 | 14 | 110 | 10,770 |
| | | 21 | 21 | 77 | 7,963 |
| | | 28 | 28 | 112 | 14,587 |
| | | 35 | 35 | 64 | 7,486 |
| | | 42 | 42 | 84 | 8,993 |
| | | 49 | 49 | 17 | 2,616 |
| | | 56 | 56 | 103 | 10,976 |
| | | 63 | 63 | 6 | 888 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 70 | 70 | 53 | 4,594 |
| | | 77 | 77 | 5 | 310 |
| | | 84 | 84 | 109 | 14,673 |
| | | 91 | 91 | 5 | 413 |
| | | 98 | 98 | 25 | 2,580 |
| | | 105 | 105 | 15 | 2,432 |
| | | 112 | 112 | 31 | 3,299 |
| | | 119 | 119 | 2 | 200 |
| | | 126 | 126 | 29 | 2,629 |
| | | 133 | 133 | 1 | 32 |
| | | 140 | 140 | 23 | 2,727 |
| | | 147 | 147 | 5 | 1,066 |
| | | 154 | 154 | 15 | 1,953 |
| | | 161 | 161 | 8 | 720 |
| | | 168 | 168 | 593 | 66,767 |
| | | | | 1,708 | 190,844 |
| CGHRSWK | IN A TYPICAL 24-HOUR WEEK DAY, HOW MANY HOURS DO YOU PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT IN PERSON? | -8 | Don't Know | 122 | 13,815 |
| | | -7 | Refused | 6 | 615 |
| | | -1 | Not Collected | 2 | 111 |
| | | 0 | 0 | 26 | 2,953 |
| | | 1 | 0 Hours | 63 | 5,388 |
| | | 2 | 1 - 2 Hours | 82 | 8,185 |
| | | 3 | 3 - 4 Hours | 72 | 6,972 |
| | | 4 | 5 - 6 Hours | 77 | 8,934 |
| | | 5 | 7 - 10 Hours | 53 | 6,166 |
| | | 6 | 11 - 15 Hours | 68 | 8,231 |
| | | 7 | 16 - 23 Hours | 25 | 3,790 |
| | | 8 | 24 Hours | 86 | 9,902 |
| | | 9 | 9 | 11 | 1,205 |
| | | 10 | 10 | 60 | 7,876 |
| | | 11 | 11 | 8 | 1,159 |
| | | 12 | 12 | 116 | 11,472 |
| | | 13 | 13 | 12 | 1,647 |
| | | 14 | 14 | 39 | 3,431 |
| | | 15 | 15 | 34 | 4,541 |
| | | 16 | 16 | 62 | 8,237 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 17 | 17 | 14 | 981 |
| | | 18 | 18 | 58 | 5,771 |
| | | 19 | 19 | 15 | 1,221 |
| | | 20 | 20 | 60 | 6,865 |
| | | 21 | 21 | 8 | 608 |
| | | 22 | 22 | 20 | 3,002 |
| | | 23 | 23 | 15 | 1,169 |
| | | 24 | 24 | 494 | 56,596 |
| | | | | 1,708 | 190,844 |
| CGHRSWK5 | CALCULATED HOURS PER 5-DAY WEEK OF HELP, CARE, OR SUPERVISION THAT CAREGIVER PROVIDED | | | | |
| | | -1 | Not Collected | 130 | 14,541 |
| | | 0 | 0 | 26 | 2,953 |
| | | 5 | 31 - 50 Hours | 63 | 5,388 |
| | | 10 | 10 | 82 | 8,185 |
| | | 15 | 15 | 72 | 6,972 |
| | | 20 | 20 | 77 | 8,934 |
| | | 25 | 25 | 53 | 6,166 |
| | | 30 | 30 | 68 | 8,231 |
| | | 35 | 35 | 25 | 3,790 |
| | | 40 | 40 | 86 | 9,902 |
| | | 45 | 45 | 11 | 1,205 |
| | | 50 | 50 | 60 | 7,876 |
| | | 55 | 55 | 8 | 1,159 |
| | | 60 | 60 | 116 | 11,472 |
| | | 65 | 65 | 12 | 1,647 |
| | | 70 | 70 | 39 | 3,431 |
| | | 75 | 75 | 34 | 4,541 |
| | | 80 | 80 | 62 | 8,237 |
| | | 85 | 85 | 14 | 981 |
| | | 90 | 90 | 58 | 5,771 |
| | | 95 | 95 | 15 | 1,221 |
| | | 100 | 100 | 60 | 6,865 |
| | | 105 | 105 | 8 | 608 |
| | | 110 | 110 | 20 | 3,002 |
| | | 115 | 115 | 15 | 1,169 |
| | | 120 | 120 | 494 | 56,596 |
| | | | | 1,708 | 190,844 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|---------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|----------------|----------|
| CGHRSD | IN A TYPICAL 24-HOUR WEEKEND DAY, HOW MANY HOURS DO YOU PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT IN PERSON? | -8 | Don't Know | 97 | 9,875 |
| | | -7 | Refused | 8 | 518 |
| | | -1 | Not Collected | 2 | 111 |
| | | 0 | 0 | 42 | 6,801 |
| | | 1 | 0 Hours | 48 | 4,567 |
| | | 2 | 1 - 2 Hours | 83 | 8,357 |
| | | 3 | 3 - 4 Hours | 64 | 5,635 |
| | | 4 | 5 - 6 Hours | 95 | 10,254 |
| | | 5 | 7 - 10 Hours | 45 | 4,960 |
| | | 6 | 11 - 15 Hours | 58 | 6,420 |
| | | 7 | 16 - 23 Hours | 21 | 2,278 |
| | | 8 | 24 Hours | 74 | 7,650 |
| | | 9 | 9 | 10 | 1,796 |
| | | 10 | 10 | 57 | 7,407 |
| | | 11 | 11 | 1 | 157 |
| | | 12 | 12 | 108 | 12,866 |
| | | 13 | 13 | 8 | 959 |
| | | 14 | 14 | 21 | 2,194 |
| | | 15 | 15 | 28 | 3,498 |
| | | 16 | 16 | 41 | 4,799 |
| | | 17 | 17 | 9 | 636 |
| | | 18 | 18 | 44 | 4,126 |
| | | 19 | 19 | 8 | 389 |
| | | 20 | 20 | 54 | 5,553 |
| | | 21 | 21 | 8 | 459 |
| 22 | 22 | 20 | 2,521 | | |
| 23 | 23 | 11 | 672 | | |
| 24 | 24 | 643 | 75,387 | | |
| | | | 1,708 | 190,844 | |
| CGHRSD2 | CALCULATED HOURS PER WEEKEND OF HELP, CARE, OR SUPERVISION CARE THAT CAREGIVER PROVIDED | -1 | Not Collected | 107 | 10,504 |
| | | 0 | 0 | 42 | 6,801 |
| | | 2 | 1 - 5 Hours | 48 | 4,567 |
| | | 4 | 11 - 20 Hours | 83 | 8,357 |
| | | 6 | 31 - 47 Hours | 64 | 5,635 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|------------------------------------------------------------------------------------------------|-------|-----------------|--------------|----------------|
| | | 8 | 8 | 95 | 10,254 |
| | | 10 | 10 | 45 | 4,960 |
| | | 12 | 12 | 58 | 6,420 |
| | | 14 | 14 | 21 | 2,278 |
| | | 16 | 16 | 74 | 7,650 |
| | | 18 | 18 | 10 | 1,796 |
| | | 20 | 20 | 57 | 7,407 |
| | | 22 | 22 | 1 | 157 |
| | | 24 | 24 | 108 | 12,866 |
| | | 26 | 26 | 8 | 959 |
| | | 28 | 28 | 21 | 2,194 |
| | | 30 | 30 | 28 | 3,498 |
| | | 32 | 32 | 41 | 4,799 |
| | | 34 | 34 | 9 | 636 |
| | | 36 | 36 | 44 | 4,126 |
| | | 38 | 38 | 8 | 389 |
| | | 40 | 40 | 54 | 5,553 |
| | | 42 | 42 | 8 | 459 |
| | | 44 | 44 | 20 | 2,521 |
| | | 46 | 46 | 11 | 672 |
| | | 48 | 48 | 643 | 75,387 |
| | | | | 1,708 | 190,844 |
| CGHRSWK7 | CALCULATED HOURS PER 7-DAY WEEK OF HELP, CARE, OR SUPERVISION THAT CAREGIVER PROVIDED | -1 | Not Collected | 162 | 16,833 |
| | | 0 | 0 | 14 | 1,611 |
| | | 2 | 1 - 20 Hours | 1 | 238 |
| | | 4 | 41 - 80 Hours | 3 | 243 |
| | | 5 | 81 - 120 Hours | 2 | 844 |
| | | 6 | 121 - 167 Hours | 2 | 315 |
| | | 7 | 168 Hours | 31 | 2,045 |
| | | 8 | 8 | 1 | 166 |
| | | 9 | 9 | 12 | 966 |
| | | 10 | 10 | 4 | 416 |
| | | 11 | 11 | 3 | 484 |
| | | 12 | 12 | 4 | 376 |
| | | 13 | 13 | 6 | 474 |
| | | 14 | 14 | 42 | 4,338 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------|-------|-------|-------------|------------|----------|
| | | 15 | 15 | 4 | 462 |
| | | 16 | 16 | 7 | 377 |
| | | 17 | 17 | 7 | 629 |
| | | 18 | 18 | 13 | 1,516 |
| | | 19 | 19 | 2 | 236 |
| | | 20 | 20 | 9 | 781 |
| | | 21 | 21 | 33 | 3,083 |
| | | 22 | 22 | 3 | 187 |
| | | 23 | 23 | 8 | 788 |
| | | 24 | 24 | 5 | 635 |
| | | 25 | 25 | 10 | 668 |
| | | 26 | 26 | 9 | 662 |
| | | 27 | 27 | 5 | 390 |
| | | 28 | 28 | 41 | 4,694 |
| | | 29 | 29 | 3 | 151 |
| | | 30 | 30 | 5 | 1,120 |
| | | 31 | 31 | 7 | 1,056 |
| | | 32 | 32 | 1 | 40 |
| | | 33 | 33 | 3 | 154 |
| | | 34 | 34 | 4 | 192 |
| | | 35 | 35 | 22 | 2,613 |
| | | 36 | 36 | 14 | 1,422 |
| | | 37 | 37 | 2 | 491 |
| | | 38 | 38 | 3 | 327 |
| | | 39 | 39 | 2 | 150 |
| | | 40 | 40 | 6 | 1,010 |
| | | 41 | 41 | 5 | 667 |
| | | 42 | 42 | 33 | 4,048 |
| | | 43 | 43 | 1 | 501 |
| | | 44 | 44 | 6 | 426 |
| | | 45 | 45 | 4 | 730 |
| | | 46 | 46 | 5 | 207 |
| | | 47 | 47 | 1 | 104 |
| | | 48 | 48 | 7 | 848 |
| | | 49 | 49 | 16 | 2,036 |
| | | 50 | 50 | 3 | 972 |
| | | 51 | 51 | 1 | 27 |
| | | 52 | 52 | 3 | 840 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------|-------|-------|-------------|------------|----------|
| | | 53 | 53 | 2 | 87 |
| | | 54 | 54 | 7 | 1,303 |
| | | 55 | 55 | 2 | 538 |
| | | 56 | 56 | 40 | 4,287 |
| | | 57 | 57 | 2 | 527 |
| | | 58 | 58 | 4 | 614 |
| | | 59 | 59 | 1 | 158 |
| | | 60 | 60 | 8 | 633 |
| | | 62 | 62 | 1 | 88 |
| | | 63 | 63 | 7 | 572 |
| | | 64 | 64 | 8 | 1,050 |
| | | 65 | 65 | 1 | 116 |
| | | 66 | 66 | 2 | 69 |
| | | 68 | 68 | 11 | 1,741 |
| | | 70 | 70 | 30 | 3,687 |
| | | 72 | 72 | 6 | 471 |
| | | 73 | 73 | 4 | 557 |
| | | 74 | 74 | 6 | 691 |
| | | 75 | 75 | 1 | 158 |
| | | 76 | 76 | 1 | 158 |
| | | 77 | 77 | 2 | 190 |
| | | 78 | 78 | 8 | 1,636 |
| | | 79 | 79 | 1 | 210 |
| | | 80 | 80 | 4 | 354 |
| | | 81 | 81 | 1 | 64 |
| | | 82 | 82 | 3 | 417 |
| | | 83 | 83 | 3 | 239 |
| | | 84 | 84 | 66 | 7,182 |
| | | 85 | 85 | 3 | 576 |
| | | 86 | 86 | 2 | 89 |
| | | 88 | 88 | 18 | 1,946 |
| | | 89 | 89 | 1 | 36 |
| | | 90 | 90 | 4 | 192 |
| | | 91 | 91 | 7 | 1,036 |
| | | 92 | 92 | 2 | 100 |
| | | 93 | 93 | 3 | 251 |
| | | 94 | 94 | 1 | 54 |
| | | 95 | 95 | 1 | 127 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------|-------|-------|-------------|------------|----------|
| | | 96 | 96 | 1 | 91 |
| | | 98 | 98 | 19 | 1,450 |
| | | 100 | 100 | 4 | 321 |
| | | 101 | 101 | 1 | 33 |
| | | 102 | 102 | 2 | 108 |
| | | 103 | 103 | 4 | 620 |
| | | 104 | 104 | 4 | 619 |
| | | 105 | 105 | 18 | 2,675 |
| | | 106 | 106 | 3 | 105 |
| | | 107 | 107 | 1 | 76 |
| | | 108 | 108 | 20 | 2,245 |
| | | 109 | 109 | 1 | 191 |
| | | 110 | 110 | 2 | 73 |
| | | 111 | 111 | 2 | 117 |
| | | 112 | 112 | 25 | 3,294 |
| | | 113 | 113 | 3 | 329 |
| | | 114 | 114 | 3 | 700 |
| | | 115 | 115 | 1 | 31 |
| | | 116 | 116 | 1 | 42 |
| | | 118 | 118 | 16 | 2,047 |
| | | 119 | 119 | 8 | 542 |
| | | 120 | 120 | 8 | 1,624 |
| | | 122 | 122 | 1 | 33 |
| | | 123 | 123 | 7 | 916 |
| | | 126 | 126 | 30 | 2,613 |
| | | 128 | 128 | 30 | 3,444 |
| | | 130 | 130 | 4 | 368 |
| | | 132 | 132 | 4 | 255 |
| | | 133 | 133 | 14 | 888 |
| | | 136 | 136 | 4 | 116 |
| | | 137 | 137 | 1 | 69 |
| | | 138 | 138 | 19 | 2,229 |
| | | 140 | 140 | 29 | 3,441 |
| | | 143 | 143 | 7 | 832 |
| | | 144 | 144 | 9 | 709 |
| | | 146 | 146 | 1 | 157 |
| | | 147 | 147 | 5 | 309 |
| | | 148 | 148 | 22 | 2,362 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 150 | 150 | 1 | 35 |
| | | 151 | 151 | 1 | 54 |
| | | 152 | 152 | 2 | 296 |
| | | 153 | 153 | 2 | 230 |
| | | 154 | 154 | 12 | 1,941 |
| | | 155 | 155 | 2 | 185 |
| | | 156 | 156 | 2 | 539 |
| | | 158 | 158 | 7 | 1,026 |
| | | 160 | 160 | 8 | 650 |
| | | 161 | 161 | 8 | 401 |
| | | 162 | 162 | 1 | 18 |
| | | 163 | 163 | 4 | 529 |
| | | 164 | 164 | 4 | 340 |
| | | 166 | 166 | 2 | 114 |
| | | 168 | 168 | 444 | 51,621 |
| | | | | 1,708 | 190,844 |
| CGOTHLPA | DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS? | | | | |
| | | -8 | Don't Know | 3 | 186 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 831 | 89,951 |
| | | 2 | No | 872 | 100,596 |
| | | | | 1,708 | 190,844 |
| CGOTHLPB | DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING? | | | | |
| | | -8 | Don't Know | 43 | 4,398 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 867 | 86,387 |
| | | 2 | No | 796 | 99,948 |
| | | | | 1,708 | 190,844 |
| CGOTHLPC | 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 | 23 | 2,605 |
| | | -7 | Refused | 2 | 338 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 378 | 44,110 |
| | | 2 | No | 1,303 | 143,680 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|----------------------------------------------------------------------------------------|-------|-------------------------------------------|--------------|----------------|
| CGOTHLPD | DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS? | -8 | Don't Know | 11 | 906 |
| | | -7 | Refused | 1 | 54 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 665 | 75,576 |
| | | 2 | No | 1,029 | 114,197 |
| | | | | 1,708 | 190,844 |
| CGOTHLPE | DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE? | -8 | Don't Know | 12 | 1,670 |
| | | -7 | Refused | 4 | 213 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 24 | 2,388 |
| | | 2 | No | 1,666 | 186,462 |
| | | | | 1,708 | 190,844 |
| CGCARE | WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT? | -8 | Don't Know | 31 | 3,396 |
| | | -7 | Refused | 2 | 121 |
| | | -1 | Not Collected | 235 | 28,963 |
| | | 1 | Caregiver(You) | 1,270 | 138,553 |
| | | 2 | Other Family Members Or Friends | 63 | 7,146 |
| | | 3 | Agency | 34 | 3,313 |
| | | 4 | Other Community Agencies | 13 | 2,012 |
| | | 5 | Help Paid For By Care Recipient Or Family | 58 | 7,152 |
| 6 | Other Specify | 2 | 190 | | |
| | | | | 1,708 | 190,844 |
| CGOTHLP2 | AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE? | -8 | Don't Know | 7 | 770 |
| | | -7 | Refused | 2 | 84 |
| | | -1 | Not Collected | 268 | 32,480 |
| | | 1 | Caregiver(You) | 112 | 13,528 |
| | | 2 | Other Family Members Or Friends | 503 | 54,241 |
| | | 3 | Agency | 421 | 38,961 |
| | | 4 | Other Community Agencies | 139 | 18,593 |
| 5 | Help Paid For By Care Recipient Or Family | 248 | 30,887 | | |
| 6 | Other Specify | 8 | 1,300 | | |
| | | | | 1,708 | 190,844 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------|--------------|----------------|
| CGPAID | ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER? | -8 | Don't Know | 6 | 207 |
| | | -7 | Refused | 5 | 388 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 111 | 11,990 |
| | | 2 | No | 1,584 | 178,148 |
| | | | | 1,708 | 190,844 |
| CGWHOPAY | WHO PAYS YOU FOR CAREGIVING? | -8 | Don't Know | 3 | 577 |
| | | -1 | Not Collected | 1,597 | 178,854 |
| | | 1 | Care Recipient | 48 | 5,094 |
| | | 2 | Community Agency | 59 | 6,307 |
| | | 91 | Other | 1 | 13 |
| | | | | 1,708 | 190,844 |
| 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 | 41 | 4,127 |
| | | -7 | Refused | 5 | 176 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,329 | 149,410 |
| | | 2 | No | 331 | 37,021 |
| | | | | 1,708 | 190,844 |
| 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 | 31 | 2,740 |
| | | -7 | Refused | 6 | 726 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 878 | 101,807 |
| | | 2 | No | 791 | 85,460 |
| | | | | 1,708 | 190,844 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| 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 | 27 | 2,722 |
| | | -7 | Refused | 9 | 1,022 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 710 | 85,791 |
| | | 2 | No | 960 | 101,198 |
| | | | | 1,708 | 190,844 |
| 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 | 58 | 4,810 |
| | | -7 | Refused | 8 | 342 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,258 | 144,510 |
| | | 2 | No | 382 | 41,072 |
| | | | | 1,708 | 190,844 |
| 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 | 28 | 3,137 |
| | | -7 | Refused | 10 | 969 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 869 | 101,438 |
| | | 2 | No | 799 | 85,189 |
| | | | | 1,708 | 190,844 |
| 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 | 26 | 1,983 |
| | | -7 | Refused | 4 | 163 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,095 | 126,345 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 2 | No | 581 | 62,242 |
| | | | | 1,708 | 190,844 |
| 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 | 39 | 4,253 |
| | | -7 | Refused | 4 | 201 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,213 | 139,087 |
| | | 2 | No | 450 | 47,191 |
| | | | | 1,708 | 190,844 |
| 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 | 16 | 1,316 |
| | | -7 | Refused | 10 | 1,383 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 668 | 78,864 |
| | | 2 | No | 1,012 | 109,170 |
| | | | | 1,708 | 190,844 |
| 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 | 35 | 3,137 |
| | | -7 | Refused | 3 | 441 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 87 | 9,402 |
| | | 2 | No | 1,581 | 177,753 |
| | | | | 1,708 | 190,844 |
| SVCCM | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS? | | | | |
| | | -8 | Don't Know | 7 | 1,156 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 230 | 26,906 |
| | | 2 | No | 1,469 | 162,671 |
| | | | | 1,708 | 190,844 |
| SVCHDM | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS? | | | | |
| | | -8 | Don't Know | 5 | 459 |

Please note that the variables with an '_SSS' extension were used in the construction of the ADL and IADL Custom Tables stratifiers. These variables were constructed to ignore missing, unknown, and other non-responses.

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | -7 | Refused | 1 | 33 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 407 | 48,526 |
| | | 2 | No | 1,293 | 141,715 |
| | | | | 1,708 | 190,844 |
| SVCHOUSE | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES? | -8 | Don't Know | 5 | 486 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 503 | 48,481 |
| | | 2 | No | 1,198 | 141,766 |
| | | | | 1,708 | 190,844 |
| SVCCSEMG | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES? | -8 | Don't Know | 33 | 5,104 |
| | | -7 | Refused | 1 | 229 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 748 | 74,400 |
| | | 2 | No | 924 | 111,000 |
| | | | | 1,708 | 190,844 |
| SVCTRAN | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES? | -8 | Don't Know | 7 | 246 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 270 | 28,529 |
| | | 2 | No | 1,429 | 161,958 |
| | | | | 1,708 | 190,844 |
| SVCDYCR | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES? | -8 | Don't Know | 7 | 658 |
| | | -7 | Refused | 1 | 362 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 245 | 28,837 |
| | | 2 | No | 1,453 | 160,876 |
| | | | | 1,708 | 190,844 |
| SVCPCR | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES? | -8 | Don't Know | 6 | 370 |
| | | -7 | Refused | 1 | 270 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 475 | 47,029 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 2 | No | 1,224 | 143,064 |
| | | | | 1,708 | 190,844 |
| SVCHORE | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES? | -8 | Don't Know | 2 | 100 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 203 | 18,973 |
| | | 2 | No | 1,501 | 171,661 |
| | | | | 1,708 | 190,844 |
| SVCLGL | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE? | -8 | Don't Know | 3 | 344 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 63 | 7,276 |
| | | 2 | No | 1,640 | 183,113 |
| | | | | 1,708 | 190,844 |
| SV CIAA | IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES? | -8 | Don't Know | 31 | 4,247 |
| | | -7 | Refused | 2 | 498 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 393 | 44,126 |
| | | 2 | No | 1,280 | 141,862 |
| | | | | 1,708 | 190,844 |
| HNREDUYN | HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM? | -8 | Don't Know | 9 | 1,164 |
| | | -7 | Refused | 1 | 209 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 125 | 13,695 |
| | | 2 | No | 1,571 | 175,666 |
| | | | | 1,708 | 190,844 |
| 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 | 23 | 2,667 |
| | | -7 | Refused | 2 | 68 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 402 | 43,600 |
| | | 2 | No | 1,279 | 144,398 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | | | 1,708 | 190,844 |
| 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 | 12 | 1,361 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 202 | 23,516 |
| | | 2 | No | 1,492 | 165,856 |
| | | | | 1,708 | 190,844 |
| 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 | 4 | 1,055 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 131 | 14,518 |
| | | 2 | No | 1,571 | 175,161 |
| | | | | 1,708 | 190,844 |
| 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 | 12 | 1,004 |
| | | -7 | Refused | 2 | 406 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 86 | 9,236 |
| | | 2 | No | 1,606 | 180,086 |
| | | | | 1,708 | 190,844 |
| BENEFITS | HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY? | | | | |
| | | -8 | Don't Know | 12 | 1,530 |
| | | -7 | Refused | 2 | 323 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 186 | 17,648 |
| | | 2 | No | 1,506 | 171,231 |
| | | | | 1,708 | 190,844 |
| SVCRATE | OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES? | | | | |
| | | -8 | Don't Know | 26 | 4,227 |
| | | -7 | Refused | 3 | 657 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | -1 | Not Collected | 287 | 35,879 |
| | | 1 | Excellent | 389 | 43,291 |
| | | 2 | Very Good | 437 | 45,906 |
| | | 3 | Good | 411 | 44,297 |
| | | 4 | Fair | 109 | 11,659 |
| | | 5 | Poor | 46 | 4,927 |
| | | | | 1,708 | 190,844 |
| 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 | 76 | 10,615 |
| | | -7 | Refused | 6 | 552 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Agree | 1,586 | 174,417 |
| | | 2 | Disagree | 38 | 5,149 |
| | | | | 1,708 | 190,844 |
| SVC5A | IS THE CARE RECIPIENT RECEIVING FOOD STAMPS? | -8 | Don't Know | 6 | 833 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 194 | 17,418 |
| | | 2 | No | 1,506 | 172,482 |
| | | | | 1,708 | 190,844 |
| SVC5B | IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE? | -8 | Don't Know | 6 | 722 |
| | | -7 | Refused | 1 | 153 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 176 | 15,203 |
| | | 2 | No | 1,523 | 174,655 |
| | | | | 1,708 | 190,844 |
| SVC5C | IS THE CARE RECIPIENT RECEIVING MEDICAID? | -8 | Don't Know | 44 | 3,821 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 361 | 41,010 |
| | | 2 | No | 1,301 | 145,902 |
| | | | | 1,708 | 190,844 |
| SVC5D | IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE? | -8 | Don't Know | 8 | 818 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 78 | 6,960 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------|--------------|----------------|
| | | 2 | No | 1,620 | 182,956 |
| | | | | 1,708 | 190,844 |
| CSARRNG | DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES? | -8 | Don't Know | 9 | 686 |
| | | -7 | Refused | 2 | 254 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,197 | 132,228 |
| | | 2 | No | 498 | 57,565 |
| | | | | 1,708 | 190,844 |
| CSHOME | DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME? | -8 | Don't Know | 9 | 813 |
| | | -7 | Refused | 5 | 338 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,289 | 140,669 |
| | | 2 | No | 403 | 48,912 |
| | | | | 1,708 | 190,844 |
| 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 | 8,311 |
| | | -7 | Refused | 5 | 280 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 955 | 107,894 |
| | | 2 | No | 674 | 74,248 |
| | | | | 1,708 | 190,844 |
| 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 | 153 | 16,193 |
| | | -7 | Refused | 6 | 599 |
| | | -1 | Not Collected | 957 | 108,005 |
| | | 1 | In Caregiver's Home | 37 | 2,715 |
| | | 2 | In The Home Of Another Family Mem/Friend | 56 | 6,565 |
| | | 3 | In An Assisted Living Facility | 88 | 11,592 |
| | | 4 | In A Nursing Home | 387 | 41,877 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------|--------------|----------------|
| | | 5 | Care Recipient Would Have Died | 10 | 1,121 |
| | | 91 | Other | 14 | 2,177 |
| | | | | 1,708 | 190,844 |
| CGCRHL | IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS? | -8 | Don't Know | 26 | 2,410 |
| | | -7 | Refused | 1 | 114 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Excellent | 48 | 5,717 |
| | | 2 | Very Good | 144 | 17,380 |
| | | 3 | Good | 421 | 45,832 |
| | | 4 | Fair | 537 | 62,182 |
| | | 5 | Poor | 529 | 57,099 |
| | | | | 1,708 | 190,844 |
| CGPFDSA | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM? | -8 | Don't Know | 11 | 1,135 |
| | | -7 | Refused | 2 | 276 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,076 | 115,357 |
| | | 2 | No | 613 | 73,197 |
| | | 3 | Does Not Apply | 4 | 768 |
| | | | | 1,708 | 190,844 |
| CGPFDSB | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION? | -8 | Don't Know | 9 | 966 |
| | | -7 | Refused | 2 | 446 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,163 | 130,960 |
| | | 2 | No | 528 | 57,623 |
| | | 3 | Does Not Apply | 4 | 738 |
| | | | | 1,708 | 190,844 |
| CGPFDSB | 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 | 11 | 1,516 |
| | | -7 | Refused | 2 | 302 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 809 | 84,742 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|--------------|----------------|
| | | 2 | No | 879 | 103,387 |
| | | 3 | Does Not Apply | 5 | 786 |
| | | | | 1,708 | 190,844 |
| CGPFDS D | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL? | -8 | Don't Know | 43 | 4,484 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 866 | 96,245 |
| | | 2 | No | 789 | 88,833 |
| | | 3 | Does Not Apply | 7 | 933 |
| | | | | 1,708 | 190,844 |
| CGPFDS E | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR? | -8 | Don't Know | 8 | 978 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 554 | 61,622 |
| | | 2 | No | 1,138 | 126,961 |
| | | 3 | Does Not Apply | 5 | 935 |
| | | | | 1,708 | 190,844 |
| CGPFDS F | 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 | 100 |
| | | -7 | Refused | 2 | 475 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 675 | 71,627 |
| | | 2 | No | 1,021 | 117,360 |
| | | 3 | Does Not Apply | 5 | 1,170 |
| | | | | 1,708 | 190,844 |
| CGPFDS G | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER? | -8 | Don't Know | 8 | 973 |
| | | -7 | Refused | 2 | 276 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 327 | 40,997 |
| | | 2 | No | 1,365 | 147,670 |
| | | 3 | Does Not Apply | 4 | 818 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|--------------|----------------|
| CGPFDSH | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE? | -8 | Don't Know | 9 | 739 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 496 | 52,640 |
| | | 2 | No | 1,195 | 136,428 |
| | | 3 | Does Not Apply | 5 | 688 |
| | | | | 1,708 | 190,844 |
| CGPFDSI | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA? | -8 | Don't Know | 19 | 2,369 |
| | | -7 | Refused | 2 | 302 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 331 | 34,646 |
| | | 2 | No | 1,349 | 152,311 |
| | | 3 | Does Not Apply | 5 | 1,106 |
| | | | | 1,708 | 190,844 |
| CGPFDSJ | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS? | -8 | Don't Know | 41 | 3,852 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 518 | 56,211 |
| | | 2 | No | 1,138 | 129,117 |
| | | 3 | Does Not Apply | 8 | 1,316 |
| | | | | 1,708 | 190,844 |
| CGPFDSK | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE? | -8 | Don't Know | 16 | 1,613 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 274 | 31,433 |
| | | 2 | No | 1,411 | 156,780 |
| | | 3 | Does Not Apply | 4 | 669 |
| | | | | 1,708 | 190,844 |
| 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 | 15 | 2,656 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|----------------------------------------------------------------------------------------------------|-------|----------------|--------------|----------------|
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,121 | 121,715 |
| | | 2 | No | 565 | 65,447 |
| | | 3 | Does Not Apply | 4 | 678 |
| | | | | 1,708 | 190,844 |
| CGPFDSM | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS? | | | | |
| | | -8 | Don't Know | 10 | 1,350 |
| | | -7 | Refused | 3 | 684 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 835 | 85,690 |
| | | 2 | No | 855 | 102,358 |
| | | 3 | Does Not Apply | 3 | 651 |
| | | | | 1,708 | 190,844 |
| CGPFDSN | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS? | | | | |
| | | -8 | Don't Know | 15 | 1,486 |
| | | -7 | Refused | 2 | 265 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 637 | 77,081 |
| | | 2 | No | 1,048 | 111,085 |
| | | 3 | Does Not Apply | 4 | 818 |
| | | | | 1,708 | 190,844 |
| CGPFDSO | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA? | | | | |
| | | -8 | Don't Know | 8 | 1,250 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,017 | 117,467 |
| | | 2 | No | 673 | 70,120 |
| | | 3 | Does Not Apply | 7 | 1,658 |
| | | | | 1,708 | 190,844 |
| CGPFDSP | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY? | | | | |
| | | -8 | Don't Know | 1 | 353 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 140 | 15,917 |
| | | 2 | No | 1,560 | 173,365 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|------------------------------------------------------------------------------------------------------------------------|-------|----------------|--------------|----------------|
| | | 3 | Does Not Apply | 4 | 860 |
| | | | | 1,708 | 190,844 |
| CGPFDSQ | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S? | -8 | Don't Know | 5 | 534 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 158 | 17,934 |
| | | 2 | No | 1,537 | 171,299 |
| | | 3 | Does Not Apply | 5 | 728 |
| | | | | 1,708 | 190,844 |
| 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 | 12 | 1,433 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 916 | 98,226 |
| | | 2 | No | 773 | 90,018 |
| | | 3 | Does Not Apply | 4 | 818 |
| | | | | 1,708 | 190,844 |
| CGPFDS | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS? | -8 | Don't Know | 8 | 1,349 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 44 | 5,327 |
| | | 2 | No | 1,650 | 183,168 |
| | | 3 | Does Not Apply | 3 | 651 |
| | | | | 1,708 | 190,844 |
| CGPFDS | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS? | -8 | Don't Know | 14 | 1,580 |
| | | -7 | Refused | 2 | 302 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 807 | 94,017 |
| | | 2 | No | 875 | 93,837 |
| | | 3 | Does Not Apply | 8 | 997 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|-------------------------------------------------------------------------|-------|-----------------------|--------------|----------------|
| CGPFDSU | HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE? | -8 | Don't Know | 8 | 588 |
| | | -7 | Refused | 2 | 420 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 284 | 32,386 |
| | | 2 | No | 1,408 | 156,665 |
| | | 3 | Does Not Apply | 4 | 674 |
| | | | | 1,708 | 190,844 |
| NUM_COND | TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED | 0 | 0 Medical Conditions | 6 | 1,000 |
| | | 1 | 1 Medical Condition | 14 | 1,308 |
| | | 2 | 2 Medical Conditions | 38 | 4,983 |
| | | 3 | 3 Medical Conditions | 94 | 11,456 |
| | | 4 | 4 Medical Conditions | 121 | 14,093 |
| | | 5 | 5 Medical Conditions | 157 | 18,479 |
| | | 6 | 6 Medical Conditions | 193 | 19,332 |
| | | 7 | 7 Medical Conditions | 216 | 23,343 |
| | | 8 | 8 Medical Conditions | 225 | 27,344 |
| | | 9 | 9 Medical Conditions | 184 | 20,351 |
| | | 10 | 10 Medical Conditions | 148 | 15,329 |
| | | 11 | 11 Medical Conditions | 120 | 13,043 |
| | | 12 | 12 Medical Conditions | 95 | 9,599 |
| | | 13 | 13 Medical Conditions | 49 | 5,730 |
| | | 14 | 14 Medical Conditions | 24 | 2,766 |
| | | 15 | 15 Medical Conditions | 19 | 2,065 |
| | | 16 | 16 Medical Conditions | 3 | 310 |
| | | 17 | 17 Medical Conditions | 1 | 210 |
| 18 | 18 Medical Conditions | 1 | 103 | | |
| | | | | 1,708 | 190,844 |
| PFDIFIC | DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME? | -8 | Don't Know | 9 | 966 |
| | | -7 | Refused | 3 | 517 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,045 | 115,512 |
| | | 2 | No | 649 | 73,739 |
| | | | | | |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|------------------------------------------------------------------------------------------------------------------|-------|---------------|------------|--------------|
| PFDFINBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME? | -8 | Don't Know | 11 | 965 |
| | | -7 | Refused | 2 | 118 |
| | | -1 | Not Collected | 663 | 75,332 |
| | | 1 | Yes | 702 | 77,082 |
| | | 2 | No | 330 | 37,347 |
| | | | | | 1,708 |
| PFDFOUC | DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE? | -8 | Don't Know | 13 | 1,806 |
| | | -7 | Refused | 7 | 532 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,371 | 154,450 |
| | | 2 | No | 315 | 33,946 |
| | | | | | 1,708 |
| PFDFOUBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? | -8 | Don't Know | 2 | 91 |
| | | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 337 | 36,394 |
| | | 1 | Yes | 1,319 | 149,500 |
| | | 2 | No | 49 | 4,779 |
| | | | | | 1,708 |
| PFBEDC | DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR? | -8 | Don't Know | 5 | 555 |
| | | -7 | Refused | 3 | 318 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,068 | 115,580 |
| | | 2 | No | 630 | 74,280 |
| | | | | | 1,708 |
| 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 | 10 | 929 |
| | | -7 | Refused | 2 | 93 |
| | | -1 | Not Collected | 640 | 75,264 |
| | | 1 | Yes | 810 | 86,126 |
| | | 2 | No | 246 | 28,432 |
| | | | | | |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|----------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | | | 1,708 | 190,844 |
| PFBATHC | DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER? | -8 | Don't Know | 13 | 1,739 |
| | | -7 | Refused | 5 | 553 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,270 | 140,109 |
| | | 2 | No | 418 | 48,332 |
| | | | | 1,708 | 190,844 |
| PFBATHBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER? | -8 | Don't Know | 4 | 174 |
| | | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 438 | 50,735 |
| | | 1 | Yes | 1,183 | 130,999 |
| | | 2 | No | 82 | 8,857 |
| | | | | 1,708 | 190,844 |
| PFDRESC | DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING? | -8 | Don't Know | 16 | 1,729 |
| | | -7 | Refused | 2 | 279 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,122 | 126,919 |
| | | 2 | No | 566 | 61,806 |
| | | | | 1,708 | 190,844 |
| PFDRESBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED? | -8 | Don't Know | 5 | 706 |
| | | -1 | Not Collected | 586 | 63,925 |
| | | 1 | Yes | 1,027 | 116,310 |
| | | 2 | No | 90 | 9,903 |
| | | | | 1,708 | 190,844 |
| PFWALKC | DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING? | -8 | Don't Know | 20 | 3,069 |
| | | -7 | Refused | 4 | 359 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,340 | 148,242 |
| | | 2 | No | 342 | 39,063 |
| | | | | 1,708 | 190,844 |
| PFWALKBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK? | -8 | Don't Know | 33 | 3,310 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|----------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | -7 | Refused | 4 | 282 |
| | | -1 | Not Collected | 368 | 42,602 |
| | | 1 | Yes | 857 | 94,105 |
| | | 2 | No | 446 | 50,544 |
| | | | | 1,708 | 190,844 |
| PFEATC | DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING? | | | | |
| | | -8 | Don't Know | 8 | 855 |
| | | -7 | Refused | 2 | 279 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 492 | 52,934 |
| | | 2 | No | 1,204 | 136,664 |
| | | | | 1,708 | 190,844 |
| PFEATBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT? | | | | |
| | | -8 | Don't Know | 9 | 948 |
| | | -7 | Refused | 1 | 64 |
| | | -1 | Not Collected | 1,216 | 137,910 |
| | | 1 | Yes | 336 | 37,284 |
| | | 2 | No | 146 | 14,638 |
| | | | | 1,708 | 190,844 |
| PFWCC | DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET? | | | | |
| | | -8 | Don't Know | 15 | 1,772 |
| | | -7 | Refused | 5 | 373 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 866 | 97,017 |
| | | 2 | No | 820 | 91,570 |
| | | | | 1,708 | 190,844 |
| 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 | 13 | 1,135 |
| | | -7 | Refused | 2 | 213 |
| | | -1 | Not Collected | 842 | 93,827 |
| | | 1 | Yes | 721 | 80,799 |
| | | 2 | No | 130 | 14,870 |
| | | | | 1,708 | 190,844 |
| PFDLRC | DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS? | | | | |
| | | -8 | Don't Know | 36 | 4,375 |
| | | -7 | Refused | 7 | 961 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,274 | 145,871 |
| | | 2 | No | 389 | 39,526 |
| | | | | 1,708 | 190,844 |
| PFDLRBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? | | | | |
| | | -8 | Don't Know | 4 | 628 |
| | | -1 | Not Collected | 434 | 44,973 |
| | | 1 | Yes | 1,249 | 143,330 |
| | | 2 | No | 21 | 1,913 |
| | | | | 1,708 | 190,844 |
| PFMEALC | DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS? | | | | |
| | | -8 | Don't Know | 44 | 6,610 |
| | | -7 | Refused | 13 | 1,711 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,424 | 158,916 |
| | | 2 | No | 225 | 23,496 |
| | | | | 1,708 | 190,844 |
| PFMEALBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? | | | | |
| | | -8 | Don't Know | 4 | 329 |
| | | -7 | Refused | 1 | 107 |
| | | -1 | Not Collected | 284 | 31,928 |
| | | 1 | Yes | 1,378 | 154,276 |
| | | 2 | No | 41 | 4,204 |
| | | | | 1,708 | 190,844 |
| PFCLENC | DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR?? | | | | |
| | | -8 | Don't Know | 44 | 6,095 |
| | | -7 | Refused | 14 | 1,432 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,336 | 147,788 |
| | | 2 | No | 312 | 35,418 |
| | | | | 1,708 | 190,844 |
| PFCLENBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? | | | | |
| | | -8 | Don't Know | 8 | 631 |
| | | -1 | Not Collected | 372 | 43,056 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 1 | Yes | 1,307 | 145,002 |
| | | 2 | No | 21 | 2,155 |
| | | | | 1,708 | 190,844 |
| PFHCLNC | DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS? | -8 | Don't Know | 37 | 5,022 |
| | | -7 | Refused | 13 | 1,500 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,573 | 174,521 |
| | | 2 | No | 83 | 9,689 |
| | | | | 1,708 | 190,844 |
| PFHCLNBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? | -8 | Don't Know | 7 | 845 |
| | | -7 | Refused | 1 | 45 |
| | | -1 | Not Collected | 135 | 16,323 |
| | | 1 | Yes | 1,551 | 172,172 |
| | | 2 | No | 14 | 1,460 |
| | | | | 1,708 | 190,844 |
| PFTKDGC | DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME? | -8 | Don't Know | 23 | 2,277 |
| | | -7 | Refused | 9 | 781 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,221 | 140,029 |
| | | 2 | No | 453 | 47,646 |
| | | | | 1,708 | 190,844 |
| PFTKDGB | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? | -8 | Don't Know | 4 | 270 |
| | | -1 | Not Collected | 487 | 50,815 |
| | | 1 | Yes | 1,203 | 138,199 |
| | | 2 | No | 14 | 1,560 |
| | | | | 1,708 | 190,844 |
| PFFONEC | DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE? | -8 | Don't Know | 18 | 2,838 |
| | | -7 | Refused | 6 | 542 |
| | | -1 | Not Collected | 2 | 111 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|-----------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 1 | Yes | 1,070 | 120,410 |
| | | 2 | No | 612 | 66,942 |
| | | | | 1,708 | 190,844 |
| PFFONEBC | (IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY? | | | | |
| | | -8 | Don't Know | 8 | 1,531 |
| | | -7 | Refused | 1 | 42 |
| | | -1 | Not Collected | 638 | 70,434 |
| | | 1 | Yes | 995 | 111,960 |
| | | 2 | No | 66 | 6,878 |
| | | | | 1,708 | 190,844 |
| CGISCAR | IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD? | | | | |
| | | -8 | Don't Know | 2 | 142 |
| | | -7 | Refused | 1 | 238 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,401 | 158,374 |
| | | 2 | No | 302 | 31,980 |
| | | | | 1,708 | 190,844 |
| PFDRIVEC | DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE? | | | | |
| | | -8 | Don't Know | 44 | 5,230 |
| | | -7 | Refused | 16 | 1,270 |
| | | -1 | Not Collected | 307 | 32,470 |
| | | 1 | Yes | 1,167 | 133,757 |
| | | 2 | No | 174 | 18,117 |
| | | | | 1,708 | 190,844 |
| 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 | 116 | 11,565 |
| | | -7 | Refused | 1 | 58 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 631 | 72,232 |
| | | 2 | No | 958 | 106,878 |
| | | | | 1,708 | 190,844 |
| PFUSBSC | DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION? | | | | |
| | | -8 | Don't Know | 9 | 1,147 |
| | | -7 | Refused | 1 | 75 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------------|----------------------------------------------------------------------------------------------------------------------------------|-------|----------------|--------------|----------------|
| | | -1 | Not Collected | 1,077 | 118,612 |
| | | 1 | Yes | 311 | 36,138 |
| | | 2 | No | 72 | 8,607 |
| | | 3 | Never Uses Bus | 238 | 26,265 |
| | | | | 1,708 | 190,844 |
| PFUSBSBC | DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION? | | | | |
| | | -7 | Refused | 1 | 79 |
| | | -1 | Not Collected | 1,397 | 154,706 |
| | | 1 | Yes | 305 | 35,264 |
| | | 2 | No | 5 | 794 |
| | | | | 1,708 | 190,844 |
| CGBDAY1 | VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH | | | | |
| | | -7 | Refused | 1 | 73 |
| | | -1 | Not Collected | 326 | 56,061 |
| | | 1 | Yes | 1,329 | 128,827 |
| | | 2 | No | 52 | 5,883 |
| | | | | 1,708 | 190,844 |
| ADLAOA6CR | PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING. | | | | |
| | | . | Missing | 67 | 8,027 |
| | | 0 | 0 limitations | 130 | 13,552 |
| | | 1 | 1 limitation | 158 | 18,974 |
| | | 2 | 2 limitations | 206 | 22,748 |
| | | 3 | 3 limitations | 214 | 25,342 |
| | | 4 | 4 limitations | 227 | 26,402 |
| | | 5 | 5 limitations | 388 | 40,636 |
| | | 6 | 6 limitations | 318 | 35,164 |
| | | | | 1,708 | 190,844 |
| ADLAOA6CR_ SSS | AOA ADL LIMITATIONS, SSS VERSION | | | | |
| | | . | Missing | 4 | 390 |
| | | 0 | 0 limitations | 130 | 13,782 |
| | | 1 | 1 limitation | 172 | 20,742 |
| | | 2 | 2 limitations | 217 | 24,526 |
| | | 3 | 3 limitations | 226 | 26,895 |
| | | 4 | 4 limitations | 239 | 27,385 |
| | | 5 | 5 limitations | 402 | 41,960 |
| | | 6 | 6 limitations | 318 | 35,164 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | | | 1,708 | 190,844 |
| ADL3PLUSCR | CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS | . | Missing | 67 | 8,027 |
| | | 1 | Yes | 1,147 | 127,543 |
| | | 2 | No | 494 | 55,274 |
| | | | | 1,708 | 190,844 |
| ADL3PLUSCR _SSS | RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION | . | Missing | 4 | 390 |
| | | 1 | Yes | 1,185 | 131,404 |
| | | 2 | No | 519 | 59,050 |
| | | | | 1,708 | 190,844 |
| 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 | 73 | 6,814 |
| | | 0 | 0 limitations | 316 | 35,510 |
| | | 1 | 1 limitation | 247 | 28,341 |
| | | 2 | 2 limitations | 206 | 23,971 |
| | | 3 | 3 limitations | 153 | 16,711 |
| | | 4 | 4 limitations | 175 | 21,513 |
| | | 5 | 5 limitations | 313 | 32,547 |
| | | 6 | 6 limitations | 225 | 25,436 |
| | | | | 1,708 | 190,844 |
| ADLAOA6PCR _SSS | AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION | . | Missing | 4 | 390 |
| | | 0 | 0 limitations | 322 | 36,077 |
| | | 1 | 1 limitation | 256 | 29,356 |
| | | 2 | 2 limitations | 216 | 25,028 |
| | | 3 | 3 limitations | 166 | 18,240 |
| | | 4 | 4 limitations | 197 | 22,708 |
| | | 5 | 5 limitations | 322 | 33,610 |
| | | 6 | 6 limitations | 225 | 25,436 |
| | | | | 1,708 | 190,844 |

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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 | 167 | 18,756 |
| | | 0 | 0 limitations | 27 | 1,808 |
| | | 1 | 1 limitation | 52 | 5,046 |
| | | 2 | 2 limitations | 72 | 7,147 |
| | | 3 | 3 limitations | 102 | 10,418 |
| | | 4 | 4 limitations | 145 | 17,702 |
| | | 5 | 5 limitations | 203 | 22,776 |
| | | 6 | 6 limitations | 343 | 44,020 |
| | | 7 | 7 limitations | 597 | 63,171 |
| | | | | | 1,708 |
| IADLAOA7CR_ SSS | AOA IADL LIMITATIONS, SSS VERSION | . | Missing | 5 | 557 |
| | | 0 | 0 limitations | 36 | 2,753 |
| | | 1 | 1 limitation | 66 | 7,039 |
| | | 2 | 2 limitations | 90 | 8,844 |
| | | 3 | 3 limitations | 123 | 12,784 |
| | | 4 | 4 limitations | 170 | 20,373 |
| | | 5 | 5 limitations | 247 | 27,609 |
| | | 6 | 6 limitations | 369 | 47,491 |
| | | | 1,708 | 190,844 | |
| 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 | 87 | 9,631 |
| | | 0 | 0 limitations | 46 | 3,757 |
| | | 1 | 1 limitation | 71 | 7,560 |
| | | 2 | 2 limitations | 91 | 8,832 |
| | | 3 | 3 limitations | 116 | 12,935 |
| | | 4 | 4 limitations | 155 | 17,909 |
| | | 5 | 5 limitations | 225 | 26,033 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 6 | 6 limitations | 351 | 43,830 |
| | | 7 | 7 limitations | 566 | 60,357 |
| | | | | 1,708 | 190,844 |
| IADLAOA7PC R_SSS | AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION | . | Missing | 5 | 557 |
| | | 0 | 0 limitations | 48 | 3,805 |
| | | 1 | 1 limitation | 84 | 9,004 |
| | | 2 | 2 limitations | 99 | 9,640 |
| | | 3 | 3 limitations | 131 | 14,480 |
| | | 4 | 4 limitations | 169 | 18,940 |
| | | 5 | 5 limitations | 241 | 28,648 |
| | | 6 | 6 limitations | 363 | 45,368 |
| | | 7 | 7 limitations | 568 | 60,402 |
| | | | | 1,708 | 190,844 |
| 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 | 174 | 19,674 |
| | | 0 | 0 limitations | 9 | 651 |
| | | 1 | 1 limitation | 31 | 2,607 |
| | | 2 | 2 limitations | 50 | 5,267 |
| | | 3 | 3 limitations | 66 | 6,612 |
| | | 4 | 4 limitations | 103 | 10,256 |
| | | 5 | 5 limitations | 148 | 17,365 |
| | | 6 | 6 limitations | 194 | 22,064 |
| | | 7 | 7 limitations | 337 | 43,414 |
| | | 8 | 8 limitations | 596 | 62,934 |
| | | | | 1,708 | 190,844 |
| IADLAOA8CR_ SSS | AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION | . | Missing | 5 | 557 |
| | | 0 | 0 limitations | 15 | 1,448 |
| | | 1 | 1 limitation | 45 | 4,187 |
| | | 2 | 2 limitations | 67 | 7,304 |
| | | 3 | 3 limitations | 80 | 7,903 |
| | | 4 | 4 limitations | 127 | 13,251 |
| | | 5 | 5 limitations | 172 | 19,794 |
| | | 6 | 6 limitations | 236 | 26,598 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 7 | 7 limitations | 360 | 46,646 |
| | | 8 | 8 limitations | 601 | 63,157 |
| | | | | 1,708 | 190,844 |
| 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 | 89 | 10,043 |
| | | 0 | 0 limitations | 22 | 2,125 |
| | | 1 | 1 limitation | 43 | 3,725 |
| | | 2 | 2 limitations | 69 | 7,435 |
| | | 3 | 3 limitations | 86 | 8,505 |
| | | 4 | 4 limitations | 125 | 14,138 |
| | | 5 | 5 limitations | 150 | 16,942 |
| | | 6 | 6 limitations | 215 | 24,790 |
| | | 7 | 7 limitations | 345 | 43,382 |
| | | 8 | 8 limitations | 564 | 59,758 |
| | | | | 1,708 | 190,844 |
| IADLAOA8PC R_SSS | AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION | . | Missing | 5 | 557 |
| | | 0 | 0 limitations | 23 | 2,158 |
| | | 1 | 1 limitation | 54 | 5,120 |
| | | 2 | 2 limitations | 78 | 8,210 |
| | | 3 | 3 limitations | 93 | 9,221 |
| | | 4 | 4 limitations | 139 | 15,280 |
| | | 5 | 5 limitations | 167 | 18,684 |
| | | 6 | 6 limitations | 228 | 26,929 |
| | | 7 | 7 limitations | 355 | 44,882 |
| | | 8 | 8 limitations | 566 | 59,804 |
| | | | | 1,708 | 190,844 |
| CGMANY | HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT? | -8 | Don't Know | 4 | 1,005 |
| | | -7 | Refused | 2 | 206 |
| | | -1 | Not Collected | 2 | 111 |
| | | 0 | 0 | 1,306 | 147,314 |
| | | 1 | 0 People | 234 | 25,030 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-----------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | 2 | 1 Person | 90 | 9,284 |
| | | 3 | 2 People | 45 | 5,139 |
| | | 4 | 3 People | 16 | 2,307 |
| | | 5 | 4 People | 3 | 114 |
| | | 6 | 5 People | 4 | 243 |
| | | 11 | 11 | 1 | 33 |
| | | 15 | 15 | 1 | 58 |
| | | | | 1,708 | 190,844 |
| CGWHO01 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 134 | 14,983 |
| | | 2 | No | 260 | 27,225 |
| | | | | 1,708 | 190,844 |
| CGWHO02 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 112 | 11,352 |
| | | 2 | No | 282 | 30,856 |
| | | | | 1,708 | 190,844 |
| CGWHO03 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 45 | 5,044 |
| | | 2 | No | 349 | 37,164 |
| | | | | 1,708 | 190,844 |
| CGWHO04 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 51 | 4,795 |
| | | 2 | No | 343 | 37,413 |
| | | | | 1,708 | 190,844 |
| CGWHO05 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 34 | 3,957 |
| | | 2 | No | 360 | 38,251 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|-----------|-------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| CGWHO06 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 47 | 5,321 |
| | | 2 | No | 347 | 36,887 |
| | | | | 1,708 | 190,844 |
| CGWHO07 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 44 | 3,668 |
| | | 2 | No | 350 | 38,541 |
| | | | | 1,708 | 190,844 |
| CGWHO08 | AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR? | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 16 | 2,616 |
| | | 2 | No | 378 | 39,592 |
| | | | | 1,708 | 190,844 |
| CGWHOOOTH | OTHER PERSON CARE FOR:SPECIFY | -1 | Not Collected | 1,314 | 148,636 |
| | | 1 | Yes | 21 | 2,594 |
| | | 2 | No | 373 | 39,615 |
| | | | | 1,708 | 190,844 |
| AGEC | CAREGIVER'S AGE? | . | Missing | 11 | 1,404 |
| | | 2 | 18-34 years | 19 | 3,192 |
| | | 3 | 35-59 years | 445 | 48,887 |
| | | 4 | 60-64 years | 299 | 33,150 |
| | | 5 | 65-74 years | 547 | 63,305 |
| | | 6 | 75-84 years | 288 | 30,342 |
| | | 7 | 85+ years | 99 | 10,564 |
| | | | | 1,708 | 190,844 |
| CGPAGE | CARE RECIPIENT'S AGE? | . | Missing | 23 | 3,181 |
| | | 4 | 60-64 years | 55 | 6,814 |
| | | 5 | 65-74 years | 344 | 44,254 |
| | | 6 | 75-84 years | 583 | 63,805 |
| | | 7 | 85+ years | 703 | 72,790 |
| | | | | 1,708 | 190,844 |
| CGENDER | CAREGIVER'S GENDER? | . | Missing | 56 | 7,996 |
| | | 1 | Male | 458 | 50,919 |
| | | 2 | Female | 1,194 | 131,928 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|----------------------------------------------|-------|------------------------------------------|--------------|----------------|
| | | | | 1,708 | 190,844 |
| RGENDER | CARE RECIPIENT'S GENDER? | . | Missing | 2 | 111 |
| | | 1 | Male | 645 | 70,454 |
| | | 2 | Female | 1,061 | 120,279 |
| | | | | 1,708 | 190,844 |
| DEEDUC | WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? | -8 | Don't Know | 3 | 89 |
| | | -7 | Refused | 12 | 1,233 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Less Than High School Diploma | 99 | 10,510 |
| | | 2 | High School Diploma Or GED | 453 | 44,322 |
| | | 3 | Some College(Business/Vocational/Techni) | 630 | 73,725 |
| | | 4 | Bachelor's Degree | 232 | 25,829 |
| | | 5 | Some Post-Graduate Work/Advanced Degree | 277 | 35,026 |
| | | | | 1,708 | 190,844 |
| DEHISP | ARE YOU HISPANIC OR LATINO? | -8 | Don't Know | 9 | 954 |
| | | -7 | Refused | 25 | 2,621 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 122 | 18,919 |
| | | 2 | No | 1,550 | 168,238 |
| | | | | 1,708 | 190,844 |
| DERAC01 | WHAT IS YOUR RACE? WHITE OR CAUCASIAN | -8 | Don't Know | 3 | 602 |
| | | -7 | Refused | 35 | 3,648 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1,327 | 142,402 |
| | | 2 | No | 341 | 44,081 |
| | | | | 1,708 | 190,844 |
| DERAC02 | WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN | -8 | Don't Know | 3 | 602 |
| | | -7 | Refused | 35 | 3,648 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 273 | 33,901 |
| | | 2 | No | 1,395 | 152,582 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| DERAC03 | WHAT IS YOUR RACE? ASIAN | -8 | Don't Know | 3 | 602 |
| | | -7 | Refused | 35 | 3,648 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 22 | 3,512 |
| | | 2 | No | 1,646 | 182,971 |
| | | | | 1,708 | 190,844 |
| DERAC04 | WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE | -8 | Don't Know | 3 | 602 |
| | | -7 | Refused | 35 | 3,648 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 39 | 4,881 |
| | | 2 | No | 1,629 | 181,602 |
| | | | | 1,708 | 190,844 |
| DERAC05 | WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | -8 | Don't Know | 3 | 602 |
| | | -7 | Refused | 35 | 3,648 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 1 | 182 |
| | | 2 | No | 1,667 | 186,301 |
| | | | | 1,708 | 190,844 |
| DERAC06 | WHAT IS YOUR RACE? OTHER | -8 | Don't Know | 3 | 602 |
| | | -7 | Refused | 35 | 3,648 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 34 | 4,992 |
| | | 2 | No | 1,634 | 181,491 |
| | | | | 1,708 | 190,844 |
| 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 | 166 |
| | | -7 | Refused | 7 | 816 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 213 | 25,828 |
| | | 2 | No | 1,485 | 163,922 |
| | | | | 1,708 | 190,844 |
| DELOC | WHERE IS YOUR HOME LOCATED? | -8 | Don't Know | 30 | 3,832 |
| | | -7 | Refused | 6 | 384 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|-----------|---------------------------------------|-------|------------------|--------------|----------------|
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | The City | 654 | 81,121 |
| | | 2 | The Suburbs | 431 | 45,053 |
| | | 3 | A Rural Area | 585 | 60,342 |
| | | | | 1,708 | 190,844 |
| LIVEALONE | DO YOU LIVE ALONE? SSS CONSTRUCTED | -7 | Refused | 17 | 1,712 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 521 | 60,148 |
| | | 2 | No | 1,168 | 128,873 |
| | | | | 1,708 | 190,844 |
| DELVSP1 | DO YOU LIVE WITH YOUR SPOUSE? | -8 | Don't Know | 1 | 114 |
| | | -7 | Refused | 13 | 1,337 |
| | | -1 | Not Collected | 523 | 60,259 |
| | | 1 | Yes | 895 | 98,326 |
| | | 2 | No | 276 | 30,808 |
| | | | | 1,708 | 190,844 |
| DELVKID2 | DO YOU LIVE WITH YOUR CHILDREN? | -7 | Refused | 14 | 1,262 |
| | | -1 | Not Collected | 523 | 60,259 |
| | | 1 | Yes | 291 | 30,819 |
| | | 2 | No | 880 | 98,504 |
| | | | | 1,708 | 190,844 |
| DELVREL3 | DO YOU LIVE WITH OTHER RELATIVES? | -7 | Refused | 15 | 1,342 |
| | | -1 | Not Collected | 523 | 60,259 |
| | | 1 | Yes | 343 | 39,575 |
| | | 2 | No | 827 | 89,668 |
| | | | | 1,708 | 190,844 |
| DELVNRL4 | DO YOU LIVE WITH NON-RELATIVES? | -8 | Don't Know | 3 | 321 |
| | | -7 | Refused | 14 | 1,410 |
| | | -1 | Not Collected | 523 | 60,259 |
| | | 1 | Yes | 53 | 6,416 |
| | | 2 | No | 1,115 | 122,438 |
| | | | | 1,708 | 190,844 |
| LIVARRC | WHO DO YOU LIVE WITH? | . | Missing | 2 | 111 |
| | | -7 | Refused | 10 | 929 |
| | | 1 | Alone | 521 | 60,148 |
| | | 2 | With spouse only | 568 | 62,775 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------|--------------|----------------|
| | | 3 | With children only | 44 | 5,268 |
| | | 4 | With spouse and children | 154 | 14,529 |
| | | 5 | With others | 409 | 47,084 |
| | | | | 1,708 | 190,844 |
| DEHHM | INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? | -8 | Don't Know | 1 | 102 |
| | | -7 | Refused | 14 | 1,363 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | 1 Person | 522 | 60,381 |
| | | 2 | 2 People | 673 | 74,378 |
| | | 3 | 3 People | 312 | 32,914 |
| | | 4 | 4 People | 103 | 11,361 |
| | | 5 | 5 People | 47 | 5,908 |
| | | 6 | 6 People | 24 | 2,523 |
| | | 7 | 7 People | 6 | 1,197 |
| | | 8 | 8 People | 3 | 275 |
| | | 10 | 10 People | 1 | 330 |
| | | | | 1,708 | 190,844 |
| DEMARST | WHAT IS YOUR MARITAL STATUS? | -8 | Don't Know | 7 | 510 |
| | | -7 | Refused | 18 | 1,776 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Married | 1,170 | 127,950 |
| | | 2 | Widowed | 93 | 11,438 |
| | | 3 | Divorced | 239 | 27,635 |
| | | 4 | Separated | 20 | 2,656 |
| | | 5 | Never Married | 159 | 18,767 |
| | | | | 1,708 | 190,844 |
| 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 2016 ABOVE OR BELOW \$20,000? | -8 | Don't Know | 68 | 6,493 |
| | | -7 | Refused | 169 | 17,672 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Below \$20,000 [1666 Per Month Or Less] | 303 | 34,515 |
| | | 2 | Above \$20,000 [1667 Per Month Or More] | 1,166 | 132,053 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|-----------|---------------------------------------------------------------------------------------|----------------|--------------------------------------------------|--------------|----------------|
| INCOMEC | WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016? | . | Missing | 239 | 24,276 |
| | | -8 | Don't Know | 67 | 8,648 |
| | | -7 | Refused | 106 | 12,107 |
| | | 1 | \$5,000 or less | 32 | 5,615 |
| | | 2 | \$5,001-\$10,000 | 34 | 3,363 |
| | | 3 | \$10,001-\$15,000 | 69 | 6,881 |
| | | 4 | \$15,001-\$20,000 | 127 | 13,486 |
| | | 5 | \$20,001-\$25,000 | 155 | 14,843 |
| | | 6 | \$25,001-\$30,000 | 164 | 18,562 |
| | | 7 | \$30,001-\$35,000 | 110 | 11,605 |
| | | 8 | \$35,001-\$40,000 | 106 | 13,480 |
| 9 | \$40,001-\$50,000 | 146 | 16,198 | | |
| 10 | ABOVE \$50,000 | 353 | 41,778 | | |
| | | | | 1,708 | 190,844 |
| URBAN | URBAN | -9 | Invalid Zip Code, or Foreign Zip Code | 27 | 2,406 |
| | | 0 | Rural (Not in Urbanized Area or Urban Cluster) | 276 | 29,246 |
| | | 1 | In Urbanized Area | 1,038 | 120,789 |
| | | 2 | In Urban Cluster | 367 | 38,403 |
| | | | | | |
| DIF_CR_CG | DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER | . | Missing | 30 | 3,760 |
| | | 1 | Care Recipient is Younger Than Caregiver | 245 | 26,817 |
| | | 2 | Care Recipient is Older or Same Age As Caregiver | 1,433 | 160,267 |
| | | | | 1,708 | 190,844 |
| VARSTRAT | VARIANCE STRATUM | 1.00 - 64.00 | Varstrat range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| VARUNIT | VARIANCE UNIT | 1 | Variance unit 1 | 861 | 99,438 |
| | | 2 | Variance unit 2 | 842 | 91,118 |
| | | 3 | Variance unit 3 | 5 | 288 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT | FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT | 11.94 - 786.00 | Weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--------------------------------------------------------------------|-------------------|------------------------|--------------|----------------|
| PSTOTWGT1 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1 | 3.41 - 2103.42 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT2 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2 | 0.51 - 1339.59 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT3 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3 | 4.02 - 1146.10 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT4 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4 | 0.52 - 1529.42 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT5 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5 | 0.51 - 1149.48 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT6 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6 | 3.43 - 1400.29 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT7 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7 | 0.86 - 1512.59 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT8 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8 | 3.32 - 1495.41 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT9 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9 | 0.44 - 1135.03 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT10 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10 | 3.37 - 2042.90 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT11 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11 | 0.81 - 1825.89 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--------------------------------------------------------------------|-------------------|------------------------|--------------|----------------|
| PSTOTWGT12 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12 | 3.47 - 1362.01 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT13 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13 | 3.62 - 1376.58 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT14 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14 | 0.63 - 1338.31 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT15 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15 | 5.30 - 1307.81 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT16 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16 | 0.56 - 1519.53 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT17 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17 | 3.47 - 1972.11 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT18 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18 | 0.51 - 1190.49 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT19 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19 | 3.41 - 1132.39 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT20 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20 | 0.53 - 1528.53 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT21 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21 | 0.53 - 1220.45 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT22 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22 | 3.87 - 1510.63 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--------------------------------------------------------------------|-------------------|------------------------|--------------|----------------|
| PSTOTWGT23 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23 | 0.85 - 1553.39 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT24 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24 | 3.90 - 1561.85 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT25 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25 | 0.44 - 1113.33 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT26 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26 | 4.07 - 1881.66 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT27 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27 | 0.82 - 1780.87 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT28 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28 | 3.77 - 1390.62 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT29 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29 | 3.88 - 1466.13 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT30 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30 | 0.62 - 1379.15 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT31 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31 | 4.92 - 1316.09 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT32 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32 | 0.57 - 1510.43 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT33 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33 | 0.42 - 1464.78 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--------------------------------------------------------------------|-------------------|------------------------|--------------|----------------|
| PSTOTWGT34 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34 | 3.53 - 1796.52 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT35 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35 | 0.83 - 1921.63 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT36 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36 | 3.31 - 1157.59 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT37 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37 | 3.33 - 1440.59 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT38 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38 | 0.52 - 1147.66 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT39 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39 | 5.28 - 1111.12 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT40 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40 | 0.63 - 1457.59 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT41 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41 | 3.50 - 2001.86 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT42 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42 | 0.51 - 1328.34 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT43 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43 | 3.59 - 1222.67 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT44 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44 | 0.68 - 1546.75 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--------------------------------------------------------------------|-------------------|------------------------|--------------|----------------|
| PSTOTWGT45 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45 | 0.44 - 1399.58 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT46 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46 | 3.30 - 1273.06 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT47 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47 | 0.71 - 1764.18 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT48 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48 | 3.18 - 1078.70 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT49 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49 | 0.44 - 1377.22 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT50 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50 | 3.26 - 1645.41 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT51 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51 | 0.81 - 1874.23 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT52 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52 | 3.54 - 1209.18 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT53 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53 | 3.61 - 1436.52 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT54 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54 | 0.53 - 1223.27 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT55 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55 | 6.15 - 1181.04 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|-----------------------------------------------------------------------------------|-------------------|-------------------------------------------|--------------|----------------|
| PSTOTWGT56 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56 | 0.65 - 1386.68 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT57 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57 | 3.91 - 1995.82 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT58 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58 | 0.52 - 1186.25 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT59 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59 | 3.22 - 1229.97 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT60 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60 | 0.69 - 1657.75 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT61 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61 | 0.44 - 1478.28 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT62 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62 | 2.98 - 1359.91 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT63 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63 | 0.75 - 1810.15 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| PSTOTWGT64 | FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64 | 3.50 - 1126.30 | Replicate weight range | 1,708 | 190,844 |
| | | | | 1,708 | 190,844 |
| CGOHQ1 | ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST? | -8 | Don't Know | 60 | 5,914 |
| | | -7 | Refused | 1 | 27 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | 6 Months Or Less | 551 | 65,229 |
| | | 2 | More Than 6 Months, Not More Than 1 Yr | 204 | 23,080 |
| | | 3 | More Than 1 Yr, Not More Than 2 Years | 201 | 21,388 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------|--------------|----------------|
| | | 4 | More Than 2 Yrs, Not More Than 3 Years | 128 | 14,705 |
| | | 5 | More Than 3 Yrs, Not More Than 5 Years | 153 | 16,871 |
| | | 6 | More Than 5 Years Ago | 396 | 41,631 |
| | | 7 | Never Have Been To Dentist | 12 | 1,888 |
| | | | | 1,708 | 190,844 |
| 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 | 27 | 3,443 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Yes | 275 | 30,735 |
| | | 2 | No | 1,404 | 156,556 |
| | | | | 1,708 | 190,844 |
| 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 | 1 | 27 |
| | | -7 | Refused | 1 | 18 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 193 | 20,776 |
| | | 2 | No | 80 | 9,914 |
| | | | | 1,708 | 190,844 |
| 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 | 4 | 137 |
| | | -7 | Refused | 2 | 171 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 56 | 6,522 |
| | | 2 | No | 213 | 23,905 |
| | | | | 1,708 | 190,844 |
| 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 | 13 | 2,268 |
| | | -7 | Refused | 1 | 38 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 128 | 13,262 |
| | | 2 | No | 133 | 15,166 |
| | | | | 1,708 | 190,844 |
| 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 | 4 | 412 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 33 | 4,273 |
| | | 2 | No | 238 | 26,050 |
| | | | | 1,708 | 190,844 |
| 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 | 7 | 583 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 22 | 1,631 |
| | | 2 | No | 246 | 28,521 |
| | | | | 1,708 | 190,844 |
| 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 | 3 | 242 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 13 | 1,302 |
| | | 2 | No | 259 | 29,191 |
| | | | | 1,708 | 190,844 |
| 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? | | | | |
| | | -8 | Don't Know | 7 | 698 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 40 | 4,604 |
| | | 2 | No | 228 | 25,433 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|--------------|----------------|
| 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? | -8 | Don't Know | 1 | 35 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 4 | 542 |
| | | 2 | No | 270 | 30,158 |
| | | | | 1,708 | 190,844 |
| 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 | 3 | 498 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 7 | 394 |
| | | 2 | No | 265 | 29,842 |
| | | | | 1,708 | 190,844 |
| 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 | 8 | 623 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 41 | 4,463 |
| | | 2 | No | 226 | 25,648 |
| | | | | 1,708 | 190,844 |
| 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 | 4 | 292 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 36 | 3,332 |
| | | 2 | No | 235 | 27,110 |
| | | | | 1,708 | 190,844 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|--------------|----------------|
| 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 | 35 |
| | | -7 | Refused | 1 | 64 |
| | | -1 | Not Collected | 1,433 | 160,109 |
| | | 1 | Yes | 69 | 6,703 |
| | | 2 | No | 204 | 23,933 |
| | | | | 1,708 | 190,844 |
| CGOHQ4 | OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS? | -8 | Don't Know | 41 | 4,918 |
| | | -7 | Refused | 3 | 223 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Excellent | 95 | 9,653 |
| | | 2 | Very Good | 268 | 32,428 |
| | | 3 | Good | 580 | 61,615 |
| | | 4 | Fair | 404 | 44,015 |
| | | 5 | Poor | 315 | 37,881 |
| | | 1,708 | 190,844 | | |
| CGPMM | IN WHAT MONTH WAS THE CARE RECIPIENT BORN? | -8 | Don't Know | 6 | 1,131 |
| | | -7 | Refused | 13 | 1,447 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | January | 150 | 18,813 |
| | | 2 | February | 115 | 13,352 |
| | | 3 | March | 154 | 17,328 |
| | | 4 | April | 129 | 15,945 |
| | | 5 | May | 126 | 13,000 |
| | | 6 | June | 153 | 17,318 |
| | | 7 | July | 158 | 17,402 |
| | | 8 | August | 153 | 16,166 |
| | | 9 | September | 149 | 17,147 |
| | | 10 | October | 139 | 13,307 |
| 11 | November | 127 | 13,621 | | |
| 12 | December | 134 | 14,757 | | |
| | | 1,708 | 190,844 | | |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|-------------------------------------------|-------|---------------|--------------|----------------|
| CGPDD | ON WHAT DAY WAS THE CARE RECIPIENT BORN? | -8 | Don't Know | 6 | 1,131 |
| | | -7 | Refused | 15 | 1,953 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1 | Day 1 - 5 | 56 | 6,987 |
| | | 2 | Day 6 - 10 | 50 | 5,628 |
| | | 3 | Day 11 - 15 | 55 | 6,813 |
| | | 4 | Day 16 - 20 | 70 | 7,489 |
| | | 5 | Day 21 - 25 | 44 | 4,368 |
| | | 6 | Day 26 - 31 | 43 | 3,612 |
| | | 7 | 7 | 69 | 8,454 |
| | | 8 | 8 | 45 | 5,191 |
| | | 9 | 9 | 51 | 4,831 |
| | | 10 | 10 | 61 | 7,451 |
| | | 11 | 11 | 53 | 6,833 |
| | | 12 | 12 | 57 | 6,333 |
| | | 13 | 13 | 52 | 4,265 |
| | | 14 | 14 | 51 | 4,994 |
| | | 15 | 15 | 60 | 6,862 |
| | | 16 | 16 | 64 | 6,729 |
| | | 17 | 17 | 46 | 4,751 |
| | | 18 | 18 | 56 | 6,041 |
| | | 19 | 19 | 57 | 7,406 |
| | | 20 | 20 | 68 | 8,366 |
| | | 21 | 21 | 54 | 6,916 |
| | | 22 | 22 | 48 | 4,992 |
| | | 23 | 23 | 50 | 7,011 |
| | | 24 | 24 | 41 | 4,015 |
| | | 25 | 25 | 54 | 4,903 |
| | | 26 | 26 | 59 | 5,627 |
| | | 27 | 27 | 57 | 6,296 |
| | | 28 | 28 | 65 | 7,973 |
| 29 | 29 | 62 | 6,450 | | |
| 30 | 30 | 53 | 6,935 | | |
| 31 | 31 | 34 | 3,128 | | |
| | | | | 1,708 | 190,844 |
| CGPYYYY | IN WHAT YEAR WAS THE CARE RECIPIENT BORN? | -8 | Don't Know | 7 | 624 |

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Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------|-------|-------|---------------|------------|----------|
| | | -7 | Refused | 9 | 1,311 |
| | | -1 | Not Collected | 2 | 111 |
| | | 1911 | 1911 | 2 | 126 |
| | | 1912 | 1912 | 1 | 103 |
| | | 1913 | 1913 | 2 | 151 |
| | | 1915 | 1915 | 3 | 298 |
| | | 1916 | 1916 | 4 | 406 |
| | | 1917 | 1917 | 8 | 1,189 |
| | | 1918 | 1918 | 11 | 933 |
| | | 1919 | 1919 | 16 | 1,785 |
| | | 1920 | 1920 | 18 | 1,701 |
| | | 1921 | 1921 | 33 | 3,830 |
| | | 1922 | 1922 | 30 | 3,275 |
| | | 1923 | 1923 | 33 | 3,318 |
| | | 1924 | 1924 | 32 | 2,716 |
| | | 1925 | 1925 | 54 | 5,691 |
| | | 1926 | 1926 | 47 | 4,546 |
| | | 1927 | 1927 | 70 | 8,441 |
| | | 1928 | 1928 | 72 | 6,351 |
| | | 1929 | 1929 | 68 | 7,392 |
| | | 1930 | 1930 | 65 | 6,037 |
| | | 1931 | 1931 | 72 | 7,085 |
| | | 1932 | 1932 | 88 | 10,839 |
| | | 1933 | 1933 | 67 | 8,718 |
| | | 1934 | 1934 | 59 | 5,626 |
| | | 1935 | 1935 | 73 | 9,740 |
| | | 1936 | 1936 | 75 | 8,564 |
| | | 1937 | 1937 | 56 | 5,253 |
| | | 1938 | 1938 | 59 | 5,505 |
| | | 1939 | 1939 | 54 | 6,436 |
| | | 1940 | 1940 | 42 | 4,654 |
| | | 1941 | 1941 | 40 | 4,557 |
| | | 1942 | 1942 | 51 | 4,367 |
| | | 1943 | 1943 | 50 | 8,068 |
| | | 1944 | 1944 | 50 | 5,712 |
| | | 1945 | 1945 | 30 | 3,434 |
| | | 1946 | 1946 | 25 | 3,608 |
| | | 1947 | 1947 | 36 | 4,691 |

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Frequencies

| <i>NAME</i> | <i>LABEL</i> | <i>VALUE</i> | <i>DESCRIPTION</i> | <i>UNWEIGHTED</i> | <i>WEIGHTED</i> |
|-------------|--------------|--------------|--------------------|-------------------|-----------------|
| | | 1948 | 1948 | 29 | 2,503 |
| | | 1949 | 1949 | 31 | 3,705 |
| | | 1950 | 1950 | 28 | 3,787 |
| | | 1951 | 1951 | 32 | 4,661 |
| | | 1952 | 1952 | 24 | 2,896 |
| | | 1953 | 1953 | 11 | 1,527 |
| | | 1954 | 1954 | 11 | 1,375 |
| | | 1955 | 1955 | 12 | 880 |
| | | 1956 | 1956 | 12 | 1,602 |
| | | 1957 | 1957 | 4 | 714 |
| | | | | 1,708 | 190,844 |