

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT?
CGACTI01	NUM	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES LIKE 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 SHOPPING OR TO THE DOCTOR'S OFFICE?
CGACTI06	NUM	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?
CGHAVHD	NUM	HAVE YOU HEARD OF THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM?
CGHEAR	NUM	WHERE DID YOU HEAR ABOUT THE NFCSP?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGHRWK	NUM	# HRS/WK RESPITE CARE USUALLY RECEIVE
CGRSPTHP	NUM	TO WHAT EXTENT HAVE THE RESPITE CARE SERVICES YOU HAVE RECEIVED HELPED YOU AS A CAREGIVER?
CGINFO	NUM	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO AVAILABLE SERVICES AND RESOURCES?
CGINFOHP	NUM	TO WHAT EXTENT HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEDKD01	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
CGEDKD02	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
CGEDKD03	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
CGEDKD04	NUM	HAVE YOU ATTENDED SOME OTHER TYPE OF CAREGIVER ASSISTANCE?
CGEDUHLP	NUM	TO WHAT EXTENT HAVE THE CAREGIVER TRAINING, EDUCATION, COUNSELING, OR SUPPORT GROUP SERVICES YOU RECEIVED HELPED YOU AS A CAREGIVER?
CGSUP01	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: HOME MODIFICATIONS?

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CGSUP02	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE OR BOOST?
CGSUP03	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: ASSISTIVE DEVICES WALKERS, CANES, OR CRUTCHES?
CGSUP04	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: EMERGENCY RESPONSE SYSTEMS?
CGSUP05	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: SPECIALIZED EQUIPMENT CPAP, APNEA MACHINES, HOSPITAL BED, WANDER GUARD OR OTHER EQUIPMENT?
CGSUP06	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE?
CGSUPHLP	NUM	TO WHAT EXTENT HAVE THE SERVICES YOU RECEIVED HELPED YOU AS A CAREGIVER?
CGMSTHLP	NUM	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?
CGAFECA	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?
CGAFECB	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?
CGAFECC	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?
CGAFECD	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE A CLEARER UNDERSTANDING OF HOW TO GET THE SERVICES YOU AND THE CARE RECIPIENT NEED?
CGAFECE	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?
CGAFECF	NUM	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?
CGAFECG	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, ARE THERE ANY OTHER POSITIVE BENEFITS?
CGHELP	NUM	OVERALL, TO WHAT EXTENT HAVE THE CAREGIVER SERVICES YOU HAVE RECEIVED 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?
CGDIFF	NUM	HOW DIFFICULT HAS IT BEEN FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CGQUIT	NUM	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?
CGINTRFR	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGINTJB	NUM	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGYOU03	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU TAKEN A LESS DEMANDING JOB?
CGYOU04	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU CHANGED FROM FULL-TIME TO PART-TIME WORK?
CGYOU05	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU REDUCED YOUR OFFICIAL WORKING HOURS?

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CGYOU06	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU LOST SOME OF YOUR EMPLOYMENT FRINGE BENEFITS?
CGYOU07	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU HAD TIME CONFLICTS BETWEEN WORKING AND CAREGIVING?
CGYOU08	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU USED VACATION OR PERSONAL TIME OR SICK LEAVE TO PROVIDE CARE?
CGYOU09	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU TAKEN A LEAVE OF ABSENCE TO PROVIDE CARE?
CGYOU10	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU LOST A PROMOTION?
CGYOU11	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU WORKED LESS THAN YOUR NORMAL HOURS LAST MONTH BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT?
CGYOU12	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU EXPERIENCED ANY OTHER IMPACT ON YOUR WORK?
CGSRVHLP	NUM	TO WHAT EXTENT HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGBEST	NUM	IN YOUR EXPERIENCE AS A CAREGIVER, WHAT WOULD YOU SAY IS THE MOST POSITIVE ASPECT OF CAREGIVING?
CGPSTRN	NUM	HOW MUCH PHYSICAL STRAIN IS CARING
CGEMSTRS	NUM	HOW EMOTIONALLY STRESSFUL IS CARING
CGFINHD	NUM	HOW FINANCIALLY BURDENSOME IS CARING
CGHDSHP	NUM	HOW MUCH OVERALL HARDSHIP IS CARING
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGALLEV	NUM	TO WHAT EXTENT HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGTIMEYR	NUM	HOW LONG HAVE YOU BEEN CARING FOR THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSWD2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGRELEF	NUM	DO ANY FAMILY MEMBERS OR FRIENDS HELP YOU GET TIME OFF OR RELIEF FROM THE RESPONSIBILITY OF CARING FOR THE CARE RECIPIENT?
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?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT THE CARE RECIPIENT HAS RECEIVED?
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?
SVPCPR	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?
SVCOTH	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ANY OTHER SERVICES?
SVCNONE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED NONE OF THESE SERVICES?
SVC2A	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC2B	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC2C	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC2D	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
SVC2F	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: PRESCRIPTIONS?
SVC2E	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE?
CGPRATE	NUM	OVERALL, HOW WOULD YOU RATE THE SERVICES THAT THE CARE RECIPIENT RECEIVES?
CGCARLCR	NUM	HAVE THE SERVICES RECEIVED BY THE CARE RECIPIENT ENABLED YOU TO PROVIDE CARE FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?
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?
CGOTHLP1	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM OTHER FAMILY MEMBERS OR FRIENDS?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
CGOTHLP2	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE LOCAL AGENCY?
CGOTHLP3	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP, OR A GOVERNMENT AGENCY?
CGOTHLP4	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID FOR BY THE CARE RECIPIENT OR HIS/HER FAMILY?
CGOTHLOT	NUM	DOES THE CARE RECIPIENT RECEIVE HELP SOME PLACE ELSE?
CGCARE	NUM	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?
CGCARE2	NUM	AFTER THE PRIMARY CAREGIVER, WHO PROVIDES MOST OF THE CARE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGCHOIC	NUM	DO YOU FEEL YOU HAD A CHOICE IN TAKING ON THIS RESPONSIBILITY FOR CARING FOR THE CARE RECIPIENT?
CGINF01	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?
CGINF02	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?
CGINF03	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?
CGINF04	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?
CGINF05	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?
CGINF06	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?
CGINF07	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?
CGINF08	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?
CGINF91	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?
CGINFNO9	NUM	NO ADDITIONAL INFORMATION WOULD BE VALUABLE TO THE CAREGIVER
CGCRHL	NUM	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?
PFDISACG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS?
PFDISBCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISCCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HEART DISEASE?
PFDISDCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
PFDISECG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISFCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISGCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS CANCER?
PFDISHCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
PFDISICG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
PFDISJCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?
PFDISKCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?
PFDISLCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS EYE PROBLEMS OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISMCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?
PFDISNCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS DEPRESSION OR ANXIETY?
PFDISOCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?
PFDISQCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES/BRAIN DISORDER?
PFDISRCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S DISEASE?
PFDISSCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS OTHER MUSCULOSKELETAL CONDITIONS?
PFDISPCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFBEDC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDBC	NUM	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	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	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	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEATC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFEATBC	NUM	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	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
ADLAOA6	NUM	AOA ADL LIMITATIONS
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON

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ADL6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
CGPMF	NUM	WHAT IS THE CARE RECIPIENT'S GENDER?
CGMANY	NUM	# PERSONS CARING FOR (NOT CARE RECIP)
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
AGEC	NUM	WHAT IS THE CAREGIVER'S AGE?
CGPAGE	NUM	WHAT IS THE CARE RECIPIENT'S AGE?
CGGENDER	NUM	WHAT IS THE CAREGIVER'S GENDER?
RGENDER	NUM	WHAT IS THE CARE RECIPIENT'S GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU SPANISH, HISPANIC, OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE (SSS CONSTRUCTED)
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING SELF, # PEOPLE IN 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 2004 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2004?
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8

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PWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
VARSTRAT	NUM	VARIANCE STRATA
VARUNIT	NUM	VARIANCE UNIT

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADLAOA6	NUM	AOA ADL LIMITATIONS
ADLAOA6P	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	WHAT IS THE CAREGIVER'S AGE?
CGACTI01	NUM	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES LIKE 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 SHOPPING OR TO THE DOCTOR'S OFFICE?
CGACTI06	NUM	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?
CGAFECA	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?
CGAFECB	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?
CGAFECC	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?
CGAFECD	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE A CLEARER UNDERSTANDING OF HOW TO GET THE SERVICES YOU AND THE CARE RECIPIENT NEED?
CGAFECE	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?
CGAFECF	NUM	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?
CGAFECG	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, ARE THERE ANY OTHER POSITIVE BENEFITS?
CGALLEV	NUM	TO WHAT EXTENT HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGBEST	NUM	IN YOUR EXPERIENCE AS A CAREGIVER, WHAT WOULD YOU SAY IS THE MOST POSITIVE ASPECT OF CAREGIVING?
CGCARE	NUM	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?
CGCARE2	NUM	AFTER THE PRIMARY CAREGIVER, WHO PROVIDES MOST OF THE CARE?
CGCARLCR	NUM	HAVE THE SERVICES RECEIVED BY THE CARE RECIPIENT ENABLED YOU TO PROVIDE CARE FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?
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?
CGCHOIC	NUM	DO YOU FEEL YOU HAD A CHOICE IN TAKING ON THIS RESPONSIBILITY FOR CARING FOR THE CARE RECIPIENT?
CGCRHL	NUM	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGDFPLC	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGDIFF	NUM	HOW DIFFICULT HAS IT BEEN FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGEDKD01	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
CGEDKD02	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
CGEDKD03	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
CGEDKD04	NUM	HAVE YOU ATTENDED SOME OTHER TYPE OF CAREGIVER ASSISTANCE?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEDUHLP	NUM	TO WHAT EXTENT HAVE THE CAREGIVER TRAINING, EDUCATION, COUNSELING, OR SUPPORT GROUP SERVICES YOU RECEIVED HELPED YOU AS A CAREGIVER?
CGEMSTRS	NUM	HOW EMOTIONALLY STRESSFUL IS CARING
CGENDER	NUM	WHAT IS THE CAREGIVER'S GENDER?
CGFINHD	NUM	HOW FINANCIALLY BURDENSOME IS CARING
CGHAVHD	NUM	HAVE YOU HEARD OF THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM?
CGHDSHP	NUM	HOW MUCH OVERALL HARDSHIP IS CARING
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGHEAR	NUM	WHERE DID YOU HEAR ABOUT THE NFCSP?
CGHELP	NUM	OVERALL, TO WHAT EXTENT HAVE THE CAREGIVER SERVICES YOU HAVE RECEIVED HELPED YOU TO BE A BETTER CAREGIVER?
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSD2	NUM	# HOURS YOU CARE ON THE WEEKEND

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGHRWK	NUM	# HRS/WK RESPITE CARE USUALLY RECEIVE
CGINF01	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?
CGINF02	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?
CGINF03	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?
CGINF04	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?
CGINF05	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?
CGINF06	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?
CGINF07	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?
CGINF08	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?
CGINF91	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?
CGINFNO9	NUM	NO ADDITIONAL INFORMATION WOULD BE VALUABLE TO THE CAREGIVER
CGINFO	NUM	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO AVAILABLE SERVICES AND RESOURCES?
CGINFOHP	NUM	TO WHAT EXTENT HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?
CGINTJB	NUM	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGINTRFR	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGMANY	NUM	# PERSONS CARING FOR (NOT CARE RECIP)
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
CGMSTHLP	NUM	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?
CGOTHLOT	NUM	DOES THE CARE RECIPIENT RECEIVE HELP SOME PLACE ELSE?
CGOTHLP1	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM OTHER FAMILY MEMBERS OR FRIENDS?
CGOTHLP2	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE LOCAL AGENCY?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGOTHLP3	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP, OR A GOVERNMENT AGENCY?
CGOTHLP4	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID FOR BY THE CARE RECIPIENT OR HIS/HER FAMILY?
CGPAGE	NUM	WHAT IS THE CARE RECIPIENT'S AGE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGPMF	NUM	WHAT IS THE CARE RECIPIENT'S GENDER?
CGPRATE	NUM	OVERALL, HOW WOULD YOU RATE THE SERVICES THAT THE CARE RECIPIENT RECEIVES?
CGPSTRN	NUM	HOW MUCH PHYSICAL STRAIN IS CARING
CGQUIT	NUM	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?
CGRATE	NUM	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT?
CGRELEF	NUM	DO ANY FAMILY MEMBERS OR FRIENDS HELP YOU GET TIME OFF OR RELIEF FROM THE RESPONSIBILITY OF CARING FOR THE CARE RECIPIENT?
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGRSPTHP	NUM	TO WHAT EXTENT HAVE THE RESPITE CARE SERVICES YOU HAVE RECEIVED HELPED YOU AS A CAREGIVER?
CGSRVHLP	NUM	TO WHAT EXTENT HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGSUP01	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: HOME MODIFICATIONS?
CGSUP02	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE OR BOOST?
CGSUP03	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: ASSISTIVE DEVICES WALKERS, CANES, OR CRUTCHES?
CGSUP04	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: EMERGENCY RESPONSE SYSTEMS?
CGSUP05	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: SPECIALIZED EQUIPMENT CPAP, APNEA MACHINES, HOSPITAL BED, WANDER GUARD OR OTHER EQUIPMENT?
CGSUP06	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE?
CGSUPHLP	NUM	TO WHAT EXTENT HAVE THE SERVICES YOU RECEIVED HELPED YOU AS A CAREGIVER?
CGTIMEYR	NUM	HOW LONG HAVE YOU BEEN CARING FOR THE CARE RECIPIENT?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CGYOU03	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU TAKEN A LESS DEMANDING JOB?
CGYOU04	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU CHANGED FROM FULL-TIME TO PART-TIME WORK?
CGYOU05	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU REDUCED YOUR OFFICIAL WORKING HOURS?
CGYOU06	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU LOST SOME OF YOUR EMPLOYMENT FRINGE BENEFITS?
CGYOU07	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU HAD TIME CONFLICTS BETWEEN WORKING AND CAREGIVING?
CGYOU08	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU USED VACATION OR PERSONAL TIME OR SICK LEAVE TO PROVIDE CARE?
CGYOU09	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU TAKEN A LEAVE OF ABSENCE TO PROVIDE CARE?
CGYOU10	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU LOST A PROMOTION?
CGYOU11	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU WORKED LESS THAN YOUR NORMAL HOURS LAST MONTH BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT?
CGYOU12	NUM	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU EXPERIENCED ANY OTHER IMPACT ON YOUR WORK?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT THE CARE RECIPIENT HAS RECEIVED?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING SELF, # PEOPLE IN HOUSEHOLD
DEHISP	NUM	ARE YOU SPANISH, 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 2004 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2004?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE (SSS CONSTRUCTED)
PERSID	CHAR	PERSON ID
PFBATHBC	NUM	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	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?
PFDFINBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDISACG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS?
PFDISBCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISCCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HEART DISEASE?
PFDISDCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
PFDISECG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES?
PFDISFCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISGCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS CANCER?
PFDISHCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
PFDISICG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
PFDISJCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?
PFDISKCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?
PFDISLCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS EYE PROBLEMS OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISMCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?
PFDISNCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS DEPRESSION OR ANXIETY?
PFDISOCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?
PFDISPCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
PFDISQCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES/BRAIN DISORDER?
PFDISRCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S DISEASE?
PFDISSCG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS OTHER MUSCULOSKELETAL CONDITIONS?
PFDRESBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRESC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFEATBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?
PFEATC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFWALKBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWALKC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFWCBC	NUM	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?
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RGENDER	NUM	WHAT IS THE CARE RECIPIENT'S GENDER?
SVC2A	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC2B	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVC2C	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC2D	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
SVC2E	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE?
SVC2F	NUM	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: PRESCRIPTIONS?
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?
SVC DYCR	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?
SVCNONE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED NONE OF THESE SERVICES?
SVCOTH	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ANY OTHER SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?
VARSTRAT	NUM	VARIANCE STRATA
VARUNIT	NUM	VARIANCE UNIT

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	1,075	590,714
				1,075	590,714
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT?				
		-8	Dk	1	461
		1	Husband	153	81,977
		2	Wife	274	158,165
		3	Son	109	56,078
		4	Son-In-Law	6	2,978
		5	Daughter	387	211,585
		6	Daughter-In-Law	35	22,979
		8	Mother	6	4,473
		9	Brother	4	888
		10	Sister	16	8,436
		11	Granddaughter	19	11,017
		12	Grandson	3	1,147
		13	Niece	25	15,048
		15	A Friend/Neighbor/Another Person	35	15,035
		91	Other Relative	2	447
				1,075	590,714
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES LIKE DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?				
		-8	Dk	1	919
		1	Yes	791	426,310
		2	No	283	163,485
				1,075	590,714
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		1	Yes	905	489,088
		2	No	170	101,626
				1,075	590,714
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?				
		-8	Dk	1	36
		-7	Refused	1	693
		1	Yes	955	525,138
		2	No	118	64,846
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGACTI04	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?	1	Yes	960	522,545
		2	No	115	68,169
				1,075	590,714
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING SHOPPING OR TO THE DOCTOR'S OFFICE?	1	Yes	1,028	565,842
		2	No	47	24,872
				1,075	590,714
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Dk	6	2,181
		-7	Refused	1	177
		1	Yes	935	517,377
		2	No	133	70,979
		1,075	590,714		
CGHAVHD	HAVE YOU HEARD OF THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM?	-8	Dk	86	42,117
		1	Yes	325	186,437
		2	No	664	362,159
		1,075	590,714		
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-8	Dk	14	7,095
		-1	Inapplicable	750	404,277
		1	Family	18	6,802
		2	Friends	30	17,443
		3	A Physician	17	4,671
		4	A Community Organization	68	45,194
		5	The Media	21	10,000
		6	A Social Worker Or Case Manager	48	28,552
		7	The Hospital	25	19,650
8	The State/Local Office For The Aging	78	43,024		
91	Someplace Else	6	4,007		
		1,075	590,714		
CGRSPT	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?	-8	Dk	6	2,745

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	598	312,527
		2	No	471	275,443
				1,075	590,714
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?				
		-1	Inapplicable	477	278,187
		1	Yes	521	267,403
		2	No	77	45,124
				1,075	590,714
CGRSP02	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?				
		-1	Inapplicable	477	278,187
		1	Yes	138	85,077
		2	No	460	227,450
				1,075	590,714
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?				
		-1	Inapplicable	477	278,187
		1	Yes	59	34,230
		2	No	539	278,297
				1,075	590,714
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?				
		-8	Dk	3	713
		-1	Inapplicable	477	278,187
		1	Yes	6	4,497
		2	No	589	307,317
				1,075	590,714
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?				
		-1	Inapplicable	477	278,187
		2	No	598	312,527
				1,075	590,714
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE				
		-8	Don't Know	63	28,823
		-1	Not Applicable	477	278,187
		1	0 Hours	44	17,879
		2	1 - 3 Hours	93	56,212
		3	4 Hours	80	33,707
		4	5 - 6 Hours	81	34,373
		5	7 - 9 Hours	66	40,325
		6	10 - 15 Hours	72	42,884
		7	16 - 168 Hours	99	58,323

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,075	590,714
CGRSPTHP	TO WHAT EXTENT HAVE THE RESPITE CARE SERVICES YOU HAVE RECEIVED HELPED YOU AS A CAREGIVER?	-8	Dk	10	7,264
		-1	Inapplicable	477	278,187
		1	They Helped A Lot	522	271,391
		2	They Helped A Little,	62	30,712
		3	They Didn't Help	2	929
		4	They Made Things Worse	2	2,230
				1,075	590,714
CGINFO	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO AVAILABLE SERVICES AND RESOURCES?	-8	Dk	19	7,049
		1	Yes	819	457,492
		2	No	237	126,173
				1,075	590,714
CGINFOHP	TO WHAT EXTENT HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Dk	22	13,418
		-1	Inapplicable	256	133,222
		1	They Helped A Lot	578	312,007
		2	They Helped A Little	176	107,521
		3	They Didn't Help	41	23,446
		4	They Made Things Worse	2	1,100
				1,075	590,714
CGEDU	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?	-8	Dk	8	3,891
		1	Yes	319	206,519
		2	No	748	380,304
				1,075	590,714
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?	-8	Dk	1	1,434
		-1	Inapplicable	756	384,195
		1	Yes	136	87,572
		2	No	182	117,512

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,075	590,714
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?	-8	Dk	1	10
		-1	Inapplicable	756	384,195
		1	Yes	153	99,226
		2	No	165	107,284
				1,075	590,714
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?	-1	Inapplicable	756	384,195
		1	Yes	184	131,731
		2	No	135	74,788
				1,075	590,714
CGEDKD04	HAVE YOU ATTENDED SOME OTHER TYPE OF CAREGIVER ASSISTANCE?	-1	Inapplicable	756	384,195
		1	Yes	1	275
		2	No	318	206,244
				1,075	590,714
CGEDUHLP	TO WHAT EXTENT HAVE THE CAREGIVER TRAINING, EDUCATION, COUNSELING, OR SUPPORT GROUP SERVICES YOU RECEIVED HELPED YOU AS A CAREGIVER?	-8	Dk	6	5,017
		-1	Inapplicable	756	384,195
		1	They Helped A Lot	232	145,668
		2	They Helped A Little	75	52,998
		3	They Didn't Help	6	2,836
				1,075	590,714
CGSUP01	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: HOME MODIFICATIONS?	-8	Dk	3	4,241
		1	Yes	161	94,777
		2	No	911	491,696
				1,075	590,714
CGSUP02	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE OR BOOST?	-8	Dk	6	2,277
		1	Yes	120	60,942
		2	No	949	527,495
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGSUP03	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: ASSISTIVE DEVICES WALKERS, CANES, OR CRUTCHES?	-8	Dk	14	6,241
		1	Yes	304	154,705
		2	No	757	429,768
				1,075	590,714
CGSUP04	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: EMERGENCY RESPONSE SYSTEMS?	-8	Dk	11	4,207
		1	Yes	201	107,365
		2	No	863	479,142
				1,075	590,714
CGSUP05	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE: SPECIALIZED EQUIPMENT CPAP, APNEA MACHINES, HOSPITAL BED, WANDER GUARD OR OTHER EQUIPMENT?	-8	Dk	5	1,520
		1	Yes	207	93,208
		2	No	863	495,985
				1,075	590,714
CGSUP06	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE?	-8	Dk	3	733
		1	Yes	24	14,524
		2	No	1,048	575,457
				1,075	590,714
CGSUPHLP	TO WHAT EXTENT HAVE THE SERVICES YOU RECEIVED HELPED YOU AS A CAREGIVER?	-8	Dk	11	6,440
		-1	Inapplicable	514	290,252
		1	They Helped A Lot	440	225,508
		2	They Helped A Little	97	59,464
		3	They Didn't Help	13	9,049
				1,075	590,714
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Dk	61	28,401
		-7	Refused	2	350
		-1	Inapplicable	258	152,887

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Respite Care Services	371	203,321
		2	Help/Information Re-Avail. Svces/Resourc	174	95,481
		3	Cg Training/Education	75	48,361
		4	Other Support Services/Assistance	134	61,913
				1,075	590,714
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Dk	14	7,584
		-7	Refused	1	546
		1	Yes	674	362,160
		2	No	386	220,424
				1,075	590,714
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Dk	14	9,236
		-7	Refused	1	546
		1	Yes	822	452,731
		2	No	238	128,201
				1,075	590,714
CGAFECC	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?	-8	Dk	18	15,312
		-7	Refused	1	546
		1	Yes	895	474,859
		2	No	161	99,997
				1,075	590,714
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	Dk	22	8,683
		-7	Refused	1	546
		1	Yes	823	445,871
		2	No	229	135,614
				1,075	590,714
CGAFECE	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?	-8	Dk	16	7,711
		-7	Refused	1	546

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	625	337,011
		2	No	433	245,446
				1,075	590,714
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Dk	12	9,078
		-7	Refused	1	546
		1	Yes	983	527,881
		2	No	79	53,209
				1,075	590,714
CGAFECG	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, ARE THERE ANY OTHER POSITIVE BENEFITS?	-8	Dk	10	3,436
		-7	Refused	1	546
		1	Yes	1	160
		2	No	1,063	586,572
				1,075	590,714
CGHELP	OVERALL, TO WHAT EXTENT HAVE THE CAREGIVER SERVICES YOU HAVE RECEIVED HELPED YOU TO BE A BETTER CAREGIVER?	-8	Dk	13	9,313
		-7	Refused	1	546
		1	They Helped A Lot	786	415,349
		2	They Helped A Little	228	131,453
		3	They Didn't Help	44	31,131
		4	They Made Things Worse	3	2,923
				1,075	590,714
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	Dk	30	14,464
		-7	Refused	1	546
		1	Yes, Definitely	543	294,708
		2	Yes, I Think So	347	193,138
		3	No, I Don't Think So	116	60,629
		4	No, Definitely Not	38	27,228
				1,075	590,714
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Dk	4	1,498
		-7	Refused	1	546

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Excellent	508	280,174
		2	Very Good	319	159,905
		3	Good	183	111,157
		4	Fair	38	24,106
		5	Poor	22	13,328
				1,075	590,714
CGDIFF	HOW DIFFICULT HAS IT BEEN FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Dk	47	25,878
		1	Not Difficult At All	557	285,936
		2	A Little Difficult	192	116,578
		3	Somewhat Difficult	141	75,284
		4	Difficult	70	43,288
		5	Very Difficult	68	43,749
				1,075	590,714
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Dk	1	36
		-7	Refused	5	1,339
		1	Working Full Time	227	136,846
		2	Working Part Time	122	67,889
		3	Retired	514	276,286
		4	Not Working	206	108,317
				1,075	590,714
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Dk	2	377
		-7	Refused	1	1,438
		-1	Inapplicable	355	206,111
		1	Yes	180	103,310
		2	No	537	279,478
				1,075	590,714
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Dk	2	2,477
		-1	Inapplicable	726	385,978
		1	Yes	196	124,489
		2	No	151	77,770
				1,075	590,714
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-1	Inapplicable	879	466,225
		1	Always	69	44,593

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Sometimes	101	64,199
		3	Rarely Or Never	26	15,697
				1,075	590,714
CGYOU03	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU TAKEN A LESS DEMANDING JOB?	-1	Inapplicable	905	481,922
		1	Yes	58	29,211
		2	No	112	79,581
				1,075	590,714
CGYOU04	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU CHANGED FROM FULL-TIME TO PART-TIME WORK?	-8	Dk	1	267
		-1	Inapplicable	905	481,922
		1	Yes	47	25,283
		2	No	122	83,241
				1,075	590,714
CGYOU05	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU REDUCED YOUR OFFICIAL WORKING HOURS?	-8	Dk	1	693
		-1	Inapplicable	905	481,922
		1	Yes	72	43,281
		2	No	97	64,818
				1,075	590,714
CGYOU06	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU LOST SOME OF YOUR EMPLOYMENT FRINGE BENEFITS?	-1	Inapplicable	905	481,922
		1	Yes	45	21,347
		2	No	125	87,445
				1,075	590,714
CGYOU07	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU HAD TIME CONFLICTS BETWEEN WORKING AND CAREGIVING?	-1	Inapplicable	905	481,922
		1	Yes	152	100,634
		2	No	18	8,158
				1,075	590,714
CGYOU08	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU USED VACATION OR PERSONAL TIME OR SICK LEAVE TO PROVIDE CARE?	-8	Dk	3	587
		-1	Inapplicable	905	481,922
		1	Yes	137	90,637

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	30	17,568
				1,075	590,714
CGYOU09	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU TAKEN A LEAVE OF ABSENCE TO PROVIDE CARE?	-8	Dk	1	236
		-1	Inapplicable	905	481,922
		1	Yes	42	25,544
		2	No	127	83,011
				1,075	590,714
CGYOU10	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU LOST A PROMOTION?	-8	Dk	2	641
		-1	Inapplicable	905	481,922
		1	Yes	26	17,771
		2	No	142	90,380
				1,075	590,714
CGYOU11	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU WORKED LESS THAN YOUR NORMAL HOURS LAST MONTH BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT?	-8	Dk	2	1,532
		-1	Inapplicable	905	481,922
		1	Yes	103	62,835
		2	No	65	44,425
				1,075	590,714
CGYOU12	BECAUSE OF PROVIDING CARE FOR THE CARE RECIPIENT, HAVE YOU EXPERIENCED ANY OTHER IMPACT ON YOUR WORK?	-1	Inapplicable	905	481,922
		2	No	170	108,792
				1,075	590,714
CGSRVHLP	TO WHAT EXTENT HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?	-8	Dk	5	989
		-7	Refused	2	782
		-1	Inapplicable	906	482,103
		1	They Helped A Lot	61	41,637
		2	They Helped A Little	49	32,024
		3	They Didn't Help	50	31,812
		4	They Made Things Worse	2	1,367
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGBEST	IN YOUR EXPERIENCE AS A CAREGIVER, WHAT WOULD YOU SAY IS THE MOST POSITIVE ASPECT OF CAREGIVING?	-8	Dk	57	30,940
		1	Helping Your Care Recipient	414	249,906
		2	Help Your Other Family Members	43	25,115
		3	Feeling A Sense Of Accomplishment	47	15,293
		4	Caring For Someone Who Cared For You	402	216,081
		5	Being Appreciated	50	23,259
		6	Providing Companionship For Recipient	44	19,567
		7	None	18	10,553
			1,075	590,714	
CGPSTRN	HOW MUCH PHYSICAL STRAIN IS CARING	-8	Don't Know	2	1,629
		1	1 - Not a strain at all	190	91,812
		2	2	168	90,500
		3	3	321	163,836
		4	4	195	132,731
		5	5 - Very much of a strain	199	110,206
			1,075	590,714	
CGEMSTRS	HOW EMOTIONALLY STRESSFUL IS CARING	-8	Don't Know	4	1,413
		1	1 - Not at all stressful	110	42,165
		2	2	153	75,953
		3	3	309	184,712
		4	4	227	135,742
		5	5 - Very stressful	272	150,729
			1,075	590,714	
CGFINHD	HOW FINANCIALLY BURDENSOME IS CARING	-8	Don't Know	11	4,583
		-7	Refused	1	1,232
		1	1 - No burden at all	386	193,385
		2	2	218	127,160
		3	3	215	111,357
		4	4	131	83,927
		5	5 - A great burden	113	69,070
			1,075	590,714	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGHDSHP	HOW MUCH OVERALL HARDSHIP IS CARING	-8	Don't Know	16	10,694
		-7	Refused	2	3,616
		1	1 - No hardship at all	202	85,179
		2	2	213	123,810
		3	3	282	164,547
		4	4	200	115,668
		5	5 - A great hardship	160	87,202
			1,075	590,714	
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?	-8	Dk	72	45,899
		-7	Refused	1	327
		1	Creates A Financial Burden	59	31,082
		2	Doesn't Leave Enough Time For Yourself	214	118,443
		3	Doesn't Leave Enough Time For Your Famil	94	52,507
		4	Interferes With Your Work	15	11,130
		5	Affects Your Family Relationships	65	36,535
		6	Affects Your Health	75	42,928
		7	Creates Stress	365	204,473
		8	None	111	45,146
91	Something Else	4	2,245		
			1,075	590,714	
CGALLEV	TO WHAT EXTENT HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?	-9	Not Ascertained	65	46,067
		-8	Dk	13	11,846
		-1	Inapplicable	491	249,994
		1	They Helped A Lot	306	176,003
		2	They Helped A Little	168	86,015
		3	They Didn't Help	31	20,517
		4	They Made Things Worse	1	271
			1,075	590,714	
CGDISAB	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?	-8	Dk	3	2,063

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	1,714
		1	Yes	451	251,623
		2	No	618	335,314
				1,075	590,714
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS				
		-7	Refused	1	1,464
		-1	Inapplicable	624	339,091
		1	Yes	295	161,006
		2	No	155	89,153
				1,075	590,714
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE				
		-7	Refused	1	1,464
		-1	Inapplicable	624	339,091
		1	Yes	170	87,851
		2	No	280	162,308
				1,075	590,714
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES				
		-7	Refused	1	1,464
		-1	Inapplicable	624	339,091
		1	Yes	46	18,853
		2	No	404	231,306
				1,075	590,714
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS				
		-7	Refused	1	1,464
		-1	Inapplicable	624	339,091
		1	Yes	42	21,089
		2	No	408	229,070
				1,075	590,714
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH				
		-7	Refused	1	1,464
		-1	Inapplicable	624	339,091
		1	Yes	37	21,010
		2	No	413	229,149
				1,075	590,714
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS				
		-7	Refused	1	1,464

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Inapplicable	624	339,091
		1	Yes	15	10,191
		2	No	435	239,968
				1,075	590,714
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-7	Refused	1	1,464
		-1	Inapplicable	624	339,091
		1	Yes	138	69,563
		2	No	312	180,596
				1,075	590,714
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Dk	9	6,252
		-1	Inapplicable	624	339,091
		1	Yes	222	136,676
		2	No	220	108,695
				1,075	590,714
CGTIMEYR	HOW LONG HAVE YOU BEEN CARING FOR THE CARE RECIPIENT?	.	Missing	7	3,412
		1	< 1 year	62	38,712
		2	1 - < 2 years	77	40,388
		3	2 - < 3 years	127	78,381
		4	3 - < 4 years	172	101,221
		5	4 - < 5 years	107	53,550
		6	5+ years	523	275,050
				1,075	590,714
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?	1	In The Same House	772	421,723
		2	Less Than 20 Minutes Away	230	120,926
		3	Between 20 And 60 Minutes Away	52	36,466
		4	Between 1 And 2 Hours Away	12	5,068
		5	More Than Two Hours Away	9	6,530
				1,075	590,714
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?	-8	Dk	1	306
		-7	Refused	1	693
		-1	Inapplicable	772	421,723

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	189	102,244
		2	No	112	65,748
				1,075	590,714
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Dk	2	414
		-1	Inapplicable	189	102,244
		1	Can Be Left Alone An Entire Day	90	52,588
		2	Needs Someone There At Least Part Of Day	203	118,543
		3	Needs Someone There All The Time	591	316,926
				1,075	590,714
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	36	17,769
		-7	Refused	2	693
		1	0 Hours	28	14,676
		2	1 - 2 Hours	107	67,165
		3	3 - 4 Hours	103	57,921
		4	5 - 6 Hours	99	53,638
		5	7 - 10 Hours	120	60,386
		6	11 - 15 Hours	98	56,526
		7	16 - 23 Hours	82	41,527
		8	24 Hours	400	220,412
				1,075	590,714
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Applicable	38	18,462
		1	0 Hours	28	14,676
		2	1 - 20 Hours	107	67,165
		3	21 - 40 Hours	147	83,756
		4	41 - 80 Hours	178	91,061
		5	81 - 167 Hours	177	95,181
		6	168 Hours	400	220,412
				1,075	590,714
CGHRWSK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	27	15,453
		-7	Refused	1	113
		1	0 Hours	29	17,847
		2	1 - 2 Hours	141	86,474
		3	3 - 4 Hours	97	64,406
		4	5 - 10 Hours	198	91,477

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	11 - 15 Hours	117	64,283
		6	16 - 23 Hours	160	85,584
		7	24 Hours	305	165,077
				1,075	590,714
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Applicable	28	15,566
		1	0 Hours	29	17,847
		2	1 - 15 Hours	188	114,202
		3	16 - 30 Hours	129	72,325
		4	31 - 60 Hours	191	99,730
		5	61 - 119 Hours	205	105,968
		6	120 Hours	305	165,077
				1,075	590,714
CGHRSWD	# HOURS YOU CARE ON WEEKEND DAY	-8	Don't Know	30	15,849
		-7	Refused	1	113
		1	0 Hours	43	25,813
		2	1 - 2 Hours	103	56,254
		3	3 - 4 Hours	103	63,737
		4	5 - 10 Hours	165	89,537
		5	11 - 15 Hours	105	64,841
		6	16 - 23 Hours	117	52,668
		7	24 Hours	408	221,903
				1,075	590,714
CGHRSWD2	# HOURS YOU CARE ON THE WEEKEND	-1	Not Applicable	31	15,962
		1	0 Hours	43	25,813
		2	1 - 5 Hours	103	56,254
		3	6 - 10 Hours	130	78,895
		4	11 - 20 Hours	138	74,379
		5	21 - 30 Hours	105	64,841
		6	31 - 47 Hours	117	52,668
		7	48 Hours	408	221,903
				1,075	590,714
CGHRSWK7	HOURS HELP CAREGIVER PROVIDES PER WK	-1	Not Applicable	47	27,229
		1	0 Hours	18	11,836
		2	1 - 15 Hours	117	67,818
		3	16 - 30 Hours	103	70,718
		4	31 - 60 Hours	145	71,906

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	61 - 90 Hours	119	60,480
		6	91 - 120 Hours	107	55,966
		7	121 - 167 Hours	139	78,338
		8	168 Hours	280	146,424
				1,075	590,714
CGRELEF	DO ANY FAMILY MEMBERS OR FRIENDS HELP YOU GET TIME OFF OR RELIEF FROM THE RESPONSIBILITY OF CARING FOR THE CARE RECIPIENT?				
		-8	Dk	1	206
		1	Yes	649	348,552
		2	No	425	241,956
				1,075	590,714
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?				
		-8	Dk	2	2,451
		1	Yes	166	86,497
		2	No	907	501,766
				1,075	590,714
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?				
		-8	Dk	3	3,076
		1	Yes	278	137,403
		2	No	794	450,235
				1,075	590,714
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?				
		-8	Dk	1	336
		-7	Refused	1	2,294
		1	Yes	378	180,960
		2	No	695	407,123
				1,075	590,714
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?				
		-8	Dk	34	17,496
		-7	Refused	1	2,294
		1	Yes	559	274,360
		2	No	481	296,563
				1,075	590,714
CSRATE	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT THE CARE RECIPIENT HAS RECEIVED?				
		-1	Inapplicable	516	316,354
		1	Excellent	265	129,944
		2	Very Good	164	76,747

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Good	97	51,325
		4	Fair	24	10,437
		5	Poor	9	5,908
				1,075	590,714
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Dk	5	1,792
		-7	Refused	1	2,294
		1	Yes	224	130,963
		2	No	845	455,664
				1,075	590,714
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Dk	1	51
		-7	Refused	1	2,294
		1	Yes	191	114,013
		2	No	882	474,356
				1,075	590,714
SVPCRC	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Dk	5	1,023
		-7	Refused	1	2,294
		1	Yes	479	240,640
		2	No	590	346,757
				1,075	590,714
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Dk	2	645
		-7	Refused	1	2,294
		1	Yes	117	68,702
		2	No	955	519,073
				1,075	590,714
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Dk	7	2,682
		-7	Refused	1	2,294
		1	Yes	80	44,525
		2	No	987	541,213
				1,075	590,714
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Dk	35	12,899
		-7	Refused	1	2,294

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	333	191,413
		2	No	706	384,107
				1,075	590,714
SVCOTH	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ANY OTHER SERVICES?				
		-8	Dk	10	2,155
		-7	Refused	1	2,294
		1	Yes	15	7,985
		2	No	1,049	578,281
				1,075	590,714
SVCNONE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED NONE OF THESE SERVICES?				
		1	Yes	120	72,182
		2	No	955	518,532
				1,075	590,714
SVC2A	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?				
		-8	Dk	5	1,134
		1	Yes	69	38,928
		2	No	1,001	550,652
				1,075	590,714
SVC2B	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?				
		-8	Dk	5	2,111
		1	Yes	122	84,009
		2	No	948	504,594
				1,075	590,714
SVC2C	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?				
		-8	Dk	22	15,248
		1	Yes	253	128,022
		2	No	800	447,443
				1,075	590,714
SVC2D	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?				
		-8	Dk	2	339
		1	Yes	56	36,154
		2	No	1,017	554,221
				1,075	590,714
SVC2F	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE: PRESCRIPTIONS?				
		1	Yes	13	6,358
		2	No	1,062	584,356
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC2E	IS THE CARE RECIPIENT RECEIVING ANY OTHER TYPES OF ASSISTANCE?	-8	Dk	2	387
		1	Yes	23	10,456
		2	No	1,050	579,871
				1,075	590,714
CGPRATE	OVERALL, HOW WOULD YOU RATE THE SERVICES THAT THE CARE RECIPIENT RECEIVES?	-8	Dk	27	22,781
		1	Excellent	371	208,479
		2	Very Good	330	163,097
		3	Good	260	150,806
		4	Fair	61	29,997
		5	Poor	26	15,554
		1,075	590,714		
CGCARLCR	HAVE THE SERVICES RECEIVED BY THE CARE RECIPIENT ENABLED YOU TO PROVIDE CARE FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?	-8	Dk	33	21,379
		-7	Refused	1	2,294
		1	Yes, Definitely	510	273,922
		2	Yes, I Think So	354	192,276
		3	No, I Don't Think So	111	60,078
		4	No, Definitely Not	66	40,765
		1,075	590,714		
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	Dk	51	29,301
		1	Yes	586	305,614
		2	No	438	255,799
		1,075	590,714		
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	Dk	37	26,079
		-1	Inapplicable	637	334,915
		1	In Caregiver's Home	25	13,821
		2	In The Home Of Another Family Mem/Friend	21	9,877
		3	In An Assisted Living Facility	46	29,524

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	In A Nursing Home	293	165,292
		5	Care Recipient Would Have Died	8	4,361
		91	Other	8	6,845
				1,075	590,714
CGOTHLP1	DOES THE CARE RECIPIENT RECEIVE HELP FROM OTHER FAMILY MEMBERS OR FRIENDS?				
		-8	Dk	1	206
		1	Yes	649	348,552
		2	No	425	241,956
				1,075	590,714
CGOTHLP2	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE LOCAL AGENCY?				
		1	Yes	955	518,532
		2	No	120	72,182
				1,075	590,714
CGOTHLP3	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP, OR A GOVERNMENT AGENCY?				
		-8	Dk	4	2,021
		1	Yes	208	120,154
		2	No	863	468,538
				1,075	590,714
CGOTHLP4	DOES THE CARE RECIPIENT RECEIVE HELP PAID FOR BY THE CARE RECIPIENT OR HIS/HER FAMILY?				
		-8	Dk	10	5,845
		1	Yes	390	234,180
		2	No	675	350,689
				1,075	590,714
CGOTHLOT	DOES THE CARE RECIPIENT RECEIVE HELP SOME PLACE ELSE?				
		-8	Dk	7	2,427
		2	No	1,068	588,287
				1,075	590,714
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?				
		-8	Dk	14	7,755
		-1	Inapplicable	59	30,542
		1	Caregiver(You)	875	476,359
		2	Other Family Members Or Friends	59	33,390
		3	Agency	22	16,286
		4	Other Community Agencies	5	2,795

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Help Paid For By R Or Family	35	16,097
		6	Other Specify	6	7,491
				1,075	590,714
CGCARE2	AFTER THE PRIMARY CAREGIVER, WHO PROVIDES MOST OF THE CARE?	-8	Dk	42	19,669
		-1	Inapplicable	47	27,337
		1	Caregiver(You)	96	59,772
		2	Other Family Members Or Friends	356	188,453
		3	Agency	384	200,252
		4	Other Community Agencies	39	19,469
		5	Help Paid For By R Or Family	98	66,000
		6	Other Specify	13	9,762
				1,075	590,714
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Dk	4	3,176
		-7	Refused	1	83
		1	Yes	74	40,089
		2	No	996	547,366
				1,075	590,714
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-8	Dk	1	2,138
		-1	Inapplicable	1,001	550,625
		1	Care Recipient	34	21,142
		2	Community Agency	39	16,809
				1,075	590,714
CGCHOIC	DO YOU FEEL YOU HAD A CHOICE IN TAKING ON THIS RESPONSIBILITY FOR CARING FOR THE CARE RECIPIENT?	-8	Dk	12	6,108
		-7	Refused	3	566
		1	Yes	521	284,658
		2	No	539	299,381
				1,075	590,714
CGINF01	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?	-8	Dk	18	11,115
		1	Yes	877	486,628

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	180	92,970
				1,075	590,714
CGINF02	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?				
		-8	Dk	30	15,832
		1	Yes	554	306,636
		2	No	491	268,246
				1,075	590,714
CGINF03	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?				
		-8	Dk	17	8,015
		1	Yes	495	278,131
		2	No	563	304,568
				1,075	590,714
CGINF04	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?				
		-8	Dk	41	17,082
		1	Yes	819	458,171
		2	No	215	115,460
				1,075	590,714
CGINF05	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?				
		-8	Dk	18	5,821
		1	Yes	606	353,691
		2	No	451	231,202
				1,075	590,714
CGINF06	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?				
		-8	Dk	8	2,931
		1	Yes	749	432,291

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	318	155,492
				1,075	590,714
CGINF07	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?	-8	Dk	23	14,698
		1	Yes	807	445,375
		2	No	245	130,641
				1,075	590,714
CGINF08	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?	-8	Dk	7	3,735
		1	Yes	539	291,672
		2	No	529	295,306
				1,075	590,714
CGINF91	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?	-8	Dk	12	5,442
		1	Yes	4	1,412
		2	No	1,059	583,860
				1,075	590,714
CGINFNO9	NO ADDITIONAL INFORMATION WOULD BE VALUABLE TO THE CAREGIVER	-1	Inapplicable	8	1,982
		1	Yes	65	30,322
		2	No	1,002	558,410
				1,075	590,714
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?	-8	Dk	12	5,946
		-7	Refused	1	919
		1	Excellent	44	24,070
		2	Very Good	100	47,615
		3	Good	251	161,874
		4	Fair	278	164,551
		5	Poor	389	185,739
				1,075	590,714
PFDISACG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS?	-8	Dk	11	4,383

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,438
		1	Yes	690	374,696
		2	No	373	210,196
				1,075	590,714
PFDISBCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HYPERTENSION OR HIGH BLOOD PRESSURE?				
		-8	Dk	7	2,066
		-7	Refused	1	1,438
		1	Yes	672	375,324
		2	No	395	211,886
				1,075	590,714
PFDISCCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HEART DISEASE?				
		-8	Dk	16	9,764
		-7	Refused	1	1,438
		1	Yes	487	249,413
		2	No	571	330,098
				1,075	590,714
PFDISDCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?				
		-8	Dk	30	19,741
		-7	Refused	1	1,438
		-1	Inapplicable	2	923
		1	Yes	390	220,915
		2	No	652	347,697
				1,075	590,714
PFDISECG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES?				
		-8	Dk	4	1,180
		-7	Refused	1	1,438
		-1	Inapplicable	1	742
		1	Yes	286	148,879
		2	No	783	438,474
				1,075	590,714
PFDISFCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?				
		-8	Dk	3	1,015
		-7	Refused	1	1,438
		-1	Inapplicable	1	134
		1	Yes	370	182,574

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	700	405,554
				1,075	590,714
PFDISGCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS CANCER?	-8	Dk	4	552
		-7	Refused	2	2,131
		-1	Inapplicable	1	336
		1	Yes	202	109,928
		2	No	866	477,766
				1,075	590,714
PFDISHCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?	-8	Dk	13	7,948
		-7	Refused	1	1,438
		1	Yes	394	211,692
		2	No	667	369,636
				1,075	590,714
PFDISICG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?	-8	Dk	11	3,234
		-7	Refused	1	1,438
		-1	Inapplicable	1	718
		1	Yes	187	113,892
		2	No	875	471,431
				1,075	590,714
PFDISJCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?	-8	Dk	23	16,526
		-7	Refused	1	1,438
		1	Yes	321	173,211
		2	No	730	399,539
				1,075	590,714
PFDISKCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?	-8	Dk	15	12,442
		-7	Refused	1	1,438
		1	Yes	126	62,236
		2	No	933	514,598
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISLCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS EYE PROBLEMS OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Dk	8	3,076
		-7	Refused	1	1,438
		-1	Inapplicable	2	910
		1	Yes	698	376,797
		2	No	366	208,492
				1,075	590,714
PFDISMCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Dk	5	1,565
		-7	Refused	1	1,438
		1	Yes	486	283,585
		2	No	583	304,125
				1,075	590,714
PFDISNCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS DEPRESSION OR ANXIETY?	-8	Dk	22	12,777
		-7	Refused	1	1,438
		1	Yes	584	347,631
		2	No	468	228,868
				1,075	590,714
PFDISOCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Dk	17	9,141
		-7	Refused	1	1,438
		1	Yes	575	335,031
		2	No	482	245,104
				1,075	590,714
PFDISQCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES/BRAIN DISORDER?	1	Yes	28	14,188
		2	No	1,047	576,526
				1,075	590,714
PFDISRCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S DISEASE?	1	Yes	78	44,998
		2	No	997	545,716
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISSCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS OTHER MUSCULOSKELETAL CONDITIONS?	1	Yes	56	35,929
		2	No	1,019	554,785
				1,075	590,714
PFDISPCG	HAS A MEDICAL DOCTOR TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?	-8	Dk	4	832
		-7	Refused	1	1,438
		1	Yes	107	58,887
		2	No	963	529,556
			1,075	590,714	
PFDFINC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Dk	3	1,227
		1	Yes	678	358,996
		2	No	394	230,491
			1,075	590,714	
PFDFINBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Dk	2	453
		-1	Inapplicable	397	231,718
		1	Yes	465	250,328
		2	No	211	108,215
			1,075	590,714	
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Dk	8	8,341
		1	Yes	688	364,702
		2	No	379	217,671
			1,075	590,714	
PFBEDBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Inapplicable	387	226,012
		1	Yes	512	274,190
		2	No	176	90,512
			1,075	590,714	
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Dk	7	2,642
		1	Yes	841	456,008
		2	No	227	132,064

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,075	590,714
PFBATHBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Inapplicable	234	134,706
		1	Yes	797	432,666
		2	No	44	23,342
				1,075	590,714
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?	-8	Dk	1	639
		1	Yes	728	394,849
		2	No	346	195,226
				1,075	590,714
PFDRESBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Dk	1	189
		-1	Inapplicable	347	195,865
		1	Yes	666	360,959
		2	No	61	33,701
				1,075	590,714
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Dk	4	1,586
		1	Yes	853	458,307
		2	No	218	130,821
				1,075	590,714
PFWALKBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Dk	20	4,266
		-1	Inapplicable	222	132,407
		1	Yes	584	318,318
		2	No	249	135,723
				1,075	590,714
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Dk	4	2,974
		1	Yes	311	165,962
		2	No	760	421,778
				1,075	590,714
PFEATBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Dk	2	1,605
		-1	Inapplicable	764	424,752
		1	Yes	222	116,407
		2	No	87	47,950

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,075	590,714
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Dk	6	2,277
		-7	Refused	1	2,294
		1	Yes	591	322,008
		2	No	477	264,134
				1,075	590,714
PFWCBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Dk	1	109
		-7	Refused	1	20
		-1	Inapplicable	484	268,706
		1	Yes	505	277,391
		2	No	84	44,487
				1,075	590,714
ADLAOA6	AOA ADL LIMITATIONS	.	Missing	23	15,490
		0	0 limitations	80	47,073
		1	1 limitation	96	67,119
		2	2 limitations	114	53,434
		3	3 limitations	133	71,514
		4	4 limitations	145	71,164
		5	5 limitations	261	149,094
		6	6 limitations	223	115,827
				1,075	590,714
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	82	48,169
		1	1 limitation	99	68,601
		2	2 limitations	118	56,374
		3	3 limitations	137	72,599
		4	4 limitations	152	77,991
		5	5 limitations	264	151,153
		6	6 limitations	223	115,827
		1,075	590,714		
ADLAOA6P	AOA ADLS: NEEDS HELP OF ANOTHER PERSON	.	Missing	25	6,190
		0	0 limitations	175	105,495
		1	1 limitation	154	81,366
		2	2 limitations	131	68,807
		3	3 limitations	113	68,902

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	102	54,072
		5	5 limitations	212	118,719
		6	6 limitations	163	87,164
				1,075	590,714
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER	0	0 limitations	176	105,656
SSS	PERSON, SSS VERSION	1	1 limitation	157	82,398
		2	2 limitations	133	69,306
		3	3 limitations	117	69,432
		4	4 limitations	111	56,150
		5	5 limitations	218	120,608
		6	6 limitations	163	87,164
				1,075	590,714
CGPMF	WHAT IS THE CARE RECIPIENT'S	-1	Inapplicable	842	475,086
	GENDER?	1	Male	82	40,675
		2	Female	151	74,953
				1,075	590,714
CGMANY	# PERSONS CARING FOR (NOT CARE	1	0 People	746	418,669
	RECIP)	2	1 Person	199	112,343
		3	2 - 4 People	119	51,637
		4	5 - 10 People	10	7,245
		6	12 People	1	819
				1,075	590,714
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY	-8	Dk	2	2,347
	YOUR HEALTH IS?	-7	Refused	1	2,294
		1	Excellent	135	71,025
		2	Very Good	246	142,572
		3	Good	373	207,396
		4	Fair	241	130,365
		5	Poor	77	34,716
				1,075	590,714
AGEC	WHAT IS THE CAREGIVER'S AGE?	.	Missing	12	10,204
		2	18-34 years	16	7,888
		3	35-59 years	413	232,731
		4	60-64 years	149	68,949
		5	65-74 years	243	131,919
		6	75-84 years	205	114,703

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	85+ years	37	24,320
				1,075	590,714
CGPAGE	WHAT IS THE CARE RECIPIENT'S AGE?	.	Missing	11	9,909
		3	35-59 years	1	233
		4	60-64 years	42	29,740
		5	65-74 years	196	93,619
		6	75-84 years	446	245,944
		7	85+ years	379	211,269
				1,075	590,714
CGENDER	WHAT IS THE CAREGIVER'S GENDER?	.	Missing	22	13,252
		1	Male	278	140,080
		2	Female	775	437,382
				1,075	590,714
RGENDER	WHAT IS THE CARE RECIPIENT'S GENDER?	1	Male	411	231,698
		2	Female	664	359,016
				1,075	590,714
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-7	Refused	3	1,945
		1	Less Than High School Diploma	138	55,537
		2	High School Diploma Or GED	337	167,853
		3	Some College(Business/ Vocational/Technic	371	216,863
		4	Bachelor's Degree	108	71,464
		5	Some Post-Graduate Work/Advanced Degree	118	77,053
				1,075	590,714
DEHISP	ARE YOU SPANISH, HISPANIC, OR LATINO?	-8	Dk	2	860
		1	Yes	49	20,662
		2	No	1,024	569,192
				1,075	590,714
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Dk	15	6,285
		-7	Refused	8	5,241
		1	Yes	892	502,016
		2	No	160	77,172
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Dk	15	6,285
		-7	Refused	8	5,241
		1	Yes	142	58,936
		2	No	910	520,252
				1,075	590,714
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Dk	15	6,285
		-7	Refused	8	5,241
		1	Yes	15	17,168
		2	No	1,037	562,020
				1,075	590,714
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Dk	15	6,285
		-7	Refused	8	5,241
		1	Yes	8	3,029
		2	No	1,044	576,159
				1,075	590,714
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Dk	15	6,285
		-7	Refused	8	5,241
		1	Yes	1	189
		2	No	1,051	578,999
				1,075	590,714
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Dk	15	6,285
		-7	Refused	8	5,241
		2	No	1,052	579,188
				1,075	590,714
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Dk	7	2,743
		1	The City	310	166,346
		2	The Suburbs	216	138,928
		3	A Small Town	290	165,622
		4	A Rural Area	252	117,074
		1,075	590,714		
LIVEALONE	DO YOU LIVE ALONE (SSS CONSTRUCTED)	-8	Dk	1	125
		-7	Refused	6	4,099
		1	Yes	159	103,609
		2	No	909	482,882
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Dk	1	125
		-7	Refused	1	546
		-1	Inapplicable	159	103,609
		1	Yes	716	386,378
		2	No	198	100,057
				1,075	590,714
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Dk	1	125
		-7	Refused	2	1,603
		-1	Inapplicable	159	103,609
		1	Yes	232	129,095
		2	No	681	356,283
				1,075	590,714
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Dk	1	125
		-7	Refused	2	1,603
		-1	Inapplicable	159	103,609
		1	Yes	260	128,397
		2	No	653	356,980
				1,075	590,714
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Dk	1	125
		-7	Refused	2	1,603
		-1	Inapplicable	159	103,609
		1	Yes	44	29,225
		2	No	869	456,152
				1,075	590,714
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	125
		-7	Refused	1	546
		1	Alone	159	103,609
		2	With spouse only	470	251,364
		3	With children only	25	15,397
		4	With spouse and children	118	68,491
		5	With others	301	151,183
				1,075	590,714
DEHBM	INCLUDING SELF, # PEOPLE IN HOUSEHOLD	-8	Don't Know	1	125
		-7	Refused	2	1,241
		1	1 Person	159	103,609
		2	2 People	557	299,804

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 People	186	94,712
		4	4 People	104	52,438
		5	5+ People	66	38,787
				1,075	590,714
DEMARST	WHAT IS YOUR MARITAL STATUS?	-7	Refused	6	3,852
		1	Married	788	429,352
		2	Widowed	64	32,785
		3	Divorced	122	66,945
		4	Separated	20	11,689
		5	Never Married	75	46,092
				1,075	590,714
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 2004 ABOVE OR BELOW \$20,000?	-8	Dk	40	23,151
		-7	Refused	53	32,056
		1	Below \$20,000 [1666 Per Month Or Less]	295	131,909
		2	Above \$20,000 [1667 Per Month Or More]	687	403,598
				1,075	590,714
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2004?	.	Missing	93	55,207
		-8	Don't Know	30	12,545
		-7	Refused	39	28,514
		1	\$10,000 or less	53	21,413
		2	>\$10,000-\$15,000	90	40,817
		3	>\$15,000-\$20,000	132	61,491
		4	>\$20,000-\$30,000	235	128,344
		5	>\$30,000-\$50,000	205	116,803
		6	>\$50,000	198	125,580
				1,075	590,714
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	9.68 - 3322.08	Weight range	1,075	590,714
				1,075	590,714
PWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	6.03 - 4129.11	Replicate weight range	1,075	590,714
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.21 - 3745.16	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	5.87 - 7333.18	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	2.53 - 5455.67	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	6.79 - 6285.69	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	3.07 - 3708.64	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	4.56 - 5576.29	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	2.83 - 6121.99	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	3.38 - 3777.86	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	5.29 - 3695.73	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	3.70 - 5126.66	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	5.84 - 5353.67	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	3.07 - 4016.25	Replicate weight range	1,075	590,714
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	8.34 - 6508.74	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	3.01 - 4358.93	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	6.40 - 5444.37	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	5.68 - 5287.74	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	3.42 - 7506.25	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	5.72 - 4832.23	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	4.42 - 3647.38	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	8.13 - 4827.40	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	2.89 - 5497.46	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	7.77 - 4597.53	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	2.35 - 5719.91	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	2.07 - 5997.85	Replicate weight range	1,075	590,714
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	6.11 - 6126.77	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	2.45 - 4291.10	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	5.33 - 4278.26	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	3.53 - 5860.97	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	4.45 - 6620.31	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	3.11 - 7699.10	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	3.61 - 3860.37	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	3.14 - 4446.95	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	4.49 - 4124.40	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	3.02 - 5699.24	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	4.33 - 6206.85	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	1.96 - 5021.03	Replicate weight range	1,075	590,714
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	5.22 - 4423.68	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	2.33 - 5971.52	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	7.70 - 7586.85	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	8.76 - 4545.55	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	3.30 - 4140.54	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	8.12 - 5751.73	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	2.36 - 6346.52	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	4.48 - 5161.62	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	3.74 - 5163.79	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	5.48 - 5368.71	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	4.70 - 5946.79	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	2.81 - 4573.89	Replicate weight range	1,075	590,714
				1,075	590,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	6.72 - 6590.09	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	2.83 - 4432.72	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	9.61 - 4292.47	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	3.32 - 4428.39	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	5.31 - 5037.52	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	3.70 - 3924.07	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	4.90 - 5651.28	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	4.70 - 5478.92	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	3.36 - 5346.47	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	4.94 - 4479.61	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.78 - 3874.33	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	4.96 - 5409.78	Replicate weight range	1,075	590,714
				1,075	590,714

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	2.43 - 5804.87	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	5.62 - 7838.01	Replicate weight range	1,075	590,714
				1,075	590,714
PWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.74 - 3453.76	Replicate weight range	1,075	590,714
				1,075	590,714
VARSTRAT	VARIANCE STRATA	1.00 - 64.00	Varstrat range	1,075	590,714
				1,075	590,714
VARUNIT	VARIANCE UNIT	1	Variance unit 1	569	315,551
		2	Variance unit 2	502	270,979
		3	Variance unit 3	4	4,184
				1,075	590,714