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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?
CGAGNAME	NUM	WHAT PROMPTED YOU TO CONTACT [AGENCY NAME]?
CGCOORD	NUM	PLEASE THINK ABOUT ALL OF THE HEALTH CARE PROFESSIONALS OR SERVICE PROVIDERS WHO GIVE CARE OR TREATMENT TO THE CARE RECIPIENT. HOW EASY OR DIFFICULT IS IT FOR YOU TO COORDINATE CARE BETWEEN THOSE PROVIDERS?
CGMORE	NUM	IF THE CARE RECIPIENT NEEDED A GREATER AMOUNT OF CARE, WOULD YOU BE ABLE TO INCREASE YOUR CAREGIVING RESPONSIBILITIES?
CGHOWLNG	NUM	HOW LONG HAVE YOU BEEN RECEIVING CAREGIVER SUPPORT SERVICES?
KNOWRSPT	NUM	DO YOU KNOW WHERE TO GO TO ASK FOR 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 HIS/HER HOME OR SOMEPLACE ELSE?
ATTNDTRN	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
NEEDEDU	NUM	DO YOU HAVE A NEED FOR CAREGIVER EDUCATION OR TRAINING, SUCH AS CLASSROOM OR ON-LINE COURSES?
ATTNDCON	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
NEEDCON	NUM	DO YOU HAVE A NEED FOR COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
ATTNDSUP	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
NEEDSUP	NUM	DO YOU HAVE A NEED FOR ATTENDING CAREGIVER SUPPORT GROUPS?
HELPPFIN	NUM	IN THE LAST YEAR, HAVE YOU FOUND FINANCIAL HELP FOR THE CARE RECIPIENT INCLUDING HELPING HIM/HER APPLY FOR MEDICAID?
CGSUPA	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS HOME MODIFICATIONS?
CGSUPB	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS LIQUID NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?
CGSUPC	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS WALKERS, CANES, CRUTCHES, HOYER LIFT, MICROWAVES?
CGSUPD	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS EMERGENCY RESPONSE SYSTEMS, CPAP OR APNEA MACHINES, HOSPITAL BED, A DEVICE TO MONITOR WANDERING?

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SUPPSVE	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS CONSUMABLE SUPPLIES, SUCH AS WOUND CARE, CATHETER OR INCONTINENCE SUPPLIES?
CGSUPF	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS MONEY OR A STIPEND?
CGSUPG	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY OTHER SUPPLEMENTAL SERVICES?
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?
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?
CAREMP	NUM	ARE YOU CURRENTLY EMPLOYED?
CGINTER	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CRPROBA	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU TAKE A LESS DEMANDING JOB?
CRPROBB	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU CHANGE FROM FULL TIME TO PART-TIME/REDUCED OFFICIAL WORKING HOURS?
CRPROBC	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU LOSE SOME OF YOUR EMPLOYMENT FRINGE BENEFITS?
CRPROBD	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU HAVE TIME CONFLICTS BETWEEN WORKING AND CAREGIVING?
CRPROBE	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU USE YOUR VACATION TIME TO PROVIDE CARE?
CRPROBF	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU TAKE A LEAVE OF ABSENCE TO PROVIDE CARE?
CRPROBG	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU LOSE A PROMOTION?
CRPROBH	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU WORK LESS THAN YOUR NORMAL NUMBER OF HOURS LAST MONTH?
CRPROBI	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB IN ANY OTHER WAY?
CAREHLP	NUM	DID THE CAREGIVER SUPPORT SERVICES HELP YOU DEAL WITH THESE WORK DIFFICULTIES?

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Name	Type	Description
CGFINCLA	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO DIP INTO YOUR SAVINGS?
CGFINCLB	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO TAKE OUT A LOAN OR INCREASE YOUR LEVEL OF CREDIT CARD DEBT?
CGFINCLC	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR VACATIONS OR TRAVEL?
CGFINCLD	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR HOBBIES, GOING OUT TO EAT, MOVIES, OR OTHER LEISURE ACTIVITIES?
CGFINCLE	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT DOWN ON YOUR OWN SPENDING FOR GROCERIES?
CGFINCLF	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING ON HEALTH CARE OR DENTAL CARE?
CGFINCLG	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR BASIC HOME MAINTENANCE?
CGFINCLH	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR NECESSITIES YOU HAVE NOT ALREADY MENTIONED, SUCH AS CLOTHING, TRANSPORTATION, OR HOME UTILITIES?
CGFINCLI	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO QUIT YOUR JOB?
CGFINCLJ	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO MAKE ANY OTHER CHANGES?
CGSATISA	NUM	HOW MUCH SATISFACTION DO YOU GAIN FROM PERFORMING YOUR CARE TASKS?
CGPAIDA	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S MEDICATIONS OR MEDICAL CARE?
CGPAIDB	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S INSURANCE PREMIUMS OR COPAYMENTS?
CGPAIDC	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S MOBILITY DEVICES, SUCH AS WALKERS, CANES, OR WHEELCHAIRS?
CGPAIDD	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR FEATURES THAT HAVE MADE THE CARE RECIPIENT'S HOME SAFER?
CGPAIDE	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR ANY OTHER ASSISTIVE DEVICES THAT MAKE IT EASIER OR SAFER FOR THE CARE RECIPIENT TO DO ACTIVITIES OR DO THEM ON HIS/HER OWN?
CGPAIDF	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR ANYTHING ELSE FOR THE CARE RECIPIENT?
CGFEELA	NUM	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU FELT CALM AND PEACEFUL?
CGFEELB	NUM	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU HAD A LOT OF ENERGY?
CGFEELC	NUM	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU FELT DOWNHEARTED AND DEPRESSED?
CGACT	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING ABOUT ENOUGH, TOO MUCH, OR WOULD LIKE TO BE DOING MORE?
CGOPPINC	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH [PROVIDER AGENCY NAME] SERVICES?

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CGTIME	NUM	HOW OFTEN DOES CAREGIVING PREVENT YOU FROM HAVING ENOUGH TIME FOR YOURSELF?
CGFAMILY	NUM	HOW OFTEN DOES CAREGIVING PREVENT YOU FROM HAVING ENOUGH TIME FOR YOUR FAMILY?
CGSOCIAL	NUM	HOW OFTEN DOES CAREGIVING CONFLICT WITH YOUR SOCIAL LIFE?
CGJOY	NUM	HOW OFTEN DOES BEING A CAREGIVER FOR THE PERSON YOU CARE FOR GIVE YOU THE JOY OF SPENDING TIME WITH SOMEONE YOU CARE ABOUT?
CGACOMP	NUM	HOW OFTEN DOES BEING A CAREGIVER PROVIDE YOU WITH A SENSE OF ACCOMPLISHMENT?
CGATTION	NUM	HOW OFTEN DOES PROVIDING CARE FOR THE CARE RECIPIENT GIVE YOU THE SATISFACTION OF KNOWING THAT HE/SHE IS RECEIVING THE CARE AND ATTENTION HE/SHE NEEDS?
CRAPREC	NUM	HOW OFTEN DO YOU FEEL THAT THE PERSON YOU CARE FOR APPRECIATES THE CARE THAT YOU ARE PROVIDING TO HIM/HER?
CGDUTY	NUM	AS A CAREGIVER, HOW OFTEN DO YOU FEEL YOU ARE FULFILLING YOUR DUTY BY CARING FOR THE CARE RECIPIENT?
CGSOLV	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN ALWAYS MANAGE TO SOLVE DIFFICULT PROBLEMS IF YOU TRY HARD ENOUGH.
CGAIMS	NUM	HOW TRUE IS THE STATEMENT FOR YOU: IT IS EASY FOR YOU TO STICK TO YOUR AIMS AND ACCOMPLISH YOUR GOALS.
CGEFF	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU ARE CONFIDENT THAT YOU COULD DEAL EFFICIENTLY WITH UNEXPECTED EVENTS.
CGRESORC	NUM	HOW TRUE IS THE STATEMENT FOR YOU: THANKS TO YOUR RESOURCEFULNESS, YOU KNOW HOW TO HANDLE UNFORESEEN SITUATIONS.
CGSOLVE	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN SOLVE MOST PROBLEMS IF YOU INVEST THE NECESSARY EFFORT.
CGRELY	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN REMAIN CALM WHEN FACING DIFFICULTIES BECAUSE YOU CAN RELY ON YOUR COPING ABILITIES.
CGCONFRNT	NUM	HOW TRUE IS THE STATEMENT FOR YOU: WHEN YOU ARE CONFRONTED WITH A PROBLEM YOU CAN USUALLY FIND SEVERAL SOLUTIONS.
CGWANT	NUM	HOW TRUE IS THE STATEMENT FOR YOU: IF SOMEONE OPPOSES YOU, YOU CAN FIND THE MEANS AND WAYS TO GET WHAT YOU WANT.
CGTRBL	NUM	HOW TRUE IS THE STATEMENT FOR YOU: IF YOU ARE IN TROUBLE, YOU CAN USUALLY THINK OF A SOLUTION.
CGHANDL	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN USUALLY HANDLE WHATEVER COMES YOUR WAY.
CGHEALTH	NUM	COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW?
CGPAIN	NUM	IN THE PAST MONTH, HAVE YOU BEEN BOTHERED BY PAIN?
CGLIMIT	NUM	IN THE LAST MONTH HOW OFTEN HAS PAIN LIMITED YOUR ACTIVITIES?
CGDOCTOR	NUM	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO SEE A DOCTOR? DO NOT INCLUDE GOING TO THE HOSPITAL EMERGENCY DEPARTMENT.
CGURGNT	NUM	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO AN URGENT CARE CENTER? DO NOT INCLUDE GOING TO THE HOSPITAL OR TO THE HOSPITAL EMERGENCY DEPARTMENT.
CGER	NUM	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO A HOSPITAL EMERGENCY DEPARTMENT?

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CGERNUMB	NUM	IN THE PAST 12 MONTHS, HOW MANY TIMES DID YOU GO TO A HOSPITAL EMERGENCY DEPARTMENT?
CGHOSP	NUM	IN THE PAST 12 MONTHS DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
CGHOSPN	NUM	HOW MANY TIMES WERE YOU HOSPITALIZED FOR ONE NIGHT OR LONGER?
CGHOSPNN	NUM	HOW MANY TOTAL NIGHTS DID YOU SPEND IN THE HOSPITAL?
CGREHAB	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
CGREHABN	NUM	IN THE PAST 12 MONTH, HOW MANY TIMES HAVE YOU STAYED IN A NURSING HOME OR LIVED IN A REHABILITATION CENTER?
CGPORT	NUM	THINKING ABOUT ALL THE FAMILY MEMBERS OR FRIENDS WHO PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT, WHAT PROPORTION OF THE CARE DO YOU PROVIDE DURING A TYPICAL WEEK?
CGNH	NUM	IN THE PAST SIX MONTHS, HAVE YOU EVER CONSIDERED A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING FOR THE CARE RECIPIENT?
CGNHBTR	NUM	IN THE PAST SIX MONTHS, HAVE YOU FELT THAT THE CARE RECIPIENT WOULD BE BETTER OFF IN A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING FACILITY?
NHCRDIS	NUM	IN THE PAST SIX MONTHS, HAVE YOU DISCUSSED THE POSSIBILITY OF A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING WITH FAMILY MEMBERS OR OTHERS EXCLUDING THE CARE RECIPIENT?
NHDISCR	NUM	IN THE PAST SIX MONTHS HAVE YOU DISCUSSED THAT POSSIBILITY WITH THE CARE RECIPIENT?
CGNHSTPS	NUM	IN THE PAST SIX MONTHS, HAVE YOU TAKEN ANY STEPS TOWARD PLACEMENT?
CGBASIS	NUM	ARE YOU RESPONSIBLE FOR PROVIDING HELP OR SUPERVISION TO THE CARE RECIPIENT ON A 24-HOUR BASIS?
CGINSTY	NUM	ON A SCALE FROM 1 TO 5 WHERE 1 IS NOT VERY INTENSE AND 5 IS VERY INTENSE, HOW INTENSE IS THE CARE YOU PROVIDE?
CGREMND	NUM	WOULD YOU RECOMMEND THE CAREGIVING SUPPORT SERVICES TO A FRIEND?
CGRECMND	NUM	DO YOU HAVE ANY RECOMMENDATIONS TO IMPROVE THE CAREGIVER SUPPORT SERVICE?
IMPRVSVC	CHAR	WHAT RECOMMENDATIONS DO YOU HAVE FOR IMPROVING THE SERVICE?
CGSUPP	NUM	OVERALL, DO YOU FEEL LIKE YOU HAVE ENOUGH SUPPORT?
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?
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?

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Name	Type	Description
HNREDUYN	NUM	DOES THE CARE RECIPIENT HAVE A NUTRITION COUNSELOR WHO GIVES HIM/HER INDIVIDUAL ADVICE ON WHAT TO EAT BASED ON HIS/HER GENERAL HEALTH, CHRONIC CONDITIONS, MEDICATIONS, AND HIS/HER USUAL FOOD CHOICES?
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS 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 IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
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?
SVCSUPOS	NUM	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
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?
CGPFDSE	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?
CGPFDSF	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?

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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
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?

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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?
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUBC	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?
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?

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Positional Listing of Variables

Name	Type	Description
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 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
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?
ADLAOA6CR	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADL3PLUSCR	NUM	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS
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.
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?
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?
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?

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Positional Listing of Variables

Name	Type	Description
IADL0A8PCR	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?
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 OTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
CGENDER	NUM	CAREGIVER'S GENDER?
RGENDER	NUM	CARE RECIPIENT'S GENDER?
AGEC	NUM	CAREGIVER'S AGE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

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Positional Listing of Variables

Name	Type	Description
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?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHBM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?
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 FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 16

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 54

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 64
ADLAOA6CR_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6PCR_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADL3PLUSCR_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
GENDER	NUM	

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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?
ATTNDCON	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
ATTNDSUP	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
ATTNDTRN	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
BENEFITS	NUM	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?
CAREHLP	NUM	DID THE CAREGIVER SUPPORT SERVICES HELP YOU DEAL WITH THESE WORK DIFFICULTIES?
CAREMP	NUM	ARE YOU CURRENTLY EMPLOYED?
CGACOMP	NUM	HOW OFTEN DOES BEING A CAREGIVER PROVIDE YOU WITH A SENSE OF ACCOMPLISHMENT?
CGACT	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING ABOUT ENOUGH, TOO MUCH, OR WOULD LIKE TO BE DOING MORE?
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?

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Alphabetical Listing of Variables

Name	Type	Description
CGAGNAME	NUM	WHAT PROMPTED YOU TO CONTACT [AGENCY NAME]?
CGAIMS	NUM	HOW TRUE IS THE STATEMENT FOR YOU: IT IS EASY FOR YOU TO STICK TO YOUR AIMS AND ACCOMPLISH YOUR GOALS.
CGATTION	NUM	HOW OFTEN DOES PROVIDING CARE FOR THE CARE RECIPIENT GIVE YOU THE SATISFACTION OF KNOWING THAT HE/SHE IS RECEIVING THE CARE AND ATTENTION HE/SHE NEEDS?
CGBASIS	NUM	ARE YOU RESPONSIBLE FOR PROVIDING HELP OR SUPERVISION TO THE CARE RECIPIENT ON A 24-HOUR BASIS?
CGBDAY1	NUM	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH
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?
CGCONFRNT	NUM	HOW TRUE IS THE STATEMENT FOR YOU: WHEN YOU ARE CONFRONTED WITH A PROBLEM YOU CAN USUALLY FIND SEVERAL SOLUTIONS.
CGCOORD	NUM	PLEASE THINK ABOUT ALL OF THE HEALTH CARE PROFESSIONALS OR SERVICE PROVIDERS WHO GIVE CARE OR TREATMENT TO THE CARE RECIPIENT. HOW EASY OR DIFFICULT IS IT FOR YOU TO COORDINATE CARE BETWEEN THOSE PROVIDERS?
CGCRHL	NUM	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?
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?
CGDIFF	NUM	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGDOCTOR	NUM	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO SEE A DOCTOR? DO NOT INCLUDE GOING TO THE HOSPITAL EMERGENCY DEPARTMENT.
CGDUTY	NUM	AS A CAREGIVER, HOW OFTEN DO YOU FEEL YOU ARE FULFILLING YOUR DUTY BY CARING FOR THE CARE RECIPIENT?
CGEFF	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU ARE CONFIDENT THAT YOU COULD DEAL EFFICIENTLY WITH UNEXPECTED EVENTS.
CGENDER	NUM	CAREGIVER'S GENDER?
CGER	NUM	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO A HOSPITAL EMERGENCY DEPARTMENT?
CGERNUMB	NUM	IN THE PAST 12 MONTHS, HOW MANY TIMES DID YOU GO TO A HOSPITAL EMERGENCY DEPARTMENT?
CGFAMILY	NUM	HOW OFTEN DOES CAREGIVING PREVENT YOU FROM HAVING ENOUGH TIME FOR YOUR FAMILY?
CGFEELA	NUM	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU FELT CALM AND PEACEFUL?
CGFEELB	NUM	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU HAD A LOT OF ENERGY?
CGFEELC	NUM	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU FELT DOWNHEARTED AND DEPRESSED?
CGFINCLA	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO DIP INTO YOUR SAVINGS?
CGFINCLB	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO TAKE OUT A LOAN OR INCREASE YOUR LEVEL OF CREDIT CARD DEBT?

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Alphabetical Listing of Variables

Name	Type	Description
CGFINCLC	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR VACATIONS OR TRAVEL?
CGFINCLD	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR HOBBIES, GOING OUT TO EAT, MOVIES, OR OTHER LEISURE ACTIVITIES?
CGFINCLE	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT DOWN ON YOUR OWN SPENDING FOR GROCERIES?
CGFINCLF	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING ON HEALTH CARE OR DENTAL CARE?
CGFINCLG	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR BASIC HOME MAINTENANCE?
CGFINCLH	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR NECESSITIES YOU HAVE NOT ALREADY MENTIONED, SUCH AS CLOTHING, TRANSPORTATION, OR HOME UTILITIES?
CGFINCLI	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO QUIT YOUR JOB?
CGFINCLJ	NUM	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO MAKE ANY OTHER CHANGES?
CGHANDL	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN USUALLY HANDLE WHATEVER COMES YOUR WAY.
CGHEALTH	NUM	COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW?
CGHELP	NUM	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?
CGHOSP	NUM	IN THE PAST 12 MONTHS DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
CGHOSPN	NUM	HOW MANY TIMES WERE YOU HOSPITALIZED FOR ONE NIGHT OR LONGER?
CGHOSPNN	NUM	HOW MANY TOTAL NIGHTS DID YOU SPEND IN THE HOSPITAL?
CGHOWLNG	NUM	HOW LONG HAVE YOU BEEN RECEIVING CAREGIVER SUPPORT SERVICES?
CGINSTY	NUM	ON A SCALE FROM 1 TO 5 WHERE 1 IS NOT VERY INTENSE AND 5 IS VERY INTENSE, HOW INTENSE IS THE CARE YOU PROVIDE?
CGINTER	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?
CGJOY	NUM	HOW OFTEN DOES BEING A CAREGIVER FOR THE PERSON YOU CARE FOR GIVE YOU THE JOY OF SPENDING TIME WITH SOMEONE YOU CARE ABOUT?
CGLIMIT	NUM	IN THE LAST MONTH HOW OFTEN HAS PAIN LIMITED YOUR ACTIVITIES?
CGMANY	NUM	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?
CGMORE	NUM	IF THE CARE RECIPIENT NEEDED A GREATER AMOUNT OF CARE, WOULD YOU BE ABLE TO INCREASE YOUR CAREGIVING RESPONSIBILITIES?
CGNH	NUM	IN THE PAST SIX MONTHS, HAVE YOU EVER CONSIDERED A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING FOR THE CARE RECIPIENT?
CGNHBTBTR	NUM	IN THE PAST SIX MONTHS, HAVE YOU FELT THAT THE CARE RECIPIENT WOULD BE BETTER OFF IN A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING FACILITY?
CGNHSTPS	NUM	IN THE PAST SIX MONTHS, HAVE YOU TAKEN ANY STEPS TOWARD PLACEMENT?
CGOHQ1	NUM	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?

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Alphabetical Listing of Variables

Name	Type	Description
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?
CGOPPINC	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH [PROVIDER AGENCY NAME] SERVICES?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGPAIDA	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S MEDICATIONS OR MEDICAL CARE?
CGPAIDB	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S INSURANCE PREMIUMS OR COPAYMENTS?
CGPAIDC	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S MOBILITY DEVICES, SUCH AS WALKERS, CANES, OR WHEELCHAIRS?
CGPAIDD	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR FEATURES THAT HAVE MADE THE CARE RECIPIENT'S HOME SAFER?

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Name	Type	Description
CGPAIDE	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR ANY OTHER ASSISTIVE DEVICES THAT MAKE IT EASIER OR SAFER FOR THE CARE RECIPIENT TO DO ACTIVITIES OR DO THEM ON HIS/HER OWN?
CGPAIDF	NUM	IN THE LAST YEAR, HAVE YOU PAID FOR ANYTHING ELSE FOR THE CARE RECIPIENT?
CGPAIN	NUM	IN THE PAST MONTH, HAVE YOU BEEN BOTHERED BY PAIN?
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?
CGPMM	NUM	IN WHAT MONTH WAS THE CARE RECIPIENT BORN?
CGPORT	NUM	THINKING ABOUT ALL THE FAMILY MEMBERS OR FRIENDS WHO PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT, WHAT PROPORTION OF THE CARE DO YOU PROVIDE DURING A TYPICAL WEEK?

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Name	Type	Description
CGPYYYY	NUM	IN WHAT YEAR WAS THE CARE RECIPIENT BORN?
CGRATE	NUM	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?
CGRATE2	NUM	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT
CGRECMND	NUM	DO YOU HAVE ANY RECOMMENDATIONS TO IMPROVE THE CAREGIVER SUPPORT SERVICE?
CGREHAB	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
CGREHABN	NUM	IN THE PAST 12 MONTH, HOW MANY TIMES HAVE YOU STAYED IN A NURSING HOME OR LIVED IN A REHABILITATION CENTER?
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...
CGRELY	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN REMAIN CALM WHEN FACING DIFFICULTIES BECAUSE YOU CAN RELY ON YOUR COPING ABILITIES.
CGREMND	NUM	WOULD YOU RECOMMEND THE CAREGIVING SUPPORT SERVICES TO A FRIEND?
CGRESORC	NUM	HOW TRUE IS THE STATEMENT FOR YOU: THANKS TO YOUR RESOURCEFULNESS, YOU KNOW HOW TO HANDLE UNFORESEEN SITUATIONS.
CGSATISA	NUM	HOW MUCH SATISFACTION DO YOU GAIN FROM PERFORMING YOUR CARE TASKS?
CGSOCIAL	NUM	HOW OFTEN DOES CAREGIVING CONFLICT WITH YOUR SOCIAL LIFE?
CGSOLV	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN ALWAYS MANAGE TO SOLVE DIFFICULT PROBLEMS IF YOU TRY HARD ENOUGH.
CGSOLVE	NUM	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN SOLVE MOST PROBLEMS IF YOU INVEST THE NECESSARY EFFORT.
CGSUPA	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS HOME MODIFICATIONS?
CGSUPB	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS LIQUID NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?
CGSUPC	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS WALKERS, CANES, CRUTCHES, HOYER LIFT, MICROWAVES?
CGSUPD	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS EMERGENCY RESPONSE SYSTEMS, CPAP OR APNEA MACHINES, HOSPITAL BED, A DEVICE TO MONITOR WANDERING?
CGSUPF	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS MONEY OR A STIPEND?
CGSUPG	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY OTHER SUPPLEMENTAL SERVICES?
CGSUPP	NUM	OVERALL, DO YOU FEEL LIKE YOU HAVE ENOUGH SUPPORT?
CGTIME	NUM	HOW OFTEN DOES CAREGIVING PREVENT YOU FROM HAVING ENOUGH TIME FOR YOURSELF?
CGTRBL	NUM	HOW TRUE IS THE STATEMENT FOR YOU: IF YOU ARE IN TROUBLE, YOU CAN USUALLY THINK OF A SOLUTION.
CGURGNT	NUM	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO AN URGENT CARE CENTER? DO NOT INCLUDE GOING TO THE HOSPITAL OR TO THE HOSPITAL EMERGENCY DEPARTMENT.
CGWANT	NUM	HOW TRUE IS THE STATEMENT FOR YOU: IF SOMEONE OPPOSES YOU, YOU CAN FIND THE MEANS AND WAYS TO GET WHAT YOU WANT.
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?

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Name	Type	Description
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 OTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
CRAPREC	NUM	HOW OFTEN DO YOU FEEL THAT THE PERSON YOU CARE FOR APPRECIATES THE CARE THAT YOU ARE PROVIDING TO HIM/HER?
CRPROBA	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU TAKE A LESS DEMANDING JOB?
CRPROBB	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU CHANGE FROM FULL TIME TO PART-TIME/REDUCED OFFICIAL WORKING HOURS?
CRPROBC	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU LOSE SOME OF YOUR EMPLOYMENT FRINGE BENEFITS?
CRPROBD	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU HAVE TIME CONFLICTS BETWEEN WORKING AND CAREGIVING?
CRPROBE	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU USE YOUR VACATION TIME TO PROVIDE CARE?
CRPROBF	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU TAKE A LEAVE OF ABSENCE TO PROVIDE CARE?
CRPROBG	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU LOSE A PROMOTION?
CRPROBH	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU WORK LESS THAN YOUR NORMAL NUMBER OF HOURS LAST MONTH?
CRPROBI	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB IN ANY OTHER WAY?
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 2018 ABOVE OR BELOW \$20,000?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?

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Name	Type	Description
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?
GENDER	NUM	
HELPPIN	NUM	IN THE LAST YEAR, HAVE YOU FOUND FINANCIAL HELP FOR THE CARE RECIPIENT INCLUDING HELPING HIM/HER APPLY FOR MEDICAID?
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
HNREDUYN	NUM	DOES THE CARE RECIPIENT HAVE A NUTRITION COUNSELOR WHO GIVES HIM/HER INDIVIDUAL ADVICE ON WHAT TO EAT BASED ON HIS/HER GENERAL HEALTH, CHRONIC CONDITIONS, MEDICATIONS, AND HIS/HER USUAL FOOD CHOICES?
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

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Name	Type	Description
IMPRVSVC	CHAR	WHAT RECOMMENDATIONS DO YOU HAVE FOR IMPROVING THE SERVICE?
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?
KNOWRSPT	NUM	DO YOU KNOW WHERE TO GO TO ASK FOR 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 HIS/HER HOME OR SOMEPLACE ELSE?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
NEEDCON	NUM	DO YOU HAVE A NEED FOR COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
NEEDEDU	NUM	DO YOU HAVE A NEED FOR CAREGIVER EDUCATION OR TRAINING, SUCH AS CLASSROOM OR ON-LINE COURSES?
NEEDSUP	NUM	DO YOU HAVE A NEED FOR ATTENDING CAREGIVER SUPPORT GROUPS?
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
NHCRDIS	NUM	IN THE PAST SIX MONTHS, HAVE YOU DISCUSSED THE POSSIBILITY OF A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING WITH FAMILY MEMBERS OR OTHERS EXCLUDING THE CARE RECIPIENT?
NHDISCR	NUM	IN THE PAST SIX MONTHS HAVE YOU DISCUSSED THAT POSSIBILITY WITH THE CARE RECIPIENT?
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?
PFCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFDINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?

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PFDFOUBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFDFOUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDLRBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFDLRC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDRSBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRESC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?
PFDRIVEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR 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 FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 13

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 48

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG 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?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SUPPSVE	NUM	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS CONSUMABLE SUPPLIES, SUCH AS WOUND CARE, CATHETER OR INCONTINENCE SUPPLIES?
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?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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?
SVCSUPOS	NUM	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...	-7	Refused	1	107
		1	Husband	320	34,140
		2	Wife	554	51,770
		3	Son	154	12,046
		4	Son-In-Law	9	1,067
		5	Daughter	637	65,343
		6	Daughter-In-Law	41	4,546
		7	Father	5	324
		8	Mother	5	1,113
		9	Brother	15	1,471
		10	Sister	51	5,889
		11	Granddaughter	14	1,316
		12	Grandson	2	284
		13	Niece	23	2,600
		14	Nephew	5	354
15	A Friend/Neighbor/Another Person	58	5,872		
		91	Other Relative	15	1,744
				1,909	189,987
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?	-8	Don't Know	5	380
		1	Yes	1,401	143,078
		2	No	503	46,528
				1,909	189,987
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?	-8	Don't Know	3	238
		-7	Refused	1	11
		1	Yes	1,625	164,490
		2	No	280	25,247
				1,909	189,987
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?	-8	Don't Know	7	836
		-7	Refused	2	58
		1	Yes	1,700	171,864

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	200	17,230
				1,909	189,987
CGACTI04	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?	-8	Don't Know	6	769
		1	Yes	1,730	173,735
		2	No	173	15,483
				1,909	189,987
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	7	667
		-7	Refused	1	12
		1	Yes	1,822	181,009
		2	No	79	8,299
				1,909	189,987
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	17	1,868
		-7	Refused	1	95
		1	Yes	1,708	171,485
		2	No	183	16,538
				1,909	189,987
CGAGNAME	WHAT PROMPTED YOU TO CONTACT [AGENCY NAME]?	-8	Don't Know	133	12,213
		-7	Refused	2	172
		1	Medical or health issue or hospitalization	587	61,827
		2	Spouse, son/daughter, sibling, friend no longer able to help	120	12,870
		4	Recently moved to the area	12	1,576
		5	Need transportation	8	1,055
		6	Just wanted information	271	27,341
		7	Waiting list	5	598
		8	Information and Assistance (I&A)	653	61,178
		9	Don't remember	118	11,157
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGCOORD	PLEASE THINK ABOUT ALL OF THE HEALTH CARE PROFESSIONALS OR SERVICE PROVIDERS WHO GIVE CARE OR TREATMENT TO THE CARE RECIPIENT. HOW EASY OR DIFFICULT IS IT FOR YOU TO COORDINATE CARE BETWEEN THOSE PROVIDERS?	-8	Don't Know	62	4,990
		-7	Refused	4	320
		1	Very easy	591	57,896
		2	Somewhat easy	757	72,902
		3	Somewhat difficult	389	43,266
		4	Very difficult	106	10,612
					1,909
CGMORE	IF THE CARE RECIPIENT NEEDED A GREATER AMOUNT OF CARE, WOULD YOU BE ABLE TO INCREASE YOUR CAREGIVING RESPONSIBILITIES?	-8	Don't Know	178	16,944
		-7	Refused	2	91
		1	Yes	975	94,188
		2	No	754	78,764
					1,909
CGHOWLNG	HOW LONG HAVE YOU BEEN RECEIVING CAREGIVER SUPPORT SERVICES?	-8	Don't Know	44	3,221
		1	6 months or less	269	31,794
		2	More than 6 months, but less than 1 year	260	29,878
		3	At least 1 year, but less than 2 years	488	52,155
		4	2 to 5 years	648	56,606
		5	5 to 10 years	153	11,526
		6	11 to 20 years	39	3,954
		7	More than 20 years	8	853
			1,909	189,987	
KNOWRSPT	DO YOU KNOW WHERE TO GO TO ASK FOR 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 HIS/HER HOME OR SOMEPLACE ELSE?	-8	Don't Know	56	5,074
		-7	Refused	3	68
		1	Yes	1,212	118,399
		2	No	638	66,445

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
ATTNDTRN	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?				
		-8	Don't Know	3	295
		1	Yes	529	52,249
		2	No	1,377	137,443
				1,909	189,987
NEEDEDU	DO YOU HAVE A NEED FOR CAREGIVER EDUCATION OR TRAINING, SUCH AS CLASSROOM OR ON-LINE COURSES?				
		-8	Don't Know	37	4,159
		-7	Refused	2	232
		-1	Not Collected	532	52,544
		1	Yes	232	26,035
		2	No	1,106	107,016
				1,909	189,987
ATTNDCON	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?				
		-8	Don't Know	14	1,984
		1	Yes	405	41,962
		2	No	1,490	146,041
				1,909	189,987
NEEDCON	DO YOU HAVE A NEED FOR COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?				
		-8	Don't Know	46	5,246
		-7	Refused	1	191
		-1	Not Collected	419	43,946
		1	Yes	249	27,209
		2	No	1,194	113,395
				1,909	189,987
ATTNDSUP	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?				
		-8	Don't Know	7	487
		1	Yes	521	53,963
		2	No	1,381	135,537
				1,909	189,987
NEEDSUP	DO YOU HAVE A NEED FOR ATTENDING CAREGIVER SUPPORT GROUPS?				
		-8	Don't Know	44	4,847
		-7	Refused	1	25
		-1	Not Collected	528	54,450
		1	Yes	265	30,599

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,071	100,066
				1,909	189,987
HELPPFIN	IN THE LAST YEAR, HAVE YOU FOUND FINANCIAL HELP FOR THE CARE RECIPIENT INCLUDING HELPING HIM/HER APPLY FOR MEDICAID?	-8	Don't Know	43	3,642
		-7	Refused	3	288
		1	Yes	510	55,267
		2	No	1,353	130,790
				1,909	189,987
CGSUPA	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS HOME MODIFICATIONS?	-8	Don't Know	17	1,234
		-7	Refused	2	302
		1	Yes	296	30,320
		2	No	1,594	158,131
				1,909	189,987
CGSUPB	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS LIQUID NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?	-8	Don't Know	13	1,203
		-7	Refused	1	191
		1	Yes	202	22,933
		2	No	1,693	165,660
				1,909	189,987
CGSUPC	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS WALKERS, CANES, CRUTCHES, HOYER LIFT, MICROWAVES?	-8	Don't Know	25	2,698
		-7	Refused	1	191
		1	Yes	320	35,900
		2	No	1,563	151,197
				1,909	189,987
CGSUPD	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS EMERGENCY RESPONSE SYSTEMS, CPAP OR APNEA MACHINES, HOSPITAL BED, A DEVICE TO MONITOR WANDERING?	-8	Don't Know	22	1,934
		-7	Refused	2	272
		1	Yes	326	38,593

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,559	149,188
				1,909	189,987
SUPPSVE	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS CONSUMABLE SUPPLIES, SUCH AS WOUND CARE, CATHETER OR INCONTINENCE SUPPLIES?	-8	Don't Know	16	1,324
		-7	Refused	1	30
		1	Yes	418	44,991
		2	No	1,474	143,642
				1,909	189,987
CGSUPF	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED SUPPLEMENTAL SERVICES SUCH AS MONEY OR A STIPEND?	-8	Don't Know	28	3,168
		-7	Refused	1	30
		1	Yes	373	30,275
		2	No	1,507	156,514
				1,909	189,987
CGSUPG	HAVE THE FAMILY CAREGIVER SERVICES PROVIDED ANY OTHER SUPPLEMENTAL SERVICES?	-8	Don't Know	19	1,599
		1	Yes	121	10,437
		2	No	1,769	177,952
				1,909	189,987
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Don't Know	36	4,036
		-7	Refused	2	684
		1	Yes	1,155	115,746
		2	No	716	69,521
				1,909	189,987
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Don't Know	49	4,398
		-7	Refused	5	293
		1	Yes	1,337	135,237
		2	No	518	50,060
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	44	4,870
		-7	Refused	4	344
		1	Yes	1,513	148,469
		2	No	348	36,304
				1,909	189,987
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	43	5,539
		-7	Refused	3	432
		1	Yes	1,395	129,454
		2	No	468	54,562
				1,909	189,987
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	40	3,332
		-7	Refused	4	128
		1	Yes	1,126	115,553
		2	No	739	70,974
				1,909	189,987
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	47	4,278
		-7	Refused	1	22
		1	Yes	1,531	151,660
		2	No	330	34,027
				1,909	189,987
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	94	10,492
		-7	Refused	3	188
		1	Yes	1,456	141,741
		2	No	356	37,567
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	15	2,240
		-7	Refused	4	279
		1	Excellent	736	74,229
		2	Very Good	703	68,265
		3	Good	300	29,925
		4	Fair	112	10,818
		5	Poor	39	4,232
			1,909	189,987	
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	19	2,519
		1	Rating Of Good To Excellent	1,739	172,418
		2	Rating Of Fair Or Poor	151	15,050
			1,909	189,987	
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	128	13,844
		-7	Refused	3	171
		1	Yes	564	59,610
		2	No	1,214	116,361
			1,909	189,987	
CAREMP	ARE YOU CURRENTLY EMPLOYED?	-8	Don't Know	5	684
		-7	Refused	2	29
		1	Yes	520	49,306
		2	No	1,382	139,967
			1,909	189,987	
CGINTER	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	3	227
		-7	Refused	1	170
		-1	Not Collected	1,389	140,681
		1	Yes	305	31,834
		2	No	211	17,075
			1,909	189,987	
CRPROBA	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU TAKE A LESS DEMANDING JOB?	-8	Don't Know	21	1,546
		-7	Refused	1	63
		-1	Not Collected	215	17,472

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	212	21,076
		2	No	898	95,231
		3	Does Not Apply	562	54,598
				1,909	189,987
CRPROBB	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU CHANGE FROM FULL TIME TO PART-TIME/REDUCED OFFICIAL WORKING HOURS?				
		-8	Don't Know	22	2,897
		-1	Not Collected	215	17,472
		1	Yes	353	37,560
		2	No	727	73,544
		3	Does Not Apply	592	58,514
				1,909	189,987
CRPROBC	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU LOSE SOME OF YOUR EMPLOYMENT FRINGE BENEFITS?				
		-8	Don't Know	13	1,631
		-7	Refused	2	63
		-1	Not Collected	215	17,472
		1	Yes	291	31,093
		2	No	832	84,219
		3	Does Not Apply	556	55,509
				1,909	189,987
CRPROBD	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU HAVE TIME CONFLICTS BETWEEN WORKING AND CAREGIVING?				
		-8	Don't Know	7	693
		-1	Not Collected	215	17,472
		1	Yes	542	56,545
		2	No	576	59,415
		3	Does Not Apply	569	55,862
				1,909	189,987
CRPROBE	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU USE YOUR VACATION TIME TO PROVIDE CARE?				
		-8	Don't Know	10	799
		-7	Refused	1	92
		-1	Not Collected	215	17,472
		1	Yes	443	48,039
		2	No	631	64,679
		3	Does Not Apply	609	58,906

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
CRPROBF	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU TAKE A LEAVE OF ABSENCE TO PROVIDE CARE?	-8	Don't Know	10	1,524
		-1	Not Collected	215	17,472
		1	Yes	223	24,835
		2	No	880	89,570
		3	Does Not Apply	581	56,586
				1,909	189,987
CRPROBG	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU LOSE A PROMOTION?	-8	Don't Know	8	523
		-1	Not Collected	215	17,472
		1	Yes	102	10,451
		2	No	981	101,181
		3	Does Not Apply	603	60,359
				1,909	189,987
CRPROBH	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, DID YOU WORK LESS THAN YOUR NORMAL NUMBER OF HOURS LAST MONTH?	-8	Don't Know	10	784
		-1	Not Collected	215	17,472
		1	Yes	221	24,758
		2	No	639	67,217
		3	Does Not Apply	824	79,755
				1,909	189,987
CRPROBI	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB IN ANY OTHER WAY?	-8	Don't Know	7	721
		-7	Refused	1	16
		-1	Not Collected	215	17,472
		1	Yes	256	25,490
		2	No	766	80,639
		3	Does Not Apply	664	65,648
				1,909	189,987
CAREHLP	DID THE CAREGIVER SUPPORT SERVICES HELP YOU DEAL WITH THESE WORK DIFFICULTIES?	-8	Don't Know	38	4,866
		-7	Refused	3	250
		-1	Not Collected	1,147	110,134
		1	Yes	251	26,912

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	470	47,825
				1,909	189,987
CGFINCLA	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO DIP INTO YOUR SAVINGS?				
		-8	Don't Know	9	687
		-7	Refused	2	72
		-1	Not Collected	1,147	110,134
		1	Yes	503	52,551
		2	No	248	26,542
				1,909	189,987
CGFINCLB	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO TAKE OUT A LOAN OR INCREASE YOUR LEVEL OF CREDIT CARD DEBT?				
		-8	Don't Know	3	355
		-7	Refused	2	72
		-1	Not Collected	1,147	110,134
		1	Yes	223	24,349
		2	No	534	55,076
				1,909	189,987
CGFINCLC	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR VACATIONS OR TRAVEL?				
		-8	Don't Know	9	610
		-7	Refused	2	291
		-1	Not Collected	1,147	110,134
		1	Yes	547	58,321
		2	No	204	20,630
				1,909	189,987
CGFINCLD	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR HOBBIES, GOING OUT TO EAT, MOVIES, OR OTHER LEISURE ACTIVITIES?				
		-8	Don't Know	11	915
		-7	Refused	2	291
		-1	Not Collected	1,147	110,134
		1	Yes	548	59,781
		2	No	201	18,866

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
CGFINCLE	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT DOWN ON YOUR OWN SPENDING FOR GROCERIES?	-8	Don't Know	7	711
		-7	Refused	1	59
		-1	Not Collected	1,147	110,134
		1	Yes	256	30,989
		2	No	498	48,094
				1,909	189,987
CGFINCLF	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING ON HEALTH CARE OR DENTAL CARE?	-8	Don't Know	3	330
		-7	Refused	2	262
		-1	Not Collected	1,147	110,134
		1	Yes	228	25,738
		2	No	529	53,523
				1,909	189,987
CGFINCLG	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR BASIC HOME MAINTENANCE?	-8	Don't Know	5	264
		-7	Refused	2	262
		-1	Not Collected	1,147	110,134
		1	Yes	348	37,774
		2	No	407	41,553
				1,909	189,987
CGFINCLH	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO CUT BACK ON YOUR OWN SPENDING FOR NECESSITIES YOU HAVE NOT ALREADY MENTIONED, SUCH AS CLOTHING, TRANSPORTATION, OR HOME UTILITIES?	-8	Don't Know	4	271
		-7	Refused	2	262
		-1	Not Collected	1,147	110,134
		1	Yes	279	33,137

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	477	46,182
				1,909	189,987
CGFINCLI	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO QUIT YOUR JOB?				
		-8	Don't Know	13	892
		-7	Refused	4	461
		-1	Not Collected	1,147	110,134
		1	Yes	290	31,190
		2	No	455	47,310
				1,909	189,987
CGFINCLJ	AS A RESULT OF CAREGIVING-RELATED CHANGES IN YOUR EMPLOYMENT OR EXPENSES, HAVE YOU HAD TO MAKE ANY OTHER CHANGES?				
		-8	Don't Know	12	1,012
		-7	Refused	1	203
		-1	Not Collected	1,147	110,134
		1	Yes	265	29,135
		2	No	484	49,502
				1,909	189,987
CGSATISA	HOW MUCH SATISFACTION DO YOU GAIN FROM PERFORMING YOUR CARE TASKS?				
		-8	Don't Know	38	3,511
		-7	Refused	4	592
		1	No satisfaction	86	8,941
		2	Some satisfaction	758	74,938
		3	A lot of satisfaction	1,023	102,005
				1,909	189,987
CGPAIDA	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S MEDICATIONS OR MEDICAL CARE?				
		-8	Don't Know	16	1,740
		-7	Refused	2	73
		1	Yes	1,046	103,272
		2	No	845	84,902
				1,909	189,987
CGPAIDB	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S INSURANCE PREMIUMS OR COPAYMENTS?				
		-8	Don't Know	10	1,684
		-7	Refused	4	140
		1	Yes	905	88,698
		2	No	990	99,465

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
CGPAIDC	IN THE LAST YEAR, HAVE YOU PAID FOR CARE RECIPIENT'S MOBILITY DEVICES, SUCH AS WALKERS, CANES, OR WHEELCHAIRS?	-8	Don't Know	7	646
		-7	Refused	1	13
		1	Yes	540	54,330
		2	No	1,361	134,998
				1,909	189,987
CGPAIDD	IN THE LAST YEAR, HAVE YOU PAID FOR FEATURES THAT HAVE MADE THE CARE RECIPIENT'S HOME SAFER?	-8	Don't Know	9	1,594
		-7	Refused	2	204
		1	Yes	927	90,728
		2	No	971	97,461
				1,909	189,987
CGPAIDE	IN THE LAST YEAR, HAVE YOU PAID FOR ANY OTHER ASSISTIVE DEVICES THAT MAKE IT EASIER OR SAFER FOR THE CARE RECIPIENT TO DO ACTIVITIES OR DO THEM ON HIS/HER OWN?	-8	Don't Know	13	1,145
		-7	Refused	1	13
		1	Yes	446	46,240
		2	No	1,449	142,589
				1,909	189,987
CGPAIDF	IN THE LAST YEAR, HAVE YOU PAID FOR ANYTHING ELSE FOR THE CARE RECIPIENT?	-8	Don't Know	17	799
		-7	Refused	3	92
		1	Yes	334	36,616
		2	No	1,555	152,480
				1,909	189,987
CGFEELA	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	3	520
		-7	Refused	2	72
		1	All of the time	87	8,879
		2	Most of the time	610	55,091
		3	Some of the time	726	73,930
		4	A little of the time	382	39,790
		5	None of the time	99	11,704

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
CGFEELB	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	10	960
		-7	Refused	2	84
		1	All of the time	85	7,177
		2	Most of the time	452	42,949
		3	Some of the time	740	73,252
		4	A little of the time	442	46,934
		5	None of the time	178	18,631
				1,909	189,987
CGFEELC	HOW MUCH OF THE TIME DURING THE PAST FOUR WEEKS HAVE YOU FELT DOWNHEARTED AND DEPRESSED?	-8	Don't Know	6	556
		-7	Refused	5	259
		1	All of the time	74	7,501
		2	Most of the time	145	16,609
		3	Some of the time	620	60,529
		4	A little of the time	501	51,485
		5	None of the time	558	53,049
				1,909	189,987
CGACT	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING ABOUT ENOUGH, TOO MUCH, OR WOULD LIKE TO BE DOING MORE?	-8	Don't Know	44	5,183
		-7	Refused	3	416
		1	About enough	746	70,398
		2	Too much	57	5,314
		3	Would like to be doing more	1,059	108,677
				1,909	189,987
CGOPPINC	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH [PROVIDER AGENCY NAME] SERVICES?	-8	Don't Know	30	3,219
		-7	Refused	3	164
		1	Yes	562	56,463
		2	No	1,314	130,141
				1,909	189,987
CGTIME	HOW OFTEN DOES CAREGIVING PREVENT YOU FROM HAVING ENOUGH TIME FOR YOURSELF?	-8	Don't Know	18	1,318

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	51
		1	Always	276	26,289
		2	Usually	402	39,560
		3	Sometimes	804	80,057
		4	Rarely	283	29,660
		5	Never	125	13,052
				1,909	189,987
CGFAMILY	HOW OFTEN DOES CAREGIVING PREVENT YOU FROM HAVING ENOUGH TIME FOR YOUR FAMILY?				
		-8	Don't Know	54	4,649
		-7	Refused	7	655
		1	Always	166	19,261
		2	Usually	262	25,858
		3	Sometimes	739	77,581
		4	Rarely	376	33,161
		5	Never	305	28,821
				1,909	189,987
CGSOCIAL	HOW OFTEN DOES CAREGIVING CONFLICT WITH YOUR SOCIAL LIFE?				
		-8	Don't Know	31	3,369
		-7	Refused	3	202
		1	Always	366	37,075
		2	Usually	278	27,311
		3	Sometimes	673	67,776
		4	Rarely	295	28,746
		5	Never	263	25,508
				1,909	189,987
CGJOY	HOW OFTEN DOES BEING A CAREGIVER FOR THE PERSON YOU CARE FOR GIVE YOU THE JOY OF SPENDING TIME WITH SOMEONE YOU CARE ABOUT?				
		-8	Don't Know	48	5,668
		-7	Refused	9	696
		1	Always	633	62,311
		2	Usually	440	40,086
		3	Sometimes	507	52,607
		4	Rarely	166	17,545
		5	Never	106	11,073
				1,909	189,987
CGACOMP	HOW OFTEN DOES BEING A CAREGIVER PROVIDE YOU WITH A SENSE OF ACCOMPLISHMENT?				
		-8	Don't Know	34	5,060

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	5	532
		1	Always	656	66,760
		2	Usually	513	47,412
		3	Sometimes	527	54,619
		4	Rarely	117	11,612
		5	Never	57	3,992
				1,909	189,987
CGATTION	HOW OFTEN DOES PROVIDING CARE FOR THE CARE RECIPIENT GIVE YOU THE SATISFACTION OF KNOWING THAT HE/SHE IS RECEIVING THE CARE AND ATTENTION HE/SHE NEEDS?				
		-8	Don't Know	5	301
		-7	Refused	1	92
		1	Always	1,124	115,091
		2	Usually	590	54,589
		3	Sometimes	159	16,899
		4	Rarely	22	2,375
		5	Never	8	641
				1,909	189,987
CRAPREC	HOW OFTEN DO YOU FEEL THAT THE PERSON YOU CARE FOR APPRECIATES THE CARE THAT YOU ARE PROVIDING TO HIM/HER?				
		-8	Don't Know	45	3,844
		1	Always	898	92,941
		2	Usually	408	36,650
		3	Sometimes	367	37,873
		4	Rarely	120	9,963
		5	Never	71	8,714
				1,909	189,987
CGDUTY	AS A CAREGIVER, HOW OFTEN DO YOU FEEL YOU ARE FULFILLING YOUR DUTY BY CARING FOR THE CARE RECIPIENT?				
		-8	Don't Know	18	1,826
		-7	Refused	3	506
		1	Always	1,231	125,354
		2	Usually	481	44,137
		3	Sometimes	159	15,955
		4	Rarely	13	1,953
		5	Never	4	256
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGSOLV	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN ALWAYS MANAGE TO SOLVE DIFFICULT PROBLEMS IF YOU TRY HARD ENOUGH.	-8	Don't Know	29	3,468
		-7	Refused	4	569
		1	Not at all true	40	5,381
		2	Hardly true	84	12,083
		3	Moderately true	953	90,703
		4	Exactly true	799	77,783
				1,909	189,987
CGAIMS	HOW TRUE IS THE STATEMENT FOR YOU: IT IS EASY FOR YOU TO STICK TO YOUR AIMS AND ACCOMPLISH YOUR GOALS.	-8	Don't Know	28	3,479
		-7	Refused	5	683
		1	Not at all true	80	8,320
		2	Hardly true	203	23,225
		3	Moderately true	1,166	112,642
		4	Exactly true	427	41,638
				1,909	189,987
CGEFF	HOW TRUE IS THE STATEMENT FOR YOU: YOU ARE CONFIDENT THAT YOU COULD DEAL EFFICIENTLY WITH UNEXPECTED EVENTS.	-8	Don't Know	27	3,222
		-7	Refused	6	550
		1	Not at all true	52	4,808
		2	Hardly true	138	14,468
		3	Moderately true	988	98,477
		4	Exactly true	698	68,462
				1,909	189,987
CGRESORC	HOW TRUE IS THE STATEMENT FOR YOU: THANKS TO YOUR RESOURCEFULNESS, YOU KNOW HOW TO HANDLE UNFORESEEN SITUATIONS.	-8	Don't Know	25	3,739
		-7	Refused	5	344
		1	Not at all true	30	2,572
		2	Hardly true	96	10,520
		3	Moderately true	1,025	104,045
		4	Exactly true	728	68,767
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGSOLVE	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN SOLVE MOST PROBLEMS IF YOU INVEST THE NECESSARY EFFORT.	-8	Don't Know	15	1,149
		-7	Refused	4	278
		1	Not at all true	26	2,921
		2	Hardly true	83	8,405
		3	Moderately true	911	93,413
		4	Exactly true	870	83,821
					1,909
CGRELY	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN REMAIN CALM WHEN FACING DIFFICULTIES BECAUSE YOU CAN RELY ON YOUR COPING ABILITIES.	-8	Don't Know	13	1,735
		-7	Refused	2	156
		1	Not at all true	27	3,975
		2	Hardly true	113	9,808
		3	Moderately true	1,079	108,282
		4	Exactly true	675	66,031
					1,909
CGCONFRNT	HOW TRUE IS THE STATEMENT FOR YOU: WHEN YOU ARE CONFRONTED WITH A PROBLEM YOU CAN USUALLY FIND SEVERAL SOLUTIONS.	-8	Don't Know	9	848
		-7	Refused	1	342
		1	Not at all true	22	3,161
		2	Hardly true	124	12,599
		3	Moderately true	972	98,378
		4	Exactly true	781	74,660
					1,909
CGWANT	HOW TRUE IS THE STATEMENT FOR YOU: IF SOMEONE OPPOSES YOU, YOU CAN FIND THE MEANS AND WAYS TO GET WHAT YOU WANT.	-8	Don't Know	63	4,318
		-7	Refused	16	1,625
		1	Not at all true	103	10,245
		2	Hardly true	266	27,560
		3	Moderately true	1,140	115,658
		4	Exactly true	321	30,580
					1,909

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGTRBL	HOW TRUE IS THE STATEMENT FOR YOU: IF YOU ARE IN TROUBLE, YOU CAN USUALLY THINK OF A SOLUTION.	-8	Don't Know	17	2,695
		-7	Refused	2	147
		1	Not at all true	18	2,262
		2	Hardly true	60	5,057
		3	Moderately true	1,016	103,126
		4	Exactly true	796	76,701
					1,909
CGHANDL	HOW TRUE IS THE STATEMENT FOR YOU: YOU CAN USUALLY HANDLE WHATEVER COMES YOUR WAY.	-8	Don't Know	6	592
		-7	Refused	4	625
		1	Not at all true	21	3,168
		2	Hardly true	76	5,845
		3	Moderately true	997	101,924
		4	Exactly true	805	77,832
					1,909
CGHEALTH	COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW?	-8	Don't Know	9	1,193
		-7	Refused	3	176
		1	Excellent	108	13,240
		2	Very Good	185	19,707
		3	Good	945	88,781
		4	Fair	549	56,218
		5	Poor	110	10,672
					1,909
CGPAIN	IN THE PAST MONTH, HAVE YOU BEEN BOTHERED BY PAIN?	-8	Don't Know	3	255
		-7	Refused	3	275
		1	Yes	1,204	120,262
		2	No	699	69,195
					1,909
CGLIMIT	IN THE LAST MONTH HOW OFTEN HAS PAIN LIMITED YOUR ACTIVITIES?	-8	Don't Know	7	872
		-1	Not Collected	705	69,725
		1	Every day	187	20,686
		2	Most days	240	24,114
		3	Some days	457	42,782

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Rarely	240	24,820
		5	Never	73	6,989
				1,909	189,987
CGDOCTOR	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO SEE A DOCTOR? DO NOT INCLUDE GOING TO THE HOSPITAL EMERGENCY DEPARTMENT.	-8	Don't Know	1	64
		-7	Refused	3	264
		1	Yes	1,722	171,205
		2	No	183	18,454
				1,909	189,987
CGURGNT	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO AN URGENT CARE CENTER? DO NOT INCLUDE GOING TO THE HOSPITAL OR TO THE HOSPITAL EMERGENCY DEPARTMENT.	-8	Don't Know	8	575
		-7	Refused	4	347
		1	Yes	372	36,051
		2	No	1,525	153,014
				1,909	189,987
CGER	IN THE PAST 12 MONTHS, HAVE YOU BEEN TO A HOSPITAL EMERGENCY DEPARTMENT?	-8	Don't Know	11	703
		-7	Refused	3	241
		1	Yes	443	42,251
		2	No	1,452	146,792
				1,909	189,987
CGERNUMB	IN THE PAST 12 MONTHS, HOW MANY TIMES DID YOU GO TO A HOSPITAL EMERGENCY DEPARTMENT?	-8	Don't Know	4	206
		-1	Not Collected	1,466	147,736
		1	1 time	266	24,093
		2	2 times	95	10,342
		3	3 times	44	3,994
		4	4 times	22	1,780
		5	5 times	4	1,101
		6	6 times	4	502
		8	8 times	1	32
		10	10 times	1	26
		15	15 times	1	88
		20	20 times	1	86
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGHOSP	IN THE PAST 12 MONTHS DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	4	261
		-7	Refused	3	241
		1	Yes	240	24,665
		2	No	1,662	164,821
				1,909	189,987
CGHOSPN	HOW MANY TIMES WERE YOU HOSPITALIZED FOR ONE NIGHT OR LONGER?	-8	Don't Know	1	33
		-1	Not Collected	1,669	165,322
		1	1 time	183	18,463
		2	2 times	30	2,480
		3	3 times	18	2,821
		4	4 times	4	618
		5	5 times	3	224
		7	7 times	1	26
				1,909	189,987
CGHOSPNN	HOW MANY TOTAL NIGHTS DID YOU SPEND IN THE HOSPITAL?	-8	Don't Know	7	754
		-1	Not Collected	1,669	165,322
		1	1 night	65	6,380
		2	2 nights	42	4,902
		3	3 nights	33	3,768
		4	4 nights	21	1,783
		5	5 nights	20	1,738
		6	6 nights	5	363
		7	7 nights	11	1,409
		8	8 nights	1	33
		9	9 nights	6	493
		10	10 nights	8	406
		11	11 nights	1	249
		12	12 nights	5	753
		13	13 nights	2	211
		14	14 nights	5	488
15	15 nights	2	61		
18	18 nights	1	84		
22	22 nights	1	118		
25	25 nights	1	342		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		60	60 nights	2	57
		75	75 nights	1	272
				1,909	189,987
CGREHAB	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?				
		-7	Refused	3	241
		1	Yes	26	2,164
		2	No	1,880	187,582
				1,909	189,987
CGREHABN	IN THE PAST 12 MONTH, HOW MANY TIMES HAVE YOU STAYED IN A NURSING HOME OR LIVED IN A REHABILITATION CENTER?				
		-1	Not Collected	1,883	187,823
		1	1 time	20	1,522
		2	2 times	1	67
		3	3 times	1	36
		7	7 times	1	46
		9	9 times	1	472
		10	10 times	1	10
		30	30 times	1	11
				1,909	189,987
CGPORT	THINKING ABOUT ALL THE FAMILY MEMBERS OR FRIENDS WHO PROVIDE HELP, CARE, OR SUPERVISION FOR THE CARE RECIPIENT, WHAT PROPORTION OF THE CARE DO YOU PROVIDE DURING A TYPICAL WEEK?				
		-8	Don't Know	11	751
		1	Less than one-quarter	78	8,012
		2	About one-quarter	103	10,279
		3	About half	176	19,167
		4	About three-quarters	386	38,230
		5	All or almost all of the care	1,155	113,548
				1,909	189,987
CGNH	IN THE PAST SIX MONTHS, HAVE YOU EVER CONSIDERED A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING FOR THE CARE RECIPIENT?				
		-8	Don't Know	13	1,185
		1	Yes	669	70,213
		2	No	1,227	118,589
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGNHBTR	IN THE PAST SIX MONTHS, HAVE YOU FELT THAT THE CARE RECIPIENT WOULD BE BETTER OFF IN A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING FACILITY?	-8	Don't Know	56	5,780
		-7	Refused	3	370
		1	Yes	364	38,419
		2	No	1,486	145,418
				1,909	189,987
NHCRDIS	IN THE PAST SIX MONTHS, HAVE YOU DISCUSSED THE POSSIBILITY OF A NURSING HOME, BOARDING HOME, OR ASSISTED LIVING WITH FAMILY MEMBERS OR OTHERS EXCLUDING THE CARE RECIPIENT?	-8	Don't Know	7	441
		-7	Refused	2	224
		1	Yes	700	73,103
		2	No	1,200	116,220
				1,909	189,987
NHDISCR	IN THE PAST SIX MONTHS HAVE YOU DISCUSSED THAT POSSIBILITY WITH THE CARE RECIPIENT?	-8	Don't Know	5	726
		-1	Not Collected	1,209	116,884
		1	Yes	354	37,181
		2	No	341	35,195
				1,909	189,987
CGNHSTPS	IN THE PAST SIX MONTHS, HAVE YOU TAKEN ANY STEPS TOWARD PLACEMENT?	-8	Don't Know	2	132
		-1	Not Collected	1,555	152,806
		1	Yes	123	14,686
		2	No	229	22,363
				1,909	189,987
CGBASIS	ARE YOU RESPONSIBLE FOR PROVIDING HELP OR SUPERVISION TO THE CARE RECIPIENT ON A 24-HOUR BASIS?	-8	Don't Know	11	809
		1	Yes	1,503	149,476
		2	No	395	39,702
				1,909	189,987
CGINSTY	ON A SCALE FROM 1 TO 5 WHERE 1 IS NOT VERY INTENSE AND 5 IS VERY INTENSE, HOW INTENSE IS THE CARE YOU PROVIDE?	-8	Don't Know	63	6,326

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	458
		-1	Not Collected	406	40,511
		1	Not very intense	121	10,630
		2	Not intense	162	12,986
		3	Neutral	452	43,992
		4	Intense	307	33,500
		5	Very intense	395	41,585
				1,909	189,987
CGREMND	WOULD YOU RECOMMEND THE CAREGIVING SUPPORT SERVICES TO A FRIEND?				
		-8	Don't Know	40	5,142
		-7	Refused	1	342
		1	Yes	1,798	177,298
		2	No	70	7,205
				1,909	189,987
CGRECMND	DO YOU HAVE ANY RECOMMENDATIONS TO IMPROVE THE CAREGIVER SUPPORT SERVICE?				
		-8	Don't Know	40	4,070
		-7	Refused	1	342
		1	Yes	722	73,284
		2	No	1,146	112,290
				1,909	189,987
CGSUPP	OVERALL, DO YOU FEEL LIKE YOU HAVE ENOUGH SUPPORT?				
		-8	Don't Know	44	2,994
		-7	Refused	2	35
		1	Yes	1,159	111,589
		2	No	704	75,369
				1,909	189,987
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?				
		-8	Don't Know	16	1,253
		-7	Refused	1	72
		1	Yes	274	26,690
		2	No	1,618	161,972
				1,909	189,987
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?				
		-8	Don't Know	6	440
		1	Yes	489	51,805
		2	No	1,414	137,742
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	12	1,398
		1	Yes	641	59,726
		2	No	1,256	128,863
				1,909	189,987
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	53	5,732
		1	Yes	816	76,999
		2	No	1,040	107,256
				1,909	189,987
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	14	1,128
		-7	Refused	1	13
		1	Yes	294	26,562
		2	No	1,600	162,284
				1,909	189,987
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	5	533
		1	Yes	270	28,199
		2	No	1,634	161,254
				1,909	189,987
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	12	1,635
		1	Yes	561	55,646
		2	No	1,336	132,706
				1,909	189,987
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	5	707
		1	Yes	239	21,375
		2	No	1,665	167,904
				1,909	189,987
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	9	674
		1	Yes	68	5,177
		2	No	1,832	184,135
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	45	4,725
		-7	Refused	1	170
		1	Yes	482	43,863
		2	No	1,381	141,229
				1,909	189,987
HNREDUYN	DOES THE CARE RECIPIENT HAVE A NUTRITION COUNSELOR WHO GIVES HIM/HER INDIVIDUAL ADVICE ON WHAT TO EAT BASED ON HIS/HER GENERAL HEALTH, CHRONIC CONDITIONS, MEDICATIONS, AND HIS/HER USUAL FOOD CHOICES?	-8	Don't Know	12	827
		-7	Refused	2	311
		1	Yes	154	16,050
		2	No	1,741	172,800
				1,909	189,987
HLTHSCRN	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?	-8	Don't Know	32	1,927
		1	Yes	428	44,970
		2	No	1,449	143,090
				1,909	189,987
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	23	2,612
		1	Yes	227	23,170
		2	No	1,659	164,205
				1,909	189,987
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	20	1,669
		1	Yes	149	13,016
		2	No	1,740	175,302
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
MEDS	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	23	2,912
		1	Yes	87	11,552
		2	No	1,799	175,524
				1,909	189,987
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?	-8	Don't Know	13	1,026
		-7	Refused	1	144
		1	Yes	166	15,674
		2	No	1,729	173,143
				1,909	189,987
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	29	2,108
		-7	Refused	4	950
		-1	Not Collected	315	34,985
		1	Excellent	433	42,163
		2	Very Good	540	52,506
		3	Good	382	38,201
		4	Fair	147	14,353
		5	Poor	59	4,722
		1,909	189,987		
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	104	10,934
		-7	Refused	6	936
		1	Agree	1,754	174,166
		2	Disagree	45	3,950
		1,909	189,987		
SVCSUPOS	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	124	13,150
		-7	Refused	7	950
		1	Agree	1,682	166,760
		2	Disagree	96	9,127

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	3	406
		1	Yes	182	17,356
		2	No	1,724	172,224
				1,909	189,987
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	21	1,789
		1	Yes	176	15,620
		2	No	1,712	172,578
				1,909	189,987
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	42	3,307
		1	Yes	373	38,176
		2	No	1,494	148,504
				1,909	189,987
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	9	760
		1	Yes	78	7,135
		2	No	1,822	182,092
				1,909	189,987
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	23	2,562
		-7	Refused	1	98
		1	Yes	1,231	122,420
		2	No	654	64,908
				1,909	189,987
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?	-8	Don't Know	19	2,211
		-7	Refused	1	26
		1	Yes	1,404	138,139
		2	No	485	49,611
				1,909	189,987
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	88	10,006
		-7	Refused	4	278

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1,061	105,836
		2	No	756	73,867
				1,909	189,987
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	189	18,848
		-7	Refused	7	403
		-1	Not Collected	1,061	105,836
		1	In Caregiver's Home	40	3,530
		2	In The Home Of Another Family Mem/Friend	75	7,969
		3	In An Assisted Living Facility	135	14,022
		4	In A Nursing Home	367	34,613
		5	Care Recipient Would Have Died	7	729
		91	Other	28	4,037
				1,909	189,987
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?	-8	Don't Know	22	2,690
		-7	Refused	3	368
		1	Excellent	47	4,196
		2	Very Good	210	21,071
		3	Good	458	42,949
		4	Fair	595	58,089
		5	Poor	574	60,624
				1,909	189,987
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?	-8	Don't Know	16	1,312
		-7	Refused	1	59
		1	Yes	1,141	112,447
		2	No	749	75,972
		3	Does Not Apply	2	196
				1,909	189,987
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	19	2,047
		-7	Refused	2	132

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1,288	128,297
		2	No	597	59,290
		3	Does Not Apply	3	221
				1,909	189,987
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	18	2,427
		-7	Refused	2	132
		1	Yes	860	87,202
		2	No	1,025	99,988
		3	Does Not Apply	4	238
				1,909	189,987
CGPFDSD	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?	-8	Don't Know	58	6,627
		-7	Refused	4	978
		1	Yes	946	93,749
		2	No	896	88,191
		3	Does Not Apply	5	442
				1,909	189,987
CGPFDSE	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	15	1,499
		-7	Refused	4	978
		1	Yes	586	57,923
		2	No	1,303	129,431
		3	Does Not Apply	1	156
				1,909	189,987
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	12	1,012
		-7	Refused	4	978
		1	Yes	737	75,192
		2	No	1,153	112,308
		3	Does Not Apply	3	497
				1,909	189,987

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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	12	955
		-7	Refused	4	978
		1	Yes	383	37,550
		2	No	1,509	150,347
		3	Does Not Apply	1	156
					1,909
CGPFDSH	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?	-8	Don't Know	16	1,892
		-7	Refused	4	978
		1	Yes	561	57,169
		2	No	1,327	129,792
		3	Does Not Apply	1	156
					1,909
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?	-8	Don't Know	30	3,482
		-7	Refused	4	978
		1	Yes	355	34,207
		2	No	1,518	151,143
		3	Does Not Apply	2	176
					1,909
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?	-8	Don't Know	53	5,474
		-7	Refused	4	978
		1	Yes	548	54,103
		2	No	1,303	129,276
		3	Does Not Apply	1	156
					1,909
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?	-8	Don't Know	28	3,935
		-7	Refused	4	978
		1	Yes	308	30,969
		2	No	1,566	153,814
		3	Does Not Apply	3	290
					1,909

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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	23	1,722
		-7	Refused	5	1,000
		1	Yes	1,239	122,952
		2	No	639	63,928
		3	Does Not Apply	3	385
				1,909	189,987
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Don't Know	10	605
		-7	Refused	4	978
		1	Yes	950	90,728
		2	No	942	97,426
		3	Does Not Apply	3	250
				1,909	189,987
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	36	3,032
		-7	Refused	6	1,111
		1	Yes	653	68,020
		2	No	1,211	117,617
		3	Does Not Apply	3	207
				1,909	189,987
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	27	3,133
		-7	Refused	4	978
		1	Yes	1,098	111,526
		2	No	777	74,120
		3	Does Not Apply	3	230
				1,909	189,987
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?	-8	Don't Know	7	802
		-7	Refused	4	978
		1	Yes	129	15,341
		2	No	1,765	172,556
		3	Does Not Apply	4	311

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	15	898
		-7	Refused	4	978
		1	Yes	172	16,500
		2	No	1,716	171,445
		3	Does Not Apply	2	166
				1,909	189,987
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	3	255
		-7	Refused	3	275
		1	Yes	1,209	120,561
		2	No	694	68,896
				1,909	189,987
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?	-8	Don't Know	5	1,133
		-7	Refused	4	978
		1	Yes	29	2,602
		2	No	1,869	185,108
		3	Does Not Apply	2	166
				1,909	189,987
CGPFDSST	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?	-8	Don't Know	23	2,574
		-7	Refused	5	1,004
		1	Yes	829	85,767
		2	No	1,043	99,907
		3	Does Not Apply	9	736
				1,909	189,987
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?	-8	Don't Know	13	1,207
		-7	Refused	4	978
		1	Yes	353	36,673
		2	No	1,536	150,953
		3	Does Not Apply	3	176
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	4	199
		1	1 Medical Condition	16	3,217
		2	2 Medical Conditions	41	3,738
		3	3 Medical Conditions	94	9,181
		4	4 Medical Conditions	135	12,300
		5	5 Medical Conditions	223	20,776
		6	6 Medical Conditions	222	23,755
		7	7 Medical Conditions	230	21,162
		8	8 Medical Conditions	240	22,190
		9	9 Medical Conditions	240	24,096
		10	10 Medical Conditions	159	18,048
		11	11 Medical Conditions	117	12,490
		12	12 Medical Conditions	88	9,066
		13	13 Medical Conditions	49	3,989
		14	14 Medical Conditions	28	3,217
		15	15 Medical Conditions	16	1,752
		16	16 Medical Conditions	4	512
17	17 Medical Conditions	3	300		
				1,909	189,987
CGOHQ1	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?	-8	Don't Know	61	9,354
		-7	Refused	2	120
		1	6 Months Or Less	620	57,211
		2	More Than 6 Months, Not More Than 1 Yr	242	22,226
		3	More Than 1 Yr, Not More Than 2 Years	249	25,110
		4	More Than 2 Yrs, Not More Than 3 Years	153	14,698
		5	More Than 3 Yrs, Not More Than 5 Years	167	19,999
		6	More Than 5 Years Ago	387	38,795
7	Never Have Been To Dentist	28	2,476		
				1,909	189,987
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	30	3,287

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	223
		1	Yes	321	34,718
		2	No	1,555	151,759
				1,909	189,987
CGOHQ301	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE COULD NOT AFFORD THE COST?				
		-8	Don't Know	3	1,051
		-1	Not Collected	1,588	155,269
		1	Yes	203	20,912
		2	No	115	12,755
				1,909	189,987
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	8	1,730
		-7	Refused	1	160
		-1	Not Collected	1,588	155,269
		1	Yes	61	6,234
		2	No	251	26,593
				1,909	189,987
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	14	2,438
		-7	Refused	2	184
		-1	Not Collected	1,588	155,269
		1	Yes	164	17,933
		2	No	141	14,163
				1,909	189,987
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	5	1,551
		-1	Not Collected	1,588	155,269
		1	Yes	47	5,067
		2	No	269	28,100

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
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	6	1,386
		-1	Not Collected	1,588	155,269
		1	Yes	24	2,842
		2	No	291	30,489
				1,909	189,987
CGOHQ306	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?	-8	Don't Know	4	1,093
		-1	Not Collected	1,588	155,269
		1	Yes	9	1,003
		2	No	308	32,622
				1,909	189,987
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	369
		-1	Not Collected	1,588	155,269
		1	Yes	57	5,928
		2	No	261	28,420
				1,909	189,987
CGOHQ308	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?	-8	Don't Know	6	1,233
		-7	Refused	2	285
		-1	Not Collected	1,588	155,269
		1	Yes	5	856
		2	No	308	32,344
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHQ309	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?	-8	Don't Know	1	224
		-7	Refused	2	233
		-1	Not Collected	1,588	155,269
		1	Yes	11	2,120
		2	No	307	32,140
				1,909	189,987
CGOHQ310	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?	-8	Don't Know	8	1,505
		-7	Refused	2	233
		-1	Not Collected	1,588	155,269
		1	Yes	57	6,019
		2	No	254	26,961
				1,909	189,987
CGOHQ311	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT HAVE TRANSPORTATION?	-8	Don't Know	2	1,010
		-7	Refused	1	73
		-1	Not Collected	1,588	155,269
		1	Yes	45	5,262
		2	No	273	28,373
				1,909	189,987
CGOHQ312	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-8	Don't Know	2	796
		-1	Not Collected	1,588	155,269
		1	Yes	100	11,501
		2	No	219	22,421
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHQ4	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?	-8	Don't Know	60	6,671
		-7	Refused	2	120
		1	Excellent	127	11,072
		2	Very Good	333	30,803
		3	Good	578	60,817
		4	Fair	475	45,144
		5	Poor	334	35,361
					1,909
PFDFINC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	11	792
		-7	Refused	2	111
		1	Yes	1,113	115,682
		2	No	783	73,403
					1,909
PFDFINBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	16	2,559
		-7	Refused	1	13
		-1	Not Collected	796	74,305
		1	Yes	710	77,843
		2	No	386	35,267
					1,909
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	23	2,726
		-7	Refused	3	164
		1	Yes	1,485	151,068
		2	No	398	36,029
					1,909
PFDFOUCB	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	5	416
		-1	Not Collected	424	38,919
		1	Yes	1,425	145,478
		2	No	55	5,174
					1,909

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	17	1,493
		-7	Refused	2	72
		1	Yes	1,163	119,869
		2	No	727	68,553
				1,909	189,987
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	13	1,887
		-1	Not Collected	746	70,118
		1	Yes	854	90,117
		2	No	296	27,865
				1,909	189,987
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	22	2,977
		-7	Refused	2	72
		1	Yes	1,365	140,532
		2	No	520	46,406
				1,909	189,987
PFBATHBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	6	667
		-1	Not Collected	544	49,455
		1	Yes	1,258	128,809
		2	No	101	11,055
				1,909	189,987
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	10	1,233
		-7	Refused	2	72
		1	Yes	1,203	126,790
		2	No	694	61,891
				1,909	189,987
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	6	599
		-7	Refused	1	64
		-1	Not Collected	706	63,197
		1	Yes	1,106	118,311

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	90	7,816
				1,909	189,987
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	41	3,828
		-7	Refused	4	204
		1	Yes	1,446	145,974
		2	No	418	39,981
				1,909	189,987
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	29	2,209
		-7	Refused	1	13
		-1	Not Collected	463	44,013
		1	Yes	910	99,677
		2	No	506	44,075
				1,909	189,987
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Don't Know	9	640
		-7	Refused	2	72
		1	Yes	522	52,139
		2	No	1,376	137,135
				1,909	189,987
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	4	137
		-7	Refused	1	107
		-1	Not Collected	1,387	137,848
		1	Yes	356	37,611
		2	No	161	14,285
				1,909	189,987
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	28	2,403
		-7	Refused	5	156
		1	Yes	929	104,056
		2	No	947	83,372
				1,909	189,987
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	8	1,033
		-1	Not Collected	980	85,931

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	755	82,753
		2	No	166	20,271
				1,909	189,987
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	37	3,980
		-7	Refused	5	319
		1	Yes	1,447	149,763
		2	No	420	35,925
				1,909	189,987
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	4	684
		-7	Refused	1	92
		-1	Not Collected	462	40,224
		1	Yes	1,420	147,176
		2	No	22	1,811
				1,909	189,987
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	52	4,212
		-7	Refused	12	826
		1	Yes	1,537	159,314
		2	No	308	25,635
				1,909	189,987
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	17	1,722
		-7	Refused	1	95
		-1	Not Collected	372	30,673
		1	Yes	1,483	155,240
		2	No	36	2,256
				1,909	189,987
PFCLENC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	46	4,843
		-7	Refused	9	276
		1	Yes	1,442	146,472
		2	No	412	38,396
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	7	1,071
		-7	Refused	1	14
		-1	Not Collected	467	43,515
		1	Yes	1,406	143,035
		2	No	28	2,351
				1,909	189,987
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	58	5,610
		-7	Refused	13	630
		1	Yes	1,747	175,453
		2	No	91	8,294
				1,909	189,987
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	8	454
		-7	Refused	1	439
		-1	Not Collected	162	14,534
		1	Yes	1,722	173,404
		2	No	16	1,156
				1,909	189,987
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	24	2,634
		-7	Refused	5	333
		1	Yes	1,359	140,003
		2	No	521	47,018
				1,909	189,987
PFTKDGB	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	3	542
		-7	Refused	1	58
		-1	Not Collected	550	49,984
		1	Yes	1,340	137,868
		2	No	15	1,535
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	29	1,778
		-7	Refused	3	95
		1	Yes	1,169	123,171
		2	No	708	64,943
				1,909	189,987
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	13	1,693
		-1	Not Collected	740	66,816
		1	Yes	1,080	113,845
		2	No	76	7,633
				1,909	189,987
CGISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?	-8	Don't Know	2	212
		-7	Refused	1	25
		1	Yes	1,552	153,498
		2	No	354	36,251
				1,909	189,987
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	82	7,692
		-7	Refused	15	769
		-1	Not Collected	357	36,489
		1	Yes	1,260	129,085
		2	No	195	15,952
		1,909	189,987		
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	138	12,256
		-7	Refused	1	13
		1	Yes	712	66,158
		2	No	1,058	111,560
				1,909	189,987
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	7	721
		-7	Refused	3	265
		-1	Not Collected	1,197	123,829

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	346	30,520
		2	No	82	8,503
		3	Never Uses Bus	274	26,148
				1,909	189,987
PFUSBSBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?				
		-8	Don't Know	4	412
		-1	Not Collected	1,563	159,467
		1	Yes	339	29,997
		2	No	3	111
				1,909	189,987
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH				
		-8	Don't Know	2	177
		-1	Not Collected	483	51,130
		1	Yes	1,354	130,496
		2	No	70	8,183
				1,909	189,987
CGPMM	IN WHAT MONTH WAS THE CARE RECIPIENT BORN?				
		-8	Don't Know	5	456
		-7	Refused	11	1,316
		1	Month	1,893	188,215
				1,909	189,987
CGPDD	ON WHAT DAY WAS THE CARE RECIPIENT BORN?				
		-8	Don't Know	6	457
		-7	Refused	17	2,114
		1	Day	1,886	187,416
				1,909	189,987
CGPYYYY	IN WHAT YEAR WAS THE CARE RECIPIENT BORN?				
		-8	Don't Know	7	496
		-7	Refused	9	728
		1907	Year	1,893	188,763
				1,909	189,987
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.				
		.	Missing	102	10,246
		0	0 Limitations	166	13,807
		1	1 Limitation	213	20,755
		2	2 Limitations	226	19,315
		3	3 Limitations	224	20,603

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Limitations	224	21,633
		5	5 Limitations	412	46,844
		6	6 Limitations	342	36,783
				1,909	189,987
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	102	10,246
		1	Yes	1,202	125,864
		2	No	605	53,877
				1,909	189,987
ADLAOA6PCR	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	59	5,944
		0	0 Limitations	432	39,342
		1	1 Limitation	262	22,932
		2	2 Limitations	233	22,262
		3	3 Limitations	167	17,064
		4	4 Limitations	164	17,187
		5	5 Limitations	348	38,507
		6	6 Limitations	244	26,748
				1,909	189,987
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	217	19,658
		0	0 Limitations	40	3,716
		1	1 Limitation	58	5,167
		2	2 Limitations	85	7,097
		3	3 Limitations	125	10,329
		4	4 Limitations	161	16,694
		5	5 Limitations	236	20,143
		6	6 Limitations	367	38,541
		7	7 Limitations	620	68,642
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	139	13,085
		0	0 Limitations	65	5,888
		1	1 Limitation	71	6,161
		2	2 Limitations	107	7,977
		3	3 Limitations	133	12,279
		4	4 Limitations	187	19,873
		5	5 Limitations	251	21,193
		6	6 Limitations	380	39,809
		7	7 Limitations	576	63,723
			1,909	189,987	
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	236	21,397
		0	0 Limitations	11	1,434
		1	1 Limitation	46	3,753
		2	2 Limitations	49	4,608
		3	3 Limitations	86	7,033
		4	4 Limitations	116	9,909
		5	5 Limitations	158	16,500
		6	6 Limitations	234	19,776
		7	7 Limitations	355	37,056
			1,909	189,987	
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	141	13,128
		0	0 Limitations	24	2,373

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Limitation	62	5,209
		2	2 Limitations	66	5,593
		3	3 Limitations	112	9,417
		4	4 Limitations	126	10,769
		5	5 Limitations	189	20,267
		6	6 Limitations	247	21,320
		7	7 Limitations	368	38,308
		8	8 Limitations	574	63,603
				1,909	189,987
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-8	Don't Know	3	175
		-7	Refused	2	26
		1	Number Of People	1,904	189,786
				1,909	189,987
CGWHO01	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	110	11,419
		2	No	271	28,711
				1,909	189,987
CGWHO02	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	127	12,599
		2	No	254	27,531
				1,909	189,987
CGWHO03	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	39	3,574
		2	No	342	36,556
				1,909	189,987
CGWHO04	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	43	5,230

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	338	34,900
				1,909	189,987
CGWHO05	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	31	3,082
		2	No	350	37,048
				1,909	189,987
CGWHO06	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	47	4,427
		2	No	334	35,703
				1,909	189,987
CGWHO07	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR OTHER RELATIVE(S)?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	40	5,263
		2	No	341	34,867
				1,909	189,987
CGWHO08	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	14	1,082
		2	No	367	39,048
				1,909	189,987
CGWHOOH	OTHER PERSON CARE FOR:SPECIFY	-8	Don't Know	5	421
		-1	Not Collected	1,523	149,436
		1	Yes	22	2,479
		2	No	359	37,651
				1,909	189,987
NHATSHC14	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?	-8	Don't Know	2	37
		1	Yes	258	24,387
		2	No	1,649	165,563
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
NHATSHC15	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?	-8	Don't Know	4	247
		1	Yes	530	52,638
		2	No	1,375	137,102
				1,909	189,987
NHATSHC16	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?	-8	Don't Know	2	66
		-1	Not Collected	1,379	137,349
		1	Yes	227	24,376
		2	No	301	28,196
				1,909	189,987
NHATSHC17	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?	-8	Don't Know	9	654
		-1	Not Collected	258	24,387
		1	Yes	340	35,385
		2	No	1,302	129,562
				1,909	189,987
NHATSHC18	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?	-8	Don't Know	8	810
		-1	Not Collected	1,311	130,216
		1	Yes	247	25,602
		2	No	343	33,359
				1,909	189,987
SIUCLA1	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	15	1,042
		-7	Refused	6	191
		1	Hardly ever	829	84,613
		2	Some of the time	630	60,334
		3	Often	429	43,807
				1,909	189,987
SIUCLA2	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	15	1,322
		-7	Refused	8	1,043
		1	Hardly ever	888	84,286
		2	Some of the time	634	65,515
		3	Often	364	37,821
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SIUCLA3	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	15	1,288
		-7	Refused	4	240
		1	Hardly ever	924	87,969
		2	Some of the time	595	61,281
		3	Often	371	39,210
					1,909
SIHRS1	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?	-8	Don't Know	8	558
		-7	Refused	11	944
		1	Hardly ever	991	97,799
		2	Some of the time	577	56,033
		3	Often	322	34,653
					1,909
CGENDER	CAREGIVER'S GENDER?	.	Missing	63	7,339
		1	Male	507	49,204
		2	Female	1,339	133,444
			1,909	189,987	
RGENDER	CARE RECIPIENT'S GENDER?	.	Missing	1	19
		1	Male	771	72,516
		2	Female	1,137	117,452
			1,909	189,987	
AGEC	CAREGIVER'S AGE?	.	Missing	5	730
		2	18-34 Years	11	824
		3	35-59 Years	401	39,775
		4	60-64 Years	328	35,187
		5	65-74 Years	636	63,035
		6	75-84 Years	411	40,082
		7	85+ Years	117	10,354
			1,909	189,987	
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	22	2,477
		4	60-64 Years	75	6,219
		5	65-74 Years	376	39,826
		6	75-84 Years	683	71,765
		7	85+ Years	753	69,700
			1,909	189,987	

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	5	277
		-7	Refused	13	1,005
		1	Less Than High School Diploma	97	11,148
		2	High School Diploma Or GED	493	44,816
		3	Some College(Business/ Vocational/Techni)	699	71,675
		4	Bachelor's Degree	281	29,737
		5	Some Post-Graduate Work/Advanced Degree	321	31,329
				1,909	189,987
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	7	618
		-7	Refused	19	1,467
		1	Yes	110	15,065
		2	No	1,773	172,837
				1,909	189,987
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	14	1,061
		-7	Refused	29	2,860
		1	Yes	1,565	143,808
		2	No	301	42,259
				1,909	189,987
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN	-8	Don't Know	14	1,061
		-7	Refused	29	2,860
		1	Yes	218	33,398
		2	No	1,648	152,669
				1,909	189,987
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	14	1,061
		-7	Refused	29	2,860
		1	Yes	38	3,674
		2	No	1,828	182,392
				1,909	189,987
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	14	1,061
		-7	Refused	29	2,860
		1	Yes	29	2,899
		2	No	1,837	183,167

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	14	1,061
		-7	Refused	29	2,860
		1	Yes	13	789
		2	No	1,853	185,277
				1,909	189,987
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	14	1,061
		-7	Refused	29	2,860
		1	Yes	32	3,852
		2	No	1,834	182,214
				1,909	189,987
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	52
		-7	Refused	8	624
		1	Yes	229	22,164
		2	No	1,671	167,147
				1,909	189,987
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	29	1,924
		-7	Refused	5	180
		1	The City	686	66,923
		2	The Suburbs	469	52,440
		3	A Rural Area	720	68,520
				1,909	189,987
DELIVWI	DOES ANYONE ELSE LIVE WITH YOU?	-7	Refused	15	962
		1	Yes	1,426	142,691
		2	No	468	46,334
				1,909	189,987
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	96
		-7	Refused	10	466
		-1	Not Collected	468	46,334
		1	Yes	1,136	112,839
		2	No	294	30,251
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	4	390
		-7	Refused	12	833
		-1	Not Collected	468	46,334
		1	Yes	317	31,566
		2	No	1,108	110,863
				1,909	189,987
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	96
		-7	Refused	15	987
		-1	Not Collected	468	46,334
		1	Yes	383	38,333
		2	No	1,042	104,235
				1,909	189,987
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	127
		-7	Refused	12	832
		-1	Not Collected	468	46,334
		1	Yes	52	6,729
		2	No	1,375	135,964
				1,909	189,987
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	96
		-7	Refused	9	451
		1	Alone	468	46,334
		2	With Spouse Only	770	76,800
		3	With Children Only	39	4,243
		4	With Spouse And Children	173	16,718
		5	With Others	449	45,344
				1,909	189,987
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	65
		-7	Refused	14	1,089
		1	1 Person	471	46,437
		2	2 People	932	92,053
		3	3 People	291	30,011
		4	4 People	106	12,718
		5	5 People	50	3,942
		6	6 People	25	2,096
		7	7 People	13	1,182
8	8 People	4	304		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		10	10 People	1	79
		11	11 People	1	13
				1,909	189,987
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	5	428
		-7	Refused	11	587
		1	Married	1,357	134,222
		2	Living With A Partner	34	3,045
		3	Widowed	126	13,184
		4	Divorced	221	22,686
		5	Separated	29	3,718
		6	Never Married	126	12,117
				1,909	189,987
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 2018 ABOVE OR BELOW \$20,000?	-8	Don't Know	80	8,367
		-7	Refused	143	14,966
		1	Below \$20,000 [1666 Per Month Or Less]	253	27,592
		2	Above \$20,000 [1667 Per Month Or More]	1,433	139,062
				1,909	189,987
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?	.	Missing	223	23,333
		-8	Don't Know	80	6,403
		-7	Refused	129	12,189
		1	\$5,000 Or Less	24	2,794
		2	\$5,001-\$10,000	28	3,776
		3	\$10,001-\$15,000	57	5,166
		4	\$15,001-\$20,000	111	13,467
		5	\$20,001-\$25,000	169	18,525
		6	\$25,001-\$30,000	175	17,660
		7	\$30,001-\$35,000	132	11,693
		8	\$35,001-\$40,000	121	13,677
		9	\$40,001-\$50,000	162	14,023
		10	Above \$50,000	498	47,282
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
URBAN	URBAN	-9	Invalid Zip Code, Or Foreign Zip Code	26	1,823
		0	Rural (Not In Urbanized Area Or Urban Cluster)	348	27,965
		1	In Urbanized Area	1,074	112,967
		2	In Urban Cluster	461	47,231
				1,909	189,987
DIF_CR.CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	24	2,597
		1	Care Recipient Is Younger Than Caregiver	291	30,011
		2	Care Recipient Is Older Or Same Age As Caregiver	1,594	157,378
			1,909	189,987	
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,909	189,987
				1,909	189,987
VARUNIT	VARIANCE UNIT	1	Variance unit 1	933	88,469
		2	Variance unit 2	972	101,428
		3	Variance unit 3	4	89
			1,909	189,987	
PSTOTWGT	FINAL POST-STRATIFIED CG FULL SAMPLE WEIGHT	9.96 - 858.60	Weight range	1,909	189,987
				1,909	189,987
PSTOTWGT1	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 1	2.78 - 1475.63	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT2	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 2	0.32 - 1357.69	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT3	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 3	3.10 - 1559.96	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT4	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 4	0.33 - 1605.29	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT5	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 5	0.37 - 1499.87	Replicate weight range	1,909	189,987
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,909	189,987
PSTOTWGT6	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 6	2.94 - 1603.21	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT7	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 7	0.38 - 1512.68	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT8	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 8	2.82 - 1354.75	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT9	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 9	0.31 - 1299.80	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT10	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 10	3.07 - 1606.56	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT11	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 11	0.31 - 1337.18	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT12	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 12	2.86 - 1823.19	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT13	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 13	2.69 - 1693.40	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT14	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 14	0.33 - 1382.58	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT15	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 15	2.95 - 1755.13	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT16	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 16	0.34 - 1253.08	Replicate weight range	1,909	189,987
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT17	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 17	0.31 - 1683.18	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT18	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 18	2.94 - 1349.54	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT19	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 19	0.31 - 1624.45	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT20	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 20	2.82 - 1227.03	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT21	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 21	2.73 - 1277.86	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT22	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 22	0.33 - 1538.86	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT23	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 23	2.88 - 1244.78	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT24	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 24	0.34 - 1738.96	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT25	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 25	3.22 - 1464.69	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT26	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 26	0.31 - 1566.20	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT27	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 27	2.98 - 1362.41	Replicate weight range	1,909	189,987
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT28	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 28	0.33 - 1355.98	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT29	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 29	0.38 - 1411.44	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT30	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 30	2.94 - 1357.12	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT31	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 31	0.37 - 1429.54	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT32	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 32	2.78 - 1569.67	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT33	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 33	3.23 - 1480.70	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT34	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 34	0.33 - 1373.20	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT35	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 35	2.91 - 1548.58	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT36	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 36	0.33 - 1589.22	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT37	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 37	0.36 - 1539.41	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT38	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 38	2.89 - 1587.65	Replicate weight range	1,909	189,987
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT39	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 39	0.35 - 1470.11	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT40	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 40	2.92 - 1370.54	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT41	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 41	0.30 - 1311.93	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT42	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 42	2.94 - 1591.37	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT43	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 43	0.29 - 1311.64	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT44	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 44	2.88 - 1803.75	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT45	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 45	2.73 - 1742.80	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT46	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 46	0.35 - 1389.76	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT47	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 47	2.54 - 1740.22	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT48	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 48	0.34 - 1258.93	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT49	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 49	0.30 - 1637.06	Replicate weight range	1,909	189,987
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT50	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 50	3.02 - 1342.78	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT51	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 51	0.29 - 1637.44	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT52	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 52	3.02 - 1221.47	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT53	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 53	2.69 - 1266.34	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT54	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 54	0.34 - 1553.06	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT55	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 55	2.58 - 1267.75	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT56	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 56	0.35 - 1757.03	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT57	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 57	2.83 - 1428.85	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT58	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 58	0.33 - 1581.34	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT59	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 59	3.02 - 1398.90	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT60	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 60	0.33 - 1340.52	Replicate weight range	1,909	189,987
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT61	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 61	0.35 - 1406.83	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT62	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 62	2.85 - 1341.97	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT63	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 63	0.35 - 1439.23	Replicate weight range	1,909	189,987
				1,909	189,987
PSTOTWGT64	FINAL POST-STRATIFIED CG REPLICATE WEIGHT: REPLICATE 64	2.85 - 1585.35	Replicate weight range	1,909	189,987
				1,909	189,987
ADLAOA6CR_ SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	3	82
		0	0 Limitations	175	15,374
		1	1 Limitation	229	21,758
		2	2 Limitations	241	21,475
		3	3 Limitations	242	22,694
		4	4 Limitations	246	23,231
		5	5 Limitations	431	48,589
		6	6 Limitations	342	36,783
				1,909	189,987
ADLAOA6PCR_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	3	82
		0	0 Limitations	436	39,519
		1	1 Limitation	273	23,698
		2	2 Limitations	244	23,762
		3	3 Limitations	178	18,561
		4	4 Limitations	175	18,199
		5	5 Limitations	356	39,418
		6	6 Limitations	244	26,748
				1,909	189,987
ADL3PLUSCR_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	3	82
		1	Yes	1,261	131,297
		2	No	645	58,607
				1,909	189,987

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7CR_ SSS	AOA IADL LIMITATIONS, SSS VERSION	.	Missing	1	59
		0	0 Limitations	50	4,849
		1	1 Limitation	79	6,473
		2	2 Limitations	101	8,306
		3	3 Limitations	162	13,823
		4	4 Limitations	198	20,835
		5	5 Limitations	287	24,783
		6	6 Limitations	405	41,650
		7	7 Limitations	626	69,210
				1,909	189,987
IADLAOA8CR_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	1	59
		0	0 Limitations	16	2,092
		1	1 Limitation	62	4,845
		2	2 Limitations	71	6,080
		3	3 Limitations	110	8,893
		4	4 Limitations	160	13,929
		5	5 Limitations	196	20,642
		6	6 Limitations	276	24,202
		7	7 Limitations	393	40,154
8	8 Limitations	624	69,090		
				1,909	189,987
IADLAOA7PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	.	Missing	3	411
		0	0 Limitations	75	6,655
		1	1 Limitation	78	6,976
		2	2 Limitations	123	8,967
		3	3 Limitations	156	14,853
		4	4 Limitations	213	22,495
		5	5 Limitations	275	22,890
		6	6 Limitations	405	42,435
		7	7 Limitations	581	64,305
				1,909	189,987
IADLAOA8PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	3	411
		0	0 Limitations	30	2,943
		1	1 Limitation	70	6,050

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 Limitations	80	6,448
		3	3 Limitations	131	10,383
		4	4 Limitations	146	13,616
		5	5 Limitations	212	22,486
		6	6 Limitations	267	22,668
		7	7 Limitations	391	40,796
		8	8 Limitations	579	64,185
				1,909	189,987
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	15	962
		1	Yes	468	46,334
		2	No	1,426	142,691
				1,909	189,987
GENDER		-1	Not Collected	13	2,717
		1	Male	101	34,068
		2	Female	424	126,986
				538	163,771