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Positional Listing of Variables

Name	Type	Description
PERSID	CHAR	PERSON ID
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...
CGACTI01	NUM	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?
CGACTI02	NUM	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?
CGACTI03	NUM	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?
CGACTI04	NUM	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?
CGACTI05	NUM	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?
CGACTI06	NUM	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGHRWK	NUM	# HRS/WK RESPITE CARE USUALLY RECEIVE
CGINFO	NUM	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO OTHER AVAILABLE SERVICES AND RESOURCES?
CGINFOHP	NUM	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEDKD01	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
CGEDKD02	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
CGEDKD03	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
CGEDKD04	NUM	HAVE YOU ATTENDED SOMETHING ELSE?
CGSUPA	NUM	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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Name	Type	Description
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGALLEV	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/STROKE
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS
CGDISBB7	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS
CGDISBB8	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)
CGDISBB9	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES)
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSWD2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?

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

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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?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?
SVCCURT	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?
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?
CGPFSDS	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
CGPFDSSE	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?

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

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

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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?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN

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Positional Listing of Variables

Name	Type	Description
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017 ABOVE OR BELOW \$20,000?
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?
URBAN	NUM	URBAN
DIF_CR.CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12

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Positional Listing of Variables

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

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Positional Listing of Variables

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

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Positional Listing of Variables

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

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

Name	Type	Description
CGPMM	NUM	IN WHAT MONTH WAS THE CARE RECIPIENT BORN?
CGPSTRN	NUM	WHERE 1 IS "NOT A STRAIN AT ALL" AND 5 IS "VERY MUCH OF A STRAIN," HOW MUCH OF A PHYSICAL STRAIN WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?
CGPYYYY	NUM	IN WHAT YEAR WAS THE CARE RECIPIENT BORN?
CGQUIT	NUM	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?
CGRATE	NUM	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?
CGRATE2	NUM	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGSRVHLP	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGSUPA	NUM	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?
CGWHO02	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?

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Alphabetical Listing of Variables

Name	Type	Description
CGWHO04	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?
CGWHO05	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?
CGWHO07	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CSARRNG	NUM	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?
CSHOME	NUM	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DIF_CR.CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
EXERCISE	NUM	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?

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Alphabetical Listing of Variables

Name	Type	Description
HNREDUYN	NUM	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PERSID	CHAR	PERSON ID
PFBATHBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBATHC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBEDBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBEDC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBUSC	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?
PFCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFDFINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFOUBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

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

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	1,729	187,371
				1,729	187,371
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...				
		-8	Don't Know	1	93
		1	Husband	289	28,851
		2	Wife	477	50,621
		3	Son	154	17,264
		4	Son-In-Law	9	715
		5	Daughter	619	72,665
		6	Daughter-In-Law	30	2,422
		7	Father	1	36
		8	Mother	5	482
		9	Brother	8	643
		10	Sister	33	3,093
		11	Granddaughter	11	1,016
		12	Grandson	8	420
		13	Niece	15	2,050
		14	Nephew	3	269
		15	A Friend/Neighbor/Another Person	50	4,792
		91	Other Relative	16	1,940
				1,729	187,371
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?				
		-8	Don't Know	4	406
		-7	Refused	2	388
		1	Yes	1,307	139,702
		2	No	416	46,874
				1,729	187,371
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		-8	Don't Know	5	490
		-7	Refused	3	520
		1	Yes	1,489	163,270
		2	No	232	23,092
				1,729	187,371

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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	2	351
		-7	Refused	1	56
		1	Yes	1,531	165,757
		2	No	195	21,207
				1,729	187,371
CGACTI04	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?	-8	Don't Know	6	693
		1	Yes	1,588	170,115
		2	No	135	16,563
				1,729	187,371
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	3	188
		-7	Refused	1	28
		1	Yes	1,639	177,985
		2	No	86	9,170
				1,729	187,371
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	11	886
		-7	Refused	1	464
		1	Yes	1,525	162,205
		2	No	192	23,815
				1,729	187,371
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	12	1,472
		-7	Refused	2	150
		1	Yes	971	93,856
		2	No	744	91,893
				1,729	187,371
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?	-8	Don't Know	1	145
		-1	Not Collected	758	93,515
		1	Yes	837	81,129

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	133	12,581
				1,729	187,371
CGRSP02	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?				
		-8	Don't Know	2	172
		-1	Not Collected	758	93,515
		1	Yes	178	16,332
		2	No	791	77,352
				1,729	187,371
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?				
		-8	Don't Know	3	615
		-1	Not Collected	758	93,515
		1	Yes	69	7,658
		2	No	899	85,583
				1,729	187,371
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?				
		-8	Don't Know	10	1,048
		-1	Not Collected	758	93,515
		1	Yes	17	1,178
		2	No	944	91,630
				1,729	187,371
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?				
		-8	Don't Know	6	368
		-1	Not Collected	758	93,515
		1	Yes	21	2,017
		2	No	944	91,471
				1,729	187,371
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE				
		-8	Don't Know	75	8,303
		-7	Refused	3	133
		-1	Not Collected	758	93,515
		1	0 Hours	48	5,717
		2	1 - 5 Hours	341	33,591
		3	6 - 10 Hours	285	23,893
		4	11 - 20 Hours	127	13,221
		5	21 - 80 Hours	87	8,746
		6	81 - 167 Hours	4	191
		7	168 Hours	1	61
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	33	3,175
		1	Yes	1,180	127,684
		2	No	516	56,512
				1,729	187,371
CGINFOHP	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	36	3,785
		-1	Not Collected	549	59,687
		1	Yes	914	98,988
		2	No	230	24,910
		1,729	187,371		
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	421
		-7	Refused	1	27
		1	Yes	542	60,111
		2	No	1,178	126,812
		1,729	187,371		
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?	-8	Don't Know	1	27
		-1	Not Collected	1,187	127,260
		1	Yes	272	31,648
		2	No	269	28,436
		1,729	187,371		
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?	-8	Don't Know	4	894
		-1	Not Collected	1,187	127,260
		1	Yes	213	22,586
		2	No	325	36,631
		1,729	187,371		
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?	-8	Don't Know	1	209

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,187	127,260
		1	Yes	299	33,335
		2	No	242	26,566
				1,729	187,371
CGEDKD04	HAVE YOU ATTENDED SOMETHING ELSE?				
		-8	Don't Know	1	52
		-1	Not Collected	1,187	127,260
		1	Yes	42	5,712
		2	No	499	54,347
				1,729	187,371
CGSUPA	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?				
		-8	Don't Know	11	1,141
		1	Yes	272	30,850
		2	No	1,446	155,380
				1,729	187,371
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	8	502
		1	Yes	246	28,243
		2	No	1,475	158,626
				1,729	187,371
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	13	1,138
		-7	Refused	1	61
		1	Yes	355	38,696
		2	No	1,360	147,477
				1,729	187,371
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	1,395
		-7	Refused	1	27

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	280	30,923
		2	No	1,435	155,026
				1,729	187,371
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	9	855
		1	Yes	310	37,964
		2	No	1,410	148,553
				1,729	187,371
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	8	860
		-7	Refused	1	92
		1	Yes	373	30,455
		2	No	1,347	155,964
				1,729	187,371
CGSUPG	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?	-8	Don't Know	2	80
		1	Yes	55	5,598
		2	No	1,672	181,693
				1,729	187,371
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Don't Know	31	2,431
		-7	Refused	2	106
		-1	Not Collected	462	55,527
		1	Respite Care Services	598	55,996
		2	Help/Information Re: Available Services/Resources	198	23,086
		3	Cg Training/Education	144	17,553
		4	Other Support Services/Assistance	294	32,672
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-8	Don't Know	80	7,901
		-7	Refused	2	180
		1	Family	203	21,903
		2	Friends	258	27,041
		3	A Physician	248	27,911
		4	A Community Organization	179	21,262
		5	The Media	115	12,083
		6	A Social Worker Or Case Manager	188	20,472
		7	The Hospital	133	14,619
		8	The State/Local Office For The Aging	246	24,790
		91	Someplace Else	77	9,209
				1,729	187,371
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Don't Know	31	2,889
		-7	Refused	5	681
		1	Yes	1,099	113,433
		2	No	594	70,368
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Don't Know	33	3,810
		-7	Refused	2	228
		1	Yes	1,263	133,441
		2	No	431	49,891
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	36	4,688
		-7	Refused	1	192
		1	Yes	1,395	147,402
		2	No	297	35,089

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	38	4,288
		-7	Refused	5	383
		1	Yes	1,341	142,031
		2	No	345	40,669
				1,729	187,371
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	27	2,772
		-7	Refused	2	429
		1	Yes	1,056	116,111
		2	No	644	68,059
				1,729	187,371
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Don't Know	33	3,339
		1	Yes	1,603	171,557
		2	No	93	12,475
				1,729	187,371
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	43	4,944
		-7	Refused	7	533
		1	Yes	1,457	157,012
		2	No	222	24,883
				1,729	187,371
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	10,144
		-7	Refused	4	686
		1	Yes	1,312	138,988
		2	No	331	37,553
				1,729	187,371
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	8	769

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	230
		1	Excellent	774	78,612
		2	Very Good	548	64,391
		3	Good	282	30,589
		4	Fair	75	8,426
		5	Poor	39	4,353
				1,729	187,371
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	11	999
		1	Rating of Good to Excellent	1,604	173,592
		2	Rating of Fair or Poor	114	12,780
				1,729	187,371
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	90	9,360
		-7	Refused	5	326
		1	Yes	526	58,400
		2	No	1,108	119,285
				1,729	187,371
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Don't Know	3	169
		-7	Refused	3	241
		1	Working Full Time	302	35,421
		2	Working Part Time	172	19,288
		3	Retired	966	102,957
		4	Not Working	283	29,294
				1,729	187,371
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Don't Know	5	887
		-1	Not Collected	480	55,120
		1	Yes	341	36,496
		2	No	903	94,868
				1,729	187,371
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	3	275
		-7	Refused	1	65
		-1	Not Collected	1,255	132,661
		1	Yes	284	35,766

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	186	18,604
				1,729	187,371
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	1	606
		-1	Not Collected	1,445	151,605
		1	Always	45	6,154
		2	Often	102	13,620
		3	Sometimes	114	12,426
		4	Rarely	20	2,768
		5	Never	2	191
				1,729	187,371
CGSRVHLP	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?	-8	Don't Know	6	587
		-7	Refused	1	74
		-1	Not Collected	1,448	152,402
		1	Yes	138	15,366
		2	No	136	18,943
				1,729	187,371
CGPSTRN	WHERE 1 IS "NOT A STRAIN AT ALL" AND 5 IS "VERY MUCH OF A STRAIN," HOW MUCH OF A PHYSICAL STRAIN WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?	-8	Don't Know	16	1,037
		-7	Refused	4	287
		1	1 - Not a strain at all	279	29,580
		2	2	329	32,872
		3	3	469	50,336
		4	4	313	37,546
		5	5 - Very much of a strain	319	35,713
				1,729	187,371
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	13	1,512
		-7	Refused	5	281
		1	1 - Not at all stressful	166	18,220
		2	2	234	22,663
		3	3	464	52,316

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4	412	44,553
		5	5 - Very stressful	435	47,827
				1,729	187,371
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	19	1,717
		-7	Refused	10	679
		1	1 - No hardship at all	455	49,237
		2	2	298	31,211
		3	3	396	43,727
		4	4	269	29,000
		5	5 - A great hardship	282	31,801
				1,729	187,371
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?				
		-8	Don't Know	35	4,325
		-7	Refused	7	923
		1	The Financial Burden	165	18,452
		2	Not Enough Time For Self	291	30,015
		3	Not Enough Time For Family	80	9,440
		4	Interferes With Your Work	27	2,162
		5	Affects Your Family Relationships	76	7,799
		6	Interferes With Your Privacy	20	1,546
		7	Conflicts With Your Social Life	94	9,504
		8	Creates Stress	414	45,699
		9	None	153	16,099
		10	All Of The Above	312	35,827
		91	Something Else	55	5,580
				1,729	187,371
CGALLEV	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?				
		-8	Don't Know	37	4,177
		-7	Refused	6	788
		-1	Not Collected	56	6,070
		1	Yes	1,158	121,436

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	472	54,900
				1,729	187,371
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?	-8	Don't Know	8	646
		-7	Refused	4	827
		1	Excellent	152	18,959
		2	Very Good	423	43,787
		3	Good	604	65,229
		4	Fair	388	40,690
		5	Poor	150	17,233
				1,729	187,371
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	7	1,029
		-7	Refused	3	89
		1	Yes	793	81,283
		2	No	926	104,970
				1,729	187,371
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	428	44,982
		2	No	353	35,386
				1,729	187,371
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	73	7,687
		2	No	708	72,681
				1,729	187,371
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	77	7,696
		2	No	704	72,672

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,729	187,371
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/STROKE	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	187	21,112
		2	No	594	59,255
				1,729	187,371
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	96	11,501
		2	No	685	68,867
				1,729	187,371
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	71	5,337
		2	No	710	75,031
				1,729	187,371
CGDISBB7	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	53	5,467
		2	No	728	74,901
				1,729	187,371
CGDISBB8	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	89	8,302
		2	No	692	72,066
				1,729	187,371
CGDISBB9	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	38	4,324

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	743	76,044
				1,729	187,371
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-7	Refused	12	915
		-1	Not Collected	936	106,088
		1	Yes	157	16,477
		2	No	624	63,891
				1,729	187,371
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Don't Know	22	2,790
		-7	Refused	2	95
		-1	Not Collected	936	106,088
		1	Yes	449	46,557
		2	No	320	31,841
				1,729	187,371
CGHLONG	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?	-8	Don't Know	5	642
		-7	Refused	2	263
		1	6 Months Or Less	17	3,172
		2	More Than 6 Months, But Less Than 1 Year	52	6,694
		3	At Least 1 Year, But Less Than 2 Years	172	18,993
		4	2 To 5 Years	700	77,524
		5	5 To 10 Years	513	50,961
		6	11 To 20 Years	188	18,863
		7	More Than 20 Years	80	10,259
				1,729	187,371
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?	-8	Don't Know	2	118
		1	In The Same House	1,325	140,174
		2	Less Than 20 Minutes Away	287	32,799
		3	Between 20 And 60 Minutes Away	86	10,231
		4	Between 1 And 2 Hours Away	17	1,956
		5	More Than Two Hours Away	12	2,093

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,729	187,371
VISTIMES	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?	-8	Don't Know	2	118
		-1	Not Collected	1,325	140,174
		1	Every Day	190	22,881
		2	Two Or More Times Per Week	152	17,449
		3	Once A Week	31	3,282
		4	A Few Times A Month	17	1,490
		5	Once A Month	3	741
		6	A Few Times A Year	7	1,065
		7	Less Often	2	171
				1,729	187,371
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?	-8	Don't Know	1	53
		-1	Not Collected	1,325	140,174
		1	Yes	269	29,921
		2	No	134	17,224
				1,729	187,371
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Don't Know	13	908
		-7	Refused	4	953
		1	Can Be Left Alone Over A Day At A Time	136	15,518
		2	Can Be Left Alone A Day But Then Checked	186	18,887
		3	Needs Someone There At Least Part Of Day	376	42,187
		4	Needs Someone There All/Nearly All Time	1,014	108,918
				1,729	187,371
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	78	8,536
		-7	Refused	5	327
		1	0 Hours	46	5,568
		2	1 - 2 Hours	160	16,949
		3	3 - 4 Hours	210	23,434
		4	5 - 6 Hours	150	16,497
		5	7 - 10 Hours	204	21,190
		6	11 - 15 Hours	187	18,589
		7	16 - 23 Hours	125	13,521

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	24 Hours	564	62,761
				1,729	187,371
CGHRS_Q	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES)	.	Missing	83	8,863
		1	First Quartile (0-4)	416	45,951
		2	Second Quartile (5-12)	483	50,729
		3	Third Quartile (adjusted to 13-23)	183	19,067
		4	Fourth Quartile (24)	564	62,761
				1,729	187,371
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Collected	83	8,863
		1	0 Hours	46	5,568
		3	6 - 10 Hours	54	5,470
		4	11 - 20 Hours	106	11,478
		5	21 - 30 Hours	210	23,434
		6	31 - 40 Hours	63	6,742
		7	41 - 80 Hours	298	31,518
		8	81 - 120 Hours	217	22,616
		9	121 - 167 Hours	88	8,920
		10	168 Hours	564	62,761
				1,729	187,371
CGHRSWK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	98	9,404
		-7	Refused	4	176
		1	0 Hours	39	5,036
		2	1 - 2 Hours	151	15,611
		3	3 - 4 Hours	186	20,990
		4	5 - 6 Hours	148	15,872
		5	7 - 10 Hours	193	20,175
		6	11 - 15 Hours	209	21,980
		7	16 - 23 Hours	239	26,585
		8	24 Hours	462	51,541
				1,729	187,371
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Collected	102	9,580
		1	0 Hours	39	5,036
		2	1 - 10 Hours	151	15,611
		3	11 - 20 Hours	186	20,990

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	21 - 30 Hours	148	15,872
		5	31 - 50 Hours	193	20,175
		6	51 - 80 Hours	277	30,348
		7	81 - 119 Hours	171	18,216
		8	120 Hours	462	51,541
				1,729	187,371
CGHRSDW	# HOURS YOU CARE ON WEEKEND DAY	-8	Don't Know	82	7,875
		-7	Refused	5	501
		1	0 Hours	57	7,611
		2	1 - 2 Hours	135	16,904
		3	3 - 4 Hours	167	17,748
		4	5 - 6 Hours	132	13,486
		5	7 - 10 Hours	173	16,598
		6	11 - 15 Hours	176	19,728
		7	16 - 23 Hours	196	21,750
		8	24 Hours	606	65,170
				1,729	187,371
CGHRSDW2	# HOURS YOU CARE ON THE WEEKEND	-1	Not Collected	87	8,376
		1	0 Hours	57	7,611
		2	1 - 5 Hours	135	16,904
		3	6 - 10 Hours	231	24,898
		4	11 - 20 Hours	241	22,934
		5	21 - 30 Hours	176	19,728
		6	31 - 47 Hours	196	21,750
		7	48 Hours	606	65,170
				1,729	187,371
CGHRSWK7	HOURS HELP CAREGIVER PROVIDES PER WK	-1	Not Collected	126	11,796
		1	0 Hours	27	3,388
		2	1 - 20 Hours	161	17,703
		3	21 - 40 Hours	232	26,739
		4	41 - 80 Hours	270	26,775
		5	81 - 120 Hours	264	30,589
		6	121 - 167 Hours	226	23,619
		7	168 Hours	423	46,762
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHLPA	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?	-8	Don't Know	7	606
		-7	Refused	2	102
		1	Yes	847	91,149
		2	No	873	95,514
				1,729	187,371
CGOHLPB	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?	-8	Don't Know	56	6,440
		-7	Refused	3	138
		1	Yes	836	77,697
		2	No	834	103,096
				1,729	187,371
CGOHLPC	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?	-8	Don't Know	17	2,151
		-7	Refused	3	156
		1	Yes	367	41,697
		2	No	1,342	143,367
				1,729	187,371
CGOHLPD	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?	-8	Don't Know	11	1,316
		1	Yes	655	73,812
		2	No	1,063	112,244
				1,729	187,371
CGOHLPE	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?	-8	Don't Know	11	1,427
		-7	Refused	1	431
		1	Yes	39	3,444
		2	No	1,678	182,069
				1,729	187,371
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?	-8	Don't Know	10	805
		-7	Refused	3	149
		-1	Not Collected	253	30,678
		1	Caregiver(You)	1,272	132,103
		2	Other Family Members Or Friends	79	9,440

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Agency	27	2,446
		4	Other Community Agencies	18	3,560
		5	Help Paid For By Care Recipient Or Family	64	7,741
		6	Other Specify	3	449
				1,729	187,371
CGOTHLP2	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?	-8	Don't Know	3	461
		-7	Refused	1	464
		-1	Not Collected	266	31,632
		1	Caregiver(You)	136	16,479
		2	Other Family Members Or Friends	522	58,613
		3	Agency	425	36,939
		4	Other Community Agencies	118	13,526
		5	Help Paid For By Care Recipient Or Family	238	27,886
		6	Other Specify	20	1,371
				1,729	187,371
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Don't Know	3	103
		-7	Refused	1	192
		1	Yes	103	13,476
		2	No	1,622	173,601
				1,729	187,371
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-8	Don't Know	2	91
		-7	Refused	1	431
		-1	Not Collected	1,626	173,895
		1	Care Recipient	57	7,966
		2	Community Agency	37	4,150
		91	Other	6	838
				1,729	187,371
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	31	3,561
		-7	Refused	3	223

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1,342	148,230
		2	No	353	35,357
				1,729	187,371
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	20	2,059
		-7	Refused	1	29
		1	Yes	899	101,737
		2	No	809	83,545
				1,729	187,371
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	31	2,829
		-7	Refused	2	189
		1	Yes	710	79,636
		2	No	986	104,717
				1,729	187,371
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	59	6,642
		-7	Refused	5	401
		1	Yes	1,255	133,950
		2	No	410	46,378
				1,729	187,371
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	19	1,715
		-7	Refused	2	76
		1	Yes	888	104,629
		2	No	820	80,950

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,729	187,371
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	17	2,777
		-7	Refused	6	393
		1	Yes	1,127	127,284
		2	No	579	56,918
				1,729	187,371
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	21	2,265
		-7	Refused	2	151
		1	Yes	1,234	137,404
		2	No	472	47,551
				1,729	187,371
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	11	1,349
		1	Yes	683	81,742
		2	No	1,035	104,280
				1,729	187,371
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	30	3,615
		-7	Refused	1	43
		1	Yes	94	10,332
		2	No	1,604	173,381
				1,729	187,371
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?	-8	Don't Know	8	675
		1	Yes	226	25,287
		2	No	1,495	161,409
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	9	1,064
		-7	Refused	2	159
		1	Yes	455	46,949
		2	No	1,263	139,199
				1,729	187,371
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	8	609
		-7	Refused	2	70
		1	Yes	524	51,477
		2	No	1,195	135,216
				1,729	187,371
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	32	3,977
		-7	Refused	2	187
		1	Yes	715	69,055
		2	No	980	114,151
				1,729	187,371
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	7	746
		1	Yes	229	25,882
		2	No	1,493	160,743
				1,729	187,371
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	5	246
		1	Yes	198	19,010
		2	No	1,526	168,115
				1,729	187,371
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	8	396
		1	Yes	469	47,278
		2	No	1,252	139,698
				1,729	187,371
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	4	176
		-7	Refused	2	171

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	184	16,465
		2	No	1,539	170,559
				1,729	187,371
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	4	646
		1	Yes	61	6,488
		2	No	1,664	180,236
				1,729	187,371
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	31	3,800
		-7	Refused	2	203
		1	Yes	345	38,873
		2	No	1,351	144,495
				1,729	187,371
HNREDUYN	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	11	907
		-7	Refused	1	160
		1	Yes	164	17,098
		2	No	1,553	169,206
				1,729	187,371
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	12	1,114
		-7	Refused	2	217
		1	Yes	443	46,752
		2	No	1,272	139,289
				1,729	187,371
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	1,500
		-7	Refused	2	203
		1	Yes	239	26,615
		2	No	1,476	159,053
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	6	297
		-7	Refused	1	27
		1	Yes	160	18,833
		2	No	1,562	168,214
				1,729	187,371
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	18	1,594
		-7	Refused	3	101
		1	Yes	84	7,823
		2	No	1,624	177,853
				1,729	187,371
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?	-8	Don't Know	5	185
		1	Yes	144	13,952
		2	No	1,580	173,234
				1,729	187,371
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	20	2,492
		-7	Refused	2	72
		-1	Not Collected	292	35,548
		1	Excellent	401	41,279
		2	Very Good	450	46,430
		3	Good	382	41,320
		4	Fair	138	14,849
		5	Poor	44	5,381
		1,729	187,371		
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	64	7,721
		-7	Refused	2	625

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Agree	1,624	174,957
		2	Disagree	39	4,068
				1,729	187,371
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	3	154
		1	Yes	166	15,283
		2	No	1,560	171,934
				1,729	187,371
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	11	685
		1	Yes	174	18,408
		2	No	1,544	168,278
				1,729	187,371
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	42	5,692
		1	Yes	350	37,736
		2	No	1,337	143,943
				1,729	187,371
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	11	1,473
		1	Yes	55	5,814
		2	No	1,663	180,084
				1,729	187,371
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	4	492
		-7	Refused	2	99
		1	Yes	1,150	122,918
		2	No	573	63,862
				1,729	187,371
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?	-8	Don't Know	9	1,611
		1	Yes	1,276	135,045
		2	No	444	50,715
				1,729	187,371
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	59	4,672

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	8	478
		1	Yes	1,021	112,261
		2	No	641	69,960
				1,729	187,371
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	103	10,996
		-7	Refused	6	405
		-1	Not Collected	1,021	112,261
		1	In Caregiver's Home	37	3,680
		2	In The Home Of Another Family Mem/Friend	67	7,694
		3	In An Assisted Living Facility	107	10,916
		4	In A Nursing Home	359	37,817
		5	Care Recipient Would Have Died	6	1,445
		91	Other	23	2,156
				1,729	187,371
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?				
		-8	Don't Know	17	1,397
		-7	Refused	3	173
		1	Excellent	39	3,559
		2	Very Good	142	14,211
		3	Good	416	46,936
		4	Fair	532	58,318
		5	Poor	580	62,776
				1,729	187,371
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	14	1,400
		-7	Refused	4	260
		1	Yes	1,059	116,314
		2	No	651	69,369
		3	Does Not Apply	1	28
				1,729	187,371
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	9	651

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	4	190
		1	Yes	1,207	136,413
		2	No	509	50,117
				1,729	187,371
CGPFDSC	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?				
		-8	Don't Know	8	686
		-7	Refused	5	429
		1	Yes	784	89,066
		2	No	931	97,145
		3	Does Not Apply	1	46
				1,729	187,371
CGPFDSD	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?				
		-8	Don't Know	48	6,206
		-7	Refused	4	190
		1	Yes	834	93,853
		2	No	842	87,063
		3	Does Not Apply	1	59
				1,729	187,371
CGPFDSE	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?				
		-8	Don't Know	6	232
		-7	Refused	4	190
		1	Yes	558	67,334
		2	No	1,158	119,363
		3	Does Not Apply	3	251
				1,729	187,371
CGPFDSE	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	7	447
		-7	Refused	5	233
		1	Yes	690	74,277
		2	No	1,025	112,260
		3	Does Not Apply	2	153
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSG	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?	-8	Don't Know	9	736
		-7	Refused	5	233
		1	Yes	350	39,524
		2	No	1,365	146,878
				1,729	187,371
CGPFDSH	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?	-8	Don't Know	13	1,038
		-7	Refused	4	190
		1	Yes	519	55,232
		2	No	1,191	130,328
		3	Does Not Apply	2	583
		1,729	187,371		
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?	-8	Don't Know	19	3,037
		-7	Refused	5	275
		1	Yes	349	41,356
		2	No	1,355	142,671
		3	Does Not Apply	1	31
		1,729	187,371		
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?	-8	Don't Know	42	3,988
		-7	Refused	4	190
		1	Yes	507	55,435
		2	No	1,175	127,737
		3	Does Not Apply	1	22
		1,729	187,371		
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?	-8	Don't Know	16	2,475
		-7	Refused	4	190
		1	Yes	292	35,471
		2	No	1,415	149,113
		3	Does Not Apply	2	121
		1,729	187,371		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	13	1,089
		-7	Refused	4	190
		1	Yes	1,122	121,173
		2	No	588	64,314
		3	Does Not Apply	2	605
				1,729	187,371
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Don't Know	6	497
		-7	Refused	3	105
		1	Yes	833	92,323
		2	No	887	94,447
				1,729	187,371
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	19	2,019
		-7	Refused	8	387
		1	Yes	613	69,247
		2	No	1,089	115,718
				1,729	187,371
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	11	1,020
		-7	Refused	5	276
		1	Yes	999	112,916
		2	No	713	73,100
		3	Does Not Apply	1	59
				1,729	187,371
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?	-8	Don't Know	1	53
		-7	Refused	4	179
		1	Yes	134	14,637
		2	No	1,587	171,826
		3	Does Not Apply	3	677
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	6	801
		-7	Refused	4	179
		1	Yes	158	16,837
		2	No	1,560	169,494
		3	Does Not Apply	1	61
				1,729	187,371
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	9	1,104
		-7	Refused	5	264
		1	Yes	949	109,448
		2	No	765	76,511
		3	Does Not Apply	1	44
				1,729	187,371
CGPFDS5	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?	-8	Don't Know	9	1,114
		-7	Refused	5	264
		1	Yes	44	3,746
		2	No	1,671	182,247
				1,729	187,371
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?	-8	Don't Know	15	1,850
		-7	Refused	7	477
		1	Yes	778	82,538
		2	No	926	102,318
		3	Does Not Apply	3	188
				1,729	187,371
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?	-8	Don't Know	5	411
		-7	Refused	9	589
		1	Yes	270	30,472
		2	No	1,442	155,126
		3	Does Not Apply	3	773
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	8	354
		1	1 Medical Condition	8	813
		2	2 Medical Conditions	52	4,852
		3	3 Medical Conditions	72	6,525
		4	4 Medical Conditions	124	13,028
		5	5 Medical Conditions	185	18,181
		6	6 Medical Conditions	219	23,277
		7	7 Medical Conditions	217	22,778
		8	8 Medical Conditions	206	21,191
		9	9 Medical Conditions	193	24,771
		10	10 Medical Conditions	153	17,732
		11	11 Medical Conditions	112	11,195
		12	12 Medical Conditions	83	11,324
		13	13 Medical Conditions	54	5,741
		14	14 Medical Conditions	28	3,253
		15	15 Medical Conditions	10	1,278
		16	16 Medical Conditions	5	1,077
				1,729	187,371
PFDFINC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	7	419
		-7	Refused	5	286
		1	Yes	1,064	116,286
		2	No	653	70,380
PFDFINBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	12	1,350
		-7	Refused	2	112
		-1	Not Collected	665	71,085
		1	Yes	717	79,379
		2	No	333	35,445
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	6	601
		-7	Refused	3	200
		1	Yes	1,380	151,253

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	340	35,317
				1,729	187,371
PFDFOUBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	5	154
		-1	Not Collected	349	36,118
		1	Yes	1,321	145,869
		2	No	54	5,230
				1,729	187,371
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	7	918
		-7	Refused	7	669
		1	Yes	1,059	114,667
		2	No	656	71,117
				1,729	187,371
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	1	24
		-7	Refused	1	43
		-1	Not Collected	670	72,704
		1	Yes	821	90,224
		2	No	236	24,375
				1,729	187,371
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?				
		-8	Don't Know	8	840
		-7	Refused	4	213
		1	Yes	1,274	132,371
		2	No	443	53,948
				1,729	187,371
PFBATHBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?				
		-8	Don't Know	5	256
		-7	Refused	1	113
		-1	Not Collected	455	55,000
		1	Yes	1,198	125,561
		2	No	70	6,442
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	9	773
		-7	Refused	5	255
		1	Yes	1,140	124,061
		2	No	575	62,281
				1,729	187,371
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	82
		-1	Not Collected	589	63,310
		1	Yes	1,053	113,515
		2	No	86	10,464
				1,729	187,371
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	10	956
		-7	Refused	6	399
		1	Yes	1,327	144,803
		2	No	386	41,213
				1,729	187,371
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	9	542
		-7	Refused	5	1,524
		-1	Not Collected	402	42,568
		1	Yes	890	98,006
		2	No	423	44,732
		1,729	187,371		
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Don't Know	8	447
		-7	Refused	1	98
		1	Yes	444	46,210
		2	No	1,276	140,616
				1,729	187,371
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	1,285	141,161
		1	Yes	325	34,212
		2	No	119	11,997
		1,729	187,371		
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	10	1,212

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	4	933
		1	Yes	875	93,720
		2	No	840	91,505
				1,729	187,371
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	9	1,276
		-7	Refused	3	121
		-1	Not Collected	854	93,651
		1	Yes	718	77,933
		2	No	145	14,390
				1,729	187,371
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?				
		-8	Don't Know	23	2,475
		-7	Refused	9	559
		1	Yes	1,269	137,727
		2	No	428	46,610
				1,729	187,371
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	4	346
		-1	Not Collected	460	49,644
		1	Yes	1,257	136,276
		2	No	8	1,104
				1,729	187,371
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?				
		-8	Don't Know	23	2,566
		-7	Refused	8	684
		1	Yes	1,437	154,035
		2	No	261	30,086
				1,729	187,371
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	4	710
		-1	Not Collected	292	33,336
		1	Yes	1,397	149,797
		2	No	36	3,528
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??	-8	Don't Know	20	1,939
		-7	Refused	10	1,079
		1	Yes	1,376	148,515
		2	No	323	35,839
				1,729	187,371
PFCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	4	781
		-1	Not Collected	353	38,856
		1	Yes	1,348	144,287
		2	No	24	3,447
				1,729	187,371
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	27	3,752
		-7	Refused	9	1,021
		1	Yes	1,608	172,335
		2	No	85	10,262
				1,729	187,371
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	2	278
		-1	Not Collected	121	15,036
		1	Yes	1,590	170,243
		2	No	16	1,815
				1,729	187,371
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	12	1,284
		-7	Refused	8	538
		1	Yes	1,232	134,374
		2	No	477	51,175
				1,729	187,371
PFTKDGBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	1	62

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	497	52,997
		1	Yes	1,210	131,145
		2	No	21	3,167
				1,729	187,371
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	9	840
		-7	Refused	4	282
		1	Yes	1,054	118,179
		2	No	662	68,069
				1,729	187,371
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	6	330
		-1	Not Collected	675	69,192
		1	Yes	971	108,920
		2	No	77	8,929
				1,729	187,371
CGISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?	-8	Don't Know	2	95
		-7	Refused	2	157
		1	Yes	1,438	156,638
		2	No	287	30,481
				1,729	187,371
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	17	1,439
		-7	Refused	8	1,269
		-1	Not Collected	291	30,733
		1	Yes	1,217	129,757
		2	No	196	24,174
				1,729	187,371
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	96	11,163
		-7	Refused	2	157
		1	Yes	603	65,789
		2	No	1,028	110,262

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,729	187,371
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	156
		-1	Not Collected	1,126	121,582
		1	Yes	278	31,263
		2	No	50	6,708
		3	Never Uses Bus	274	27,661
				1,729	187,371
PFUSBSBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	3	165
		-1	Not Collected	1,451	156,108
		1	Yes	272	30,723
		2	No	3	376
				1,729	187,371
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH	-8	Don't Know	3	354
		-7	Refused	1	25
		-1	Not Collected	348	42,820
		1	Yes	1,321	137,014
		2	No	56	7,158
				1,729	187,371
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	46	4,945
		0	0 limitations	162	20,600
		1	1 limitation	151	15,189
		2	2 limitations	208	23,658
		3	3 limitations	207	20,330
		4	4 limitations	243	23,810
		5	5 limitations	407	45,727
		6	6 limitations	305	33,111
				1,729	187,371
ADLAOA6CR_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	2	151
		0	0 limitations	171	21,496
		1	1 limitation	162	16,495
		2	2 limitations	214	24,515

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 limitations	213	20,667
		4	4 limitations	250	25,036
		5	5 limitations	412	45,899
		6	6 limitations	305	33,111
				1,729	187,371
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	46	4,945
		1	Yes	1,162	122,979
		2	No	521	59,447
				1,729	187,371
ADL3PLUSCR _SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	2	151
		1	Yes	1,180	124,713
		2	No	547	62,506
				1,729	187,371
ADL6AOA6PCR	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	32	3,836
		0	0 limitations	337	39,265
		1	1 limitation	249	25,860
		2	2 limitations	196	19,904
		3	3 limitations	173	17,599
		4	4 limitations	171	17,731
		5	5 limitations	332	37,396
		6	6 limitations	239	25,779
				1,729	187,371
ADL6AOA6PCR _SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	2	151
		0	0 limitations	342	39,989
		1	1 limitation	254	26,318
		2	2 limitations	204	20,587
		3	3 limitations	177	18,448
		4	4 limitations	177	18,553
		5	5 limitations	334	37,546
		6	6 limitations	239	25,779
				1,729	187,371

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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	100	10,066
		0	0 limitations	36	5,043
		1	1 limitation	49	6,051
		2	2 limitations	75	8,028
		3	3 limitations	113	10,856
		4	4 limitations	186	20,185
		5	5 limitations	212	19,751
		6	6 limitations	341	37,644
		7	7 limitations	617	69,747
					1,729
IADLAOA7CR_ SSS	AOA IADL LIMITATIONS, SSS VERSION	.	Missing	3	210
		0	0 limitations	47	5,752
		1	1 limitation	54	6,352
		2	2 limitations	93	10,848
		3	3 limitations	128	12,504
		4	4 limitations	196	21,208
		5	5 limitations	234	21,335
		6	6 limitations	356	39,364
			1,729	187,371	
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	47	4,880
		0	0 limitations	61	6,919
		1	1 limitation	62	8,754
		2	2 limitations	97	9,861
		3	3 limitations	121	11,802
		4	4 limitations	196	20,633
		5	5 limitations	223	19,947

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	347	39,091
		7	7 limitations	575	65,483
				1,729	187,371
IADLAOA7PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	.	Missing	4	238
		0	0 limitations	61	6,940
		1	1 limitation	68	10,044
		2	2 limitations	105	10,501
		3	3 limitations	126	12,730
		4	4 limitations	200	21,139
		5	5 limitations	230	20,350
		6	6 limitations	357	39,775
		7	7 limitations	578	65,654
				1,729	187,371
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	112	12,063
		0	0 limitations	7	1,402
		1	1 limitation	43	5,465
		2	2 limitations	46	5,894
		3	3 limitations	70	6,266
		4	4 limitations	113	11,482
		5	5 limitations	186	19,984
		6	6 limitations	203	18,073
		7	7 limitations	334	37,068
		8	8 limitations	615	69,674
				1,729	187,371
IADLAOA8CR_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	3	210
		0	0 limitations	13	1,913
		1	1 limitation	55	6,099
		2	2 limitations	53	7,135
		3	3 limitations	90	9,612
		4	4 limitations	128	12,922
		5	5 limitations	197	21,308
		6	6 limitations	226	20,196

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	348	38,252
		8	8 limitations	616	69,725
				1,729	187,371
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	48	4,966
		0	0 limitations	27	3,248
		1	1 limitation	55	6,292
		2	2 limitations	57	8,359
		3	3 limitations	102	10,238
		4	4 limitations	117	11,512
		5	5 limitations	193	19,799
		6	6 limitations	218	19,633
		7	7 limitations	340	38,014
		8	8 limitations	572	65,312
				1,729	187,371
IADLAOA8PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	4	238
		0	0 limitations	25	3,094
		1	1 limitation	61	7,175
		2	2 limitations	60	9,179
		3	3 limitations	110	10,831
		4	4 limitations	122	12,279
		5	5 limitations	196	20,274
		6	6 limitations	227	20,094
		7	7 limitations	349	38,725
		8	8 limitations	575	65,482
				1,729	187,371
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-8	Don't Know	3	293
		-7	Refused	4	312
		1	0 People	1,381	145,850
		2	1 Person	186	21,260
		3	2 People	92	11,121

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	3 People	31	3,757
		5	4 People	20	3,516
		6	5 People	6	710
		7	6 People	3	358
		8	7 People	2	150
		9	8 or More People	1	45
				1,729	187,371
CGWHO01	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?	-1	Not Collected	1,388	146,455
		1	Yes	90	11,065
		2	No	251	29,851
				1,729	187,371
CGWHO02	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-1	Not Collected	1,388	146,455
		1	Yes	131	15,944
		2	No	210	24,972
				1,729	187,371
CGWHO03	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?	-1	Not Collected	1,388	146,455
		1	Yes	38	4,875
		2	No	303	36,041
				1,729	187,371
CGWHO04	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?	-1	Not Collected	1,388	146,455
		1	Yes	44	4,709
		2	No	297	36,207
				1,729	187,371
CGWHO05	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-1	Not Collected	1,388	146,455
		1	Yes	20	2,630
		2	No	321	38,286
				1,729	187,371
CGWHO06	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-1	Not Collected	1,388	146,455

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	38	4,395
		2	No	303	36,521
				1,729	187,371
CGWHO07	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?	-1	Not Collected	1,388	146,455
		1	Yes	37	3,759
		2	No	304	37,157
				1,729	187,371
CGWHO08	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?	-1	Not Collected	1,388	146,455
		1	Yes	17	2,449
		2	No	324	38,467
				1,729	187,371
CGWHOOH	OTHER PERSON CARE FOR:SPECIFY	-1	Not Collected	1,388	146,455
		1	Yes	29	2,753
		2	No	312	38,163
				1,729	187,371
AGEC	CAREGIVER'S AGE?	.	Missing	3	739
		2	18-34 years	13	981
		3	35-59 years	441	50,354
		4	60-64 years	244	27,111
		5	65-74 years	570	57,833
		6	75-84 years	350	39,928
		7	85+ years	108	10,425
				1,729	187,371
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	17	1,961
		4	60-64 years	53	6,392
		5	65-74 years	357	35,183
		6	75-84 years	597	67,369
		7	85+ years	705	76,467
				1,729	187,371
CGENDER	CAREGIVER'S GENDER?	.	Missing	36	4,322
		1	Male	492	49,816
		2	Female	1,201	133,233
				1,729	187,371
RGENDER	CARE RECIPIENT'S GENDER?	.	Missing	1	34
		1	Male	655	69,994

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Female	1,073	117,343
				1,729	187,371
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	1	70
		-7	Refused	16	1,529
		1	Less Than High School Diploma	118	13,496
		2	High School Diploma Or GED	416	43,068
		3	Some College(Business/Vocational/Techni)	601	64,533
		4	Bachelor's Degree	270	31,528
		5	Some Post-Graduate Work/Advanced Degree	307	33,147
				1,729	187,371
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	6	1,105
		-7	Refused	18	2,026
		1	Yes	130	24,470
		2	No	1,575	159,770
				1,729	187,371
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	7	1,162
		-7	Refused	43	4,369
		1	Yes	1,340	140,056
		2	No	339	41,783
				1,729	187,371
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	7	1,162
		-7	Refused	43	4,369
		1	Yes	282	30,475
		2	No	1,397	151,365
				1,729	187,371
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	7	1,162
		-7	Refused	43	4,369
		1	Yes	18	2,419
		2	No	1,661	179,421
				1,729	187,371
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	7	1,162
		-7	Refused	43	4,369

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	27	4,029
		2	No	1,652	177,811
				1,729	187,371
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	7	1,162
		-7	Refused	43	4,369
		1	Yes	7	745
		2	No	1,672	181,095
				1,729	187,371
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	7	1,162
		-7	Refused	43	4,369
		1	Yes	33	7,316
		2	No	1,646	174,523
				1,729	187,371
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	22
		-7	Refused	8	828
		1	Yes	230	22,566
		2	No	1,490	163,956
				1,729	187,371
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	17	1,316
		-7	Refused	11	1,015
		1	The City	642	74,359
		2	The Suburbs	443	47,136
		3	A Rural Area	616	63,545
				1,729	187,371
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	53
		-7	Refused	18	2,674
		1	Yes	515	50,741
		2	No	1,195	133,903
				1,729	187,371
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	53
		-7	Refused	18	2,637
		-1	Not Collected	515	50,741

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	926	104,560
		2	No	269	29,379
				1,729	187,371
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	53
		-7	Refused	18	2,404
		-1	Not Collected	515	50,741
		1	Yes	295	34,568
		2	No	900	99,605
				1,729	187,371
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	2	127
		-7	Refused	18	2,404
		-1	Not Collected	515	50,741
		1	Yes	330	36,211
		2	No	864	97,888
				1,729	187,371
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	53
		-7	Refused	20	2,757
		-1	Not Collected	515	50,741
		1	Yes	53	5,686
		2	No	1,140	128,134
				1,729	187,371
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	53
		-7	Refused	16	2,284
		1	Alone	515	50,741
		2	With spouse only	613	67,470
		3	With children only	42	4,424
		4	With spouse and children	151	19,080
		5	With others	391	43,318
				1,729	187,371
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	19	2,286
		1	1 Person	520	52,201
		2	2 People	717	77,477
		3	3 People	278	31,732
		4	4 People	98	11,716
		5	5 People	57	6,858
		6	6 People	28	3,581

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 People	9	1,375
		9	9 People	2	102
		10	10 People	1	43
				1,729	187,371
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	1	22
		-7	Refused	31	4,122
		1	Married	1,192	128,999
		2	Widowed	103	10,063
		3	Divorced	216	22,488
		4	Separated	24	3,015
		5	Never Married	162	18,662
				1,729	187,371
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 2017 ABOVE OR BELOW \$20,000?	-8	Don't Know	57	5,254
		-7	Refused	186	22,054
		1	Below \$20,000 [1666 Per Month Or Less]	283	31,378
		2	Above \$20,000 [1667 Per Month Or More]	1,203	128,686
				1,729	187,371
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2017?	.	Missing	243	27,307
		-8	Don't Know	54	5,717
		-7	Refused	93	9,606
		1	\$5,000 or less	27	3,096
		2	\$5,001-\$10,000	34	4,015
		3	\$10,001-\$15,000	64	7,789
		4	\$15,001-\$20,000	129	12,941
		5	\$20,001-\$25,000	176	18,444
		6	\$25,001-\$30,000	148	12,112
		7	\$30,001-\$35,000	104	11,869
		8	\$35,001-\$40,000	97	11,056
		9	\$40,001-\$50,000	146	15,515
		10	ABOVE \$50,000	414	47,903
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	31	3,018
		0	Rural (Not in Urbanized Area or Urban Cluster)	257	29,966
		1	In Urbanized Area	1,047	112,789
		2	In Urban Cluster	394	41,598
				1,729	187,371
DIF_CR_CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	19	2,118
		1	Care Recipient is Younger Than Caregiver	259	24,841
		2	Care Recipient is Older or Same Age As Caregiver	1,451	160,412
				1,729	187,371
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,729	187,371
				1,729	187,371
VARUNIT	VARIANCE UNIT	1	Variance unit 1	858	84,158
		2	Variance unit 2	871	103,213
				1,729	187,371
PSTOTWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	17.80 - 797.37	Weight range	1,729	187,371
				1,729	187,371
PSTOTWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	4.66 - 1079.22	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	4.75 - 1237.92	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	4.97 - 1263.56	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	5.45 - 1448.56	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	6.08 - 1339.51	Replicate weight range	1,729	187,371
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	4.92 - 1221.51	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	6.43 - 1574.94	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	4.76 - 1389.18	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	5.52 - 1246.97	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	5.46 - 1460.59	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	4.94 - 1112.73	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	5.73 - 1448.07	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	6.05 - 1227.23	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	4.73 - 1215.94	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	7.09 - 1292.67	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	4.22 - 1518.96	Replicate weight range	1,729	187,371
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	4.52 - 1044.94	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	4.75 - 1348.18	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	4.19 - 1238.52	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	5.80 - 1453.48	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	5.54 - 1439.99	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	4.87 - 1226.35	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	4.86 - 1358.35	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	4.90 - 1344.86	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	4.06 - 1204.77	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	4.79 - 1267.32	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	4.50 - 1078.29	Replicate weight range	1,729	187,371
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	5.45 - 1420.23	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	5.39 - 1052.03	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	4.25 - 1461.69	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	5.93 - 1150.87	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	5.27 - 1417.06	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	4.92 - 1656.91	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	4.47 - 1275.94	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	5.00 - 1134.67	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	5.63 - 1151.98	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	6.35 - 1412.94	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	5.35 - 1203.56	Replicate weight range	1,729	187,371
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	5.51 - 1597.56	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	4.83 - 1288.25	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	4.87 - 1652.55	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	4.87 - 1169.15	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	5.08 - 1396.61	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	5.90 - 1142.46	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	5.33 - 1560.73	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	4.34 - 1029.38	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	6.02 - 1335.97	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	4.27 - 1116.63	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	4.53 - 1619.16	Replicate weight range	1,729	187,371
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	4.25 - 1342.90	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	4.62 - 1200.45	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	6.60 - 1334.70	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	5.03 - 1405.41	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	5.34 - 1345.80	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	5.57 - 1386.78	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	5.56 - 1234.37	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	3.99 - 1511.18	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	4.22 - 1132.53	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	4.11 - 1433.08	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	5.96 - 1144.30	Replicate weight range	1,729	187,371
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	5.37 - 1751.41	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	4.66 - 1114.06	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	5.81 - 1284.85	Replicate weight range	1,729	187,371
				1,729	187,371
PSTOTWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	4.85 - 1079.10	Replicate weight range	1,729	187,371
				1,729	187,371
CGOHQ1	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?	-8	Don't Know	58	7,489
		-7	Refused	6	322
		1	6 Months Or Less	521	54,334
		2	More Than 6 Months, Not More Than 1 Yr	209	24,438
		3	More Than 1 Yr, Not More Than 2 Years	213	23,346
		4	More Than 2 Yrs, Not More Than 3 Years	151	15,961
		5	More Than 3 Yrs, Not More Than 5 Years	139	14,315
		6	More Than 5 Years Ago	419	45,690
		7	Never Have Been To Dentist	13	1,476
				1,729	187,371
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	14	2,431
		-7	Refused	5	373
		1	Yes	296	34,969
		2	No	1,414	149,598
				1,729	187,371

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	2	81
		-1	Not Collected	1,433	152,402
		1	Yes	197	23,475
		2	No	97	11,413
				1,729	187,371
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	5	647
		-7	Refused	1	129
		-1	Not Collected	1,433	152,402
		1	Yes	71	7,259
		2	No	219	26,935
		1,729	187,371		
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	10	901
		-7	Refused	2	221
		-1	Not Collected	1,433	152,402
		1	Yes	148	16,471
		2	No	136	17,376
		1,729	187,371		
CGOHQ304	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?	-8	Don't Know	3	197
		-1	Not Collected	1,433	152,402
		1	Yes	50	5,669
		2	No	243	29,103
		1,729	187,371		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	3	265
		-1	Not Collected	1,433	152,402
		1	Yes	30	4,010
		2	No	263	30,693
				1,729	187,371
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	1	28
		-7	Refused	1	129
		-1	Not Collected	1,433	152,402
		1	Yes	11	1,417
		2	No	283	33,395
		1,729	187,371		
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	3	578
		-7	Refused	2	193
		-1	Not Collected	1,433	152,402
		1	Yes	43	3,667
		2	No	248	30,530
		1,729	187,371		
CGOHQ308	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?	-7	Refused	1	28
		-1	Not Collected	1,433	152,402
		1	Yes	7	799
		2	No	288	34,141
		1,729	187,371		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHQ309	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?	-7	Refused	2	157
		-1	Not Collected	1,433	152,402
		1	Yes	13	1,595
		2	No	281	33,216
				1,729	187,371
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	7	1,158
		-7	Refused	2	208
		-1	Not Collected	1,433	152,402
		1	Yes	57	6,222
		2	No	230	27,381
		1,729	187,371		
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?	-7	Refused	2	208
		-1	Not Collected	1,433	152,402
		1	Yes	58	8,485
		2	No	236	26,276
		1,729	187,371		
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)?	-7	Refused	1	79
		-1	Not Collected	1,433	152,402
		1	Yes	90	8,638
		2	No	205	26,252
		1,729	187,371		
CGOHQ4	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?	-8	Don't Know	33	3,763

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	7	628
		1	Excellent	125	11,906
		2	Very Good	256	30,848
		3	Good	580	56,732
		4	Fair	415	46,550
		5	Poor	313	36,944
				1,729	187,371
CGPMM	IN WHAT MONTH WAS THE CARE RECIPIENT BORN?	-8	Don't Know	3	373
		-7	Refused	16	1,723
		1	January	145	16,913
		2	February	144	15,047
		3	March	154	16,032
		4	April	130	14,178
		5	May	144	14,178
		6	June	139	16,308
		7	July	175	18,859
		8	August	134	13,225
		9	September	150	17,703
		10	October	133	15,406
		11	November	125	13,019
		12	December	137	14,407
				1,729	187,371
CGPDD	ON WHAT DAY WAS THE CARE RECIPIENT BORN?	-8	Don't Know	4	452
		-7	Refused	18	1,955
		1	Day 1 - 5	55	6,338
		2	Day 6 - 10	55	7,723
		3	Day 11 - 15	47	4,939
		4	Day 16 - 20	51	5,998
		5	Day 21 - 25	55	6,480
		6	Day 26 - 31	53	5,415
		7	7	53	5,738
		8	8	50	6,148
		9	9	54	4,814
		10	10	68	7,306
		11	11	48	5,992
		12	12	65	8,669

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		13		55	4,007
		14		52	4,471
		15		54	4,759
		16		62	7,280
		17		51	7,667
		18		48	4,439
		19		66	6,434
		20		58	6,930
		21		69	6,988
		22		55	4,382
		23		55	6,616
		24		58	8,369
		25		66	6,477
		26		55	7,424
		27		62	6,189
		28		56	5,021
		29		47	4,476
		30		43	4,140
		31		41	3,337
				1,729	187,371
CGPYYYY	IN WHAT YEAR WAS THE CARE RECIPIENT BORN?	-8	Don't Know	3	354
		-7	Refused	11	717
		1911		1	155
		1912		2	190
		1913		5	449
		1915		5	351
		1916		1	27
		1917		8	566
		1918		3	109
		1919		9	1,388
		1920		8	1,309
		1921		22	2,368
		1922		24	1,585
		1923		40	3,761
		1924		38	3,828
		1925		46	5,405
		1926		53	4,917

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1927	1927	43	3,952
		1928	1928	53	5,959
		1929	1929	69	9,230
		1930	1930	78	9,930
		1931	1931	70	8,359
		1932	1932	86	8,830
		1933	1933	60	6,617
		1934	1934	55	7,817
		1935	1935	72	8,462
		1936	1936	71	9,606
		1937	1937	69	6,185
		1938	1938	60	5,530
		1939	1939	67	8,772
		1940	1940	60	5,795
		1941	1941	47	5,028
		1942	1942	56	5,955
		1943	1943	39	3,359
		1944	1944	45	3,595
		1945	1945	45	3,755
		1946	1946	51	6,105
		1947	1947	45	3,518
		1948	1948	35	2,862
		1949	1949	33	3,904
		1950	1950	30	3,038
		1951	1951	23	3,458
		1952	1952	26	2,750
		1953	1953	19	2,952
		1954	1954	9	1,232
		1955	1955	18	1,298
		1956	1956	11	1,596
		1957	1957	4	278
		1958	1958	1	164
				1,729	187,371