

Positional Listing of Variables

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

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CGSUPD	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?
CGSUPE	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?
CGSUPF	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?
CGSUPG	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?
CGSUPTOT	NUM	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?
CGMSTHLP	NUM	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?
CGHEAR	NUM	WHERE DID YOU HEAR ABOUT THE NFCSP?
CGAFECA	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?
CGAFECB	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?
CGAFECC	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?
CGAFECD	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE A CLEARER UNDERSTANDING OF HOW TO GET THE SERVICES YOU AND THE CARE RECIPIENT NEED?
CGAFECE	NUM	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?
CGAFECF	NUM	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?
CGHELP	NUM	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?
CGCARLG	NUM	HAVE THESE CAREGIVER SERVICES ENABLED YOU TO PROVIDE CARE FOR THE CARE RECIPIENT FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?
CGRATE	NUM	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?
CGRATE2	NUM	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT
CGDIFF	NUM	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CGQUIT	NUM	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?
CGINTRFR	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGINTJB	NUM	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGSRVHLP	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGPSTRN	NUM	WHERE 1 IS "NOT A STRAIN AT ALL" AND 5 IS "VERY MUCH OF A STRAIN," HOW MUCH OF A PHYSICAL STRAIN WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?
CGEMSTRS	NUM	WHERE 1 IS "NOT AT ALL STRESSFUL" AND 5 IS "VERY STRESSFUL," HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?

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CGHDSHP	NUM	OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL" AND 5 IS "A GREAT HARDSHIP," HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGALLEV	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? 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?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES)
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSWD2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?
CGOTHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOTHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?

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CGOTHLPE	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?
CGCARE	NUM	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?
CGOTHLP2	NUM	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGINF01	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?
CGINF02	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?
CGINF03	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?
CGINF04	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?
CGINF05	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?
CGINF06	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?
CGINF07	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?
CGINF08	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?
CGINF91	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?
SVCCM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?
SVC DYCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?
HNREDUYN	NUM	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?

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Name	Type	Description
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
SHOTS	NUM	HAS THE CARE RECIPIENT RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
EXERCISE	NUM	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?
BENEFITS	NUM	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?
SVCCURT	NUM	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVC5A	NUM	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?
SVC5B	NUM	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	IS THE CARE RECIPIENT RECEIVING MEDICAID?
SVC5D	NUM	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?
CSHOME	NUM	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?
CGDFPLC	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?
CGWHER	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WHERE WOULD THE CARE RECIPIENT BE LIVING?
CGCRHL	NUM	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?
CGPFDSA	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?
CGPFDSB	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?
CGPFDS C	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?
CGPFDS D	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
CGPFDS E	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?
CGPFDS F	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?
CGPFDS G	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?
CGPFDS H	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
CGPFDS I	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
CGPFDS J	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?

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CGPFDSK	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?
CGPFDSL	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?
CGPFDSM	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?
CGPFDSN	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
CGPFDSO	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?
CGPFDSP	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?
CGPFDSQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?
CGPFDSR	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??
CGPFDS S	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPF DST	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?
CGPF DSU	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFD F INC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFD FIN BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFD FOUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFD FOUC B	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFB ED C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFB ED BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATH BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFD RES C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?
PFD RES BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFWALK BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFEAT BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWCC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWC BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLRC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?

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PFMEALC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?
PFMEALBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFCLENBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFHCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGBBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFFONEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
CGISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?
PFDRIVEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUSC	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?
PFUSBSC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFUSBSBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
CGBDAY1	NUM	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH
ADLAOA6CR	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6CR_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUSCR	NUM	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUSCR_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6PCR	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6PCR_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION

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IADLAOA8CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
CGMANY	NUM	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?
CGWHO01	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?
CGWHO04	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?
CGWHO05	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?
CGWHO07	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
AGEC	NUM	CAREGIVER'S AGE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGENDER	NUM	CAREGIVER'S GENDER?
RGENDER	NUM	CARE RECIPIENT'S GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED

Positional Listing of Variables

Name	Type	Description
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
URBAN	NUM	URBAN
CGFLAG	NUM	WEIGHTING VARIABLE
DIF_CR_CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT22	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT60	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

Name	Type	Description
CGDFPLC	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGDIFF	NUM	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? 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 SOMETHING ELSE?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEMSTRS	NUM	WHERE 1 IS "NOT AT ALL STRESSFUL" AND 5 IS "VERY STRESSFUL," HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?
CGENDER	NUM	CAREGIVER'S GENDER?
CGFLAG	NUM	WEIGHTING VARIABLE
CGHDSHP	NUM	OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL" AND 5 IS "A GREAT HARDSHIP," HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGHEAR	NUM	WHERE DID YOU HEAR ABOUT THE NFCSP?
CGHELP	NUM	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGHRSDW2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUANTILES)
CGHRWK	NUM	# HRS/WK RESPITE CARE USUALLY RECEIVE
CGINF01	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?
CGINF02	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?
CGINF03	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?
CGINF04	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?
CGINF05	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?
CGINF06	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?
CGINF07	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?
CGINF08	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?
CGINF91	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?
CGINFO	NUM	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO AVAILABLE SERVICES AND RESOURCES?
CGINFOHP	NUM	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?
CGINTJB	NUM	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGINTRFR	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGMANY	NUM	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
CGMSTHLP	NUM	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGOTHLP2	NUM	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?
CGOTHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOTHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?
CGOTHLPE	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGPFDSA	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?
CGPFDSB	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?
CGPFDS C	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?
CGPFDS D	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
CGPFDS E	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?
CGPFDS F	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?
CGPFDS G	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?
CGPFDS H	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
CGPFDS I	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
CGPFDS J	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?
CGPFDS K	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?
CGPFDS L	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?
CGPFDS M	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?
CGPFDS N	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
CGPFDS O	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?
CGPFDS P	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?
CGPFDS Q	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?
CGPFDS R	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??
CGPFDS S	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPFDS T	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGPFDSU	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
CGPSTRN	NUM	WHERE 1 IS "NOT A STRAIN AT ALL" AND 5 IS "VERY MUCH OF A STRAIN," HOW MUCH OF A PHYSICAL STRAIN WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?
CGQUIT	NUM	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?
CGRATE	NUM	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?
CGRATE2	NUM	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT
CGREL	NUM	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGSRVHLP	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGSUPA	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?
CGSUPB	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?
CGSUPC	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES?
CGSUPD	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?
CGSUPE	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?
CGSUPF	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?
CGSUPG	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?
CGSUPTOT	NUM	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?
CGWHER	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WHERE WOULD THE CARE RECIPIENT BE LIVING?
CGWHO01	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?
CGWHO04	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?

Alphabetical Listing of Variables

Name	Type	Description
CGWHO05	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?
CGWHO07	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CSARRNG	NUM	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?
CSHOME	NUM	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DIF_CR.CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
EXERCISE	NUM	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
HNREDUYN	NUM	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA7CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PERSID	CHAR	PERSID
PFBATHBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBATHC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBEDBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBEDC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBUSC	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?
PFCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFDINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDINFC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFOBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFDFOUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?

Alphabetical Listing of Variables

Name	Type	Description
PFDLRBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFDLRC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDRESBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRESC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?
PFDRIVEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEATBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?
PFEATC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFFONEBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFFONEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?
PFHCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFHCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFMEALBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFMEALC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?
PFTKDGBBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSBSBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFUSBSC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALKBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWALKC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFWCBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWCC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
PSWGT	NUM	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT28	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT62	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 9
RGENDER	NUM	CARE RECIPIENT'S GENDER?
SHOTS	NUM	HAS THE CARE RECIPIENT RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
SVC5A	NUM	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?
SVC5B	NUM	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	IS THE CARE RECIPIENT RECEIVING MEDICAID?
SVC5D	NUM	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?
SVCCM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?
SVCCSEMG	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?
SVCTRAN	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	1,860	186,029
				1,860	186,029
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...				
		1	Husband	283	23,666
		2	Wife	529	54,736
		3	Son	157	13,864
		4	Son-In-Law	8	581
		5	Daughter	676	70,735
		6	Daughter-In-Law	46	5,231
		8	Mother	4	269
		9	Brother	4	310
		10	Sister	38	3,874
		11	Granddaughter	17	2,502
		12	Grandson	3	194
		13	Niece	30	3,804
		14	Nephew	6	601
		15	A Friend/Neighbor/Another Person	54	5,176
		91	Other Relative	5	485
				1,860	186,029
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?				
		-8	Don't Know	1	58
		1	Yes	1,429	140,297
		2	No	430	45,673
				1,860	186,029
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		-8	Don't Know	1	27
		1	Yes	1,605	161,005
		2	No	254	24,998
				1,860	186,029
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?				
		-8	Don't Know	1	156
		1	Yes	1,672	168,378
		2	No	187	17,495
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGACTI04	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?	-8	Don't Know	3	320
		1	Yes	1,696	170,748
		2	No	161	14,960
				1,860	186,029
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	3	397
		1	Yes	1,736	172,919
		2	No	121	12,713
				1,860	186,029
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	11	622
		1	Yes	1,651	166,100
		2	No	198	19,307
				1,860	186,029
CGRSPT	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?	-8	Don't Know	9	1,549
		-7	Refused	1	73
		1	Yes	1,059	98,926
		2	No	791	85,481
				1,860	186,029
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?	-1	Not Collected	801	87,103
		1	Yes	905	82,865
		2	No	154	16,061
				1,860	186,029
CGRSP02	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?	-8	Don't Know	1	29
		-1	Not Collected	801	87,103
		1	Yes	224	23,667
		2	No	834	75,230
				1,860	186,029
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?	-8	Don't Know	1	155

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	801	87,103
		1	Yes	81	9,992
		2	No	977	88,779
				1,860	186,029
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?	-8	Don't Know	8	853
		-1	Not Collected	801	87,103
		1	Yes	16	1,762
		2	No	1,035	96,310
				1,860	186,029
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?	-8	Don't Know	2	159
		-1	Not Collected	801	87,103
		1	Yes	1	14
		2	No	1,056	98,753
				1,860	186,029
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE	-8	Don't Know	89	10,839
		-7	Refused	1	69
		-1	Not Collected	801	87,103
		1	0 Hours	69	9,050
		2	1 - 5 Hours	375	31,532
		3	6 - 10 Hours	255	21,201
		4	11 - 20 Hours	164	16,288
		5	21 - 80 Hours	102	9,542
		6	81 - 167 Hours	2	264
		7	168 Hours	2	141
				1,860	186,029
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	Don't Know	27	2,309
		1	Yes	1,438	146,418
		2	No	395	37,303
				1,860	186,029
CGINFOHP	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	30	3,219
		-7	Refused	1	172

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	422	39,611
		1	Yes	1,141	116,562
		2	No	266	26,465
				1,860	186,029
CGEDU	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?				
		-8	Don't Know	8	787
		1	Yes	628	74,677
		2	No	1,224	110,565
				1,860	186,029
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?				
		-8	Don't Know	3	631
		-1	Not Collected	1,232	111,352
		1	Yes	312	38,041
		2	No	313	36,005
				1,860	186,029
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?				
		-8	Don't Know	3	131
		-1	Not Collected	1,232	111,352
		1	Yes	278	32,663
		2	No	347	41,883
				1,860	186,029
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?				
		-1	Not Collected	1,232	111,352
		1	Yes	367	45,288
		2	No	261	29,388
				1,860	186,029
CGEDKD04	HAVE YOU ATTENDED SOMETHING ELSE?				
		-1	Not Collected	1,232	111,352
		1	Yes	37	4,490
		2	No	591	70,186
				1,860	186,029
CGSUPA	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?				
		-8	Don't Know	22	1,393
		1	Yes	261	23,915

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,577	160,721
				1,860	186,029
CGSUPB	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?	-8	Don't Know	8	509
		1	Yes	210	19,369
		2	No	1,642	166,151
				1,860	186,029
CGSUPC	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES?	-8	Don't Know	33	3,470
		1	Yes	395	40,415
		2	No	1,432	142,143
				1,860	186,029
CGSUPD	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?	-8	Don't Know	26	2,003
		1	Yes	347	31,247
		2	No	1,487	152,778
				1,860	186,029
CGSUPE	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?	-8	Don't Know	16	900
		1	Yes	351	38,633
		2	No	1,493	146,496
				1,860	186,029
CGSUPF	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?	-8	Don't Know	20	2,957
		1	Yes	319	28,822
		2	No	1,521	154,250
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGSUPG	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?	-8	Don't Know	10	1,235
		1	Yes	110	10,688
		2	No	1,740	174,106
				1,860	186,029
CGSUPTOT	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?	.	Missing	154	17,850
		1	Yes, receive supplemental caregiver services	1,088	103,523
		2	No, do not receive supplemental caregiver services	618	64,656
				1,860	186,029
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Don't Know	106	11,470
		-7	Refused	5	885
		-1	Not Collected	407	41,639
		1	Respite Care Services	670	62,949
		2	Help/Information Re: Available Services/Resources	257	24,377
		3	Cg Training/Education	165	24,576
		4	Other Support Services/Assistance	250	20,133
				1,860	186,029
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-8	Don't Know	91	9,217
		-7	Refused	2	116
		1	Family	253	23,503
		2	Friends	282	28,888
		3	A Physician	151	14,417
		4	A Community Organization	146	14,481
		5	The Media	138	15,066
		6	A Social Worker Or Case Manager	240	26,638
		7	The Hospital	197	16,757
		8	The State/Local Office For The Aging	358	36,661
91	Someplace Else	2	285		
		1,860	186,029		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Don't Know	34	3,008
		1	Yes	1,217	119,987
		2	No	609	63,034
				1,860	186,029
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Don't Know	31	3,885
		-7	Refused	1	29
		1	Yes	1,403	135,800
		2	No	425	46,315
		1,860	186,029		
CGAFECC	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?	-8	Don't Know	27	2,615
		1	Yes	1,565	156,297
		2	No	268	27,117
		1,860	186,029		
CGAFECD	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE A CLEARER UNDERSTANDING OF HOW TO GET THE SERVICES YOU AND THE CARE RECIPIENT NEED?	-8	Don't Know	44	4,639
		-7	Refused	1	71
		1	Yes	1,458	147,015
		2	No	357	34,304
		1,860	186,029		
CGAFECE	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU KNOW MORE ABOUT THE CARE RECIPIENT'S CONDITION OR ILLNESS?	-8	Don't Know	36	2,838
		-7	Refused	1	26
		1	Yes	1,152	119,349
		2	No	671	63,817
		1,860	186,029		
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Don't Know	34	3,532
		1	Yes	1,729	172,017
		2	No	97	10,481
		1,860	186,029		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	53	5,936
		1	Yes	1,608	160,683
		2	No	199	19,409
				1,860	186,029
CGCARLG	HAVE THESE CAREGIVER SERVICES ENABLED YOU TO PROVIDE CARE FOR THE CARE RECIPIENT FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?	-8	Don't Know	84	10,341
		-7	Refused	5	717
		1	Yes	1,482	143,905
		2	No	289	31,066
		1,860	186,029		
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	18	1,737
		1	Excellent	889	89,958
		2	Very Good	578	55,245
		3	Good	282	28,591
		4	Fair	66	8,248
		5	Poor	27	2,249
		1,860	186,029		
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	18	1,737
		1	Rating of Good to Excellent	1,749	173,795
		2	Rating of Fair or Poor	93	10,497
		1,860	186,029		
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	94	10,759
		-7	Refused	4	575
		1	Yes	512	52,979
		2	No	1,250	121,715
		1,860	186,029		
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Don't Know	9	888
		-7	Refused	1	419
		1	Working Full Time	333	32,317
		2	Working Part Time	199	18,416
		3	Retired	929	90,010

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Not Working	389	43,980
				1,860	186,029
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Don't Know	9	1,064
		-7	Refused	1	39
		-1	Not Collected	542	52,040
		1	Yes	353	41,148
		2	No	955	91,739
				1,860	186,029
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	3	227
		-7	Refused	1	8
		-1	Not Collected	1,328	135,296
		1	Yes	290	29,638
		2	No	238	20,861
				1,860	186,029
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	1	400
		-1	Not Collected	1,570	156,391
		1	Always	39	4,226
		2	Often	85	7,837
		3	Sometimes	139	15,685
		4	Rarely	24	1,421
		5	Never	2	69
				1,860	186,029
CGSRVHLP	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?	-8	Don't Know	3	314
		-1	Not Collected	1,573	156,860
		1	Yes	147	15,074
		2	No	137	13,781
				1,860	186,029
CGPSTRN	WHERE 1 IS "NOT A STRAIN AT ALL" AND 5 IS "VERY MUCH OF A STRAIN," HOW MUCH OF A PHYSICAL STRAIN WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?	-8	Don't Know	16	1,811
		-7	Refused	2	300
		1	1 - Not a strain at all	270	25,675

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2	335	33,301
		3	3	564	52,936
		4	4	342	36,371
		5	5 - Very much of a strain	331	35,634
				1,860	186,029
CGEMSTRS	WHERE 1 IS "NOT AT ALL STRESSFUL" AND 5 IS "VERY STRESSFUL," HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?				
		-8	Don't Know	12	957
		-7	Refused	1	292
		1	1 - Not at all stressful	136	11,254
		2	2	282	26,694
		3	3	491	46,788
		4	4	486	50,587
		5	5 - Very stressful	452	49,457
				1,860	186,029
CGHDSHP	OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL" AND 5 IS "A GREAT HARDSHIP," HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?				
		-8	Don't Know	24	1,918
		-7	Refused	1	292
		1	1 - No hardship at all	455	42,466
		2	2	358	35,893
		3	3	470	46,485
		4	4	272	26,108
		5	5 - A great hardship	280	32,867
				1,860	186,029
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?				
		-8	Don't Know	29	2,536
		-7	Refused	4	417
		1	The Financial Burden	185	17,927
		2	Not Enough Time For Self	278	30,844
		3	Not Enough Time For Family	128	10,378
		4	Interferes With Your Work	34	3,671
		5	Affects Your Family Relationships	71	9,088
		6	Interferes With Your Privacy	21	1,823

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	Conflicts With Your Social Life	119	11,822
		8	Creates Stress	469	46,493
		9	None	152	12,138
		10	All Of The Above	359	38,153
		91	Something Else	11	739
				1,860	186,029
CGALLEV	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?				
		-8	Don't Know	43	4,973
		-7	Refused	1	29
		-1	Not Collected	47	4,021
		1	Yes	1,333	135,281
		2	No	436	41,724
				1,860	186,029
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?				
		-8	Don't Know	4	482
		1	Excellent	183	17,559
		2	Very Good	411	41,194
		3	Good	642	63,315
		4	Fair	456	46,417
		5	Poor	164	17,062
				1,860	186,029
CGDISAB	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?				
		-8	Don't Know	5	229
		1	Yes	827	86,891
		2	No	1,028	98,910
				1,860	186,029
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS				
		-7	Refused	4	503
		-1	Not Collected	1,033	99,138
		1	Yes	520	55,006
		2	No	303	31,381
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE	-7	Refused	4	503
		-1	Not Collected	1,033	99,138
		1	Yes	97	10,347
		2	No	726	76,041
				1,860	186,029
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES	-7	Refused	4	503
		-1	Not Collected	1,033	99,138
		1	Yes	79	8,193
		2	No	744	78,195
				1,860	186,029
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS	-7	Refused	4	503
		-1	Not Collected	1,033	99,138
		1	Yes	256	23,795
		2	No	567	62,593
				1,860	186,029
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH	-7	Refused	4	503
		-1	Not Collected	1,033	99,138
		1	Yes	116	11,488
		2	No	707	74,900
				1,860	186,029
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS	-7	Refused	4	503
		-1	Not Collected	1,033	99,138
		1	Yes	67	6,818
		2	No	756	79,570
				1,860	186,029
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-7	Refused	4	503
		-1	Not Collected	1,033	99,138
		1	Yes	123	10,791
		2	No	700	75,597
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Don't Know	17	1,603
		-1	Not Collected	1,033	99,138
		1	Yes	455	53,568
		2	No	355	31,720
				1,860	186,029
CGHLONG	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?	-8	Don't Know	5	404
		1	6 Months Or Less	33	3,905
		2	More Than 6 Months, But Less Than 1 Year	75	7,858
		3	At Least 1 Year, But Less Than 2 Years	209	23,409
		4	2 To 5 Years	712	66,246
		5	5 To 10 Years	530	54,731
		6	11 To 20 Years	214	20,888
		7	More Than 20 Years	82	8,588
		1,860	186,029		
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?	1	In The Same House	1,414	141,785
		2	Less Than 20 Minutes Away	333	31,797
		3	Between 20 And 60 Minutes Away	85	9,049
		4	Between 1 And 2 Hours Away	14	1,020
		5	More Than Two Hours Away	14	2,377
		1,860	186,029		
VISTIMES	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?	-8	Don't Know	1	171
		-7	Refused	1	30
		-1	Not Collected	1,414	141,785
		1	Every Day	204	21,470
		2	Two Or More Times Per Week	184	16,276
		3	Once A Week	28	2,504
		4	A Few Times A Month	15	1,458
		5	Once A Month	5	1,021
6	A Few Times A Year	7	1,241		
7	Less Often	1	71		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,860	186,029
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?	-7	Refused	1	419
		-1	Not Collected	1,414	141,785
		1	Yes	300	25,298
		2	No	145	18,526
				1,860	186,029
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Don't Know	17	1,267
		-7	Refused	1	118
		1	Can Be Left Alone Over A Day At A Time	139	14,102
		2	Can Be Left Alone A Day But Then Checked	213	20,844
		3	Needs Someone There At Least Part Of Day	375	34,951
		4	Needs Someone There All/Nearly All Time	1,115	114,747
				1,860	186,029
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	91	7,378
		1	0 Hours	50	4,433
		2	1 - 2 Hours	181	16,088
		3	3 - 4 Hours	195	17,988
		4	5 - 6 Hours	155	15,546
		5	7 - 10 Hours	181	17,302
		6	11 - 15 Hours	178	21,058
		7	16 - 23 Hours	127	12,361
		8	24 Hours	702	73,875
				1,860	186,029
CGHRS_Q	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES)	.	Missing	91	7,378
		1	First Quartile (0-4)	426	38,508
		2	Second Quartile (5-12)	453	47,771
		3	Third Quartile (adjusted to 13-23)	188	18,497
		4	Fourth Quartile (24)	702	73,875
				1,860	186,029
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Collected	91	7,378

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	0 Hours	50	4,433
		3	6 - 10 Hours	60	6,388
		4	11 - 20 Hours	121	9,700
		5	21 - 30 Hours	195	17,988
		6	31 - 40 Hours	66	5,797
		7	41 - 80 Hours	278	27,953
		8	81 - 120 Hours	206	23,384
		9	121 - 167 Hours	91	9,134
		10	168 Hours	702	73,875
				1,860	186,029
CGHRSWK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	91	8,456
		-7	Refused	6	330
		1	0 Hours	45	4,939
		2	1 - 2 Hours	199	19,533
		3	3 - 4 Hours	180	19,322
		4	5 - 6 Hours	121	11,798
		5	7 - 10 Hours	165	16,178
		6	11 - 15 Hours	218	21,953
		7	16 - 23 Hours	276	27,961
		8	24 Hours	559	55,559
				1,860	186,029
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Collected	97	8,786
		1	0 Hours	45	4,939
		2	1 - 10 Hours	199	19,533
		3	11 - 20 Hours	180	19,322
		4	21 - 30 Hours	121	11,798
		5	31 - 50 Hours	165	16,178
		6	51 - 80 Hours	294	31,646
		7	81 - 119 Hours	200	18,268
		8	120 Hours	559	55,559
				1,860	186,029
CGHRSWD	# HOURS YOU CARE ON WEEKEND DAY	-8	Don't Know	70	6,472
		-7	Refused	4	164
		1	0 Hours	65	5,985
		2	1 - 2 Hours	150	14,881
		3	3 - 4 Hours	177	18,165
		4	5 - 6 Hours	110	9,981

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	7 - 10 Hours	149	15,528
		6	11 - 15 Hours	212	23,067
		7	16 - 23 Hours	191	19,608
		8	24 Hours	732	72,179
				1,860	186,029
CGHRSD2	# HOURS YOU CARE ON THE WEEKEND	-1	Not Collected	74	6,636
		1	0 Hours	65	5,985
		2	1 - 5 Hours	150	14,881
		3	6 - 10 Hours	220	21,423
		4	11 - 20 Hours	216	22,251
		5	21 - 30 Hours	212	23,067
		6	31 - 47 Hours	191	19,608
		7	48 Hours	732	72,179
				1,860	186,029
CGHRSWK7	HOURS HELP CAREGIVER PROVIDES PER WK	-1	Not Collected	121	11,242
		1	0 Hours	25	3,051
		2	1 - 20 Hours	219	20,998
		3	21 - 40 Hours	196	19,647
		4	41 - 80 Hours	245	24,979
		5	81 - 120 Hours	276	28,879
		6	121 - 167 Hours	275	28,973
		7	168 Hours	503	48,261
				1,860	186,029
CGOTHLPA	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?	-8	Don't Know	3	400
		1	Yes	934	90,701
		2	No	923	94,928
				1,860	186,029
CGOTHLPB	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?	-8	Don't Know	63	6,537
		-7	Refused	2	127
		1	Yes	942	81,815
		2	No	853	97,550
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOTHLPC	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?	-8	Don't Know	18	2,479
		1	Yes	521	55,177
		2	No	1,321	128,373
				1,860	186,029
CGOTHLPD	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?	-8	Don't Know	10	1,213
		1	Yes	707	73,582
		2	No	1,143	111,234
				1,860	186,029
CGOTHLPE	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?	-8	Don't Know	8	956
		1	Yes	4	618
		2	No	1,848	184,455
				1,860	186,029
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?	-8	Don't Know	23	2,280
		-1	Not Collected	227	25,129
		1	Caregiver (You)	855	84,102
		2	Other Family Members Or Friends	258	28,098
		3	Agency	266	23,045
		4	Other Community Agencies	83	8,974
		5	Help Paid For By Recipient Or Family	147	14,372
		6	Other Specify	1	29
		1,860	186,029		
CGOTHLP2	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?	-8	Don't Know	33	2,872
		-7	Refused	6	465
		-1	Not Collected	250	27,409
		1	Caregiver (You)	688	68,175
		2	Other Family Members Or Friends	362	33,492
		3	Agency	236	19,754
		4	Other Community Agencies	118	12,809
		5	Help Paid For By Recipient Or Family	165	20,521
6	Other Specify	2	531		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,860	186,029
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Don't Know	10	1,289
		-7	Refused	1	122
		1	Yes	116	13,657
		2	No	1,733	170,961
				1,860	186,029
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-1	Not Collected	1,744	172,372
		1	Care Recipient	59	7,577
		2	Community Agency	57	6,081
				1,860	186,029
CGINF01	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?	-8	Don't Know	31	2,259
		-7	Refused	1	24
		1	Yes	1,481	149,821
		2	No	347	33,925
				1,860	186,029
CGINF02	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?	-8	Don't Know	35	2,962
		-7	Refused	1	28
		1	Yes	976	105,340
		2	No	848	77,699
				1,860	186,029
CGINF03	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?	-8	Don't Know	31	3,425
		1	Yes	833	88,548
		2	No	996	94,056
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGINF04	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?	-8	Don't Know	59	5,708
		-7	Refused	1	8
		1	Yes	1,375	140,056
		2	No	425	40,258
				1,860	186,029
CGINF05	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?	-8	Don't Know	18	1,435
		-7	Refused	1	41
		1	Yes	989	101,667
		2	No	852	82,886
				1,860	186,029
CGINF06	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?	-8	Don't Know	24	2,658
		-7	Refused	2	213
		1	Yes	1,246	126,189
		2	No	588	56,970
				1,860	186,029
CGINF07	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?	-8	Don't Know	28	2,381
		-7	Refused	2	259
		1	Yes	1,345	135,279
		2	No	485	48,110
				1,860	186,029
CGINF08	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?	-8	Don't Know	14	1,513

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	91
		1	Yes	780	80,744
		2	No	1,065	103,681
				1,860	186,029
CGINF91	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?	-8	Don't Know	21	1,384
		2	No	1,839	184,645
				1,860	186,029
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?	-8	Don't Know	13	1,691
		1	Yes	252	25,136
		2	No	1,595	159,202
				1,860	186,029
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	3	178
		1	Yes	467	39,842
		2	No	1,390	146,009
				1,860	186,029
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	11	859
		1	Yes	612	55,596
		2	No	1,237	129,574
				1,860	186,029
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	42	4,909
		-7	Refused	1	115
		1	Yes	845	78,544
		2	No	972	102,461
				1,860	186,029
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	6	541
		-7	Refused	1	22
		1	Yes	296	31,982
		2	No	1,557	153,484
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	7	889
		1	Yes	268	29,427
		2	No	1,585	155,712
				1,860	186,029
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	13	1,749
		1	Yes	586	51,930
		2	No	1,261	132,350
				1,860	186,029
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	6	324
		1	Yes	228	19,356
		2	No	1,626	166,349
				1,860	186,029
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	4	593
		1	Yes	68	7,304
		2	No	1,788	178,133
				1,860	186,029
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	31	2,571
		-7	Refused	1	56
		1	Yes	493	49,761
		2	No	1,335	133,642
				1,860	186,029
HNREDUYN	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	12	492
		1	Yes	147	14,112
		2	No	1,701	171,425
				1,860	186,029
HLTHSCRN	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?	-8	Don't Know	29	2,189
		1	Yes	482	43,424

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,349	140,416
				1,860	186,029
SHOTS	HAS THE CARE RECIPIENT RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?				
		-8	Don't Know	17	1,347
		1	Yes	258	26,051
		2	No	1,585	158,630
				1,860	186,029
EXERCISE	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?				
		-8	Don't Know	2	69
		1	Yes	132	14,323
		2	No	1,726	171,637
				1,860	186,029
MEDS	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?				
		-9	Not Ascertained	1	30
		-8	Don't Know	14	1,030
		1	Yes	118	11,421
		2	No	1,727	173,548
				1,860	186,029
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?				
		-9	Not Ascertained	1	30
		-8	Don't Know	13	1,119
		1	Yes	199	17,822
		2	No	1,647	167,057
				1,860	186,029
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?				
		-9	Not Ascertained	1	30
		-8	Don't Know	22	2,730
		-7	Refused	2	713
		-1	Not Collected	252	29,006
		1	Excellent	517	49,747
		2	Very Good	499	45,338
		3	Good	429	44,072

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Fair	95	8,774
		5	Poor	43	5,618
				1,860	186,029
SVCCURT	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	72	7,950
		-7	Refused	1	56
		1	Agree	1,744	172,061
		2	Disagree	43	5,962
				1,860	186,029
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	3	338
		1	Yes	186	17,065
		2	No	1,671	168,625
				1,860	186,029
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	9	954
		1	Yes	245	26,086
		2	No	1,606	158,988
				1,860	186,029
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	38	2,598
		1	Yes	405	42,221
		2	No	1,417	141,210
				1,860	186,029
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	9	597
		1	Yes	92	9,976
		2	No	1,759	175,455
				1,860	186,029
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	7	1,010
		1	Yes	1,360	137,792
		2	No	493	47,227
				1,860	186,029
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?	-8	Don't Know	8	2,118
		1	Yes	1,451	145,312

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	401	38,599
				1,860	186,029
CGDFPLC	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?	-8	Don't Know	71	6,965
		1	Yes	980	98,427
		2	No	809	80,637
				1,860	186,029
CGWHER	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WHERE WOULD THE CARE RECIPIENT BE LIVING?	-8	Don't Know	124	12,854
		-7	Refused	2	156
		-1	Not Collected	980	98,427
		1	In Caregiver's Home	53	5,165
		2	In The Home Of Another Family Mem/Friend	59	7,880
		3	In An Assisted Living Facility	104	12,287
		4	In A Nursing Home	518	46,310
		5	Care Recipient Would Have Died	10	882
		91	Other	10	2,069
				1,860	186,029
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?	-8	Don't Know	16	1,163
		1	Excellent	50	4,063
		2	Very Good	146	15,969
		3	Good	399	40,546
		4	Fair	635	63,178
		5	Poor	614	61,111
				1,860	186,029
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?	-8	Don't Know	18	1,909
		1	Yes	1,140	113,833
		2	No	702	70,287
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	13	2,038
		1	Yes	1,275	129,023
		2	No	572	54,967
				1,860	186,029
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?	-8	Don't Know	14	1,499
		-7	Refused	1	15
		1	Yes	896	89,656
		2	No	949	94,859
		1,860	186,029		
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?	-8	Don't Know	58	4,116
		-7	Refused	1	15
		1	Yes	910	93,702
		2	No	890	87,777
		3	Does Not Apply	1	419
		1,860	186,029		
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	9	506
		-7	Refused	1	15
		1	Yes	593	60,493
		2	No	1,257	125,016
		1,860	186,029		
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?	-8	Don't Know	12	1,295
		-7	Refused	1	15
		1	Yes	712	70,499
		2	No	1,135	114,221
		1,860	186,029		
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?	-8	Don't Know	5	448
		-7	Refused	1	15

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	400	40,327
		2	No	1,454	145,239
				1,860	186,029
CGPFDSH	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?				
		-8	Don't Know	19	2,481
		-7	Refused	1	15
		1	Yes	619	63,986
		2	No	1,220	119,508
		3	Does Not Apply	1	39
				1,860	186,029
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?				
		-8	Don't Know	19	1,601
		-7	Refused	2	54
		1	Yes	374	37,475
		2	No	1,465	146,899
				1,860	186,029
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?				
		-8	Don't Know	39	3,126
		-7	Refused	2	54
		1	Yes	557	54,979
		2	No	1,261	127,612
		3	Does Not Apply	1	259
				1,860	186,029
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?				
		-8	Don't Know	21	1,904
		-7	Refused	2	54
		1	Yes	230	21,599
		2	No	1,607	162,473
				1,860	186,029
CGPFDSL	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?				
		-8	Don't Know	11	798
		-7	Refused	2	54
		1	Yes	1,268	128,944
		2	No	577	56,192
		3	Does Not Apply	2	42

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,860	186,029
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Don't Know	9	451
		-7	Refused	2	54
		1	Yes	857	89,451
		2	No	991	96,046
		3	Does Not Apply	1	28
				1,860	186,029
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	23	1,972
		-7	Refused	2	54
		1	Yes	642	66,325
		2	No	1,192	117,576
		3	Does Not Apply	1	102
				1,860	186,029
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	17	1,883
		-7	Refused	2	54
		1	Yes	1,086	113,702
		2	No	755	70,391
				1,860	186,029
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?	-8	Don't Know	5	422
		-7	Refused	2	54
		1	Yes	136	14,502
		2	No	1,717	171,052
				1,860	186,029
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	12	1,295
		-7	Refused	2	54
		1	Yes	190	20,856
		2	No	1,656	163,825
				1,860	186,029
CGPFDSR	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??	-8	Don't Know	11	1,373

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	54
		1	Yes	1,035	97,917
		2	No	812	86,685
				1,860	186,029
CGPFDSS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?				
		-8	Don't Know	9	835
		-7	Refused	2	54
		1	Yes	37	3,826
		2	No	1,812	181,315
				1,860	186,029
CGPFDST	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?				
		-8	Don't Know	24	1,939
		-7	Refused	2	54
		1	Yes	820	80,021
		2	No	1,013	103,986
		3	Does Not Apply	1	29
				1,860	186,029
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?				
		-9	Not Ascertained	1	83
		-8	Don't Know	9	1,192
		-7	Refused	2	54
		1	Yes	164	17,750
		2	No	1,684	166,951
				1,860	186,029
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	2	241
		1	1 Medical Condition	18	2,373
		2	2 Medical Conditions	47	3,753
		3	3 Medical Conditions	83	8,075
		4	4 Medical Conditions	121	12,180
		5	5 Medical Conditions	190	17,599
		6	6 Medical Conditions	242	24,393
		7	7 Medical Conditions	266	27,434
		8	8 Medical Conditions	253	25,409
		9	9 Medical Conditions	182	17,526
		10	10 Medical Conditions	159	17,396
		11	11 Medical Conditions	129	10,986
		12	12 Medical Conditions	86	8,137

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		13	13 Medical Conditions	42	4,884
		14	14 Medical Conditions	22	2,633
		15	15 Medical Conditions	14	2,488
		16	16 Medical Conditions	3	343
		17	17 Medical Conditions	1	177
				1,860	186,029
PFDFINC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?				
		-8	Don't Know	9	746
		1	Yes	1,163	112,989
		2	No	688	72,293
				1,860	186,029
PFDFINBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?				
		-8	Don't Know	9	894
		-1	Not Collected	697	73,040
		1	Yes	823	82,931
		2	No	331	29,164
				1,860	186,029
PFDFOUC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?				
		-8	Don't Know	6	556
		1	Yes	1,531	154,290
		2	No	323	31,183
				1,860	186,029
PFDFOUBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	10	570
		-1	Not Collected	329	31,739
		1	Yes	1,467	148,034
		2	No	54	5,686
				1,860	186,029
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	3	56
		1	Yes	1,172	115,868
		2	No	685	70,105
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBEDBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	6	416
		-1	Not Collected	688	70,161
		1	Yes	894	88,830
		2	No	272	26,622
				1,860	186,029
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	13	1,205
		1	Yes	1,422	139,508
		2	No	425	45,316
				1,860	186,029
PFBATHBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	3	409
		-1	Not Collected	438	46,521
		1	Yes	1,337	130,973
		2	No	82	8,126
				1,860	186,029
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	13	830
		1	Yes	1,265	125,430
		2	No	582	59,769
				1,860	186,029
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	4	300
		-1	Not Collected	595	60,599
		1	Yes	1,168	116,322
		2	No	93	8,808
				1,860	186,029
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	23	937
		-7	Refused	1	40
		1	Yes	1,455	144,016
		2	No	381	41,036
				1,860	186,029
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	20	1,803
		-7	Refused	1	54

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	405	42,013
		1	Yes	996	100,407
		2	No	438	41,752
				1,860	186,029
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Don't Know	5	668
		-7	Refused	1	71
		1	Yes	525	54,917
		2	No	1,329	130,373
				1,860	186,029
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	1,335	131,112
		1	Yes	387	40,016
		2	No	138	14,901
				1,860	186,029
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	15	932
		1	Yes	978	96,552
		2	No	867	88,545
				1,860	186,029
PFWCBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	9	758
		-1	Not Collected	882	89,477
		1	Yes	806	80,792
		2	No	163	15,002
				1,860	186,029
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	16	1,342
		-7	Refused	2	127
		1	Yes	1,425	144,802
		2	No	417	39,758
				1,860	186,029
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	1	200
		-1	Not Collected	435	41,227
		1	Yes	1,410	143,204

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	14	1,398
				1,860	186,029
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	24	1,798
		-7	Refused	1	102
		1	Yes	1,544	158,435
		2	No	291	25,693
				1,860	186,029
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	2	214
		-7	Refused	1	26
		-1	Not Collected	316	27,594
		1	Yes	1,502	155,498
		2	No	39	2,697
				1,860	186,029
PFCLENC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??	-8	Don't Know	29	2,423
		-7	Refused	1	24
		1	Yes	1,492	149,154
		2	No	338	34,428
				1,860	186,029
PFCLENBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	1	170
		-1	Not Collected	368	36,875
		1	Yes	1,469	146,144
		2	No	22	2,840
				1,860	186,029
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	30	2,457
		-7	Refused	1	24
		1	Yes	1,743	175,702
		2	No	86	7,846
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	3	123
		-1	Not Collected	117	10,327
		1	Yes	1,731	174,932
		2	No	9	646
				1,860	186,029
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	18	1,734
		-7	Refused	1	24
		1	Yes	1,354	139,677
		2	No	487	44,594
				1,860	186,029
PFTKDGBBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	2	246
		-1	Not Collected	506	46,352
		1	Yes	1,336	137,456
		2	No	16	1,975
				1,860	186,029
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	22	1,399
		-7	Refused	1	24
		1	Yes	1,159	118,836
		2	No	678	65,770
				1,860	186,029
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	5	263
		-1	Not Collected	701	67,193
		1	Yes	1,077	112,194
		2	No	77	6,380
				1,860	186,029
CGISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?	-8	Don't Know	7	220
		1	Yes	1,491	146,902
		2	No	362	38,907

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,860	186,029
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	20	1,590
		-7	Refused	2	190
		-1	Not Collected	369	39,127
		1	Yes	1,275	126,430
		2	No	194	18,693
				1,860	186,029
PFBUSC	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?	-8	Don't Know	116	11,542
		-7	Refused	1	91
		1	Yes	669	75,051
		2	No	1,074	99,346
				1,860	186,029
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	1,191	110,978
		1	Yes	278	31,895
		2	No	45	5,689
		3	Never Uses Bus	346	37,467
				1,860	186,029
PFUSBSC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	2	243
		-1	Not Collected	1,582	154,134
		1	Yes	274	31,583
		2	No	2	69
				1,860	186,029
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH	-8	Don't Know	4	590
		-1	Not Collected	654	73,126
		1	Yes	1,145	106,381
		2	No	57	5,932
				1,860	186,029
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	58	4,291
		0	0 limitations	130	15,278

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	172	16,725
		2	2 limitations	218	22,020
		3	3 limitations	224	21,849
		4	4 limitations	260	26,863
		5	5 limitations	455	43,656
		6	6 limitations	343	35,346
				1,860	186,029
ADLAOA6CR_ SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	12
		0	0 limitations	134	15,461
		1	1 limitation	182	17,886
		2	2 limitations	224	22,420
		3	3 limitations	238	22,674
		4	4 limitations	275	27,680
		5	5 limitations	463	44,550
		6	6 limitations	343	35,346
				1,860	186,029
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	58	4,291
		1	Yes	1,282	127,714
		2	No	520	54,024
				1,860	186,029
ADL3PLUSCR _SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	12
		1	Yes	1,319	130,249
		2	No	540	55,768
				1,860	186,029
ADLAOA6PCR	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	39	3,380
		0	0 limitations	309	32,769
		1	1 limitation	265	26,234
		2	2 limitations	234	22,753
		3	3 limitations	199	18,503
		4	4 limitations	192	19,359
		5	5 limitations	346	34,563
		6	6 limitations	276	28,467
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6PCR _SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	12
		0	0 limitations	312	33,208
		1	1 limitation	273	26,798
		2	2 limitations	239	23,044
		3	3 limitations	205	19,332
		4	4 limitations	204	20,181
		5	5 limitations	350	34,986
		6	6 limitations	276	28,467
			1,860	186,029	
IADLAOA7CR	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	97	8,755
		0	0 limitations	29	3,660
		1	1 limitation	57	3,786
		2	2 limitations	85	7,703
		3	3 limitations	115	11,820
		4	4 limitations	190	17,214
		5	5 limitations	230	22,969
		6	6 limitations	365	39,166
		7	7 limitations	692	70,955
			1,860	186,029	
IADLAOA7CR_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	34	4,349
		1	1 limitation	65	4,062
		2	2 limitations	96	8,745
		3	3 limitations	135	13,882
		4	4 limitations	198	18,060
		5	5 limitations	258	25,019
		6	6 limitations	381	40,791
		7	7 limitations	693	71,121
			1,860	186,029	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7PC R	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMNT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.	.	Missing	43	3,385
		0	0 limitations	52	6,120
		1	1 limitation	62	3,929
		2	2 limitations	108	9,865
		3	3 limitations	128	13,468
		4	4 limitations	206	18,034
		5	5 limitations	240	25,004
		6	6 limitations	358	38,507
		7	7 limitations	663	67,716
			1,860	186,029	
IADLAOA7PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	.	Missing	1	12
		0	0 limitations	54	6,242
		1	1 limitation	67	4,131
		2	2 limitations	115	10,458
		3	3 limitations	130	13,668
		4	4 limitations	214	18,678
		5	5 limitations	247	25,492
		6	6 limitations	368	39,466
7	7 limitations	664	67,882		
			1,860	186,029	
IADLAOA8CR	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	99	8,850
		0	0 limitations	12	1,212
		1	1 limitation	25	3,137
		2	2 limitations	63	4,526
		3	3 limitations	89	8,065
		4	4 limitations	104	10,726
5	5 limitations	194	17,496		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	223	22,331
		7	7 limitations	359	38,730
		8	8 limitations	692	70,955
				1,860	186,029
IADLAOA8CR_	AOA IADL LIMITATIONS W/ HEAVY				
SSS	HOUSEWORK ADDED, SSS VERSION	0	0 limitations	16	1,600
		1	1 limitation	31	3,571
		2	2 limitations	71	5,199
		3	3 limitations	106	9,424
		4	4 limitations	116	12,260
		5	5 limitations	209	18,534
		6	6 limitations	246	24,330
		7	7 limitations	372	39,990
		8	8 limitations	693	71,121
				1,860	186,029
IADLAOA8PC	AMONG THOSE W/ ANY IADL				
R	DIFFICULTY, PERSON COUNTS				
	BY # OF IADL PERSONAL ASSIST.				
	NEEDS (OF 8 ACTIVITIES): GOING				
	OUTSIDE HOME, MONEY MGMT, MEAL				
	PREP, LIGHT HOUSEWORK, HEAVY				
	HOUSEWORK, MED MGMT, USING				
	PHONE, DRIVING CAR/ PUBLIC TRANS.				
		.	Missing	46	3,509
		0	0 limitations	21	2,165
		1	1 limitation	41	4,661
		2	2 limitations	70	4,988
		3	3 limitations	116	10,343
		4	4 limitations	112	12,267
		5	5 limitations	209	17,872
		6	6 limitations	233	24,871
		7	7 limitations	349	37,638
		8	8 limitations	663	67,716
				1,860	186,029
IADLAOA8PC	AOA IADLS: PERSONAL ASSISTANCE				
R_SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	.	Missing	1	12
		0	0 limitations	23	2,350
		1	1 limitation	45	4,778
		2	2 limitations	75	5,386
		3	3 limitations	121	10,674
		4	4 limitations	118	12,791

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	214	18,199
		6	6 limitations	240	25,359
		7	7 limitations	359	38,597
		8	8 limitations	664	67,882
				1,860	186,029
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-8	Don't Know	2	333
		1	0 People	1,468	142,041
		2	1 Person	224	23,670
		3	2 People	84	9,772
		4	3 People	47	5,203
		5	4 People	26	3,988
		6	5 People	6	618
		7	6 People	1	172
		8	7 People	2	232
				1,860	186,029
CGWHO01	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	144	14,783
		2	No	245	28,658
				1,860	186,029
CGWHO02	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	145	18,711
		2	No	244	24,730
				1,860	186,029
CGWHO03	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	35	3,591
		2	No	354	39,850
				1,860	186,029
CGWHO04	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?	-7	Refused	1	214

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,470	142,374
		1	Yes	59	7,479
		2	No	330	35,962
				1,860	186,029
CGWHO05	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	32	3,685
		2	No	357	39,755
				1,860	186,029
CGWHO06	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	39	4,410
		2	No	350	39,031
				1,860	186,029
CGWHO07	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	39	4,535
		2	No	350	38,905
				1,860	186,029
CGWHO08	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	24	2,281
		2	No	365	41,160
				1,860	186,029
CGWHOOTH	OTHER PERSON CARE FOR:SPECIFY	-7	Refused	1	214
		-1	Not Collected	1,470	142,374
		1	Yes	2	124
		2	No	387	43,317
				1,860	186,029
AGEC	CAREGIVER'S AGE?	.	Missing	6	1,397
		2	18-34 years	10	1,133
		3	35-59 years	583	58,390

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	60-64 years	334	36,788
		5	65-74 years	468	46,922
		6	75-84 years	375	34,362
		7	85+ years	84	7,036
				1,860	186,029
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	26	2,760
		4	60-64 years	73	6,391
		5	65-74 years	345	33,797
		6	75-84 years	703	69,316
		7	85+ years	713	73,765
				1,860	186,029
CGENDER	CAREGIVER'S GENDER?	.	Missing	52	5,836
		1	Male	470	38,989
		2	Female	1,338	141,203
				1,860	186,029
RGENDER	CARE RECIPIENT'S GENDER?	1	Male	714	75,729
		2	Female	1,146	110,300
				1,860	186,029
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	291
		-7	Refused	2	214
		1	Less Than High School Diploma	180	17,695
		2	High School Diploma Or GED	546	48,076
		3	Some College(Business/Vocational/Techni)	633	65,285
		4	Bachelor's Degree	236	27,830
		5	Some Post-Graduate Work/Advanced Degree	260	26,638
				1,860	186,029
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	13	1,031
		-7	Refused	2	267
		1	Yes	73	11,315
		2	No	1,772	173,415
				1,860	186,029
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	3	147
		-7	Refused	6	1,114
		1	Yes	1,547	147,694

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	304	37,074
				1,860	186,029
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	3	147
		-7	Refused	6	1,114
		1	Yes	252	25,965
		2	No	1,599	158,803
				1,860	186,029
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	3	147
		-7	Refused	6	1,114
		1	Yes	18	4,102
		2	No	1,833	180,666
				1,860	186,029
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	3	147
		-7	Refused	6	1,114
		1	Yes	27	2,056
		2	No	1,824	182,712
				1,860	186,029
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	3	147
		-7	Refused	6	1,114
		1	Yes	5	313
		2	No	1,846	184,455
				1,860	186,029
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	3	147
		-7	Refused	6	1,114
		1	Yes	25	5,965
		2	No	1,826	178,803
				1,860	186,029
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	2	52
		-7	Refused	2	36
		1	Yes	259	22,131
		2	No	1,597	163,810
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	25	2,296
		-7	Refused	1	15
		1	The City	725	74,903
		2	The Suburbs	430	45,919
		3	A Rural Area	679	62,897
				1,860	186,029
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	5	727
		1	Yes	507	46,358
		2	No	1,348	138,944
				1,860	186,029
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	3	171
		-7	Refused	4	708
		-1	Not Collected	507	46,358
		1	Yes	1,064	107,356
		2	No	282	31,435
				1,860	186,029
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	30
		-7	Refused	4	708
		-1	Not Collected	507	46,358
		1	Yes	340	37,845
		2	No	1,008	101,087
				1,860	186,029
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	2	69
		-7	Refused	4	708
		-1	Not Collected	507	46,358
		1	Yes	389	40,319
		2	No	958	98,575
				1,860	186,029
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	97
		-7	Refused	4	708
		-1	Not Collected	507	46,358
		1	Yes	58	6,120
		2	No	1,289	132,745
				1,860	186,029
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	30
		-7	Refused	4	708

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Alone	507	46,358
		2	With spouse only	667	64,844
		3	With children only	31	3,315
		4	With spouse and children	192	22,681
		5	With others	458	48,092
				1,860	186,029
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	115
		-7	Refused	3	455
		1	1 Person	508	46,377
		2	2 People	773	76,142
		3	3 People	343	37,683
		4	4 People	116	11,099
		5	5 People	74	8,792
		6	6 People	27	3,408
		7	7 People	11	1,388
		8	8 People	1	65
		11	11 People	1	356
		12	12	1	149
				1,860	186,029
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	4	308
		-7	Refused	6	940
		1	Married	1,377	135,449
		2	Widowed	94	9,631
		3	Divorced	198	20,457
		4	Separated	22	2,451
		5	Never Married	159	16,793
				1,860	186,029
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 2010 ABOVE OR BELOW \$20,000?	-8	Don't Know	74	6,017
		-7	Refused	74	8,142
		1	Below \$20,000 [1666 Per Month Or Less]	422	42,772
		2	Above \$20,000 [1667 Per Month Or More]	1,290	129,099
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?	.	Missing	148	14,158
		-8	Don't Know	78	7,855
		-7	Refused	53	4,878
		1	\$5,000 or less	43	3,787
		2	\$5,001-\$10,000	54	4,965
		3	\$10,001-\$15,000	115	13,715
		4	\$15,001-\$20,000	172	16,957
		5	\$20,001-\$25,000	230	21,059
		6	\$25,001-\$30,000	184	16,382
		7	\$30,001-\$35,000	151	14,555
		8	\$35,001-\$40,000	113	12,321
		9	\$40,001-\$50,000	149	16,044
		10	ABOVE \$50,000	370	39,353
				1,860	186,029
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	19	1,739
		0	Rural (Not in Urbanized Area or Urban Cluster)	1,048	99,051
		1	In Urbanized Area	682	77,335
		2	In Urban Cluster	111	7,904
				1,860	186,029
CGFLAG	WEIGHTING VARIABLE	.	.	154	17,850
		1	Respite Care	662	58,833
		2	Counseling/Support	351	43,020
		3	Supplemental Services	693	66,327
				1,860	186,029
DIF_CR_CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	31	3,957
		1	Care Recipient is Younger Than Caregiver	231	18,819
		2	Care Recipient is Older or Same Age As Caregiver	1,598	163,253
		1,860	186,029		
VARSTRAT	VARIANCE STRATUM		Missing	154	17,850
		1.00 - 64.00	Varstrat range	1,706	168,179
		1,860	186,029		
VARUNIT	VARIANCE UNIT	.	Missing	154	17,850
		1	Variance unit 1	815	79,230

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Variance unit 2	891	88,949
				1,860	186,029
PSWGT	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT		Missing	154	17,850
		3.52 - 2083.01	Weight range	1,706	168,179
				1,860	186,029
PSWGT1	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1		Missing	154	17,850
		1.16 - 2140.84	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT2	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2		Missing	154	17,850
		1.14 - 2906.52	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT3	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3		Missing	154	17,850
		1.13 - 2087.31	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT4	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4		Missing	154	17,850
		1.32 - 3580.58	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT5	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5		Missing	154	17,850
		1.12 - 2150.73	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT6	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6		Missing	154	17,850
		1.34 - 3078.74	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT7	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 7		Missing	154	17,850
		0.88 - 2448.46	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT8	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 8		Missing	154	17,850

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1.29 - 3796.00	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT9	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 9		Missing	154	17,850
		1.11 - 2614.94	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT10	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10		Missing	154	17,850
		1.31 - 3898.36	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT11	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11		Missing	154	17,850
		1.03 - 2178.23	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT12	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12		Missing	154	17,850
		1.26 - 2510.84	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT13	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13		Missing	154	17,850
		0.97 - 2332.43	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT14	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14		Missing	154	17,850
		1.27 - 3539.20	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT15	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15		Missing	154	17,850
		1.14 - 2153.10	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT16	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16		Missing	154	17,850
		1.12 - 2509.56	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT17	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17		Missing	154	17,850

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.95 - 3692.66	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT18	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18		Missing	154	17,850
		1.24 - 2643.57	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT19	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19		Missing	154	17,850
		1.02 - 2889.14	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT20	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20		Missing	154	17,850
		1.23 - 2028.18	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT21	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21		Missing	154	17,850
		0.96 - 4089.28	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT22	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22		Missing	154	17,850
		0.97 - 2221.48	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT23	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23		Missing	154	17,850
		1.13 - 3014.24	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT24	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24		Missing	154	17,850
		1.25 - 2479.59	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT25	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25		Missing	154	17,850
		0.99 - 2755.70	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT26	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26		Missing	154	17,850

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1.06 - 2045.77	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT27	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27		Missing	154	17,850
		1.25 - 3623.75	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT28	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28		Missing	154	17,850
		1.22 - 2061.35	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT29	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29		Missing	154	17,850
		0.83 - 2519.87	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT30	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30		Missing	154	17,850
		1.23 - 2462.97	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT31	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31		Missing	154	17,850
		1.06 - 3393.75	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT32	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32		Missing	154	17,850
		1.32 - 2682.87	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT33	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33		Missing	154	17,850
		0.94 - 2446.82	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT34	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34		Missing	154	17,850
		1.28 - 1915.80	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT35	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35		Missing	154	17,850

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1.07 - 3419.07	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT36	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36		Missing	154	17,850
		1.33 - 2744.15	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT37	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37		Missing	154	17,850
		1.10 - 2884.84	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT38	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38		Missing	154	17,850
		1.19 - 2274.05	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT39	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39		Missing	154	17,850
		1.01 - 3686.69	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT40	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40		Missing	154	17,850
		1.09 - 1915.03	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT41	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41		Missing	154	17,850
		1.23 - 4112.86	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT42	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42		Missing	154	17,850
		1.00 - 2338.10	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT43	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43		Missing	154	17,850
		1.08 - 3025.58	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT44	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44		Missing	154	17,850

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1.21 - 2155.96	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT45	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45		Missing	154	17,850
		0.94 - 3771.21	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT46	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46		Missing	154	17,850
		1.23 - 2499.46	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT47	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47		Missing	154	17,850
		0.98 - 2909.02	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT48	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48		Missing	154	17,850
		1.16 - 2055.14	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT49	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49		Missing	154	17,850
		0.99 - 2254.21	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT50	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50		Missing	154	17,850
		0.98 - 3533.87	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT51	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51		Missing	154	17,850
		1.20 - 2111.72	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT52	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52		Missing	154	17,850
		1.05 - 2546.42	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT53	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53		Missing	154	17,850

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.83 - 2584.37	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT54	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54		Missing	154	17,850
		1.08 - 3882.99	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT55	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55		Missing	154	17,850
		1.07 - 2129.30	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT56	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56		Missing	154	17,850
		1.27 - 2515.64	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT57	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57		Missing	154	17,850
		0.95 - 2057.79	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT58	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58		Missing	154	17,850
		1.07 - 3294.25	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT59	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59		Missing	154	17,850
		1.04 - 2072.79	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT60	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60		Missing	154	17,850
		1.04 - 3758.88	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT61	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61		Missing	154	17,850
		0.98 - 2113.34	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT62	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62		Missing	154	17,850

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1.10 - 3102.73	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT63	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63		Missing	154	17,850
		1.11 - 2108.24	Replicate weight range	1,706	168,179
				1,860	186,029
PSWGT64	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64		Missing	154	17,850
		1.18 - 3481.95	Replicate weight range	1,706	168,179
				1,860	186,029
PSTOTWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	7.51 - 932.53	Weight range	1,860	186,029
				1,860	186,029
PSTOTWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	2.56 - 1703.96	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	2.15 - 1397.33	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	2.28 - 1569.63	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	2.38 - 1734.01	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	2.39 - 1440.96	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	2.45 - 1503.63	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	2.60 - 1563.49	Replicate weight range	1,860	186,029
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	2.46 - 1689.91	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	2.68 - 1745.97	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	2.23 - 1707.44	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	2.31 - 1595.77	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	2.47 - 1365.36	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	2.30 - 2050.33	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	2.45 - 1535.35	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	2.29 - 1516.27	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	2.14 - 1383.83	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	2.45 - 1596.02	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	2.12 - 1618.72	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	2.03 - 1404.00	Replicate weight range	1,860	186,029
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	2.28 - 1609.77	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	2.40 - 1616.80	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	3.04 - 1740.32	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	2.66 - 1763.85	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	2.51 - 1284.67	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	2.33 - 1376.66	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	2.07 - 1468.06	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	2.20 - 1785.82	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	2.53 - 1734.04	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	2.31 - 1323.06	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	2.66 - 1663.94	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	2.32 - 1413.70	Replicate weight range	1,860	186,029
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	2.31 - 2082.10	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	2.24 - 1323.87	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	2.41 - 1654.72	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	2.08 - 1469.36	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	2.52 - 2079.49	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	2.25 - 1393.53	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	2.23 - 1529.20	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	2.33 - 1866.30	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	2.01 - 1521.27	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	2.28 - 1637.24	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	1.87 - 1577.34	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	2.22 - 1690.06	Replicate weight range	1,860	186,029
				1,860	186,029

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	2.17 - 1457.09	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	2.01 - 1695.72	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	2.56 - 1581.16	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	2.08 - 1383.35	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	2.47 - 1670.06	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	2.44 - 2020.16	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	1.87 - 1450.66	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	2.44 - 1488.68	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	2.05 - 1438.83	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	2.08 - 1817.12	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	2.54 - 1641.31	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	2.21 - 1581.26	Replicate weight range	1,860	186,029
				1,860	186,029

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSTOTWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	2.46 - 1381.32	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	2.02 - 1367.13	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	2.04 - 1653.54	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	1.83 - 1579.75	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	2.15 - 1674.29	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	2.53 - 1643.47	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	2.44 - 1520.84	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	2.68 - 1605.51	Replicate weight range	1,860	186,029
				1,860	186,029
PSTOTWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	2.04 - 1597.74	Replicate weight range	1,860	186,029
				1,860	186,029