

**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?

Positional Listing of Variables

Name	Type	Description
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?

Positional Listing of Variables

Name	Type	Description
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?

**Positional Listing of Variables**

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

Positional Listing of Variables

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?
CGPFDSC	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?
CGPFDSD	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
CGPFDSE	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?
CGPFDSF	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?
CGPFDSG	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?
CGPFDSH	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
CGPFDSI	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
CGPFDSJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?

Positional Listing of Variables

Name	Type	Description
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?
PFDLR BC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?

Positional Listing of Variables

Name	Type	Description
PFMEALC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?
PFMEALBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFCLENBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFHCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
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

Positional Listing of Variables

Name	Type	Description
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 2011 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
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 2011 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 2011?
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??
PFDFINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFOUBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
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?
PFTKDGC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSBSBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFUSBSC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALKBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWALKC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFWCBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWCC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14
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	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...				
		1	Husband	309	28,433
		2	Wife	563	50,053
		3	Son	194	19,522
		4	Son-In-Law	2	322
		5	Daughter	644	67,124
		6	Daughter-In-Law	38	3,677
		8	Mother	3	328
		9	Brother	12	793
		10	Sister	29	2,414
		11	Granddaughter	13	1,494
		12	Grandson	4	275
		13	Niece	30	2,514
		14	Nephew	6	528
		15	A Friend/Neighbor/Another Person	63	7,561
		91	Other Relative	16	1,412
				<b>1,926</b>	<b>186,450</b>
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?				
		-8	Don't Know	5	522
		1	Yes	1,454	137,403
		2	No	467	48,525
				<b>1,926</b>	<b>186,450</b>
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		1	Yes	1,659	160,365
		2	No	267	26,085
				<b>1,926</b>	<b>186,450</b>
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?				
		-8	Don't Know	2	87
		1	Yes	1,726	167,036
		2	No	198	19,327
				<b>1,926</b>	<b>186,450</b>
CGACTI04	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?				
		1	Yes	1,788	172,443

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	138	14,007
				<b>1,926</b>	<b>186,450</b>
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	2	44
		1	Yes	1,809	176,237
		2	No	115	10,169
				<b>1,926</b>	<b>186,450</b>
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	10	910
		1	Yes	1,715	164,178
		2	No	201	21,362
				<b>1,926</b>	<b>186,450</b>
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	7	1,018
		1	Yes	1,198	104,216
		2	No	721	81,216
				<b>1,926</b>	<b>186,450</b>
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?	-1	Not Collected	728	82,234
		1	Yes	1,033	87,403
		2	No	165	16,813
				<b>1,926</b>	<b>186,450</b>
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	55
		-1	Not Collected	728	82,234
		1	Yes	235	24,638
		2	No	962	79,523
				<b>1,926</b>	<b>186,450</b>
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?	-8	Don't Know	2	156
		-1	Not Collected	728	82,234
		1	Yes	84	8,764
		2	No	1,112	95,296
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?	-8	Don't Know	6	334
		-1	Not Collected	728	82,234
		1	Yes	18	1,483
		2	No	1,174	102,400
				<b>1,926</b>	<b>186,450</b>
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?	-8	Don't Know	4	192
		-1	Not Collected	728	82,234
		1	Yes	6	376
		2	No	1,188	103,648
				<b>1,926</b>	<b>186,450</b>
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE	-8	Don't Know	95	9,712
		-7	Refused	1	51
		-1	Not Collected	728	82,234
		1	0 Hours	67	6,387
		2	1 - 5 Hours	438	33,733
		3	6 - 10 Hours	321	25,877
		4	11 - 20 Hours	168	17,243
		5	21 - 80 Hours	104	10,639
		6	81 - 167 Hours	2	191
		7	168 Hours	2	383
		<b>1,926</b>	<b>186,450</b>		
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	34	2,600
		1	Yes	1,432	141,418
		2	No	460	42,432
		<b>1,926</b>	<b>186,450</b>		
CGINFOHP	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	41	3,337
		-1	Not Collected	494	45,032
		1	Yes	1,096	111,412
		2	No	295	26,670
		<b>1,926</b>	<b>186,450</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	6	481
		1	Yes	586	65,678
		2	No	1,334	120,291
				<b>1,926</b>	<b>186,450</b>
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?	-1	Not Collected	1,340	120,772
		1	Yes	268	31,937
		2	No	318	33,741
				<b>1,926</b>	<b>186,450</b>
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?	-8	Don't Know	3	275
		-1	Not Collected	1,340	120,772
		1	Yes	243	31,678
		2	No	340	33,725
		<b>1,926</b>	<b>186,450</b>		
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?	-1	Not Collected	1,340	120,772
		1	Yes	344	43,012
		2	No	242	22,666
		<b>1,926</b>	<b>186,450</b>		
CGEDKD04	HAVE YOU ATTENDED SOMETHING ELSE?	-8	Don't Know	1	335
		-1	Not Collected	1,340	120,772
		1	Yes	32	3,654
		2	No	553	61,689
		<b>1,926</b>	<b>186,450</b>		
CGSUPA	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?	-8	Don't Know	10	951
		1	Yes	255	26,498
		2	No	1,661	159,001
		<b>1,926</b>	<b>186,450</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	744
		1	Yes	210	18,714
		2	No	1,708	166,992
				<b>1,926</b>	<b>186,450</b>
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	27	1,316
		1	Yes	379	41,292
		2	No	1,520	143,842
				<b>1,926</b>	<b>186,450</b>
CGSUPD	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?	-8	Don't Know	17	1,361
		1	Yes	301	30,184
		2	No	1,608	154,906
				<b>1,926</b>	<b>186,450</b>
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	20	2,130
		1	Yes	369	34,727
		2	No	1,537	149,594
				<b>1,926</b>	<b>186,450</b>
CGSUPF	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?	-8	Don't Know	13	1,038
		1	Yes	376	31,497
		2	No	1,537	153,916
				<b>1,926</b>	<b>186,450</b>
CGSUPG	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?	-8	Don't Know	10	885
		1	Yes	9	537

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,907	185,028
				<b>1,926</b>	<b>186,450</b>
CGSUPTOT	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?	.	Missing	150	17,799
		1	Yes, receive supplemental caregiver services	1,107	104,722
		2	No, do not receive supplemental caregiver services	669	63,930
				<b>1,926</b>	<b>186,450</b>
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Don't Know	108	9,416
		-7	Refused	1	204
		-1	Not Collected	455	46,774
		1	Respite Care Services	765	64,306
		2	Help/Information Re: Available Services/Resources	218	24,600
		3	Caregiver Training/Education	128	17,782
		4	Other Support Services/Assistance	251	23,367
				<b>1,926</b>	<b>186,450</b>
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-9	Not Ascertained	1	271
		-8	Don't Know	84	6,617
		1	Family	235	20,412
		2	Friends	327	32,669
		3	A Physician	173	15,133
		4	A Community Organization	234	24,583
		5	The Media	101	10,639
		6	A Social Worker Or Case Manager	225	25,141
		7	The Hospital	167	15,196
		8	The State/Local Office For The Aging	347	32,177
		91	Someplace Else	32	3,611
				<b>1,926</b>	<b>186,450</b>
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Don't Know	21	3,313
		1	Yes	1,258	117,808

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	647	65,330
				<b>1,926</b>	<b>186,450</b>
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Don't Know	25	1,668
		1	Yes	1,427	136,496
		2	No	474	48,287
				<b>1,926</b>	<b>186,450</b>
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	29	2,174
		1	Yes	1,609	157,176
		2	No	288	27,100
				<b>1,926</b>	<b>186,450</b>
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	55	3,707
		1	Yes	1,445	143,203
		2	No	426	39,540
				<b>1,926</b>	<b>186,450</b>
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	23	1,659
		1	Yes	1,172	121,588
		2	No	731	63,204
				<b>1,926</b>	<b>186,450</b>
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Don't Know	31	3,238
		1	Yes	1,798	174,080
		2	No	97	9,131
				<b>1,926</b>	<b>186,450</b>
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	39	3,252
		1	Yes	1,677	164,271
		2	No	210	18,928
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	100	11,956
		1	Yes	1,513	143,714
		2	No	313	30,780
				<b>1,926</b>	<b>186,450</b>
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	13	1,170
		1	Excellent	882	86,769
		2	Very Good	665	62,995
		3	Good	274	28,723
		4	Fair	66	4,505
		5	Poor	26	2,287
		<b>1,926</b>	<b>186,450</b>		
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	13	1,170
		1	Rating of Good to Excellent	1,821	178,488
		2	Rating of Fair or Poor	92	6,792
		<b>1,926</b>	<b>186,450</b>		
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	108	10,861
		-7	Refused	2	524
		1	Yes	559	55,133
		2	No	1,257	119,932
		<b>1,926</b>	<b>186,450</b>		
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Don't Know	1	57
		1	Working Full Time	295	29,913
		2	Working Part Time	180	19,483
		3	Retired	1,065	99,463
		4	Not Working	385	37,535
		<b>1,926</b>	<b>186,450</b>		
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Don't Know	4	379
		-1	Not Collected	476	49,453
		1	Yes	373	38,918
		2	No	1,073	97,701

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	3	118
		-1	Not Collected	1,451	137,054
		1	Yes	249	26,682
		2	No	223	22,596
				<b>1,926</b>	<b>186,450</b>
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?	-8	Don't Know	1	82
		-1	Not Collected	1,677	159,768
		1	Always	37	5,423
		2	Often	71	8,250
		3	Sometimes	117	10,274
		4	Rarely	21	2,215
		5	Never	2	438
				<b>1,926</b>	<b>186,450</b>
CGSRVHLP	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?	-8	Don't Know	1	264
		-1	Not Collected	1,680	160,288
		1	Yes	127	13,912
		2	No	118	11,986
				<b>1,926</b>	<b>186,450</b>
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	23	2,719
		-7	Refused	1	14
		1	1 - Not a strain at all	302	29,881
		2	2	375	38,405
		3	3	524	52,553
		4	4	343	31,193
		5	5 - Very much of a strain	358	31,686
				<b>1,926</b>	<b>186,450</b>
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	18	973

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	14
		1	1 - Not at all stressful	206	19,896
		2	2	293	24,933
		3	3	529	56,235
		4	4	434	42,735
		5	5 - Very stressful	445	41,663
				<b>1,926</b>	<b>186,450</b>
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	16	2,213
		-7	Refused	5	482
		1	1 - No hardship at all	500	44,714
		2	2	333	33,206
		3	3	469	47,458
		4	4	299	30,266
		5	5 - A great hardship	304	28,109
				<b>1,926</b>	<b>186,450</b>
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?				
		-8	Don't Know	41	3,972
		-7	Refused	3	123
		1	The Financial Burden	196	18,716
		2	Not Enough Time For Self	299	29,715
		3	Not Enough Time For Family	110	11,575
		4	Interferes With Your Work	29	3,230
		5	Affects Your Family Relationships	70	7,302
		6	Interferes With Your Privacy	31	2,636
		7	Conflicts With Your Social Life	105	10,844
		8	Creates Stress	457	43,481
		9	None	206	18,480
		10	All Of The Above	357	34,641
		91	Something Else	22	1,734
				<b>1,926</b>	<b>186,450</b>
CGALLEV	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?				
		-8	Don't Know	43	3,888

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	87
		-1	Not Collected	73	6,164
		1	Yes	1,363	133,573
		2	No	446	42,738
				<b>1,926</b>	<b>186,450</b>
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?	-8	Don't Know	10	465
		-7	Refused	2	117
		1	Excellent	200	22,629
		2	Very Good	430	45,315
		3	Good	638	64,331
		4	Fair	476	40,550
		5	Poor	170	13,042
				<b>1,926</b>	<b>186,450</b>
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	6	1,483
		-7	Refused	2	75
		1	Yes	879	80,387
		2	No	1,039	104,505
				<b>1,926</b>	<b>186,450</b>
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS	-8	Don't Know	4	222
		-7	Refused	6	893
		-1	Not Collected	1,047	106,063
		1	Yes	516	48,372
		2	No	353	30,900
				<b>1,926</b>	<b>186,450</b>
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE	-8	Don't Know	4	222
		-7	Refused	6	893
		-1	Not Collected	1,047	106,063
		1	Yes	130	10,674
		2	No	739	68,598
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES	-8	Don't Know	4	222
		-7	Refused	6	893
		-1	Not Collected	1,047	106,063
		1	Yes	105	10,640
		2	No	764	68,632
				<b>1,926</b>	<b>186,450</b>
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS	-8	Don't Know	4	222
		-7	Refused	6	893
		-1	Not Collected	1,047	106,063
		1	Yes	238	19,409
		2	No	631	59,864
				<b>1,926</b>	<b>186,450</b>
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH	-8	Don't Know	4	222
		-7	Refused	6	893
		-1	Not Collected	1,047	106,063
		1	Yes	106	10,789
		2	No	763	68,483
				<b>1,926</b>	<b>186,450</b>
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS	-8	Don't Know	4	222
		-7	Refused	6	893
		-1	Not Collected	1,047	106,063
		1	Yes	85	8,505
		2	No	784	70,767
				<b>1,926</b>	<b>186,450</b>
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-8	Don't Know	4	222
		-7	Refused	6	893
		-1	Not Collected	1,047	106,063
		1	Yes	85	6,334
		2	No	784	72,939
				<b>1,926</b>	<b>186,450</b>
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Don't Know	30	2,800

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,047	106,063
		1	Yes	434	38,850
		2	No	415	38,738
				<b>1,926</b>	<b>186,450</b>
CGHLONG	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?				
		-8	Don't Know	3	67
		-7	Refused	1	64
		1	6 Months Or Less	21	2,819
		2	More Than 6 Months, But Less Than 1 Year	75	8,074
		3	At Least 1 Year, But Less Than 2 Years	214	20,621
		4	2 To 5 Years	717	71,754
		5	5 To 10 Years	572	50,870
		6	11 To 20 Years	246	23,520
		7	More Than 20 Years	77	8,660
				<b>1,926</b>	<b>186,450</b>
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?				
		-8	Don't Know	3	162
		1	In The Same House	1,509	141,005
		2	Less Than 20 Minutes Away	293	29,782
		3	Between 20 And 60 Minutes Away	90	10,614
		4	Between 1 And 2 Hours Away	15	1,908
		5	More Than Two Hours Away	16	2,980
				<b>1,926</b>	<b>186,450</b>
VISTIMES	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?				
		-8	Don't Know	5	712
		-1	Not Collected	1,509	141,005
		1	Every Day	187	19,755
		2	Two Or More Times Per Week	168	17,288
		3	Once A Week	24	2,404
		4	A Few Times A Month	18	1,535
		5	Once A Month	4	1,313
		6	A Few Times A Year	8	1,962
		7	Less Often	3	476
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?	-8	Don't Know	4	462
		-1	Not Collected	1,509	141,005
		1	Yes	284	31,168
		2	No	129	13,816
				<b>1,926</b>	<b>186,450</b>
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Don't Know	15	1,290
		1	Can Be Left Alone Over A Day At A Time	146	17,048
		2	Can Be Left Alone A Day But Then Checked	200	18,408
		3	Needs Someone There At Least Part Of Day	373	43,817
		4	Needs Someone There All/Nearly All Time	1,192	105,887
		<b>1,926</b>	<b>186,450</b>		
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	91	8,183
		-7	Refused	4	165
		1	0 Hours	50	4,545
		2	1 - 2 Hours	191	19,036
		3	3 - 4 Hours	194	20,619
		4	5 - 6 Hours	136	14,835
		5	7 - 10 Hours	195	20,768
		6	11 - 15 Hours	186	18,490
		7	16 - 23 Hours	157	15,242
8	24 Hours	722	64,568		
		<b>1,926</b>	<b>186,450</b>		
CGHRS_Q	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUANTILES)	.	Missing	95	8,348
		1	First Quartile (0-4)	435	44,200
		2	Second Quartile (5-12)	470	48,198
		3	Third Quartile (adjusted to 13-23)	204	21,136
		4	Fourth Quartile (24)	722	64,568
		<b>1,926</b>	<b>186,450</b>		
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Collected	95	8,348
		1	0 Hours	50	4,545

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	6 - 10 Hours	70	5,990
		4	11 - 20 Hours	121	13,046
		5	21 - 30 Hours	194	20,619
		6	31 - 40 Hours	56	6,449
		7	41 - 80 Hours	281	30,506
		8	81 - 120 Hours	232	22,051
		9	121 - 167 Hours	105	10,329
		10	168 Hours	722	64,568
				<b>1,926</b>	<b>186,450</b>
CGHRSWK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	96	8,506
		-7	Refused	3	236
		1	0 Hours	34	5,719
		2	1 - 2 Hours	165	15,531
		3	3 - 4 Hours	155	15,594
		4	5 - 6 Hours	135	13,952
		5	7 - 10 Hours	182	19,392
		6	11 - 15 Hours	209	21,595
		7	16 - 23 Hours	310	30,195
		8	24 Hours	637	55,730
				<b>1,926</b>	<b>186,450</b>
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Collected	99	8,742
		1	0 Hours	34	5,719
		2	1 - 10 Hours	165	15,531
		3	11 - 20 Hours	155	15,594
		4	21 - 30 Hours	135	13,952
		5	31 - 50 Hours	182	19,392
		6	51 - 80 Hours	285	27,874
		7	81 - 119 Hours	234	23,916
		8	120 Hours	637	55,730
				<b>1,926</b>	<b>186,450</b>
CGHRSWD	# HOURS YOU CARE ON WEEKEND DAY	-8	Don't Know	61	5,197
		-7	Refused	3	327
		1	0 Hours	59	8,054
		2	1 - 2 Hours	150	14,538
		3	3 - 4 Hours	155	16,249
		4	5 - 6 Hours	102	11,218
		5	7 - 10 Hours	169	16,402

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	11 - 15 Hours	195	18,092
		7	16 - 23 Hours	231	24,607
		8	24 Hours	801	71,767
				<b>1,926</b>	<b>186,450</b>
CGHRSD2	# HOURS YOU CARE ON THE WEEKEND	-1	Not Collected	64	5,524
		1	0 Hours	59	8,054
		2	1 - 5 Hours	150	14,538
		3	6 - 10 Hours	197	21,740
		4	11 - 20 Hours	229	22,129
		5	21 - 30 Hours	195	18,092
		6	31 - 47 Hours	231	24,607
		7	48 Hours	801	71,767
				<b>1,926</b>	<b>186,450</b>
CGHRWK7	HOURS HELP CAREGIVER PROVIDES PER WK	-1	Not Collected	116	9,746
		1	0 Hours	25	4,942
		2	1 - 20 Hours	173	15,947
		3	21 - 40 Hours	197	20,720
		4	41 - 80 Hours	258	26,276
		5	81 - 120 Hours	266	28,587
		6	121 - 167 Hours	324	30,022
		7	168 Hours	567	50,210
				<b>1,926</b>	<b>186,450</b>
CGOTHLPA	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?	-8	Don't Know	3	235
		1	Yes	987	94,698
		2	No	936	91,516
				<b>1,926</b>	<b>186,450</b>
CGOTHLPB	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?	-8	Don't Know	45	3,930
		-7	Refused	1	28
		1	Yes	1,104	97,094
		2	No	776	85,398
				<b>1,926</b>	<b>186,450</b>

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	8	641
		-7	Refused	1	112
		1	Yes	502	46,106
		2	No	1,415	139,591
				<b>1,926</b>	<b>186,450</b>
CGOTHLPD	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?	-8	Don't Know	11	772
		1	Yes	758	72,900
		2	No	1,157	112,779
				<b>1,926</b>	<b>186,450</b>
CGOTHLPE	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?	-8	Don't Know	11	1,140
		-7	Refused	2	172
		1	Yes	10	688
		2	No	1,903	184,450
				<b>1,926</b>	<b>186,450</b>
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?	-8	Don't Know	32	3,057
		-1	Not Collected	200	24,214
		1	Caregiver (You)	960	85,810
		2	Other Family Members Or Friends	220	25,014
		3	Agency	311	28,699
		4	Other Community Agencies	59	5,262
		5	Help Paid For By Recipient Or Family	143	14,202
		6	Other Specify	1	192
				<b>1,926</b>	<b>186,450</b>
CGOTHLP2	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?	-8	Don't Know	41	2,915
		-7	Refused	1	123
		-1	Not Collected	232	27,270
		1	Caregiver (You)	689	69,743
		2	Other Family Members Or Friends	398	33,961
		3	Agency	271	23,807
		4	Other Community Agencies	112	10,111

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Help Paid For By Recipient Or Family	178	18,230
		6	Other Specify	4	289
				<b>1,926</b>	<b>186,450</b>
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Don't Know	10	661
		-7	Refused	1	59
		1	Yes	145	15,949
		2	No	1,770	169,780
				<b>1,926</b>	<b>186,450</b>
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-1	Not Collected	1,781	170,501
		1	Care Recipient	55	6,311
		2	Community Agency	87	9,086
		91	Other	3	552
				<b>1,926</b>	<b>186,450</b>
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	28	1,945
		1	Yes	1,537	150,315
		2	No	361	34,190
				<b>1,926</b>	<b>186,450</b>
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	2,765
		1	Yes	965	102,065
		2	No	926	81,620
				<b>1,926</b>	<b>186,450</b>
CGINF03	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?	-8	Don't Know	31	2,247
		-7	Refused	1	112
		1	Yes	802	83,701
		2	No	1,092	100,390

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
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	67	5,877
		-7	Refused	1	78
		1	Yes	1,442	142,966
		2	No	416	37,529
				<b>1,926</b>	<b>186,450</b>
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	15	909
		1	Yes	969	100,141
		2	No	942	85,400
				<b>1,926</b>	<b>186,450</b>
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	14	1,140
		-7	Refused	1	19
		1	Yes	1,272	126,794
		2	No	639	58,497
				<b>1,926</b>	<b>186,450</b>
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?	-9	Not Ascertained	1	41
		-8	Don't Know	23	1,695
		1	Yes	1,397	137,414
		2	No	505	47,300
				<b>1,926</b>	<b>186,450</b>
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?	-9	Not Ascertained	1	41

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-8	Don't Know	15	1,056
		1	Yes	781	79,802
		2	No	1,129	105,551
				<b>1,926</b>	<b>186,450</b>
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?	-9	Not Ascertained	1	41
		-8	Don't Know	22	1,341
		1	Yes	17	1,300
		2	No	1,886	183,767
				<b>1,926</b>	<b>186,450</b>
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?	-8	Don't Know	7	968
		1	Yes	265	23,638
		2	No	1,654	161,844
				<b>1,926</b>	<b>186,450</b>
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	6	448
		1	Yes	504	45,487
		2	No	1,416	140,514
				<b>1,926</b>	<b>186,450</b>
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	10	1,004
		1	Yes	635	54,198
		2	No	1,281	131,248
				<b>1,926</b>	<b>186,450</b>
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	26	1,926
		1	Yes	899	80,276
		2	No	1,001	104,248
				<b>1,926</b>	<b>186,450</b>
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	7	1,442
		1	Yes	296	27,606
		2	No	1,623	157,403
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	301
		1	Yes	278	25,395
		2	No	1,646	160,753
				<b>1,926</b>	<b>186,450</b>
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	10	1,145
		1	Yes	618	54,400
		2	No	1,298	130,905
				<b>1,926</b>	<b>186,450</b>
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	4	414
		1	Yes	210	17,037
		2	No	1,712	168,999
				<b>1,926</b>	<b>186,450</b>
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	8	1,204
		1	Yes	78	8,853
		2	No	1,840	176,393
				<b>1,926</b>	<b>186,450</b>
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	31	3,015
		-7	Refused	1	82
		1	Yes	496	52,689
		2	No	1,398	130,663
				<b>1,926</b>	<b>186,450</b>
HNREDUYN	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	8	943
		-7	Refused	1	82
		1	Yes	145	14,137
		2	No	1,772	171,288
				<b>1,926</b>	<b>186,450</b>
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	2,194

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	495	49,385
		2	No	1,402	134,871
				<b>1,926</b>	<b>186,450</b>
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	21	2,813
		1	Yes	214	19,710
		2	No	1,691	163,927
				<b>1,926</b>	<b>186,450</b>
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	11	1,125
		1	Yes	176	19,711
		2	No	1,739	165,614
				<b>1,926</b>	<b>186,450</b>
MEDS	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?				
		-8	Don't Know	10	1,051
		1	Yes	120	13,754
		2	No	1,796	171,645
				<b>1,926</b>	<b>186,450</b>
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?				
		-8	Don't Know	5	439
		1	Yes	231	24,064
		2	No	1,690	161,947
				<b>1,926</b>	<b>186,450</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?				
		-8	Don't Know	24	3,238
		-7	Refused	1	136
		-1	Not Collected	266	29,273
		1	Excellent	478	43,368
		2	Very Good	544	49,700
		3	Good	445	41,790
		4	Fair	131	15,465
		5	Poor	37	3,480

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
SVCCURT	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	76	8,508
		1	Agree	1,812	173,149
		2	Disagree	38	4,793
				<b>1,926</b>	<b>186,450</b>
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	1	1,102
		-7	Refused	1	93
		1	Yes	214	19,131
		2	No	1,710	166,124
				<b>1,926</b>	<b>186,450</b>
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	10	3,161
		1	Yes	253	28,944
		2	No	1,663	154,345
				<b>1,926</b>	<b>186,450</b>
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	46	5,412
		-7	Refused	1	93
		1	Yes	384	41,093
		2	No	1,495	139,853
				<b>1,926</b>	<b>186,450</b>
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	8	2,046
		1	Yes	105	11,551
		2	No	1,813	172,852
				<b>1,926</b>	<b>186,450</b>
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	9	978
		-7	Refused	1	335
		1	Yes	1,385	136,299
		2	No	531	48,838
				<b>1,926</b>	<b>186,450</b>
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?	-8	Don't Know	7	633
		1	Yes	1,453	142,863

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	466	42,954
				<b>1,926</b>	<b>186,450</b>
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	85	7,875
		-7	Refused	2	146
		1	Yes	1,049	102,182
		2	No	790	76,247
				<b>1,926</b>	<b>186,450</b>
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	127	11,617
		-7	Refused	1	82
		-1	Not Collected	1,049	102,182
		1	In Caregiver's Home	65	7,585
		2	In The Home Of Another Family Mem/Friend	63	6,068
		3	In An Assisted Living Facility	122	12,548
		4	In A Nursing Home	467	44,135
		5	Care Recipient Would Have Died	15	1,140
		91	Other	17	1,093
				<b>1,926</b>	<b>186,450</b>
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?	-8	Don't Know	18	1,761
		-7	Refused	1	136
		1	Excellent	57	8,105
		2	Very Good	180	19,173
		3	Good	474	44,640
		4	Fair	606	61,267
		5	Poor	590	51,370
				<b>1,926</b>	<b>186,450</b>
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?	-8	Don't Know	14	1,096
		-7	Refused	1	136
		1	Yes	1,208	112,942
		2	No	702	71,174

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	13	1,107
		-7	Refused	1	136
		1	Yes	1,313	127,259
		2	No	598	56,846
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
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	6	569
		-7	Refused	1	136
		1	Yes	890	84,123
		2	No	1,028	100,521
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?	-8	Don't Know	46	3,036
		-7	Refused	1	136
		1	Yes	895	90,404
		2	No	981	91,657
		3	Does Not Apply	3	1,217
				<b>1,926</b>	<b>186,450</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	6	693
		-7	Refused	1	136
		1	Yes	597	53,924
		2	No	1,321	130,595
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSF	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?	-8	Don't Know	7	508
		-7	Refused	1	136

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	750	68,059
		2	No	1,167	116,645
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSG	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?	-8	Don't Know	8	572
		-7	Refused	1	136
		1	Yes	395	36,525
		2	No	1,521	148,116
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSH	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?	-8	Don't Know	19	1,085
		-7	Refused	1	136
		1	Yes	625	58,724
		2	No	1,278	125,032
		3	Does Not Apply	3	1,472
				<b>1,926</b>	<b>186,450</b>
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?	-8	Don't Know	31	2,418
		-7	Refused	1	136
		1	Yes	408	37,748
		2	No	1,484	144,694
		3	Does Not Apply	2	1,455
				<b>1,926</b>	<b>186,450</b>
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?	-8	Don't Know	45	4,869
		-7	Refused	1	136
		1	Yes	560	48,143
		2	No	1,317	132,115
		3	Does Not Apply	3	1,188
				<b>1,926</b>	<b>186,450</b>
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?	-8	Don't Know	15	1,340
		-7	Refused	1	136
		1	Yes	262	27,136

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,647	156,736
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSL	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?				
		-8	Don't Know	13	1,292
		-7	Refused	2	218
		1	Yes	1,320	126,889
		2	No	590	56,949
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?				
		-8	Don't Know	13	1,239
		-7	Refused	1	136
		1	Yes	922	88,955
		2	No	990	96,120
				<b>1,926</b>	<b>186,450</b>
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?				
		-8	Don't Know	18	1,573
		-7	Refused	2	218
		1	Yes	638	66,758
		2	No	1,267	116,799
		3	Does Not Apply	1	1,102
				<b>1,926</b>	<b>186,450</b>
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?				
		-8	Don't Know	9	791
		-7	Refused	2	218
		1	Yes	1,079	106,542
		2	No	836	78,899
				<b>1,926</b>	<b>186,450</b>
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?				
		-8	Don't Know	5	698
		-7	Refused	2	218
		1	Yes	120	11,092
		2	No	1,798	173,339
		3	Does Not Apply	1	1,102

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	11	530
		-7	Refused	2	218
		1	Yes	176	14,416
		2	No	1,736	170,184
		3	Does Not Apply	1	1,102
					<b>1,926</b>
CGPFDSR	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??	-8	Don't Know	9	789
		-7	Refused	2	218
		1	Yes	1,077	100,913
		2	No	836	83,402
		3	Does Not Apply	2	1,128
					<b>1,926</b>
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?	-8	Don't Know	9	1,247
		-7	Refused	2	218
		1	Yes	31	2,119
		2	No	1,883	181,764
		3	Does Not Apply	1	1,102
					<b>1,926</b>
CGPFDS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?	-8	Don't Know	15	1,244
		-7	Refused	2	218
		1	Yes	836	75,597
		2	No	1,071	108,275
		3	Does Not Apply	2	1,116
					<b>1,926</b>
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?	-8	Don't Know	2	83
		-7	Refused	2	218
		1	Yes	187	18,862
		2	No	1,734	166,184
		3	Does Not Apply	1	1,102
					<b>1,926</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	6	725
		1	1 Medical Condition	24	3,546
		2	2 Medical Conditions	43	4,946
		3	3 Medical Conditions	73	6,744
		4	4 Medical Conditions	157	16,114
		5	5 Medical Conditions	214	25,644
		6	6 Medical Conditions	253	21,982
		7	7 Medical Conditions	243	23,074
		8	8 Medical Conditions	262	21,623
		9	9 Medical Conditions	192	17,084
		10	10 Medical Conditions	162	17,594
		11	11 Medical Conditions	120	9,850
		12	12 Medical Conditions	85	8,734
		13	13 Medical Conditions	52	4,138
		14	14 Medical Conditions	24	2,538
		15	15 Medical Conditions	11	1,685
		16	16 Medical Conditions	3	330
17	17 Medical Conditions	2	96		
				<b>1,926</b>	<b>186,450</b>
PFDFINC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	6	216
		-7	Refused	2	189
		1	Yes	1,185	108,096
		2	No	733	77,949
				<b>1,926</b>	<b>186,450</b>
PFDFINBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	3	1,187
		-1	Not Collected	741	78,354
		1	Yes	807	73,851
		2	No	375	33,059
				<b>1,926</b>	<b>186,450</b>
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	7	420
		-7	Refused	4	406
		1	Yes	1,609	155,298
		2	No	306	30,326

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
PFDFOUBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-1	Not Collected	317	31,152
		1	Yes	1,571	151,647
		2	No	38	3,651
				<b>1,926</b>	<b>186,450</b>
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	5	726
		-7	Refused	2	66
		1	Yes	1,225	110,036
		2	No	694	75,623
				<b>1,926</b>	<b>186,450</b>
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	5	332
		-1	Not Collected	701	76,414
		1	Yes	948	85,709
		2	No	272	23,995
				<b>1,926</b>	<b>186,450</b>
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?				
		-8	Don't Know	8	1,881
		-7	Refused	1	48
		1	Yes	1,486	140,360
		2	No	431	44,161
				<b>1,926</b>	<b>186,450</b>
PFBATHBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?				
		-8	Don't Know	2	203
		-1	Not Collected	440	46,090
		1	Yes	1,392	128,094
		2	No	92	12,064
				<b>1,926</b>	<b>186,450</b>
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?				
		-8	Don't Know	10	1,985
		-7	Refused	1	48
		1	Yes	1,279	120,613
		2	No	636	63,805
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	647	65,837
		1	Yes	1,192	111,584
		2	No	87	9,029
				<b>1,926</b>	<b>186,450</b>
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	14	554
		-7	Refused	2	189
		1	Yes	1,524	144,979
		2	No	386	40,729
		<b>1,926</b>	<b>186,450</b>		
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	12	1,049
		-7	Refused	1	36
		-1	Not Collected	402	41,471
		1	Yes	1,043	97,243
		2	No	468	46,651
		<b>1,926</b>	<b>186,450</b>		
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Don't Know	2	65
		-7	Refused	1	48
		1	Yes	538	49,464
		2	No	1,385	136,873
		<b>1,926</b>	<b>186,450</b>		
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	4	1,223
		-1	Not Collected	1,388	136,986
		1	Yes	406	36,913
		2	No	128	11,329
		<b>1,926</b>	<b>186,450</b>		
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	11	1,834
		-7	Refused	2	189
		1	Yes	1,005	92,926
		2	No	908	91,501
		<b>1,926</b>	<b>186,450</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	4	389
		-1	Not Collected	921	93,524
		1	Yes	849	79,079
		2	No	152	13,458
				<b>1,926</b>	<b>186,450</b>
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	9	799
		-7	Refused	2	130
		1	Yes	1,503	145,588
		2	No	412	39,933
				<b>1,926</b>	<b>186,450</b>
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-1	Not Collected	423	40,862
		1	Yes	1,492	144,559
		2	No	11	1,029
				<b>1,926</b>	<b>186,450</b>
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	14	1,614
		-7	Refused	2	184
		1	Yes	1,618	155,747
		2	No	292	28,905
				<b>1,926</b>	<b>186,450</b>
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY??	-8	Don't Know	1	28
		-1	Not Collected	308	30,703
		1	Yes	1,591	152,874
		2	No	26	2,845
				<b>1,926</b>	<b>186,450</b>
PFCLENC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??	-8	Don't Know	11	1,245
		-7	Refused	3	266
		1	Yes	1,550	147,193
		2	No	362	37,746
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	2	151
		-1	Not Collected	376	39,257
		1	Yes	1,529	144,260
		2	No	19	2,782
				<b>1,926</b>	<b>186,450</b>
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	14	1,728
		-7	Refused	3	149
		1	Yes	1,824	174,543
		2	No	85	10,030
				<b>1,926</b>	<b>186,450</b>
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	3	442
		-1	Not Collected	102	11,907
		1	Yes	1,797	171,883
		2	No	24	2,218
				<b>1,926</b>	<b>186,450</b>
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	9	2,086
		-7	Refused	3	204
		1	Yes	1,431	137,655
		2	No	483	46,505
				<b>1,926</b>	<b>186,450</b>
PFTKDGBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	1	58
		-1	Not Collected	495	48,795
		1	Yes	1,410	134,531
		2	No	20	3,066
				<b>1,926</b>	<b>186,450</b>
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	13	1,386
		-7	Refused	2	66
		1	Yes	1,221	117,142

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	690	67,857
				<b>1,926</b>	<b>186,450</b>
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	5	632
		-1	Not Collected	705	69,308
		1	Yes	1,138	107,704
		2	No	78	8,805
				<b>1,926</b>	<b>186,450</b>
CGISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?	-8	Don't Know	1	12
		1	Yes	1,583	146,832
		2	No	342	39,605
				<b>1,926</b>	<b>186,450</b>
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	9	1,424
		-1	Not Collected	343	39,618
		1	Yes	1,365	127,819
		2	No	209	17,589
				<b>1,926</b>	<b>186,450</b>
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	124	12,877
		-7	Refused	1	62
		1	Yes	679	75,071
		2	No	1,122	98,440
				<b>1,926</b>	<b>186,450</b>
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	14
		-1	Not Collected	1,247	111,379
		1	Yes	232	30,917
		2	No	53	7,196
		3	Never Uses Bus	393	36,944
				<b>1,926</b>	<b>186,450</b>
PFUSBSBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	18

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,694	155,533
		1	Yes	225	29,567
		2	No	6	1,332
				<b>1,926</b>	<b>186,450</b>
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH	-1	Not Collected	501	68,390
		1	Yes	1,333	108,618
		2	No	92	9,442
				<b>1,926</b>	<b>186,450</b>
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	34	3,408
		0	0 limitations	131	15,178
		1	1 limitation	200	20,884
		2	2 limitations	229	22,201
		3	3 limitations	234	22,480
		4	4 limitations	279	26,315
		5	5 limitations	429	41,605
		6	6 limitations	390	34,380
				<b>1,926</b>	<b>186,450</b>
ADLAOA6CR_ SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	2	69
		0	0 limitations	133	16,323
		1	1 limitation	204	21,331
		2	2 limitations	233	22,685
		3	3 limitations	243	23,067
		4	4 limitations	287	26,779
		5	5 limitations	434	41,816
		6	6 limitations	390	34,380
				<b>1,926</b>	<b>186,450</b>
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	34	3,408
		1	Yes	1,332	124,780
		2	No	560	58,263
				<b>1,926</b>	<b>186,450</b>
ADL3PLUSCR_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	2	69
		1	Yes	1,354	126,042
		2	No	570	60,339

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
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	25	2,883
		0	0 limitations	328	36,650
		1	1 limitation	277	27,578
		2	2 limitations	229	22,576
		3	3 limitations	202	17,136
		4	4 limitations	209	19,972
		5	5 limitations	352	32,338
		6	6 limitations	304	27,317
				<b>1,926</b>	<b>186,450</b>
ADLAOA6PCR _SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	2	69
		0	0 limitations	329	36,789
		1	1 limitation	279	27,622
		2	2 limitations	233	23,140
		3	3 limitations	210	17,696
		4	4 limitations	214	21,357
		5	5 limitations	355	32,460
		6	6 limitations	304	27,317
				<b>1,926</b>	<b>186,450</b>
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	56	7,468
		0	0 limitations	32	3,587
		1	1 limitation	60	5,634
		2	2 limitations	75	7,010
		3	3 limitations	138	14,358
		4	4 limitations	196	16,067
		5	5 limitations	218	20,344
		6	6 limitations	413	44,305
		7	7 limitations	738	67,677
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7CR_	AOA IADL LIMITATIONS, SSS VERSION	.	Missing	2	47
SSS		0	0 limitations	35	4,381
		1	1 limitation	63	5,784
		2	2 limitations	81	7,729
		3	3 limitations	145	15,148
		4	4 limitations	206	18,424
		5	5 limitations	227	21,077
		6	6 limitations	429	46,184
		7	7 limitations	738	67,677
				<b>1,926</b>	<b>186,450</b>
IADLAOA7PC	AMONG THOSE W/ ANY IADL	.	Missing	17	1,810
R	DIFFICULTY, PERSON COUNTS	0	0 limitations	46	4,680
	BY # OF IADL PERSONAL ASSIST.	1	1 limitation	69	7,165
	NEEDS (OF 7 ACTIVITIES): GOING	2	2 limitations	87	9,056
	OUTSIDE HOME, MONEY MGMNT,	3	3 limitations	145	13,920
	MEAL PREP, LIGHT HOUSEWORK,	4	4 limitations	207	19,211
	MEDICATION MGMT, USING THE	5	5 limitations	242	23,780
	PHONE, OR DRIVING CAR/USING	6	6 limitations	405	42,472
	PUBLIC TRANS.	7	7 limitations	708	64,356
				<b>1,926</b>	<b>186,450</b>
IADLAOA7PC	AOA IADLS: PERSONAL ASSISTANCE	.	Missing	2	47
R_SSS	NEEDS, SSS VERSION	0	0 limitations	48	5,155
		1	1 limitation	69	7,165
		2	2 limitations	90	9,243
		3	3 limitations	147	14,264
		4	4 limitations	209	19,302
		5	5 limitations	244	24,274
		6	6 limitations	409	42,644
		7	7 limitations	708	64,356
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	60	7,872
		0	0 limitations	12	1,502
		1	1 limitation	31	2,552
		2	2 limitations	58	5,453
		3	3 limitations	81	8,016
		4	4 limitations	134	14,011
		5	5 limitations	195	15,724
		6	6 limitations	211	20,871
		7	7 limitations	408	42,945
		8	8 limitations	736	67,504
				<b>1,926</b>	<b>186,450</b>
IADLAOA8CR_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	2	47
		0	0 limitations	14	2,122
		1	1 limitation	34	3,075
		2	2 limitations	62	5,772
		3	3 limitations	88	9,065
		4	4 limitations	141	15,405
		5	5 limitations	206	17,102
		6	6 limitations	222	22,330
		7	7 limitations	421	44,027
		8	8 limitations	736	67,504
				<b>1,926</b>	<b>186,450</b>
IADLAOA8PC R	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.	.	Missing	20	2,252
		0	0 limitations	26	3,034
		1	1 limitation	33	2,524
		2	2 limitations	70	7,424
		3	3 limitations	93	10,186

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	142	13,842
		5	5 limitations	203	18,777
		6	6 limitations	238	22,983
		7	7 limitations	397	41,291
		8	8 limitations	704	64,137
				<b>1,926</b>	<b>186,450</b>
IADLAOA8PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	2	47
		0	0 limitations	27	3,125
		1	1 limitation	34	2,909
		2	2 limitations	71	7,453
		3	3 limitations	98	11,059
		4	4 limitations	143	13,885
		5	5 limitations	205	18,869
		6	6 limitations	240	23,477
		7	7 limitations	402	41,490
		8	8 limitations	704	64,137
				<b>1,926</b>	<b>186,450</b>
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-8	Don't Know	1	264
		-7	Refused	1	82
		1	0 People	1,553	146,134
		2	1 Person	230	24,345
		3	2 People	75	8,889
		4	3 People	30	2,765
		5	4 People	19	2,352
		6	5 People	10	1,260
		8	7 People	2	122
		9	8 or More People	5	235
				<b>1,926</b>	<b>186,450</b>
CGWHO01	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?	-1	Not Collected	1,555	146,481
		1	Yes	120	12,894
		2	No	251	27,075
				<b>1,926</b>	<b>186,450</b>
CGWHO02	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-1	Not Collected	1,555	146,481

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	129	12,876
		2	No	242	27,093
				<b>1,926</b>	<b>186,450</b>
CGWHO03	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?	-1	Not Collected	1,555	146,481
		1	Yes	30	4,124
		2	No	341	35,845
				<b>1,926</b>	<b>186,450</b>
CGWHO04	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?	-1	Not Collected	1,555	146,481
		1	Yes	38	3,721
		2	No	333	36,248
				<b>1,926</b>	<b>186,450</b>
CGWHO05	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-1	Not Collected	1,555	146,481
		1	Yes	28	4,247
		2	No	343	35,722
				<b>1,926</b>	<b>186,450</b>
CGWHO06	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-1	Not Collected	1,555	146,481
		1	Yes	55	6,007
		2	No	316	33,962
				<b>1,926</b>	<b>186,450</b>
CGWHO07	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?	-1	Not Collected	1,555	146,481
		1	Yes	52	5,334
		2	No	319	34,635
				<b>1,926</b>	<b>186,450</b>
CGWHO08	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?	-1	Not Collected	1,555	146,481
		1	Yes	12	1,026
		2	No	359	38,943
				<b>1,926</b>	<b>186,450</b>
CGWHOOTH	OTHER PERSON CARE FOR:SPECIFY	-1	Not Collected	1,555	146,481
		1	Yes	8	819
		2	No	363	39,150

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
AGEC	CAREGIVER'S AGE?	.	Missing	10	1,994
		2	18-34 years	12	850
		3	35-59 years	493	52,151
		4	60-64 years	321	33,281
		5	65-74 years	569	54,828
		6	75-84 years	429	36,007
		7	85+ years	92	7,338
				<b>1,926</b>	<b>186,450</b>
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	26	3,880
		4	60-64 years	67	9,717
		5	65-74 years	356	33,812
		6	75-84 years	677	61,351
		7	85+ years	800	77,691
				<b>1,926</b>	<b>186,450</b>
CGENDER	CAREGIVER'S GENDER?	.	Missing	50	2,879
		1	Male	531	51,245
		2	Female	1,345	132,326
				<b>1,926</b>	<b>186,450</b>
RGENDER	CARE RECIPIENT'S GENDER?	.	Missing	1	170
		1	Male	761	69,784
		2	Female	1,164	116,496
				<b>1,926</b>	<b>186,450</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	1	1,102
		-7	Refused	6	483
		1	Less Than High School Diploma	187	14,588
		2	High School Diploma Or GED	578	50,307
		3	Some College(Business/Vocational/Techni)	670	67,041
		4	Bachelor's Degree	234	24,964
		5	Some Post-Graduate Work/Advanced Degree	250	27,964
				<b>1,926</b>	<b>186,450</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	3	1,236
		-7	Refused	8	747
		1	Yes	120	16,385

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,795	168,082
				<b>1,926</b>	<b>186,450</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	1,159
		-7	Refused	12	1,275
		1	Yes	1,534	143,764
		2	No	378	40,252
				<b>1,926</b>	<b>186,450</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	1,159
		-7	Refused	12	1,275
		1	Yes	308	31,271
		2	No	1,604	152,745
				<b>1,926</b>	<b>186,450</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	1,159
		-7	Refused	12	1,275
		1	Yes	17	1,627
		2	No	1,895	182,389
				<b>1,926</b>	<b>186,450</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	1,159
		-7	Refused	12	1,275
		1	Yes	37	2,702
		2	No	1,875	181,314
				<b>1,926</b>	<b>186,450</b>
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	1,159
		-7	Refused	12	1,275
		1	Yes	5	437
		2	No	1,907	183,579
				<b>1,926</b>	<b>186,450</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	1,159
		-7	Refused	12	1,275
		1	Yes	42	6,513
		2	No	1,870	177,503
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	1,102
		-7	Refused	3	187
		1	Yes	267	23,850
		2	No	1,655	161,312
				<b>1,926</b>	<b>186,450</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	20	1,777
		-7	Refused	1	40
		1	The City	757	77,557
		2	The Suburbs	445	46,654
		3	A Rural Area	703	60,422
		<b>1,926</b>	<b>186,450</b>		
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	19
		-7	Refused	6	415
		1	Yes	501	45,643
		2	No	1,418	140,373
		<b>1,926</b>	<b>186,450</b>		
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	6	415
		-1	Not Collected	501	45,643
		1	Yes	1,101	109,075
		2	No	318	31,317
		<b>1,926</b>	<b>186,450</b>		
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	7	551
		-1	Not Collected	501	45,643
		1	Yes	322	31,826
		2	No	1,096	108,431
		<b>1,926</b>	<b>186,450</b>		
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	5	365
		-1	Not Collected	501	45,643
		1	Yes	455	46,532
		2	No	965	93,910
		<b>1,926</b>	<b>186,450</b>		
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	19
		-7	Refused	6	415

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	501	45,643
		1	Yes	64	7,580
		2	No	1,354	132,793
				<b>1,926</b>	<b>186,450</b>
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	5	365
		1	Alone	501	45,643
		2	With spouse only	718	69,741
		3	With children only	37	2,782
		4	With spouse and children	158	15,681
		5	With others	507	52,239
				<b>1,926</b>	<b>186,450</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	6	415
		1	1 Person	503	45,679
		2	2 People	870	84,697
		3	3 People	326	31,233
		4	4 People	129	13,758
		5	5 People	44	4,648
		6	6 People	31	3,882
		7	7 People	10	1,390
		8	8 People	3	280
		9	9 People	3	203
		16	16 People	1	264
				<b>1,926</b>	<b>186,450</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	3	123
		-7	Refused	12	949
		1	Married	1,377	130,486
		2	Widowed	108	9,834
		3	Divorced	241	25,425
		4	Separated	28	3,619
		5	Never Married	157	16,013
				<b>1,926</b>	<b>186,450</b>
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 2011 ABOVE OR BELOW \$20,000?	-8	Don't Know	66	8,562
		-7	Refused	82	8,010

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Below \$20,000 [1666 Per Month Or Less]	459	38,238
		2	Above \$20,000 [1667 Per Month Or More]	1,319	131,639
				<b>1,926</b>	<b>186,450</b>
INCOME1	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?	.	Missing	148	16,573
		-8	Don't Know	91	8,282
		-7	Refused	56	5,015
		1	\$5,000 or less	38	2,408
		2	\$5,001-\$10,000	48	3,537
		3	\$10,001-\$15,000	122	9,894
		4	\$15,001-\$20,000	208	19,377
		5	\$20,001-\$25,000	234	21,563
		6	\$25,001-\$30,000	225	21,054
		7	\$30,001-\$35,000	158	13,672
		8	\$35,001-\$40,000	135	12,040
		9	\$40,001-\$50,000	141	16,668
		10	ABOVE \$50,000	322	36,367
				<b>1,926</b>	<b>186,450</b>
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	9	685
		0	Rural (Not in Urbanized Area or Urban Cluster)	703	61,222
		1	In Urbanized Area	910	100,333
		2	In Urban Cluster	304	24,210
				<b>1,926</b>	<b>186,450</b>
CGFLAG	WEIGHTING VARIABLE	.	.	150	17,799
		1	Respite Care	752	62,609
		2	Counseling/Support	341	40,581
		3	Supplemental Services	683	65,462
				<b>1,926</b>	<b>186,450</b>
DIF_CR.CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	33	4,561
		1	Care Recipient is Younger Than Caregiver	241	23,372
		2	Care Recipient is Older or Same Age As Caregiver	1,652	158,517
				<b>1,926</b>	<b>186,450</b>
VARSTRAT	VARIANCE STRATUM		Missing	150	17,799

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1.00 - 64.00	Varstrat range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
VARUNIT	VARIANCE UNIT	.	Missing	150	17,799
		1	Variance unit 1	902	88,509
		2	Variance unit 2	871	77,501
		3	Variance unit 3	3	2,642
				<b>1,926</b>	<b>186,450</b>
PSWGT	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT		Missing	150	17,799
		5.38 - 4521.94	Weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT1	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1		Missing	150	17,799
		1.53 - 7165.47	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT2	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2		Missing	150	17,799
		1.64 - 5106.13	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT3	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3		Missing	150	17,799
		2.02 - 7200.68	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT4	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4		Missing	150	17,799
		2.16 - 4459.80	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT5	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5		Missing	150	17,799
		2.00 - 4013.01	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT6	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6		Missing	150	17,799
		1.36 - 9478.47	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT7	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 7		Missing	150	17,799
		2.21 - 4290.44	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT8	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 8		Missing	150	17,799
		1.98 - 6576.53	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT9	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 9		Missing	150	17,799
		1.39 - 7763.25	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT10	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10		Missing	150	17,799
		1.45 - 4455.57	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT11	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11		Missing	150	17,799
		1.28 - 7951.32	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT12	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12		Missing	150	17,799
		1.89 - 4502.02	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT13	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13		Missing	150	17,799
		1.36 - 4832.49	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT14	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14		Missing	150	17,799
		1.71 - 8297.35	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT15	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15		Missing	150	17,799
		1.52 - 3772.65	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT16	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16		Missing	150	17,799
		1.67 - 6612.19	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT17	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17		Missing	150	17,799
		1.90 - 5156.11	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT18	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18		Missing	150	17,799
		1.63 - 7113.05	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT19	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19		Missing	150	17,799
		2.48 - 3976.94	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT20	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20		Missing	150	17,799
		2.13 - 6432.31	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT21	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21		Missing	150	17,799
		1.57 - 8345.68	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT22	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22		Missing	150	17,799
		1.48 - 4846.80	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT23	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23		Missing	150	17,799
		2.09 - 7954.59	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT24	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24		Missing	150	17,799
		2.23 - 5079.07	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT25	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25		Missing	150	17,799
		1.34 - 3528.92	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT26	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26		Missing	150	17,799
		1.29 - 8516.80	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT27	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27		Missing	150	17,799
		1.44 - 4433.91	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT28	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28		Missing	150	17,799
		1.88 - 7323.94	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT29	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29		Missing	150	17,799
		1.36 - 7521.03	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT30	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30		Missing	150	17,799
		1.69 - 5125.95	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT31	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31		Missing	150	17,799
		1.58 - 6794.34	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT32	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32		Missing	150	17,799
		1.56 - 4469.38	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT33	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33		Missing	150	17,799
		1.37 - 7278.34	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT34	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34		Missing	150	17,799
		1.90 - 4850.45	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT35	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35		Missing	150	17,799
		2.13 - 6745.69	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT36	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36		Missing	150	17,799
		2.32 - 3827.71	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT37	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37		Missing	150	17,799
		1.50 - 3836.16	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT38	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38		Missing	150	17,799
		1.70 - 8430.06	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT39	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39		Missing	150	17,799
		1.66 - 5794.96	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT40	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40		Missing	150	17,799
		2.21 - 7013.43	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT41	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41		Missing	150	17,799
		1.43 - 8352.76	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT42	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42		Missing	150	17,799
		1.50 - 4093.17	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT43	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43		Missing	150	17,799
		1.67 - 6939.38	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT44	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44		Missing	150	17,799
		1.69 - 4849.48	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT45	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45		Missing	150	17,799
		1.54 - 5990.73	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT46	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46		Missing	150	17,799
		1.33 - 7150.17	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT47	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47		Missing	150	17,799
		1.68 - 4134.37	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT48	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48		Missing	150	17,799
		1.57 - 7355.47	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT49	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49		Missing	150	17,799
		1.32 - 5487.76	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT50	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50		Missing	150	17,799
		2.17 - 6671.26	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT51	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51		Missing	150	17,799
		2.05 - 4195.06	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT52	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52		Missing	150	17,799
		2.15 - 6575.08	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT53	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53		Missing	150	17,799
		1.39 - 7972.75	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT54	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54		Missing	150	17,799
		1.76 - 3798.54	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT55	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55		Missing	150	17,799
		1.79 - 8237.23	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT56	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56		Missing	150	17,799
		2.34 - 4748.64	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT57	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57		Missing	150	17,799
		1.40 - 3734.54	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT58	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58		Missing	150	17,799
		1.21 - 8328.06	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT59	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59		Missing	150	17,799
		1.52 - 5441.96	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT60	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60		Missing	150	17,799
		1.70 - 7328.34	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT61	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61		Missing	150	17,799
		1.54 - 7215.62	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT62	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62		Missing	150	17,799
		1.58 - 4422.44	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT63	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63		Missing	150	17,799
		1.57 - 7651.97	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSWGT64	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64		Missing	150	17,799
		1.59 - 4018.60	Replicate weight range	1,776	168,651
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	10.92 - 1135.03	Weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	3.81 - 2089.75	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	3.43 - 2095.42	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	3.47 - 1879.68	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	3.98 - 1941.00	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	3.77 - 1768.89	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	3.68 - 2525.91	Replicate weight range	1,926	186,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	4.11 - 1642.05	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	3.11 - 2197.19	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	2.77 - 2195.74	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	3.33 - 1829.82	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	2.88 - 2053.49	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	3.37 - 1907.95	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	3.57 - 1808.96	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	2.89 - 2261.12	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	3.26 - 1829.22	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	3.04 - 1836.42	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	3.85 - 1931.61	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	4.00 - 2023.34	Replicate weight range	1,926	186,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	4.28 - 2040.55	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	3.45 - 1809.79	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	3.66 - 2355.13	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	3.70 - 1887.55	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	3.32 - 2085.50	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	3.83 - 1968.99	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	2.90 - 1602.63	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	3.10 - 2214.21	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	2.82 - 1714.97	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	3.48 - 1993.05	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	3.15 - 2205.10	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	3.24 - 1903.72	Replicate weight range	1,926	186,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	3.17 - 1782.01	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	3.08 - 1843.37	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	3.50 - 2127.75	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	3.86 - 2027.32	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	3.56 - 1828.73	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	3.75 - 1603.12	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	3.70 - 1753.20	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	3.74 - 2439.50	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	3.58 - 1960.19	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	3.65 - 2141.31	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	2.73 - 2419.33	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	3.30 - 1716.97	Replicate weight range	1,926	186,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	3.06 - 1799.53	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	3.32 - 1913.01	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	3.66 - 2235.09	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	2.81 - 2142.02	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	3.20 - 1909.02	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	3.15 - 1868.81	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	3.47 - 2056.69	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	3.80 - 2013.40	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	3.65 - 1882.62	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	3.59 - 1730.62	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	3.64 - 2314.42	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	3.98 - 1703.63	Replicate weight range	1,926	186,450

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	3.02 - 1871.69	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	4.13 - 2024.55	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	2.70 - 1646.91	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	3.17 - 2221.79	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	2.82 - 1833.73	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	3.50 - 2239.21	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	3.32 - 2191.99	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	3.12 - 1983.45	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	2.98 - 1951.52	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>
PSTOTWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	3.25 - 1745.25	Replicate weight range	1,926	186,450
				<b>1,926</b>	<b>186,450</b>