

**Positional Listing of Variables**

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

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

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CGHDSHP	NUM	OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL" AND 5 IS "A GREAT HARDSHIP," HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGALLEV	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS
CGDISBB7	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS
CGDISBB8	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)
CGDISBB9	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUANTILES)
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSWD2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?

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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?
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?
SVCDYCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?

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SVCIAA	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?
HNREDUYN	NUM	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
SHOTS	NUM	HAS THE CARE RECIPIENT RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
EXERCISE	NUM	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?
BENEFITS	NUM	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?
SVCCURT	NUM	THINKING ABOUT YOUR CARE RECIPIENT SERVICES IN GENERAL, DO YOU AGREE OR DISAGREE THAT PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVC5A	NUM	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?
SVC5B	NUM	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	IS THE CARE RECIPIENT RECEIVING MEDICAID?
SVC5D	NUM	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?
CSHOME	NUM	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?
CGDFPLC	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?
CGWHER	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WHERE WOULD THE CARE RECIPIENT BE LIVING?
CGCRHL	NUM	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?
CGPFDSA	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?
CGPFDSB	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?
CGPFDSC	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?
CGPFDSB	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?
CGPFDSB	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?

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CGPFDSH	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?
CGPFDSI	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?
CGPFDSJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?
CGPFDSK	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?
CGPFDSL	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION OR OTHER MEDICAL CONDITIONS?
CGPFDSM	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?
CGPFDSN	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
CGPFDSO	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?
CGPFDSP	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?
CGPFDSQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?
CGPFDSR	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??
CGPFDS S	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPF DST	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?
CGPFDSU	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFD F I N C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFD F I N B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFD F O U C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFD F O U B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFB E D C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFB E D B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFB A T H C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFB A T H B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFD R E S C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?
PFD R E S B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFW A L K C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFW A L K B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFE A T C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFE A T B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?
PFW C C	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFW C B C	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?

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

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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
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

Positional Listing of Variables

Name	Type	Description
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?
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

**Positional Listing of Variables**

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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT58	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59
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

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50
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

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

Alphabetical Listing of Variables

Name	Type	Description
CGDFPLC	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGDIFF	NUM	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS
CGDISBB7	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS
CGDISBB8	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)
CGDISBB9	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGEDKD01	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
CGEDKD02	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
CGEDKD03	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
CGEDKD04	NUM	HAVE YOU ATTENDED SOMETHING ELSE?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEMSTRS	NUM	WHERE 1 IS "NOT AT ALL STRESSFUL" AND 5 IS "VERY STRESSFUL," HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?
CGENDER	NUM	CAREGIVER'S GENDER?
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?

Alphabetical Listing of Variables

Name	Type	Description
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSD	NUM	# HOURS YOU CARE ON WEEKEND DAY
CGHRSD2	NUM	# HOURS YOU CARE ON THE WEEKEND
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?

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
CGOTHLP2	NUM	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?
CGOHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?
CGOHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?
CGOHLPE	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
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?
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?

Alphabetical Listing of Variables

Name	Type	Description
CGPFDSR	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT??
CGPFDSS	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPF DST	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?
CGPFDSU	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
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?

Alphabetical Listing of Variables

Name	Type	Description
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?
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 2012 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?

Alphabetical 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?
HNREDUYN	NUM	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, 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 2012?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PERSID	CHAR	PERSON ID
PFBATHBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBATHC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBEDBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBEDC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBUSC	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENT'S HOME?
PFCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFDINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDINBC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?

Alphabetical Listing of Variables

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

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
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

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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?
SVPCR	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	PERSON ID		Person ID	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...				
		-8	Don't Know	1	28
		-7	Refused	1	37
		1	Husband	330	31,051
		2	Wife	556	52,574
		3	Son	202	15,336
		4	Son-In-Law	5	492
		5	Daughter	754	70,529
		6	Daughter-In-Law	41	3,414
		8	Mother	6	438
		9	Brother	8	1,493
		10	Sister	52	4,243
		11	Granddaughter	22	1,297
		12	Grandson	6	1,198
		13	Niece	29	2,529
		14	Nephew	10	1,293
		15	A Friend/Neighbor/Another Person	45	4,305
		91	Other Relative	12	1,639
				<b>2,080</b>	<b>191,897</b>
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?				
		-8	Don't Know	2	78
		1	Yes	1,582	142,405
		2	No	496	49,415
				<b>2,080</b>	<b>191,897</b>
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		-8	Don't Know	1	80
		1	Yes	1,833	168,521
		2	No	246	23,296
				<b>2,080</b>	<b>191,897</b>
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?				
		-8	Don't Know	2	82
		1	Yes	1,863	173,704
		2	No	215	18,111
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGACTI04	DO YOU HELP THE CARE RECIPIENT WITH PREPARING MEALS, DOING LAUNDRY, OR CLEANING THE HOUSE?	-8	Don't Know	1	37
		1	Yes	1,895	175,650
		2	No	184	16,210
				<b>2,080</b>	<b>191,897</b>
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	1	30
		1	Yes	1,971	181,820
		2	No	108	10,047
				<b>2,080</b>	<b>191,897</b>
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	11	715
		1	Yes	1,889	175,139
		2	No	180	16,043
				<b>2,080</b>	<b>191,897</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	9	1,076
		-7	Refused	1	21
		1	Yes	1,242	102,590
		2	No	828	88,210
				<b>2,080</b>	<b>191,897</b>
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?	-8	Don't Know	1	44
		-1	Not Collected	838	89,307
		1	Yes	1,038	84,748
		2	No	203	17,797
				<b>2,080</b>	<b>191,897</b>
CGRSP02	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?	-1	Not Collected	838	89,307
		1	Yes	268	24,586
		2	No	974	78,004
				<b>2,080</b>	<b>191,897</b>
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?	-8	Don't Know	4	129
		-1	Not Collected	838	89,307

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	83	7,104
		2	No	1,155	95,357
				<b>2,080</b>	<b>191,897</b>
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?	-8	Don't Know	8	415
		-1	Not Collected	838	89,307
		1	Yes	17	1,301
		2	No	1,217	100,873
				<b>2,080</b>	<b>191,897</b>
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?	-8	Don't Know	2	363
		-1	Not Collected	838	89,307
		1	Yes	2	123
		2	No	1,238	102,104
				<b>2,080</b>	<b>191,897</b>
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE	-9	Not Ascertained	1	54
		-8	Don't Know	144	11,775
		-7	Refused	1	52
		-1	Not Collected	838	89,307
		1	0 Hours	68	7,806
		2	1 - 5 Hours	428	32,015
		3	6 - 10 Hours	292	20,696
		4	11 - 20 Hours	168	16,342
		5	21 - 80 Hours	136	13,141
		6	81 - 167 Hours	4	709
				<b>2,080</b>	<b>191,897</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	28	1,740
		1	Yes	1,525	145,238
		2	No	527	44,919
				<b>2,080</b>	<b>191,897</b>
CGINFOHP	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	37	4,221
		-7	Refused	1	21
		-1	Not Collected	555	46,659
		1	Yes	1,191	112,207

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	296	28,789
				<b>2,080</b>	<b>191,897</b>
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	12	794
		-7	Refused	1	19
		1	Yes	661	71,145
		2	No	1,406	119,939
				<b>2,080</b>	<b>191,897</b>
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?	-1	Not Collected	1,419	120,752
		1	Yes	280	33,405
		2	No	381	37,741
				<b>2,080</b>	<b>191,897</b>
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?	-8	Don't Know	7	407
		-1	Not Collected	1,419	120,752
		1	Yes	266	30,594
		2	No	388	40,144
				<b>2,080</b>	<b>191,897</b>
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?	-1	Not Collected	1,419	120,752
		1	Yes	396	45,881
		2	No	265	25,265
				<b>2,080</b>	<b>191,897</b>
CGEDKD04	HAVE YOU ATTENDED SOMETHING ELSE?	-8	Don't Know	3	387
		-1	Not Collected	1,419	120,752
		1	Yes	10	1,308
		2	No	648	69,450
				<b>2,080</b>	<b>191,897</b>
CGSUPA	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?	-8	Don't Know	19	1,983
		1	Yes	279	28,999
		2	No	1,782	160,915
				<b>2,080</b>	<b>191,897</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	13	1,084
		1	Yes	232	18,516
		2	No	1,835	172,297
				<b>2,080</b>	<b>191,897</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	35	4,243
		1	Yes	408	37,478
		2	No	1,637	150,177
				<b>2,080</b>	<b>191,897</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	15	1,339
		1	Yes	355	33,197
		2	No	1,710	157,362
				<b>2,080</b>	<b>191,897</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	23	4,147
		1	Yes	370	32,150
		2	No	1,687	155,600
				<b>2,080</b>	<b>191,897</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	24	2,145
		1	Yes	423	32,504
		2	No	1,633	157,249
				<b>2,080</b>	<b>191,897</b>
CGSUPG	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?	-8	Don't Know	8	745
		1	Yes	14	1,899

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	2,058	189,252
				<b>2,080</b>	<b>191,897</b>
CGSUPTOT	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?	.	Missing	144	15,559
		1	Yes, receive supplemental caregiver services	1,206	105,656
		2	No, do not receive supplemental caregiver services	730	70,682
				<b>2,080</b>	<b>191,897</b>
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Don't Know	100	8,493
		-7	Refused	4	337
		-1	Not Collected	483	43,838
		1	Respite Care Services	798	66,170
		2	Help/Information Re: Available Services/Resources	246	27,621
		3	Caregiver Training/Education	147	19,407
		4	Other Support Services/Assistance	302	26,032
				<b>2,080</b>	<b>191,897</b>
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-8	Don't Know	102	7,302
		1	Family	270	22,844
		2	Friends	348	31,145
		3	A Physician	194	16,746
		4	A Community Organization	223	25,051
		5	The Media	122	11,343
		6	A Social Worker Or Case Manager	287	28,085
		7	The Hospital	182	19,310
		8	The State/Local Office For The Aging	324	27,952
		91	Someplace Else	28	2,120
				<b>2,080</b>	<b>191,897</b>
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Don't Know	19	2,429
		-7	Refused	1	57
		1	Yes	1,351	115,246

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	709	74,165
				<b>2,080</b>	<b>191,897</b>
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Don't Know	27	3,912
		1	Yes	1,534	136,881
		2	No	519	51,104
				<b>2,080</b>	<b>191,897</b>
CGAFEEC	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	32	2,614
		1	Yes	1,719	156,456
		2	No	329	32,827
				<b>2,080</b>	<b>191,897</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	43	4,088
		-7	Refused	2	77
		1	Yes	1,557	144,820
		2	No	478	42,913
				<b>2,080</b>	<b>191,897</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	26	1,787
		1	Yes	1,243	119,219
		2	No	811	70,891
				<b>2,080</b>	<b>191,897</b>
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Don't Know	22	2,733
		1	Yes	1,975	181,772
		2	No	83	7,392
				<b>2,080</b>	<b>191,897</b>
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	40	3,989
		1	Yes	1,821	168,018
		2	No	219	19,890
				<b>2,080</b>	<b>191,897</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	85	8,064
		-7	Refused	2	162
		1	Yes	1,652	150,175
		2	No	341	33,496
				<b>2,080</b>	<b>191,897</b>
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	10	993
		1	Excellent	1,000	88,402
		2	Very Good	688	63,923
		3	Good	275	26,816
		4	Fair	78	9,425
		5	Poor	29	2,338
		<b>2,080</b>	<b>191,897</b>		
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	10	993
		1	Rating of Good to Excellent	1,963	179,141
		2	Rating of Fair or Poor	107	11,762
		<b>2,080</b>	<b>191,897</b>		
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	102	9,706
		-7	Refused	2	377
		1	Yes	560	50,150
		2	No	1,416	131,663
		<b>2,080</b>	<b>191,897</b>		
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Don't Know	4	208
		-7	Refused	1	62
		1	Working Full Time	359	33,371
		2	Working Part Time	212	22,845
		3	Retired	1,096	101,441
		4	Not Working	408	33,969
		<b>2,080</b>	<b>191,897</b>		
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Don't Know	4	394
		-7	Refused	1	146
		-1	Not Collected	576	56,486

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	452	42,826
		2	No	1,047	92,045
				<b>2,080</b>	<b>191,897</b>
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?				
		-8	Don't Know	2	176
		-1	Not Collected	1,509	135,681
		1	Yes	327	31,648
		2	No	242	24,393
				<b>2,080</b>	<b>191,897</b>
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?				
		-8	Don't Know	1	73
		-1	Not Collected	1,753	160,249
		1	Always	52	6,712
		2	Often	91	8,817
		3	Sometimes	154	13,858
		4	Rarely	27	2,047
		5	Never	2	141
				<b>2,080</b>	<b>191,897</b>
CGSRVHLP	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?				
		-8	Don't Know	5	608
		-1	Not Collected	1,756	160,463
		1	Yes	181	16,717
		2	No	138	14,109
				<b>2,080</b>	<b>191,897</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	25	1,604
		-7	Refused	2	125
		1	1 - Not a strain at all	340	31,650
		2	2	374	32,894
		3	3	611	56,319
		4	4	382	36,394
		5	5 - Very much a strain	346	32,911
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	17	1,446
		-7	Refused	3	256
		1	1 - Not at all stressful	188	13,195
		2	2	302	25,222
		3	3	565	53,653
		4	4	487	46,227
		5	5 - Very stressful	518	51,897
					<b>2,080</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	28	1,905
		-7	Refused	3	194
		1	1 - No hardship at all	524	50,390
		2	2	403	36,717
		3	3	467	41,764
		4	4	344	30,321
		5	5 - A great hardship	311	30,606
					<b>2,080</b>
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?	-8	Don't Know	27	3,161
		-7	Refused	5	326
		1	The Financial Burden	224	20,145
		2	Not Enough Time For Self	327	30,583
		3	Not Enough Time For Family	148	12,245
		4	Interferes With Your Work	34	1,988
		5	Affects Your Family Relationships	82	8,376
		6	Interferes With Your Privacy	39	3,176
		7	Conflicts With Your Social Life	120	12,537
		8	Creates Stress	490	48,867
		9	None	197	14,567
		10	All Of The Above	372	34,891
91	Something Else	15	1,037		
			<b>2,080</b>	<b>191,897</b>	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGALLEV	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?	-8	Don't Know	42	4,308
		-7	Refused	1	19
		-1	Not Collected	68	4,288
		1	Yes	1,484	139,021
		2	No	485	44,261
					<b>2,080</b>
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?	-8	Don't Know	4	469
		-7	Refused	1	59
		1	Excellent	195	23,111
		2	Very Good	493	46,160
		3	Good	764	70,627
		4	Fair	454	38,384
		5	Poor	169	13,088
			<b>2,080</b>	<b>191,897</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	5	717
		-7	Refused	4	177
		1	Yes	892	80,010
		2	No	1,179	110,992
					<b>2,080</b>
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	493	42,450
		2	No	389	36,249
					<b>2,080</b>
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	136	12,238
		2	No	746	66,461

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	201	18,682
		2	No	681	60,017
				<b>2,080</b>	<b>191,897</b>
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	276	27,094
		2	No	606	51,605
				<b>2,080</b>	<b>191,897</b>
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	122	11,762
		2	No	760	66,937
				<b>2,080</b>	<b>191,897</b>
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	93	7,614
		2	No	789	71,085
				<b>2,080</b>	<b>191,897</b>
CGDISBB7	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	41	3,256
		2	No	841	75,443
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGDISBB8	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	79	8,728
		2	No	803	69,971
					<b>2,080</b>
CGDISBB9	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	34	2,444
		2	No	848	76,255
					<b>2,080</b>
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-8	Don't Know	1	126
		-7	Refused	9	1,185
		-1	Not Collected	1,188	111,887
		1	Yes	101	8,175
		2	No	781	70,524
					<b>2,080</b>
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Don't Know	14	813
		-7	Refused	1	305
		-1	Not Collected	1,188	111,887
		1	Yes	482	42,855
		2	No	395	36,037
					<b>2,080</b>
CGHLONG	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?	-8	Don't Know	4	548
		1	6 Months Or Less	20	1,803
		2	More Than 6 Months, But Less Than 1 Year	65	8,968
		3	At Least 1 Year, But Less Than 2 Years	210	20,642
		4	2 To 5 Years	840	81,297
		5	5 To 10 Years	611	51,679
		6	11 To 20 Years	258	21,764
		7	More Than 20 Years	72	5,196

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?	-8	Don't Know	1	187
		1	In The Same House	1,575	144,905
		2	Less Than 20 Minutes Away	373	31,618
		3	Between 20 And 60 Minutes Away	107	12,453
		4	Between 1 And 2 Hours Away	13	1,398
		5	More Than Two Hours Away	11	1,336
				<b>2,080</b>	<b>191,897</b>
VISTIMES	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?	-8	Don't Know	5	681
		-1	Not Collected	1,575	144,905
		1	Every Day	229	19,248
		2	Two Or More Times Per Week	216	20,202
		3	Once A Week	31	4,273
		4	A Few Times A Month	14	1,279
		5	Once A Month	2	123
		6	A Few Times A Year	6	694
		7	Less Often	2	492
				<b>2,080</b>	<b>191,897</b>
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?	-8	Don't Know	3	704
		-1	Not Collected	1,575	144,905
		1	Yes	343	31,515
		2	No	159	14,773
				<b>2,080</b>	<b>191,897</b>
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Don't Know	8	461
		1	Can Be Left Alone Over A Day At A Time	134	13,470
		2	Can Be Left Alone A Day But Then Checked	243	21,264
		3	Needs Someone There At Least Part Of Day	427	42,668
		4	Needs Someone There All/Nearly All Time	1,268	114,034
				<b>2,080</b>	<b>191,897</b>
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	108	8,817

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	0 Hours	40	4,377
		2	1 - 2 Hours	193	16,434
		3	3 - 4 Hours	196	20,630
		4	5 - 6 Hours	171	18,132
		5	7 - 10 Hours	223	23,508
		6	11 - 15 Hours	187	15,131
		7	16 - 23 Hours	190	16,823
		8	24 Hours	772	68,045
				<b>2,080</b>	<b>191,897</b>
CGHRS_Q	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUANTILES)	.	Missing	108	8,817
		1	First Quartile (0-4)	429	41,441
		2	Second Quartile (5-12)	540	54,032
		3	Third Quartile (adjusted to 13-23)	231	19,563
		4	Fourth Quartile (24)	772	68,045
				<b>2,080</b>	<b>191,897</b>
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Collected	108	8,817
		1	0 Hours	40	4,377
		3	6 - 10 Hours	77	7,638
		4	11 - 20 Hours	116	8,796
		5	21 - 30 Hours	196	20,630
		6	31 - 40 Hours	74	7,149
		7	41 - 80 Hours	326	34,831
		8	81 - 120 Hours	244	21,224
		9	121 - 167 Hours	127	10,390
		10	168 Hours	772	68,045
				<b>2,080</b>	<b>191,897</b>
CGHRSWK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	100	9,265
		-7	Refused	3	971
		1	0 Hours	38	4,812
		2	1 - 2 Hours	206	19,183
		3	3 - 4 Hours	184	20,187
		4	5 - 6 Hours	131	14,715
		5	7 - 10 Hours	207	19,209
		6	11 - 15 Hours	273	22,031
		7	16 - 23 Hours	326	27,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	24 Hours	612	53,866
				<b>2,080</b>	<b>191,897</b>
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Collected	103	10,236
		1	0 Hours	38	4,812
		2	1 - 10 Hours	206	19,183
		3	11 - 20 Hours	184	20,187
		4	21 - 30 Hours	131	14,715
		5	31 - 50 Hours	207	19,209
		6	51 - 80 Hours	352	29,768
		7	81 - 119 Hours	247	19,921
		8	120 Hours	612	53,866
				<b>2,080</b>	<b>191,897</b>
CGHRSWD	# HOURS YOU CARE ON WEEKEND DAY	-8	Don't Know	77	6,612
		-7	Refused	2	733
		1	0 Hours	58	6,826
		2	1 - 2 Hours	154	13,782
		3	3 - 4 Hours	181	19,868
		4	5 - 6 Hours	115	12,063
		5	7 - 10 Hours	211	20,271
		6	11 - 15 Hours	203	16,211
		7	16 - 23 Hours	244	22,257
		8	24 Hours	835	73,272
				<b>2,080</b>	<b>191,897</b>
CGHRSWD2	# HOURS YOU CARE ON THE WEEKEND	-1	Not Collected	79	7,345
		1	0 Hours	58	6,826
		2	1 - 5 Hours	154	13,782
		3	6 - 10 Hours	236	25,484
		4	11 - 20 Hours	271	26,718
		5	21 - 30 Hours	203	16,211
		6	31 - 47 Hours	244	22,257
		7	48 Hours	835	73,272
				<b>2,080</b>	<b>191,897</b>
CGHRSWK7	HOURS HELP CAREGIVER PROVIDES PER WK	-1	Not Collected	134	12,816
		1	0 Hours	18	2,671
		2	1 - 20 Hours	211	19,723
		3	21 - 40 Hours	209	23,332
		4	41 - 80 Hours	294	29,150

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	81 - 120 Hours	346	29,159
		6	121 - 167 Hours	314	26,910
		7	168 Hours	554	48,135
				<b>2,080</b>	<b>191,897</b>
CGOTHLPA	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?	-8	Don't Know	3	219
		1	Yes	1,120	102,270
		2	No	957	89,408
				<b>2,080</b>	<b>191,897</b>
CGOTHLPB	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?	-8	Don't Know	33	4,544
		1	Yes	1,225	99,695
		2	No	822	87,658
				<b>2,080</b>	<b>191,897</b>
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	12	1,238
		1	Yes	544	51,258
		2	No	1,524	139,401
				<b>2,080</b>	<b>191,897</b>
CGOTHLPD	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?	-8	Don't Know	19	1,862
		-7	Refused	1	19
		1	Yes	832	80,434
		2	No	1,228	109,582
				<b>2,080</b>	<b>191,897</b>
CGOTHLPE	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?	-8	Don't Know	10	910
		1	Yes	11	890
		2	No	2,059	190,097
				<b>2,080</b>	<b>191,897</b>
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?	-8	Don't Know	29	3,216
		-1	Not Collected	214	22,621
		1	Caregiver (You)	1,601	142,590
		2	Other Family Members Or Friends	85	8,384
		3	Agency	53	4,734

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Other Community Agencies	16	1,335
		5	Help Paid For By Recipient Or Family	82	9,016
				<b>2,080</b>	<b>191,897</b>
CGOTHLP2	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?	-8	Don't Know	48	4,706
		-7	Refused	1	19
		-1	Not Collected	243	25,837
		1	Caregiver (You)	162	15,162
		2	Other Family Members Or Friends	631	58,457
		3	Agency	559	45,366
		4	Other Community Agencies	157	15,157
		5	Help Paid For By Recipient Or Family	276	27,017
		6	Other Specify	3	176
				<b>2,080</b>	<b>191,897</b>
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Don't Know	5	183
		1	Yes	153	15,991
		2	No	1,922	175,723
				<b>2,080</b>	<b>191,897</b>
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-8	Don't Know	2	119
		-1	Not Collected	1,927	175,906
		1	Care Recipient	64	7,063
		2	Community Agency	77	7,081
		91	Other	10	1,727
				<b>2,080</b>	<b>191,897</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	24	2,022
		1	Yes	1,641	151,182
		2	No	415	38,693
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	23	1,608
		1	Yes	1,000	96,768
		2	No	1,057	93,521
				<b>2,080</b>	<b>191,897</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	23	2,900
		1	Yes	824	78,456
		2	No	1,233	110,540
				<b>2,080</b>	<b>191,897</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	52	6,785
		-7	Refused	1	88
		1	Yes	1,538	143,318
		2	No	489	41,706
				<b>2,080</b>	<b>191,897</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	21	1,257
		-7	Refused	3	194
		1	Yes	1,001	94,283
		2	No	1,055	96,163
				<b>2,080</b>	<b>191,897</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	16	1,266
		-7	Refused	3	242

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1,335	123,901
		2	No	726	66,488
				<b>2,080</b>	<b>191,897</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?	-8	Don't Know	31	2,651
		1	Yes	1,486	138,235
		2	No	563	51,011
				<b>2,080</b>	<b>191,897</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?	-8	Don't Know	14	1,390
		-7	Refused	1	88
		1	Yes	781	73,618
		2	No	1,284	116,801
				<b>2,080</b>	<b>191,897</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?	-8	Don't Know	21	2,667
		1	Yes	13	1,434
		2	No	2,046	187,796
				<b>2,080</b>	<b>191,897</b>
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?	-8	Don't Know	13	2,046
		1	Yes	313	35,052
		2	No	1,754	154,799
				<b>2,080</b>	<b>191,897</b>
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	7	1,063
		1	Yes	468	37,349
		2	No	1,605	153,485
				<b>2,080</b>	<b>191,897</b>
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	11	1,152
		1	Yes	688	58,363
		2	No	1,381	132,382

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	40	5,207
		1	Yes	926	79,181
		2	No	1,114	107,510
				<b>2,080</b>	<b>191,897</b>
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	13	1,860
		1	Yes	293	32,447
		2	No	1,774	157,590
				<b>2,080</b>	<b>191,897</b>
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	9	1,462
		1	Yes	331	33,664
		2	No	1,740	156,772
				<b>2,080</b>	<b>191,897</b>
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	11	1,598
		1	Yes	663	57,086
		2	No	1,406	133,213
				<b>2,080</b>	<b>191,897</b>
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	8	1,011
		1	Yes	213	21,527
		2	No	1,859	169,360
				<b>2,080</b>	<b>191,897</b>
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	6	730
		1	Yes	59	7,057
		2	No	2,015	184,110
				<b>2,080</b>	<b>191,897</b>
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	35	4,006
		1	Yes	533	52,162
		2	No	1,512	135,729
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HNREDUYN	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	12	1,111
		1	Yes	157	11,355
		2	No	1,911	179,431
				<b>2,080</b>	<b>191,897</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	24	1,469
		1	Yes	573	44,568
		2	No	1,483	145,859
				<b>2,080</b>	<b>191,897</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	23	1,899
		1	Yes	228	19,815
		2	No	1,829	170,183
				<b>2,080</b>	<b>191,897</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	14	2,219
		1	Yes	216	22,560
		2	No	1,850	167,117
				<b>2,080</b>	<b>191,897</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	16	1,714
		1	Yes	109	7,740
		2	No	1,955	182,443
				<b>2,080</b>	<b>191,897</b>
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?	-8	Don't Know	12	1,192
		1	Yes	212	18,709
		2	No	1,856	171,996

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	23	1,932
		-7	Refused	1	57
		-1	Not Collected	295	29,735
		1	Excellent	553	49,447
		2	Very Good	585	49,189
		3	Good	467	44,067
		4	Fair	117	13,709
		5	Poor	39	3,760
				<b>2,080</b>	<b>191,897</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	67	6,716
		-7	Refused	1	19
		1	Agree	1,977	179,603
		2	Disagree	35	5,558
				<b>2,080</b>	<b>191,897</b>
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	7	1,141
		1	Yes	226	21,402
		2	No	1,847	169,353
				<b>2,080</b>	<b>191,897</b>
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	13	2,097
		1	Yes	233	20,622
		2	No	1,834	169,179
				<b>2,080</b>	<b>191,897</b>
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	61	5,937
		1	Yes	427	41,166
		2	No	1,592	144,794
				<b>2,080</b>	<b>191,897</b>
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	2	77
		1	Yes	109	9,674
		2	No	1,969	182,146
				<b>2,080</b>	<b>191,897</b>
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	4	456

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1,518	138,411
		2	No	558	53,030
				<b>2,080</b>	<b>191,897</b>
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?				
		-8	Don't Know	3	637
		1	Yes	1,621	148,177
		2	No	456	43,083
				<b>2,080</b>	<b>191,897</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	78	6,222
		-7	Refused	1	19
		1	Yes	1,187	109,915
		2	No	814	75,741
				<b>2,080</b>	<b>191,897</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	151	12,274
		-7	Refused	3	83
		-1	Not Collected	1,187	109,915
		1	In Caregiver's Home	56	5,306
		2	In The Home Of Another Family Mem/Friend	57	5,136
		3	In An Assisted Living Facility	124	11,531
		4	In A Nursing Home	487	45,733
		5	Care Recipient Would Have Died	7	473
		91	Other	8	1,446
				<b>2,080</b>	<b>191,897</b>
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?				
		-8	Don't Know	12	1,685
		-7	Refused	2	357
		1	Excellent	53	4,971
		2	Very Good	175	14,591
		3	Good	490	48,070
		4	Fair	682	62,807
		5	Poor	666	59,416

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?	-8	Don't Know	17	1,888
		-7	Refused	4	102
		1	Yes	1,323	119,191
		2	No	736	70,716
				<b>2,080</b>	<b>191,897</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	13	843
		-7	Refused	3	83
		1	Yes	1,464	129,587
		2	No	600	61,385
				<b>2,080</b>	<b>191,897</b>
CGPFDSC	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?	-8	Don't Know	12	1,247
		-7	Refused	3	83
		1	Yes	981	89,291
		2	No	1,084	101,276
				<b>2,080</b>	<b>191,897</b>
CGPFDSD	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?	-8	Don't Know	63	7,496
		-7	Refused	2	72
		1	Yes	1,062	98,106
		2	No	952	86,212
		3	Does Not Apply	1	10
				<b>2,080</b>	<b>191,897</b>
CGPFDSE	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	6	931
		-7	Refused	1	39
		1	Yes	637	58,012
		2	No	1,435	132,904
		3	Does Not Apply	1	10
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	9	434
		-7	Refused	1	39
		1	Yes	820	70,558
		2	No	1,248	120,836
		3	Does Not Apply	2	31
					<b>2,080</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	9	1,278
		-7	Refused	1	39
		1	Yes	454	41,869
		2	No	1,615	148,700
		3	Does Not Apply	1	10
					<b>2,080</b>
CGPFDSH	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?	-8	Don't Know	13	2,208
		-7	Refused	1	39
		1	Yes	717	60,577
		2	No	1,348	129,062
		3	Does Not Apply	1	10
					<b>2,080</b>
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?	-8	Don't Know	26	3,319
		-7	Refused	1	39
		1	Yes	445	45,112
		2	No	1,606	143,316
		3	Does Not Apply	2	111
					<b>2,080</b>
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?	-8	Don't Know	49	4,704
		-7	Refused	1	39
		1	Yes	628	58,653
		2	No	1,401	128,491
		3	Does Not Apply	1	10
					<b>2,080</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?	-8	Don't Know	22	2,653
		-7	Refused	1	39
		1	Yes	310	30,220
		2	No	1,746	158,974
		3	Does Not Apply	1	10
				<b>2,080</b>	<b>191,897</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	14	2,146
		-7	Refused	1	39
		1	Yes	1,400	126,024
		2	No	664	63,677
		3	Does Not Apply	1	10
				<b>2,080</b>	<b>191,897</b>
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Don't Know	6	370
		-7	Refused	1	39
		1	Yes	939	85,747
		2	No	1,133	105,730
		3	Does Not Apply	1	10
				<b>2,080</b>	<b>191,897</b>
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	17	1,925
		-7	Refused	3	518
		1	Yes	720	62,943
		2	No	1,339	126,500
		3	Does Not Apply	1	10
				<b>2,080</b>	<b>191,897</b>
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	21	2,201
		-7	Refused	1	39
		1	Yes	1,194	112,387
		2	No	863	77,259
		3	Does Not Apply	1	10
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?	-8	Don't Know	3	152
		-7	Refused	1	39
		1	Yes	168	14,224
		2	No	1,906	177,358
		3	Does Not Apply	2	123
				<b>2,080</b>	<b>191,897</b>
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	8	992
		-7	Refused	1	39
		1	Yes	188	17,971
		2	No	1,881	172,835
		3	Does Not Apply	2	60
				<b>2,080</b>	<b>191,897</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	8	833
		-7	Refused	1	39
		1	Yes	1,186	110,226
		2	No	883	80,739
		3	Does Not Apply	2	60
				<b>2,080</b>	<b>191,897</b>
CGPFDSS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?	-8	Don't Know	13	2,125
		-7	Refused	1	39
		1	Yes	41	3,263
		2	No	2,023	186,410
		3	Does Not Apply	2	60
				<b>2,080</b>	<b>191,897</b>
CGPF DST	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?	-8	Don't Know	16	1,404
		-7	Refused	1	39
		1	Yes	896	83,571
		2	No	1,165	106,824
		3	Does Not Apply	2	60
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?	-8	Don't Know	2	69
		-7	Refused	1	39
		1	Yes	324	32,154
		2	No	1,752	159,624
		3	Does Not Apply	1	10
					<b>2,080</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	7	717
		1	1 Medical Condition	19	2,398
		2	2 Medical Conditions	61	6,385
		3	3 Medical Conditions	107	12,153
		4	4 Medical Conditions	147	12,914
		5	5 Medical Conditions	184	14,494
		6	6 Medical Conditions	216	23,567
		7	7 Medical Conditions	282	22,838
		8	8 Medical Conditions	248	20,720
		9	9 Medical Conditions	231	22,444
		10	10 Medical Conditions	197	20,063
		11	11 Medical Conditions	152	13,574
		12	12 Medical Conditions	107	8,035
		13	13 Medical Conditions	72	6,619
		14	14 Medical Conditions	33	3,602
		15	15 Medical Conditions	6	498
		16	16 Medical Conditions	9	592
		18	18 Medical Conditions	2	285
					<b>2,080</b>
PFDFINC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	1	236
		-7	Refused	2	71
		1	Yes	1,348	121,267
		2	No	729	70,323
				<b>2,080</b>	<b>191,897</b>
PFDFINBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	68
		-1	Not Collected	732	70,630
		1	Yes	922	82,330
		2	No	424	38,869

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</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	1	52
		-7	Refused	3	91
		1	Yes	1,779	157,515
		2	No	297	34,239
				<b>2,080</b>	<b>191,897</b>
PFDFOUBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	3	113
		-1	Not Collected	301	34,382
		1	Yes	1,724	153,202
		2	No	52	4,200
				<b>2,080</b>	<b>191,897</b>
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-7	Refused	3	91
		1	Yes	1,319	121,138
		2	No	758	70,668
				<b>2,080</b>	<b>191,897</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	6	698
		-1	Not Collected	761	70,759
		1	Yes	1,004	92,371
		2	No	309	28,070
				<b>2,080</b>	<b>191,897</b>
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	9	1,703
		-7	Refused	3	91
		1	Yes	1,625	146,769
		2	No	443	43,334
				<b>2,080</b>	<b>191,897</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	1	238
		-1	Not Collected	455	45,128
		1	Yes	1,525	137,364
		2	No	99	9,168

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	4	1,704
		-7	Refused	3	91
		1	Yes	1,416	128,301
		2	No	657	61,801
				<b>2,080</b>	<b>191,897</b>
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	4	762
		-1	Not Collected	664	63,596
		1	Yes	1,314	118,095
		2	No	98	9,444
				<b>2,080</b>	<b>191,897</b>
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	7	432
		-7	Refused	3	91
		1	Yes	1,707	154,768
		2	No	363	36,606
				<b>2,080</b>	<b>191,897</b>
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	10	330
		-1	Not Collected	373	37,129
		1	Yes	1,139	104,515
		2	No	558	49,924
				<b>2,080</b>	<b>191,897</b>
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Don't Know	1	93
		-7	Refused	1	39
		1	Yes	600	51,924
		2	No	1,478	139,840
				<b>2,080</b>	<b>191,897</b>
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	3	166
		-1	Not Collected	1,480	139,973
		1	Yes	439	37,479
		2	No	158	14,278
				<b>2,080</b>	<b>191,897</b>
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	6	246

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	71
		1	Yes	1,112	102,943
		2	No	960	88,636
				<b>2,080</b>	<b>191,897</b>
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	1	115
		-7	Refused	1	19
		-1	Not Collected	968	88,954
		1	Yes	927	85,209
		2	No	183	17,600
				<b>2,080</b>	<b>191,897</b>
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?				
		-8	Don't Know	6	559
		-7	Refused	3	91
		1	Yes	1,647	153,247
		2	No	424	38,000
				<b>2,080</b>	<b>191,897</b>
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-1	Not Collected	433	38,650
		1	Yes	1,627	150,798
		2	No	20	2,449
				<b>2,080</b>	<b>191,897</b>
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?				
		-8	Don't Know	14	747
		-7	Refused	5	137
		1	Yes	1,770	165,887
		2	No	291	25,126
				<b>2,080</b>	<b>191,897</b>
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-7	Refused	1	70
		-1	Not Collected	310	26,010
		1	Yes	1,722	161,164
		2	No	47	4,653
				<b>2,080</b>	<b>191,897</b>
PFCLENC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??				
		-8	Don't Know	8	408

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	91
		1	Yes	1,678	152,785
		2	No	391	38,613
				<b>2,080</b>	<b>191,897</b>
PFCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	1	114
		-1	Not Collected	402	39,112
		1	Yes	1,652	149,843
		2	No	25	2,828
				<b>2,080</b>	<b>191,897</b>
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	7	552
		-7	Refused	4	247
		1	Yes	1,966	180,749
		2	No	103	10,349
				<b>2,080</b>	<b>191,897</b>
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	3	134
		-1	Not Collected	114	11,148
		1	Yes	1,943	179,484
		2	No	20	1,130
				<b>2,080</b>	<b>191,897</b>
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	3	883
		-7	Refused	2	59
		1	Yes	1,614	148,489
		2	No	461	42,466
				<b>2,080</b>	<b>191,897</b>
PFTKDGBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	1	62
		-1	Not Collected	466	43,408
		1	Yes	1,601	147,512
		2	No	12	916
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	7	668
		-7	Refused	3	364
		1	Yes	1,337	125,372
		2	No	733	65,492
				<b>2,080</b>	<b>191,897</b>
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	9	671
		-7	Refused	1	32
		-1	Not Collected	743	66,525
		1	Yes	1,236	114,081
		2	No	91	10,588
		<b>2,080</b>	<b>191,897</b>		
CGISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?	-8	Don't Know	1	30
		-7	Refused	4	345
		1	Yes	1,676	151,114
		2	No	399	40,408
		<b>2,080</b>	<b>191,897</b>		
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	7	1,198
		-7	Refused	2	189
		-1	Not Collected	404	40,783
		1	Yes	1,462	130,680
		2	No	205	19,048
		<b>2,080</b>	<b>191,897</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	137	15,761
		-7	Refused	1	39
		1	Yes	760	85,974
		2	No	1,182	90,122
		<b>2,080</b>	<b>191,897</b>		
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	2	597
		-1	Not Collected	1,320	105,923
		1	Yes	299	35,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	54	5,755
		3	Never Uses Bus	405	43,717
				<b>2,080</b>	<b>191,897</b>
PFUSBSBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	1,781	155,993
		1	Yes	295	35,458
		2	No	4	447
				<b>2,080</b>	<b>191,897</b>
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH	-8	Don't Know	2	485
		-7	Refused	4	614
		-1	Not Collected	377	40,801
		1	Yes	1,612	140,135
		2	No	85	9,863
				<b>2,080</b>	<b>191,897</b>
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	27	3,085
		0	0 limitations	134	16,330
		1	1 limitation	194	16,851
		2	2 limitations	229	19,058
		3	3 limitations	271	22,235
		4	4 limitations	309	31,431
		5	5 limitations	491	46,801
		6	6 limitations	425	36,105
				<b>2,080</b>	<b>191,897</b>
ADLAOA6CR_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	39
		0	0 limitations	137	16,721
		1	1 limitation	199	17,541
		2	2 limitations	230	19,093
		3	3 limitations	277	23,164
		4	4 limitations	316	32,173
		5	5 limitations	495	47,060
		6	6 limitations	425	36,105
				<b>2,080</b>	<b>191,897</b>
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	27	3,085
		1	Yes	1,496	136,572
		2	No	557	52,239

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
ADL3PLUSCR _SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	39
		1	Yes	1,513	138,503
		2	No	566	53,355
				<b>2,080</b>	<b>191,897</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	26	2,328
		0	0 limitations	328	34,253
		1	1 limitation	310	25,243
		2	2 limitations	256	25,009
		3	3 limitations	219	19,576
		4	4 limitations	219	20,013
		5	5 limitations	404	38,015
		6	6 limitations	318	27,462
				<b>2,080</b>	<b>191,897</b>
ADLAOA6PCR _SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	39
		0	0 limitations	331	34,420
		1	1 limitation	315	25,646
		2	2 limitations	262	25,348
		3	3 limitations	221	20,299
		4	4 limitations	222	20,392
		5	5 limitations	410	38,291
		6	6 limitations	318	27,462
				<b>2,080</b>	<b>191,897</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	47	4,433
		0	0 limitations	31	3,051
		1	1 limitation	66	5,511
		2	2 limitations	86	8,255
		3	3 limitations	111	9,667
		4	4 limitations	183	17,085
		5	5 limitations	271	26,737

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	453	43,928
		7	7 limitations	832	73,230
				<b>2,080</b>	<b>191,897</b>
IADLAOA7CR_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		.	Missing	2	59
		0	0 limitations	32	3,131
		1	1 limitation	68	6,070
		2	2 limitations	91	8,510
		3	3 limitations	120	10,114
		4	4 limitations	191	18,374
		5	5 limitations	283	27,697
		6	6 limitations	461	44,714
		7	7 limitations	832	73,230
				<b>2,080</b>	<b>191,897</b>
IADLAOA7PC	AMONG THOSE W/ ANY IADL				
R	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.				
		.	Missing	23	2,394
		0	0 limitations	50	4,254
		1	1 limitation	75	7,154
		2	2 limitations	96	8,785
		3	3 limitations	125	11,039
		4	4 limitations	193	18,754
		5	5 limitations	281	27,622
		6	6 limitations	459	44,354
		7	7 limitations	778	67,541
				<b>2,080</b>	<b>191,897</b>
IADLAOA7PC	AOA IADLS: PERSONAL ASSISTANCE				
R_SSS	NEEDS, SSS VERSION				
		.	Missing	2	59
		0	0 limitations	49	4,275
		1	1 limitation	76	7,186
		2	2 limitations	98	8,834
		3	3 limitations	129	11,940
		4	4 limitations	197	19,269
		5	5 limitations	285	27,846
		6	6 limitations	466	44,948
		7	7 limitations	778	67,541
				<b>2,080</b>	<b>191,897</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	51	4,817
		0	0 limitations	9	980
		1	1 limitation	43	4,259
		2	2 limitations	67	5,361
		3	3 limitations	75	7,793
		4	4 limitations	115	9,390
		5	5 limitations	176	16,360
		6	6 limitations	271	27,259
		7	7 limitations	441	42,450
		8	8 limitations	832	73,230
				<b>2,080</b>	<b>191,897</b>
IADLAOA8CR_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	2	59
		0	0 limitations	9	980
		1	1 limitation	45	4,432
		2	2 limitations	70	5,951
		3	3 limitations	81	8,149
		4	4 limitations	124	9,771
		5	5 limitations	186	17,842
		6	6 limitations	282	28,249
		7	7 limitations	449	43,235
		8	8 limitations	832	73,230
				<b>2,080</b>	<b>191,897</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	26	2,528
		0	0 limitations	22	1,750
		1	1 limitation	53	5,082
		2	2 limitations	74	6,879
		3	3 limitations	88	8,324
		4	4 limitations	126	10,292

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	189	18,612
		6	6 limitations	281	28,099
		7	7 limitations	444	42,816
		8	8 limitations	777	67,514
				<b>2,080</b>	<b>191,897</b>
IADL8PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	2	59
		0	0 limitations	20	1,691
		1	1 limitation	55	5,194
		2	2 limitations	74	6,879
		3	3 limitations	91	8,438
		4	4 limitations	129	11,129
		5	5 limitations	195	19,353
		6	6 limitations	285	28,205
		7	7 limitations	452	43,435
		8	8 limitations	777	67,514
				<b>2,080</b>	<b>191,897</b>
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-8	Don't Know	1	85
		-7	Refused	2	38
		1	0 People	1,670	155,612
		2	1 Person	243	21,598
		3	2 People	100	8,761
		4	3 People	29	3,259
		5	4 People	15	1,159
		6	5 People	13	806
		7	6 People	3	440
		8	7 People	2	68
		9	8 or More People	2	71
				<b>2,080</b>	<b>191,897</b>
CGWHO01	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?	-7	Refused	1	165
		-1	Not Collected	1,673	155,735
		1	Yes	155	13,500
		2	No	251	22,497
				<b>2,080</b>	<b>191,897</b>
CGWHO02	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-7	Refused	1	165

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,673	155,735
		1	Yes	152	13,768
		2	No	254	22,228
				<b>2,080</b>	<b>191,897</b>
CGWHO03	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?	-7	Refused	1	165
		-1	Not Collected	1,673	155,735
		1	Yes	43	3,624
		2	No	363	32,372
				<b>2,080</b>	<b>191,897</b>
CGWHO04	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?	-7	Refused	1	165
		-1	Not Collected	1,673	155,735
		1	Yes	46	3,229
		2	No	360	32,767
				<b>2,080</b>	<b>191,897</b>
CGWHO05	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-7	Refused	1	165
		-1	Not Collected	1,673	155,735
		1	Yes	35	2,870
		2	No	371	33,126
				<b>2,080</b>	<b>191,897</b>
CGWHO06	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-7	Refused	1	165
		-1	Not Collected	1,673	155,735
		1	Yes	39	3,173
		2	No	367	32,824
				<b>2,080</b>	<b>191,897</b>
CGWHO07	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?	-7	Refused	1	165
		-1	Not Collected	1,673	155,735
		1	Yes	44	3,801
		2	No	362	32,195
				<b>2,080</b>	<b>191,897</b>
CGWHO08	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?	-7	Refused	1	165

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,673	155,735
		1	Yes	12	505
		2	No	394	35,491
				<b>2,080</b>	<b>191,897</b>
CGWHOOOTH	OTHER PERSON CARE FOR:SPECIFY	-7	Refused	1	165
		-1	Not Collected	1,673	155,735
		1	Yes	9	1,542
		2	No	397	34,455
				<b>2,080</b>	<b>191,897</b>
AGEC	CAREGIVER'S AGE?	.	Missing	6	459
		2	18-34 years	20	2,161
		3	35-59 years	580	52,989
		4	60-64 years	375	36,372
		5	65-74 years	587	50,919
		6	75-84 years	398	38,411
		7	85+ years	114	10,584
				<b>2,080</b>	<b>191,897</b>
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	13	1,503
		4	60-64 years	88	10,168
		5	65-74 years	387	36,806
		6	75-84 years	734	65,186
		7	85+ years	858	78,235
				<b>2,080</b>	<b>191,897</b>
CGENDER	CAREGIVER'S GENDER?	.	Missing	89	7,061
		1	Male	536	48,244
		2	Female	1,455	136,593
				<b>2,080</b>	<b>191,897</b>
RGENDER	CARE RECIPIENT'S GENDER?	1	Male	786	72,488
		2	Female	1,294	119,409
				<b>2,080</b>	<b>191,897</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	2	197
		-7	Refused	7	935
		1	Less Than High School Diploma	187	15,983
		2	High School Diploma Or GED	595	48,021
		3	Some College(Business/Vocational/Techni)	710	66,206
		4	Bachelor's Degree	250	25,612

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Some Post-Graduate Work/Advanced Degree	329	34,944
				<b>2,080</b>	<b>191,897</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	11	428
		-7	Refused	10	1,474
		1	Yes	123	17,825
		2	No	1,936	172,170
				<b>2,080</b>	<b>191,897</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	1	30
		-7	Refused	23	2,517
		1	Yes	1,626	149,016
		2	No	430	40,334
				<b>2,080</b>	<b>191,897</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	1	30
		-7	Refused	23	2,517
		1	Yes	367	30,274
		2	No	1,689	159,076
				<b>2,080</b>	<b>191,897</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	1	30
		-7	Refused	23	2,517
		1	Yes	28	4,038
		2	No	2,028	185,312
				<b>2,080</b>	<b>191,897</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	1	30
		-7	Refused	23	2,517
		1	Yes	46	3,193
		2	No	2,010	186,157
				<b>2,080</b>	<b>191,897</b>
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	1	30
		-7	Refused	23	2,517
		1	Yes	5	433
		2	No	2,051	188,917
				<b>2,080</b>	<b>191,897</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	1	30
		-7	Refused	23	2,517
		1	Yes	31	5,777

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	2,025	183,573
				<b>2,080</b>	<b>191,897</b>
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	62
		-7	Refused	6	1,147
		1	Yes	275	24,147
		2	No	1,798	166,542
				<b>2,080</b>	<b>191,897</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	31	3,056
		-7	Refused	6	858
		1	The City	772	82,438
		2	The Suburbs	544	55,522
		3	A Rural Area	727	50,024
				<b>2,080</b>	<b>191,897</b>
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	3	163
		-7	Refused	12	1,161
		1	Yes	619	56,099
		2	No	1,446	134,474
				<b>2,080</b>	<b>191,897</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	44
		-7	Refused	10	1,305
		-1	Not Collected	619	56,099
		1	Yes	1,150	107,487
		2	No	300	26,962
				<b>2,080</b>	<b>191,897</b>
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	11	1,333
		-1	Not Collected	619	56,099
		1	Yes	365	34,636
		2	No	1,085	99,830
				<b>2,080</b>	<b>191,897</b>
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	37
		-7	Refused	11	1,184
		-1	Not Collected	619	56,099
		1	Yes	477	41,972
		2	No	972	92,605

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>2,080</b>	<b>191,897</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?				
		-8	Don't Know	1	37
		-7	Refused	12	1,490
		-1	Not Collected	619	56,099
		1	Yes	65	6,168
		2	No	1,383	128,104
				<b>2,080</b>	<b>191,897</b>
LIVARRC	WHO DO YOU LIVE WITH?				
		-7	Refused	9	1,000
		1	Alone	619	56,099
		2	With spouse only	692	64,892
		3	With children only	43	3,640
		4	With spouse and children	187	19,822
		5	With others	530	46,445
				<b>2,080</b>	<b>191,897</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?				
		-8	Don't Know	1	30
		-7	Refused	13	1,264
		1	1 Person	620	56,179
		2	2 People	799	72,296
		3	3 People	402	39,404
		4	4 People	144	13,084
		5	5 People	62	6,129
		6	6 People	27	2,744
		7	7 People	8	544
		8	8 People	4	224
				<b>2,080</b>	<b>191,897</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?				
		-8	Don't Know	4	399
		-7	Refused	17	2,047
		1	Married	1,483	140,237
		2	Widowed	106	7,565
		3	Divorced	262	22,164
		4	Separated	31	3,540
		5	Never Married	177	15,946
				<b>2,080</b>	<b>191,897</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 2012 ABOVE OR BELOW \$20,000?				
		-8	Don't Know	58	5,670

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	98	9,134
		1	Below \$20,000 [1666 Per Month Or Less]	444	39,632
		2	Above \$20,000 [1667 Per Month Or More]	1,480	137,462
				<b>2,080</b>	<b>191,897</b>
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?	.	Missing	156	14,804
		-8	Don't Know	81	6,264
		-7	Refused	60	6,128
		1	\$5,000 or less	34	3,021
		2	\$5,001-\$10,000	63	4,442
		3	\$10,001-\$15,000	122	11,515
		4	\$15,001-\$20,000	188	18,131
		5	\$20,001-\$25,000	248	18,165
		6	\$25,001-\$30,000	233	20,970
		7	\$30,001-\$35,000	148	11,953
		8	\$35,001-\$40,000	138	13,676
		9	\$40,001-\$50,000	181	17,026
		10	ABOVE \$50,000	428	45,801
				<b>2,080</b>	<b>191,897</b>
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	25	3,428
		0	Rural (Not in Urbanized Area or Urban Cluster)	1,141	85,115
		1	In Urbanized Area	773	92,527
		2	In Urban Cluster	141	10,827
				<b>2,080</b>	<b>191,897</b>
CGFLAG	WEIGHTING VARIABLE	.	.	144	15,559
		1	Respite Care	791	64,213
		2	Counseling/Support	375	43,232
		3	Supplemental Services	770	68,893
				<b>2,080</b>	<b>191,897</b>
DIF_CR.CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	19	1,962
		1	Care Recipient is Younger Than Caregiver	274	25,903
		2	Care Recipient is Older or Same Age As Caregiver	1,787	164,032
				<b>2,080</b>	<b>191,897</b>
VARSTRAT	VARIANCE STRATUM		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1.00 - 64.00	Varstrat range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
VARUNIT	VARIANCE UNIT	.	Missing	144	15,559
		1	Variance unit 1	958	87,282
		2	Variance unit 2	974	88,693
		3	Variance unit 3	4	363
				<b>2,080</b>	<b>191,897</b>
PSWGT	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT		Missing	144	15,559
		1.85 - 2078.03	Weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT1	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1		Missing	144	15,559
		0.48 - 3352.14	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT2	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2		Missing	144	15,559
		0.50 - 3165.01	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT3	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3		Missing	144	15,559
		0.69 - 3819.55	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT4	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4		Missing	144	15,559
		0.58 - 2822.89	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT5	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5		Missing	144	15,559
		0.60 - 3406.38	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT6	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6		Missing	144	15,559
		0.59 - 3450.35	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT7	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 7		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.62 - 2804.66	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT8	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 8		Missing	144	15,559
		0.63 - 3101.15	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT9	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 9		Missing	144	15,559
		0.50 - 4945.33	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT10	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10		Missing	144	15,559
		0.49 - 2516.10	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT11	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11		Missing	144	15,559
		0.65 - 3567.85	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT12	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12		Missing	144	15,559
		0.60 - 3727.97	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT13	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13		Missing	144	15,559
		0.61 - 2977.06	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT14	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14		Missing	144	15,559
		0.51 - 4026.20	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT15	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15		Missing	144	15,559
		0.55 - 4350.55	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT16	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.48 - 3075.60	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT17	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17		Missing	144	15,559
		0.58 - 4062.55	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT18	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18		Missing	144	15,559
		0.53 - 3757.84	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT19	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19		Missing	144	15,559
		0.69 - 3547.87	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT20	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20		Missing	144	15,559
		0.53 - 2245.00	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT21	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21		Missing	144	15,559
		0.56 - 3074.47	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT22	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22		Missing	144	15,559
		0.58 - 3468.72	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT23	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23		Missing	144	15,559
		0.55 - 3307.87	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT24	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24		Missing	144	15,559
		0.49 - 3879.93	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT25	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.43 - 3786.03	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT26	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26		Missing	144	15,559
		0.47 - 2799.24	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT27	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27		Missing	144	15,559
		0.57 - 3297.10	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT28	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28		Missing	144	15,559
		0.57 - 4401.42	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT29	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29		Missing	144	15,559
		0.59 - 3524.83	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT30	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30		Missing	144	15,559
		0.51 - 4470.49	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT31	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31		Missing	144	15,559
		0.57 - 4042.94	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT32	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32		Missing	144	15,559
		0.51 - 3204.87	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT33	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33		Missing	144	15,559
		0.40 - 3025.84	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT34	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.53 - 4704.39	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT35	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35		Missing	144	15,559
		0.51 - 3841.39	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT36	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36		Missing	144	15,559
		0.63 - 2977.99	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT37	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37		Missing	144	15,559
		0.67 - 3362.39	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT38	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38		Missing	144	15,559
		0.48 - 2513.22	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT39	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39		Missing	144	15,559
		0.63 - 2926.03	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT40	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40		Missing	144	15,559
		0.48 - 4662.21	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT41	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41		Missing	144	15,559
		0.42 - 2991.86	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT42	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42		Missing	144	15,559
		0.62 - 2809.35	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT43	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.61 - 2908.18	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT44	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44		Missing	144	15,559
		0.78 - 3533.76	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT45	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45		Missing	144	15,559
		0.75 - 2954.80	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT46	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46		Missing	144	15,559
		0.47 - 3561.72	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT47	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47		Missing	144	15,559
		0.79 - 4247.67	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT48	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48		Missing	144	15,559
		0.44 - 2753.21	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT49	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49		Missing	144	15,559
		0.43 - 4328.91	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT50	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50		Missing	144	15,559
		0.53 - 4142.28	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT51	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51		Missing	144	15,559
		0.53 - 4149.44	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT52	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.61 - 3085.61	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT53	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53		Missing	144	15,559
		0.61 - 4631.97	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT54	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54		Missing	144	15,559
		0.43 - 2517.97	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT55	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55		Missing	144	15,559
		0.61 - 3552.33	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT56	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56		Missing	144	15,559
		0.42 - 4130.24	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT57	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57		Missing	144	15,559
		0.41 - 3726.45	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT58	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58		Missing	144	15,559
		0.63 - 3554.48	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT59	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59		Missing	144	15,559
		0.53 - 3277.01	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT60	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60		Missing	144	15,559
		0.64 - 2776.32	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT61	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61		Missing	144	15,559

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0.74 - 3384.67	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT62	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62		Missing	144	15,559
		0.53 - 3058.02	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT63	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63		Missing	144	15,559
		0.70 - 3803.12	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSWGT64	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64		Missing	144	15,559
		0.45 - 2864.39	Replicate weight range	1,936	176,338
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	10.50 - 858.79	Weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	2.27 - 1657.97	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	3.25 - 1512.29	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	2.33 - 1457.02	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	3.06 - 1217.41	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	3.69 - 1345.11	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	2.66 - 1311.82	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	3.35 - 1826.34	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	2.21 - 1475.06	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	2.45 - 1600.30	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	2.98 - 1149.72	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	2.96 - 1438.24	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	2.93 - 1629.79	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	3.73 - 1374.91	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	2.93 - 1581.45	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	2.61 - 1558.40	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	2.87 - 1224.01	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	2.65 - 1515.12	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	2.54 - 1521.89	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	2.54 - 1497.27	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	3.29 - 1537.78	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	2.42 - 1298.94	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	2.70 - 1596.16	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	3.48 - 1260.34	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	2.95 - 1567.69	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	2.14 - 1681.75	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	2.78 - 1481.56	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	2.90 - 1180.23	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	3.58 - 1365.50	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	2.90 - 1088.77	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	2.52 - 1595.88	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	3.20 - 1650.20	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	2.60 - 1397.64	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	2.06 - 1112.60	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	2.55 - 1647.70	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	2.75 - 1539.87	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	4.03 - 1301.61	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	3.12 - 1511.33	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	2.62 - 1506.48	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	3.37 - 1188.37	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	2.41 - 1494.00	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	2.54 - 1428.74	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	3.19 - 1590.82	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	2.67 - 1191.04	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	3.97 - 1393.71	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	3.09 - 1281.80	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	2.74 - 1469.84	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	3.41 - 1542.51	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	2.55 - 1681.65	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	2.35 - 1513.47	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	3.23 - 1636.45	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	2.87 - 1509.11	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	2.88 - 1215.28	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	3.64 - 1446.61	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	2.77 - 1090.86	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSTOTWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	2.93 - 1454.81	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	2.66 - 1780.74	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	2.30 - 1474.95	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	3.17 - 1335.97	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	2.58 - 1855.63	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	2.60 - 1341.27	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	4.09 - 1539.49	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	2.70 - 1440.67	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	2.51 - 1526.43	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>
PSTOTWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	2.70 - 1225.90	Replicate weight range	2,080	191,897
				<b>2,080</b>	<b>191,897</b>