

**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 OTHER 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/STROKE
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED 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?
CGOTHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOTHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?

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

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

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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??
CGPFDSS	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPFDST	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
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFBEDC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATHC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRESC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?
PFDRESBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALKC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFWALKBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEATC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?
PFEATBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWCC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLRC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFMEALC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?

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PFMEALBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFCLENBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFHCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFFONEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
CGISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?
PFDRIVEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR 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, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION

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IADLAOA8CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
CGMANY	NUM	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?
CGWHO01	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?
CGWHO04	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?
CGWHO05	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?
CGWHO07	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
AGEC	NUM	CAREGIVER'S AGE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGENDER	NUM	CAREGIVER'S GENDER?
RGENDER	NUM	CARE RECIPIENT'S GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 2013 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?
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 OVERALL FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT24	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62

Positional Listing of Variables

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

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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)
CGOHQ1	NUM	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?
CGOHQ2	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN THE CARE RECIPIENT NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
CGOHQ301	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE COULD NOT AFFORD THE COST?
CGOHQ302	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT WANT TO SPEND THE MONEY?

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGOHQ303	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
CGOHQ304	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
CGOHQ305	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
CGOHQ306	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
CGOHQ307	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS AFRAID OF OR DOES NOT LIKE DENTISTS?
CGOHQ308	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?
CGOHQ309	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?
CGOHQ310	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
CGOHQ311	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT HAVE TRANSPORTATION?
CGOHQ312	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
CGOHQ4	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?

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/STROKE
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR 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 OTHER 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?
CGOHQ1	NUM	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?
CGOHQ2	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN THE CARE RECIPIENT NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
CGOHQ301	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE COULD NOT AFFORD THE COST?
CGOHQ302	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT WANT TO SPEND THE MONEY?
CGOHQ303	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
CGOHQ304	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
CGOHQ305	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
CGOHQ306	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
CGOHQ307	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS AFRAID OF OR DOES NOT LIKE DENTISTS?
CGOHQ308	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?
CGOHQ309	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?
CGOHQ310	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
CGOHQ311	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT HAVE TRANSPORTATION?
CGOHQ312	NUM	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
CGOHQ4	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?
CGOTHLP2	NUM	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?
CGOTHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOTHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGOTHLPE	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGPFDSA	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?
CGPFDSB	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?
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?
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?
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...

Alphabetical Listing of Variables

Name	Type	Description
CGRSP01	NUM	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?
CGRSP02	NUM	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?
CGRSP03	NUM	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?
CGRSP04	NUM	HAVE YOU RECEIVED RESPITE CAMP SERVICES?
CGRSP05	NUM	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?
CGRSPT	NUM	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?
CGSRVHLP	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?
CGSUPA	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?
CGSUPB	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS NUTRITIONAL SUPPLEMENTS SUCH AS ENSURE, BOOST OR GLUCERNA?
CGSUPC	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS WALKERS, CANES OR CRUTCHES?
CGSUPD	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS EMERGENCY RESPONSE SYSTEMS?
CGSUPE	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?
CGSUPF	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS MONEY OR STIPEND?
CGSUPG	NUM	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?
CGSUPTOT	NUM	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?
CGWHER	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WHERE WOULD THE CARE RECIPIENT BE LIVING?
CGWHO01	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?
CGWHO04	NUM	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?
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
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?

Alphabetical Listing of Variables

Name	Type	Description
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 2013 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DIF_CR_CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
EXERCISE	NUM	HAS THE CARE RECIPIENT TAKEN EXERCISE FITNESS CLASSES OR DO THEY USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
HLTHSCRN	NUM	HAS THE CARE RECIPIENT RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM HIS/HER OWN DOCTOR?
HNREDUYN	NUM	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA8CR	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?
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??
PFDFINBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFOUBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFDFOUC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE, TO SHOP OR VISIT A DOCTOR'S OFFICE?
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?

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PFTKDGBC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSBSBC	NUM	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFUSBSC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALKBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWALKC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?
PFWCBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWCC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17
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

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

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 OVERALL FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL 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?

**Alphabetical Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
SVPCPR	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	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT? ARE YOU HIS/HER...				
		1	Husband	324	30,132
		2	Wife	518	50,662
		3	Son	205	18,609
		4	Son-In-Law	8	1,339
		5	Daughter	677	66,710
		6	Daughter-In-Law	38	3,320
		8	Mother	3	103
		9	Brother	7	694
		10	Sister	33	3,871
		11	Granddaughter	14	762
		12	Grandson	1	52
		13	Niece	23	2,176
		14	Nephew	7	684
		15	A Friend/Neighbor/Another Person	50	4,678
		91	Other Relative	20	1,678
				<b>1,928</b>	<b>185,468</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	132
		1	Yes	1,454	132,988
		2	No	472	52,348
				<b>1,928</b>	<b>185,468</b>
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		-8	Don't Know	4	740
		1	Yes	1,662	157,459
		2	No	262	27,269
				<b>1,928</b>	<b>185,468</b>
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?				
		-8	Don't Know	4	680
		-7	Refused	1	68
		1	Yes	1,727	166,212
		2	No	196	18,508
				<b>1,928</b>	<b>185,468</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	2	178
		1	Yes	1,763	166,689
		2	No	163	18,600
				<b>1,928</b>	<b>185,468</b>
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	2	519
		1	Yes	1,827	175,311
		2	No	99	9,638
				<b>1,928</b>	<b>185,468</b>
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	10	2,691
		-7	Refused	1	42
		1	Yes	1,728	163,970
		2	No	189	18,765
				<b>1,928</b>	<b>185,468</b>
CGRSPT	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?	-8	Don't Know	7	625
		-7	Refused	2	65
		1	Yes	1,158	102,343
		2	No	761	82,435
				<b>1,928</b>	<b>185,468</b>
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?	-1	Not Collected	770	83,125
		1	Yes	992	86,314
		2	No	166	16,029
				<b>1,928</b>	<b>185,468</b>
CGRSP02	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?	-8	Don't Know	1	58
		-1	Not Collected	770	83,125
		1	Yes	217	21,778
		2	No	940	80,506
				<b>1,928</b>	<b>185,468</b>
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?	-8	Don't Know	1	82

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	770	83,125
		1	Yes	69	5,720
		2	No	1,088	96,541
				<b>1,928</b>	<b>185,468</b>
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?	-8	Don't Know	4	1,028
		-1	Not Collected	770	83,125
		1	Yes	21	1,182
		2	No	1,133	100,133
				<b>1,928</b>	<b>185,468</b>
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?	-8	Don't Know	7	924
		-1	Not Collected	770	83,125
		1	Yes	4	346
		2	No	1,147	101,073
				<b>1,928</b>	<b>185,468</b>
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE	-8	Don't Know	101	9,339
		-7	Refused	1	169
		-1	Not Collected	770	83,125
		1	0 Hours	55	4,161
		2	1 - 5 Hours	428	39,600
		3	6 - 10 Hours	290	22,629
		4	11 - 20 Hours	166	13,355
		5	21 - 80 Hours	113	12,841
		6	81 - 167 Hours	4	249
				<b>1,928</b>	<b>185,468</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 OTHER AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	31	2,834
		1	Yes	1,313	125,877
		2	No	584	56,756
				<b>1,928</b>	<b>185,468</b>
CGINFOHP	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	23	2,374
		-7	Refused	2	79
		-1	Not Collected	615	59,591
		1	Yes	1,027	99,681

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	261	23,743
				<b>1,928</b>	<b>185,468</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	5	546
		-7	Refused	1	12
		1	Yes	604	66,733
		2	No	1,318	118,178
				<b>1,928</b>	<b>185,468</b>
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?				
		-1	Not Collected	1,324	118,735
		1	Yes	304	37,890
		2	No	300	28,843
				<b>1,928</b>	<b>185,468</b>
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?				
		-8	Don't Know	7	719
		-1	Not Collected	1,324	118,735
		1	Yes	235	27,371
		2	No	362	38,643
				<b>1,928</b>	<b>185,468</b>
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?				
		-1	Not Collected	1,324	118,735
		1	Yes	339	38,127
		2	No	265	28,606
				<b>1,928</b>	<b>185,468</b>
CGEDKD04	HAVE YOU ATTENDED SOMETHING ELSE?				
		-8	Don't Know	1	214
		-1	Not Collected	1,324	118,735
		1	Yes	9	758
		2	No	594	65,761
				<b>1,928</b>	<b>185,468</b>
CGSUPA	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?				
		-8	Don't Know	16	1,661
		1	Yes	232	21,577
		2	No	1,680	162,230
				<b>1,928</b>	<b>185,468</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	11	1,550
		1	Yes	255	22,907
		2	No	1,662	161,011
				<b>1,928</b>	<b>185,468</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	3,957
		1	Yes	369	35,957
		2	No	1,524	145,554
				<b>1,928</b>	<b>185,468</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	24	2,203
		1	Yes	302	26,932
		2	No	1,602	156,333
				<b>1,928</b>	<b>185,468</b>
CGSUPE	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS SPECIALIZED EQUIPMENT SUCH AS CPAP, APNEA MACHINES, HOSPITAL BED, WANDERGUARD OR OTHER EQUIPMENT?	-8	Don't Know	20	1,767
		1	Yes	337	30,539
		2	No	1,571	153,161
				<b>1,928</b>	<b>185,468</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	15	2,022
		1	Yes	330	27,389
		2	No	1,583	156,057
				<b>1,928</b>	<b>185,468</b>
CGSUPG	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?	-8	Don't Know	12	871
		1	Yes	11	976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,905	183,621
				<b>1,928</b>	<b>185,468</b>
CGSUPTOT	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?	.	Missing	154	16,656
		1	Yes, receive supplemental caregiver services	1,081	99,160
		2	No, do not receive supplemental caregiver services	693	69,651
				<b>1,928</b>	<b>185,468</b>
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Don't Know	80	6,766
		-7	Refused	4	269
		-1	Not Collected	531	53,540
		1	Respite Care Services	720	62,624
		2	Help/Information Re: Available Services/Resources	199	19,886
		3	Caregiver Training/Education	154	19,909
		4	Other Support Services/Assistance	240	22,475
				<b>1,928</b>	<b>185,468</b>
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-8	Don't Know	79	9,119
		1	Family	224	20,326
		2	Friends	314	30,341
		3	A Physician	286	25,698
		4	A Community Organization	147	17,030
		5	The Media	156	14,675
		6	A Social Worker Or Case Manager	223	23,848
		7	The Hospital	155	15,109
		8	The State/Local Office For The Aging	324	27,572
		91	Someplace Else	20	1,752
				<b>1,928</b>	<b>185,468</b>
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Don't Know	21	2,122
		1	Yes	1,229	112,691
		2	No	678	70,655

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,928</b>	<b>185,468</b>
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Don't Know	22	1,730
		-7	Refused	2	71
		1	Yes	1,420	135,321
		2	No	484	48,346
				<b>1,928</b>	<b>185,468</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	4,185
		-7	Refused	1	45
		1	Yes	1,593	150,163
		2	No	302	31,075
				<b>1,928</b>	<b>185,468</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	54	4,332
		1	Yes	1,432	132,878
		2	No	442	48,258
				<b>1,928</b>	<b>185,468</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	2,067
		1	Yes	1,196	116,740
		2	No	706	66,661
				<b>1,928</b>	<b>185,468</b>
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Don't Know	29	2,745
		-7	Refused	1	24
		1	Yes	1,797	169,935
		2	No	101	12,764
				<b>1,928</b>	<b>185,468</b>
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	43	4,971
		-7	Refused	1	42
		1	Yes	1,667	159,602
		2	No	217	20,853

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,928</b>	<b>185,468</b>
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	82	7,056
		-7	Refused	3	235
		1	Yes	1,499	141,766
		2	No	344	36,411
				<b>1,928</b>	<b>185,468</b>
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	13	1,034
		1	Excellent	864	82,123
		2	Very Good	652	63,797
		3	Good	297	28,499
		4	Fair	68	6,647
		5	Poor	34	3,370
				<b>1,928</b>	<b>185,468</b>
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	13	1,034
		1	Rating of Good to Excellent	1,813	174,418
		2	Rating of Fair or Poor	102	10,016
				<b>1,928</b>	<b>185,468</b>
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	104	9,989
		-7	Refused	2	53
		1	Yes	600	58,674
		2	No	1,222	116,752
				<b>1,928</b>	<b>185,468</b>
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Don't Know	3	239
		-7	Refused	3	136
		1	Working Full Time	324	33,301
		2	Working Part Time	207	19,783
		3	Retired	994	97,064
		4	Not Working	397	34,944
				<b>1,928</b>	<b>185,468</b>
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Don't Know	4	156
		-7	Refused	1	187

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	537	53,459
		1	Yes	421	38,067
		2	No	965	93,599
				<b>1,928</b>	<b>185,468</b>
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?				
		-8	Don't Know	5	896
		-7	Refused	3	197
		-1	Not Collected	1,397	132,384
		1	Yes	301	29,287
		2	No	222	22,704
				<b>1,928</b>	<b>185,468</b>
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?				
		-1	Not Collected	1,627	156,181
		1	Always	44	2,855
		2	Often	80	8,072
		3	Sometimes	145	16,148
		4	Rarely	30	2,077
		5	Never	2	136
				<b>1,928</b>	<b>185,468</b>
CGSRVHLP	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?				
		-8	Don't Know	4	357
		-1	Not Collected	1,629	156,316
		1	Yes	154	14,119
		2	No	141	14,676
				<b>1,928</b>	<b>185,468</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	17	1,351
		-7	Refused	3	280
		1	1 - Not a strain at all	336	35,079
		2	2	359	34,740
		3	3	553	53,729
		4	4	351	30,654
		5	5 - Very much of a strain	309	29,635
				<b>1,928</b>	<b>185,468</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	10	685
		-7	Refused	2	227
		1	1 - Not at all stressful	193	17,981
		2	2	309	28,190
		3	3	500	50,526
		4	4	474	46,054
		5	5 - Very stressful	440	41,805
					<b>1,928</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	24	1,926
		-7	Refused	2	161
		1	1 - No hardship at all	498	49,283
		2	2	349	34,305
		3	3	472	45,575
		4	4	300	29,823
		5	5 - A great hardship	283	24,395
					<b>1,928</b>
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?	-8	Don't Know	40	3,244
		-7	Refused	5	343
		1	The Financial Burden	179	15,757
		2	Not Enough Time For Self	298	28,215
		3	Not Enough Time For Family	117	11,647
		4	Interferes With Your Work	46	4,931
		5	Affects Your Family Relationships	76	6,774
		6	Interferes With Your Privacy	37	2,408
		7	Conflicts With Your Social Life	102	9,898
		8	Creates Stress	437	46,506
		9	None	194	18,458
		10	All Of The Above	371	35,097
91	Something Else	26	2,191		
			<b>1,928</b>	<b>185,468</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	36	3,549
		-1	Not Collected	64	6,065
		1	Yes	1,375	129,762
		2	No	453	46,092
				<b>1,928</b>	<b>185,468</b>
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?	-8	Don't Know	3	389
		-7	Refused	1	114
		1	Excellent	180	21,766
		2	Very Good	467	47,753
		3	Good	690	64,452
		4	Fair	429	37,397
		5	Poor	158	13,597
		<b>1,928</b>	<b>185,468</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	14	1,729
		-7	Refused	1	114
		1	Yes	842	80,561
		2	No	1,071	103,064
				<b>1,928</b>	<b>185,468</b>
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	495	45,334
		2	No	343	34,876
				<b>1,928</b>	<b>185,468</b>
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? INJURIES/BROKEN BONES/HIP REPLACEMENT	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	124	12,140
		2	No	714	68,070
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? WEAKNESS/LACK OF STRENGTH	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	122	11,705
		2	No	716	68,505
				<b>1,928</b>	<b>185,468</b>
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/STROKE	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	222	19,889
		2	No	616	60,321
				<b>1,928</b>	<b>185,468</b>
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	117	10,420
		2	No	721	69,790
				<b>1,928</b>	<b>185,468</b>
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/BREATHING OR LUNG PROBLEMS	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	93	7,498
		2	No	745	72,712
				<b>1,928</b>	<b>185,468</b>
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	115	13,476
		2	No	723	66,734
				<b>1,928</b>	<b>185,468</b>
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Don't Know	12	571

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	455
		-1	Not Collected	1,086	104,907
		1	Yes	431	40,077
		2	No	396	39,457
				<b>1,928</b>	<b>185,468</b>
CGHLONG	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?				
		-8	Don't Know	5	608
		1	6 Months Or Less	12	1,315
		2	More Than 6 Months, But Less Than 1 Year	53	6,521
		3	At Least 1 Year, But Less Than 2 Years	206	19,858
		4	2 To 5 Years	758	71,143
		5	5 To 10 Years	604	59,594
		6	11 To 20 Years	212	19,684
		7	More Than 20 Years	78	6,746
				<b>1,928</b>	<b>185,468</b>
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?				
		1	In The Same House	1,457	136,632
		2	Less Than 20 Minutes Away	353	34,091
		3	Between 20 And 60 Minutes Away	90	10,736
		4	Between 1 And 2 Hours Away	10	979
		5	More Than Two Hours Away	18	3,031
				<b>1,928</b>	<b>185,468</b>
VISTIMES	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?				
		-8	Don't Know	2	186
		-7	Refused	1	16
		-1	Not Collected	1,457	136,632
		1	Every Day	218	21,383
		2	Two Or More Times Per Week	197	20,309
		3	Once A Week	30	2,877
		4	A Few Times A Month	9	2,198
		5	Once A Month	9	1,177
		6	A Few Times A Year	5	691
				<b>1,928</b>	<b>185,468</b>
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?				
		-8	Don't Know	2	59
		-1	Not Collected	1,457	136,632

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	322	31,957
		2	No	147	16,820
				<b>1,928</b>	<b>185,468</b>
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Don't Know	12	1,908
		1	Can Be Left Alone Over A Day At A Time	141	16,224
		2	Can Be Left Alone A Day But Then Checked	204	20,396
		3	Needs Someone There At Least Part Of Day	440	42,916
		4	Needs Someone There All/Nearly All Time	1,131	104,024
				<b>1,928</b>	<b>185,468</b>
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	94	9,989
		1	0 Hours	45	4,437
		2	1 - 2 Hours	193	15,522
		3	3 - 4 Hours	228	25,145
		4	5 - 6 Hours	154	15,477
		5	7 - 10 Hours	201	22,001
		6	11 - 15 Hours	198	17,010
		7	16 - 23 Hours	144	14,272
		8	24 Hours	671	61,615
				<b>1,928</b>	<b>185,468</b>
CGHRS_Q	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUANTILES)	.	Missing	94	9,989
		1	First Quartile (0-4)	466	45,104
		2	Second Quartile (5-12)	488	48,786
		3	Third Quartile (adjusted to 13-23)	209	19,975
		4	Fourth Quartile (24)	671	61,615
				<b>1,928</b>	<b>185,468</b>
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Collected	94	9,989
		1	0 Hours	45	4,437
		3	6 - 10 Hours	74	6,648
		4	11 - 20 Hours	119	8,874
		5	21 - 30 Hours	228	25,145
		6	31 - 40 Hours	71	7,721
		7	41 - 80 Hours	289	30,046

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	81 - 120 Hours	242	21,626
		9	121 - 167 Hours	95	9,368
		10	168 Hours	671	61,615
				<b>1,928</b>	<b>185,468</b>
CGHRSWK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	98	9,454
		-7	Refused	1	239
		1	0 Hours	36	5,024
		2	1 - 2 Hours	181	17,016
		3	3 - 4 Hours	167	19,894
		4	5 - 6 Hours	168	15,627
		5	7 - 10 Hours	192	19,491
		6	11 - 15 Hours	261	25,629
		7	16 - 23 Hours	284	23,751
		8	24 Hours	540	49,341
				<b>1,928</b>	<b>185,468</b>
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Collected	99	9,693
		1	0 Hours	36	5,024
		2	1 - 10 Hours	181	17,016
		3	11 - 20 Hours	167	19,894
		4	21 - 30 Hours	168	15,627
		5	31 - 50 Hours	192	19,491
		6	51 - 80 Hours	343	32,651
		7	81 - 119 Hours	202	16,729
		8	120 Hours	540	49,341
				<b>1,928</b>	<b>185,468</b>
CGHRSWD	# HOURS YOU CARE ON WEEKEND DAY	-8	Don't Know	70	7,912
		-7	Refused	1	239
		1	0 Hours	77	8,450
		2	1 - 2 Hours	165	15,881
		3	3 - 4 Hours	172	16,508
		4	5 - 6 Hours	129	13,822
		5	7 - 10 Hours	164	17,193
		6	11 - 15 Hours	223	21,632
		7	16 - 23 Hours	224	19,096
		8	24 Hours	703	64,734
				<b>1,928</b>	<b>185,468</b>
CGHRSWD2	# HOURS YOU CARE ON THE WEEKEND	-1	Not Collected	71	8,151
		1	0 Hours	77	8,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	1 - 5 Hours	165	15,881
		3	6 - 10 Hours	231	21,359
		4	11 - 20 Hours	234	26,164
		5	21 - 30 Hours	223	21,632
		6	31 - 47 Hours	224	19,096
		7	48 Hours	703	64,734
				<b>1,928</b>	<b>185,468</b>
CGHRSWK7	HOURS HELP CAREGIVER PROVIDES PER WK	-1	Not Collected	122	12,757
		1	0 Hours	26	3,172
		2	1 - 20 Hours	192	17,147
		3	21 - 40 Hours	223	26,743
		4	41 - 80 Hours	296	29,429
		5	81 - 120 Hours	322	29,630
		6	121 - 167 Hours	258	22,986
		7	168 Hours	489	43,604
				<b>1,928</b>	<b>185,468</b>
CGOTHLPA	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?	-8	Don't Know	5	1,140
		-7	Refused	2	149
		1	Yes	992	99,723
		2	No	929	84,456
				<b>1,928</b>	<b>185,468</b>
CGOTHLPB	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?	-8	Don't Know	57	6,247
		1	Yes	957	81,513
		2	No	914	97,707
				<b>1,928</b>	<b>185,468</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	17	2,220
		-7	Refused	1	114
		1	Yes	523	50,361
		2	No	1,387	132,773
				<b>1,928</b>	<b>185,468</b>
CGOTHLPD	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?	-8	Don't Know	15	1,379
		1	Yes	839	81,605

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,074	102,484
				<b>1,928</b>	<b>185,468</b>
CGOTHLPE	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?	-8	Don't Know	9	771
		1	Yes	4	220
		2	No	1,915	184,477
				<b>1,928</b>	<b>185,468</b>
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?	-8	Don't Know	18	2,025
		-7	Refused	1	114
		-1	Not Collected	211	20,800
		1	Caregiver (You)	1,483	139,434
		2	Other Family Members Or Friends	82	9,291
		3	Agency	41	4,421
		4	Other Community Agencies	27	2,325
		5	Help Paid For By Recipient Or Family	65	7,058
				<b>1,928</b>	<b>185,468</b>
CGOTHLP2	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?	-8	Don't Know	49	4,428
		-7	Refused	1	54
		-1	Not Collected	230	22,939
		1	Caregiver (You)	161	18,321
		2	Other Family Members Or Friends	598	62,269
		3	Agency	414	31,410
		4	Other Community Agencies	127	11,933
		5	Help Paid For By Recipient Or Family	345	33,961
		6	Other Specify	3	155
				<b>1,928</b>	<b>185,468</b>
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Don't Know	8	611
		1	Yes	137	14,179
		2	No	1,783	170,677
				<b>1,928</b>	<b>185,468</b>
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-8	Don't Know	2	389
		-1	Not Collected	1,791	171,289
		1	Care Recipient	65	6,418
		2	Community Agency	70	7,372
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	41	3,663
		-7	Refused	1	65
		1	Yes	1,540	149,255
		2	No	346	32,485
				<b>1,928</b>	<b>185,468</b>
CGINF02	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?	-8	Don't Know	37	2,987
		1	Yes	925	91,940
		2	No	966	90,541
				<b>1,928</b>	<b>185,468</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	39	3,779
		1	Yes	767	79,249
		2	No	1,122	102,440
				<b>1,928</b>	<b>185,468</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	66	7,464
		-7	Refused	1	30
		1	Yes	1,422	135,817
		2	No	439	42,158
				<b>1,928</b>	<b>185,468</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	25	2,723

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	65
		1	Yes	937	94,841
		2	No	965	87,839
				<b>1,928</b>	<b>185,468</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	18	1,504
		-7	Refused	2	145
		1	Yes	1,219	122,873
		2	No	689	60,946
				<b>1,928</b>	<b>185,468</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	36	3,377
		-7	Refused	2	145
		1	Yes	1,380	134,719
		2	No	510	47,227
				<b>1,928</b>	<b>185,468</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	15	1,354
		-7	Refused	1	65
		1	Yes	699	73,928
		2	No	1,213	110,121
				<b>1,928</b>	<b>185,468</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	22	2,145
		1	Yes	54	5,524
		2	No	1,852	177,799
				<b>1,928</b>	<b>185,468</b>
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?				
		-8	Don't Know	11	1,495
		1	Yes	266	26,073

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,651	157,899
				<b>1,928</b>	<b>185,468</b>
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	6	771
		1	Yes	466	43,074
		2	No	1,456	141,623
				<b>1,928</b>	<b>185,468</b>
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	8	2,259
		1	Yes	615	52,261
		2	No	1,305	130,948
				<b>1,928</b>	<b>185,468</b>
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	28	3,654
		-7	Refused	1	65
		1	Yes	860	74,110
		2	No	1,039	107,639
				<b>1,928</b>	<b>185,468</b>
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	9	1,162
		-7	Refused	1	54
		1	Yes	269	26,978
		2	No	1,649	157,275
				<b>1,928</b>	<b>185,468</b>
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	8	1,175
		-7	Refused	2	214
		1	Yes	257	25,595
		2	No	1,661	158,484
				<b>1,928</b>	<b>185,468</b>
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	10	1,412
		1	Yes	586	49,514
		2	No	1,332	134,542
				<b>1,928</b>	<b>185,468</b>
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	4	658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	222	18,563
		2	No	1,702	166,246
				<b>1,928</b>	<b>185,468</b>
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	9	606
		1	Yes	77	7,067
		2	No	1,842	177,795
				<b>1,928</b>	<b>185,468</b>
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	32	3,624
		-7	Refused	1	65
		1	Yes	415	37,878
		2	No	1,480	143,900
				<b>1,928</b>	<b>185,468</b>
HNREDUYN	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	11	2,060
		1	Yes	171	16,200
		2	No	1,746	167,208
				<b>1,928</b>	<b>185,468</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	22	2,161
		1	Yes	477	42,542
		2	No	1,429	140,766
				<b>1,928</b>	<b>185,468</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	12	1,787
		1	Yes	230	26,130
		2	No	1,686	157,551
				<b>1,928</b>	<b>185,468</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	10	1,264
		1	Yes	151	14,695
		2	No	1,767	169,508

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,928</b>	<b>185,468</b>
MEDS	HAS THE CARE RECIPIENT RECEIVED ASSISTANCE ADMINISTERING OR MONITORING MEDICATIONS, UNDERSTANDING HOW MUCH TO TAKE, HOW OFTEN AND WHETHER IT WORKS WITH HIS/HER OTHER MEDICINES?	-8	Don't Know	10	1,628
		-7	Refused	2	179
		1	Yes	112	12,454
		2	No	1,804	171,207
				<b>1,928</b>	<b>185,468</b>
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?	-8	Don't Know	11	836
		-7	Refused	1	30
		1	Yes	200	18,513
		2	No	1,716	166,089
				<b>1,928</b>	<b>185,468</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	21	2,502
		-7	Refused	1	144
		-1	Not Collected	304	35,226
		1	Excellent	434	41,671
		2	Very Good	548	49,087
		3	Good	429	39,850
		4	Fair	134	10,976
		5	Poor	57	6,012
				<b>1,928</b>	<b>185,468</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	64	8,603
		-7	Refused	2	150
		1	Agree	1,825	172,211
		2	Disagree	37	4,504
				<b>1,928</b>	<b>185,468</b>
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	4	410
		1	Yes	214	20,614
		2	No	1,710	164,444
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	15	2,053
		1	Yes	230	23,748
		2	No	1,683	159,667
				<b>1,928</b>	<b>185,468</b>
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	43	4,210
		1	Yes	365	35,078
		2	No	1,520	146,180
				<b>1,928</b>	<b>185,468</b>
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	5	328
		1	Yes	71	7,300
		2	No	1,852	177,839
				<b>1,928</b>	<b>185,468</b>
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	12	1,391
		-7	Refused	2	107
		1	Yes	1,365	130,316
		2	No	549	53,653
		<b>1,928</b>	<b>185,468</b>		
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?	-8	Don't Know	13	2,240
		-7	Refused	2	107
		1	Yes	1,510	145,798
		2	No	403	37,322
		<b>1,928</b>	<b>185,468</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	71	9,003
		-7	Refused	2	452
		1	Yes	1,097	102,672
		2	No	758	73,341
		<b>1,928</b>	<b>185,468</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	124	15,128

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	487
		-1	Not Collected	1,097	102,672
		1	In Caregiver's Home	55	4,677
		2	In The Home Of Another Family Mem/Friend	60	5,745
		3	In An Assisted Living Facility	113	12,380
		4	In A Nursing Home	439	40,559
		5	Care Recipient Would Have Died	13	849
		91	Other	24	2,971
				<b>1,928</b>	<b>185,468</b>
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?	-8	Don't Know	20	2,700
		-7	Refused	2	279
		1	Excellent	54	6,670
		2	Very Good	184	18,464
		3	Good	478	51,489
		4	Fair	600	53,956
		5	Poor	590	51,910
				<b>1,928</b>	<b>185,468</b>
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?	-8	Don't Know	13	1,946
		-7	Refused	1	110
		1	Yes	1,189	112,039
		2	No	724	71,312
		3	Does Not Apply	1	60
				<b>1,928</b>	<b>185,468</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	11	1,143
		-7	Refused	2	181
		1	Yes	1,300	125,020
		2	No	614	59,027
		3	Does Not Apply	1	97
				<b>1,928</b>	<b>185,468</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	6	415

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	181
		1	Yes	857	79,308
		2	No	1,063	105,564
				<b>1,928</b>	<b>185,468</b>
CGPFDS D	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?				
		-8	Don't Know	48	3,809
		-7	Refused	2	181
		1	Yes	953	88,475
		2	No	924	92,924
		3	Does Not Apply	1	79
				<b>1,928</b>	<b>185,468</b>
CGPFDS E	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?				
		-8	Don't Know	5	637
		-7	Refused	2	181
		1	Yes	631	60,082
		2	No	1,289	124,471
		3	Does Not Apply	1	97
				<b>1,928</b>	<b>185,468</b>
CGPFDS F	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	711
		-7	Refused	2	181
		1	Yes	725	68,646
		2	No	1,192	115,929
				<b>1,928</b>	<b>185,468</b>
CGPFDS G	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?				
		-8	Don't Know	6	633
		-7	Refused	3	217
		1	Yes	399	37,455
		2	No	1,520	147,163
				<b>1,928</b>	<b>185,468</b>
CGPFDS H	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?				
		-8	Don't Know	10	1,206
		-7	Refused	2	181
		1	Yes	629	57,186
		2	No	1,287	126,895
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?	-8	Don't Know	17	2,069
		-7	Refused	3	209
		1	Yes	380	37,077
		2	No	1,528	146,113
				<b>1,928</b>	<b>185,468</b>
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?	-8	Don't Know	41	4,522
		-7	Refused	2	181
		1	Yes	560	51,432
		2	No	1,325	129,333
				<b>1,928</b>	<b>185,468</b>
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?	-8	Don't Know	13	1,108
		-7	Refused	2	181
		1	Yes	269	24,272
		2	No	1,643	159,861
		3	Does Not Apply	1	46
		<b>1,928</b>	<b>185,468</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	11	1,725
		-7	Refused	3	276
		1	Yes	1,245	121,263
		2	No	669	62,204
				<b>1,928</b>	<b>185,468</b>
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Don't Know	9	736
		-7	Refused	2	181
		1	Yes	890	84,969
		2	No	1,027	99,581
				<b>1,928</b>	<b>185,468</b>
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	19	2,735
		-7	Refused	3	303
		1	Yes	674	67,641

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,231	114,654
		3	Does Not Apply	1	136
				<b>1,928</b>	<b>185,468</b>
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	10	551
		-7	Refused	2	181
		1	Yes	1,124	112,308
		2	No	791	72,305
		3	Does Not Apply	1	122
				<b>1,928</b>	<b>185,468</b>
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?	-8	Don't Know	3	413
		-7	Refused	2	181
		1	Yes	167	17,275
		2	No	1,756	167,599
				<b>1,928</b>	<b>185,468</b>
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	14	1,459
		-7	Refused	2	181
		1	Yes	169	14,640
		2	No	1,742	169,135
		3	Does Not Apply	1	53
				<b>1,928</b>	<b>185,468</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	16	2,199
		-7	Refused	2	181
		1	Yes	1,031	96,614
		2	No	879	86,474
				<b>1,928</b>	<b>185,468</b>
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?	-8	Don't Know	10	1,083
		-7	Refused	2	181
		1	Yes	35	3,481
		2	No	1,881	180,723
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDST	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?	-8	Don't Know	17	2,063
		-7	Refused	2	181
		1	Yes	826	78,261
		2	No	1,081	104,042
		3	Does Not Apply	2	921
					<b>1,928</b>
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?	-8	Don't Know	9	944
		-7	Refused	2	181
		1	Yes	260	23,595
		2	No	1,657	160,747
					<b>1,928</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	10	1,051
		1	1 Medical Condition	25	2,301
		2	2 Medical Conditions	58	5,943
		3	3 Medical Conditions	96	10,919
		4	4 Medical Conditions	153	15,033
		5	5 Medical Conditions	203	20,098
		6	6 Medical Conditions	208	17,273
		7	7 Medical Conditions	217	21,318
		8	8 Medical Conditions	260	27,103
		9	9 Medical Conditions	207	19,619
		10	10 Medical Conditions	177	14,817
		11	11 Medical Conditions	138	14,272
		12	12 Medical Conditions	92	8,575
		13	13 Medical Conditions	40	2,513
		14	14 Medical Conditions	30	3,618
		15	15 Medical Conditions	10	665
		16	16 Medical Conditions	3	113
17	17 Medical Conditions	1	239		
			<b>1,928</b>	<b>185,468</b>	
PFDIFIC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	5	1,018
		-7	Refused	1	40
		1	Yes	1,218	108,525
		2	No	704	75,885
					<b>1,928</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDFINBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	13	1,004
		-1	Not Collected	710	76,943
		1	Yes	811	71,341
		2	No	394	36,181
				<b>1,928</b>	<b>185,468</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	6	501
		-7	Refused	1	40
		1	Yes	1,579	145,251
		2	No	342	39,677
				<b>1,928</b>	<b>185,468</b>
PFDFOUBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	4	531
		-1	Not Collected	349	40,217
		1	Yes	1,517	138,848
		2	No	58	5,872
				<b>1,928</b>	<b>185,468</b>
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	5	519
		-7	Refused	1	40
		1	Yes	1,213	110,387
		2	No	709	74,523
				<b>1,928</b>	<b>185,468</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	8	538
		-1	Not Collected	715	75,081
		1	Yes	918	81,040
		2	No	287	28,809
				<b>1,928</b>	<b>185,468</b>
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	17	1,479
		-7	Refused	1	40
		1	Yes	1,470	135,535
		2	No	440	48,414

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,928</b>	<b>185,468</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	3	362
		-1	Not Collected	458	49,933
		1	Yes	1,384	126,537
		2	No	83	8,636
				<b>1,928</b>	<b>185,468</b>
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?				
		-8	Don't Know	6	848
		-7	Refused	1	40
		1	Yes	1,319	120,155
		2	No	602	64,426
				<b>1,928</b>	<b>185,468</b>
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?				
		-8	Don't Know	5	306
		-1	Not Collected	609	65,313
		1	Yes	1,223	110,957
		2	No	91	8,892
				<b>1,928</b>	<b>185,468</b>
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?				
		-8	Don't Know	21	1,791
		-7	Refused	1	40
		1	Yes	1,485	137,523
		2	No	421	46,114
				<b>1,928</b>	<b>185,468</b>
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?				
		-8	Don't Know	14	723
		-1	Not Collected	443	47,945
		1	Yes	978	89,249
		2	No	493	47,551
				<b>1,928</b>	<b>185,468</b>
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?				
		-8	Don't Know	7	1,117
		-7	Refused	2	184
		1	Yes	530	48,616
		2	No	1,389	135,551
				<b>1,928</b>	<b>185,468</b>
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?				
		-8	Don't Know	6	1,255

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,398	136,852
		1	Yes	375	32,692
		2	No	149	14,669
				<b>1,928</b>	<b>185,468</b>
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?				
		-8	Don't Know	11	883
		-7	Refused	2	138
		1	Yes	1,007	92,310
		2	No	908	92,137
				<b>1,928</b>	<b>185,468</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	7	573
		-1	Not Collected	921	93,158
		1	Yes	854	76,344
		2	No	146	15,393
				<b>1,928</b>	<b>185,468</b>
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?				
		-8	Don't Know	17	1,434
		-7	Refused	4	337
		1	Yes	1,445	139,839
		2	No	462	43,857
				<b>1,928</b>	<b>185,468</b>
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-1	Not Collected	483	45,629
		1	Yes	1,430	137,781
		2	No	15	2,058
				<b>1,928</b>	<b>185,468</b>
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?				
		-8	Don't Know	23	1,759
		-7	Refused	5	420
		1	Yes	1,606	150,588
		2	No	294	32,701
				<b>1,928</b>	<b>185,468</b>
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?				
		-8	Don't Know	5	1,424
		-1	Not Collected	322	34,880

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1,565	145,690
		2	No	36	3,474
				<b>1,928</b>	<b>185,468</b>
PFCLENC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??	-8	Don't Know	32	4,279
		-7	Refused	3	297
		1	Yes	1,528	140,377
		2	No	365	40,515
				<b>1,928</b>	<b>185,468</b>
PFCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	4	502
		-1	Not Collected	400	45,091
		1	Yes	1,508	138,456
		2	No	16	1,420
				<b>1,928</b>	<b>185,468</b>
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	23	2,534
		-7	Refused	4	338
		1	Yes	1,796	171,478
		2	No	105	11,118
				<b>1,928</b>	<b>185,468</b>
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	9	1,203
		-1	Not Collected	132	13,990
		1	Yes	1,774	168,831
		2	No	13	1,443
				<b>1,928</b>	<b>185,468</b>
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	11	946
		-7	Refused	3	181
		1	Yes	1,383	131,638
		2	No	531	52,703
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFTKDGBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	1	106
		-1	Not Collected	545	53,830
		1	Yes	1,371	129,786
		2	No	11	1,746
				<b>1,928</b>	<b>185,468</b>
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	6	661
		-7	Refused	2	110
		1	Yes	1,190	110,086
		2	No	730	74,611
				<b>1,928</b>	<b>185,468</b>
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	8	725
		-7	Refused	1	35
		-1	Not Collected	738	75,382
		1	Yes	1,107	102,476
		2	No	74	6,850
		<b>1,928</b>	<b>185,468</b>		
CGISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN THE CARE RECIPIENT'S HOUSEHOLD?	-8	Don't Know	1	63
		1	Yes	1,554	145,747
		2	No	373	39,657
		<b>1,928</b>	<b>185,468</b>		
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	30	2,890
		-7	Refused	9	797
		-1	Not Collected	374	39,721
		1	Yes	1,322	123,257
		2	No	193	18,803
		<b>1,928</b>	<b>185,468</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	117	11,458
		-7	Refused	3	381
		1	Yes	703	74,142

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,105	99,487
				<b>1,928</b>	<b>185,468</b>
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	4	658
		-7	Refused	1	40
		-1	Not Collected	1,225	111,326
		1	Yes	307	31,427
		2	No	51	6,107
		3	Never Uses Bus	340	35,910
				<b>1,928</b>	<b>185,468</b>
PFUSBSBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	2	85
		-1	Not Collected	1,621	154,041
		1	Yes	300	30,881
		2	No	5	461
				<b>1,928</b>	<b>185,468</b>
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH	-1	Not Collected	368	47,630
		1	Yes	1,478	130,819
		2	No	82	7,019
				<b>1,928</b>	<b>185,468</b>
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	55	5,467
		0	0 limitations	132	16,288
		1	1 limitation	192	19,431
		2	2 limitations	219	21,844
		3	3 limitations	239	24,642
		4	4 limitations	272	24,460
		5	5 limitations	470	42,500
		6	6 limitations	349	30,835
				<b>1,928</b>	<b>185,468</b>
ADLAOA6CR_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	40
		0	0 limitations	138	17,676
		1	1 limitation	202	20,193
		2	2 limitations	226	22,587
		3	3 limitations	249	25,522
		4	4 limitations	286	25,495

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	477	43,120
		6	6 limitations	349	30,835
				<b>1,928</b>	<b>185,468</b>
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	55	5,467
		1	Yes	1,330	122,437
		2	No	543	57,564
				<b>1,928</b>	<b>185,468</b>
ADL3PLUSCR _SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	40
		1	Yes	1,361	124,973
		2	No	566	60,456
				<b>1,928</b>	<b>185,468</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	37	3,404
		0	0 limitations	341	37,824
		1	1 limitation	269	27,654
		2	2 limitations	236	24,477
		3	3 limitations	191	18,156
		4	4 limitations	214	17,876
		5	5 limitations	372	32,194
		6	6 limitations	268	23,883
				<b>1,928</b>	<b>185,468</b>
ADLAOA6PCR _SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	40
		0	0 limitations	343	38,025
		1	1 limitation	278	28,380
		2	2 limitations	244	25,160
		3	3 limitations	195	18,383
		4	4 limitations	222	18,314
		5	5 limitations	377	33,283
		6	6 limitations	268	23,883
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7CR	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	108	11,042
		0	0 limitations	41	4,444
		1	1 limitation	52	6,675
		2	2 limitations	88	10,681
		3	3 limitations	119	12,033
		4	4 limitations	216	21,258
		5	5 limitations	234	20,491
		6	6 limitations	382	37,484
		7	7 limitations	688	61,361
				<b>1,928</b>	<b>185,468</b>
IADLAOA7CR_ SSS	AOA IADL LIMITATIONS, SSS VERSION	.	Missing	1	40
		0	0 limitations	45	4,795
		1	1 limitation	61	7,689
		2	2 limitations	99	11,958
		3	3 limitations	138	13,114
		4	4 limitations	234	23,108
		5	5 limitations	264	23,747
		6	6 limitations	395	39,294
		7	7 limitations	691	61,724
				<b>1,928</b>	<b>185,468</b>
IADLAOA7PC R	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	60	6,595
		0	0 limitations	57	6,433
		1	1 limitation	74	9,169
		2	2 limitations	94	9,593
		3	3 limitations	133	13,025
		4	4 limitations	221	22,409
		5	5 limitations	257	23,226
		6	6 limitations	376	37,893
		7	7 limitations	656	57,124

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,928</b>	<b>185,468</b>
IADLAOA7PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	.	Missing	1	40
		0	0 limitations	57	6,433
		1	1 limitation	80	10,386
		2	2 limitations	105	10,163
		3	3 limitations	143	13,610
		4	4 limitations	229	23,709
		5	5 limitations	271	25,590
		6	6 limitations	385	38,331
		7	7 limitations	657	57,206
				<b>1,928</b>	<b>185,468</b>
IADLAOA8CR	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	112	11,471
		0	0 limitations	10	1,056
		1	1 limitation	41	4,537
		2	2 limitations	51	7,077
		3	3 limitations	90	10,540
		4	4 limitations	129	12,354
		5	5 limitations	213	21,016
		6	6 limitations	219	19,220
		7	7 limitations	377	37,149
		8	8 limitations	686	61,048
				<b>1,928</b>	<b>185,468</b>
IADLAOA8CR_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	1	40
		0	0 limitations	13	1,192
		1	1 limitation	49	5,126
		2	2 limitations	60	8,795
		3	3 limitations	103	11,512
		4	4 limitations	148	13,558
		5	5 limitations	229	22,464
		6	6 limitations	247	23,266
		7	7 limitations	389	38,105
		8	8 limitations	689	61,411
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8PC R	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	65	7,296
		0	0 limitations	20	2,237
		1	1 limitation	58	6,208
		2	2 limitations	65	9,280
		3	3 limitations	98	9,168
		4	4 limitations	149	13,730
		5	5 limitations	206	20,685
		6	6 limitations	243	22,614
		7	7 limitations	371	37,479
		8	8 limitations	653	56,771
			<b>1,928</b>	<b>185,468</b>	
IADLAOA8PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	1	40
		0	0 limitations	21	2,400
		1	1 limitation	61	6,412
		2	2 limitations	72	10,620
		3	3 limitations	109	9,646
		4	4 limitations	160	15,452
		5	5 limitations	212	21,864
		6	6 limitations	257	24,225
		7	7 limitations	381	37,957
		8	8 limitations	654	56,854
			<b>1,928</b>	<b>185,468</b>	
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-8	Don't Know	2	118
		-7	Refused	3	116
		1	0 People	1,543	150,211
		2	1 Person	235	20,017
		3	2 People	79	6,708
		4	3 People	34	3,973
		5	4 People	11	2,832
		6	5 People	15	969
		7	6 People	2	95
8	7 People	1	216		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	8 or More People	3	212
				<b>1,928</b>	<b>185,468</b>
CGWHO01	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR HUSBAND OR WIFE?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	133	12,490
		2	No	245	22,401
				<b>1,928</b>	<b>185,468</b>
CGWHO02	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	122	12,590
		2	No	256	22,301
				<b>1,928</b>	<b>185,468</b>
CGWHO03	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR FATHER?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	42	3,460
		2	No	336	31,431
				<b>1,928</b>	<b>185,468</b>
CGWHO04	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR MOTHER?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	54	5,421
		2	No	324	29,470
				<b>1,928</b>	<b>185,468</b>
CGWHO05	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	22	2,313
		2	No	356	32,578
				<b>1,928</b>	<b>185,468</b>
CGWHO06	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	47	5,165

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	331	29,726
				<b>1,928</b>	<b>185,468</b>
CGWHO07	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR ANOTHER RELATIVE(S)?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	43	5,340
		2	No	335	29,551
				<b>1,928</b>	<b>185,468</b>
CGWHO08	AND NOT COUNTING THE CARE RECIPIENT, DO YOU ALSO CARE FOR A FRIEND OR NEIGHBOR?	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	17	1,210
		2	No	361	33,681
				<b>1,928</b>	<b>185,468</b>
CGWHOOOTH	OTHER PERSON CARE FOR:SPECIFY	-8	Don't Know	2	131
		-1	Not Collected	1,548	150,446
		1	Yes	12	789
		2	No	366	34,102
				<b>1,928</b>	<b>185,468</b>
AGEC	CAREGIVER'S AGE?	.	Missing	12	685
		2	18-34 years	16	1,522
		3	35-59 years	544	53,592
		4	60-64 years	364	34,265
		5	65-74 years	551	52,401
		6	75-84 years	354	35,113
		7	85+ years	87	7,890
				<b>1,928</b>	<b>185,468</b>
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	12	1,712
		4	60-64 years	73	7,066
		5	65-74 years	396	37,678
		6	75-84 years	707	67,901
		7	85+ years	740	71,112
				<b>1,928</b>	<b>185,468</b>
CGENDER	CAREGIVER'S GENDER?	.	Missing	109	9,675
		1	Male	536	49,823
		2	Female	1,283	125,970
				<b>1,928</b>	<b>185,468</b>
RGENDER	CARE RECIPIENT'S GENDER?	1	Male	707	72,785
		2	Female	1,221	112,683

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,928</b>	<b>185,468</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-7	Refused	8	479
		1	Less Than High School Diploma	138	12,540
		2	High School Diploma Or GED	498	44,981
		3	Some College(Business/ Vocational/Techni)	752	72,120
		4	Bachelor's Degree	250	25,192
		5	Some Post-Graduate Work/Advanced Degree	282	30,156
				<b>1,928</b>	<b>185,468</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	2	275
		-7	Refused	15	1,075
		1	Yes	107	15,102
		2	No	1,804	169,017
				<b>1,928</b>	<b>185,468</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	112
		-7	Refused	23	3,090
		1	Yes	1,547	148,884
		2	No	356	33,382
				<b>1,928</b>	<b>185,468</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	112
		-7	Refused	23	3,090
		1	Yes	296	24,545
		2	No	1,607	157,721
				<b>1,928</b>	<b>185,468</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	112
		-7	Refused	23	3,090
		1	Yes	23	3,848
		2	No	1,880	178,418
				<b>1,928</b>	<b>185,468</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	112
		-7	Refused	23	3,090
		1	Yes	41	4,644
		2	No	1,862	177,623
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	112
		-7	Refused	23	3,090
		1	Yes	6	1,360
		2	No	1,897	180,906
				<b>1,928</b>	<b>185,468</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	112
		-7	Refused	23	3,090
		1	Yes	19	2,679
		2	No	1,884	179,587
				<b>1,928</b>	<b>185,468</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.)	-7	Refused	5	392
		1	Yes	249	21,791
		2	No	1,674	163,286
				<b>1,928</b>	<b>185,468</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	28	3,306
		-7	Refused	4	491
		1	The City	743	78,450
		2	The Suburbs	450	45,526
		3	A Rural Area	703	57,696
				<b>1,928</b>	<b>185,468</b>
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	47
		-7	Refused	9	719
		1	Yes	517	45,376
		2	No	1,401	139,325
				<b>1,928</b>	<b>185,468</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	8	789
		-1	Not Collected	517	45,376
		1	Yes	1,108	113,708
		2	No	295	25,595
				<b>1,928</b>	<b>185,468</b>
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	577
		-7	Refused	8	789
		-1	Not Collected	517	45,376
		1	Yes	310	32,566

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	1,092	106,161
				<b>1,928</b>	<b>185,468</b>
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	2	147
		-7	Refused	8	807
		-1	Not Collected	517	45,376
		1	Yes	430	40,428
		2	No	971	98,710
				<b>1,928</b>	<b>185,468</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	197
		-7	Refused	8	789
		-1	Not Collected	517	45,376
		1	Yes	47	5,453
		2	No	1,354	133,653
				<b>1,928</b>	<b>185,468</b>
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	7	765
		1	Alone	517	45,376
		2	With spouse only	721	73,333
		3	With children only	35	2,997
		4	With spouse and children	155	17,006
		5	With others	493	45,990
				<b>1,928</b>	<b>185,468</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	87
		-7	Refused	9	999
		1	1 Person	517	45,376
		2	2 People	841	82,445
		3	3 People	350	33,613
		4	4 People	118	13,169
		5	5 People	51	4,648
		6	6 People	22	2,132
		7	7 People	13	2,264
		8	8 People	5	711
		9	9 People	1	25
				<b>1,928</b>	<b>185,468</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-7	Refused	12	1,218
		1	Married	1,385	139,202
		2	Widowed	104	9,099
		3	Divorced	231	20,208

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Separated	33	2,265
		5	Never Married	163	13,475
				<b>1,928</b>	<b>185,468</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 2013 ABOVE OR BELOW \$20,000?				
		-8	Don't Know	68	7,078
		-7	Refused	150	15,197
		1	Below \$20,000 [1666 Per Month Or Less]	386	31,434
		2	Above \$20,000 [1667 Per Month Or More]	1,324	131,759
				<b>1,928</b>	<b>185,468</b>
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?				
		.	Missing	218	22,275
		-8	Don't Know	73	7,342
		-7	Refused	94	9,291
		1	\$5,000 or less	33	2,676
		2	\$5,001-\$10,000	47	4,137
		3	\$10,001-\$15,000	85	6,452
		4	\$15,001-\$20,000	185	14,683
		5	\$20,001-\$25,000	199	20,156
		6	\$25,001-\$30,000	194	15,940
		7	\$30,001-\$35,000	145	12,902
		8	\$35,001-\$40,000	131	11,838
		9	\$40,001-\$50,000	156	14,833
		10	ABOVE \$50,000	368	42,943
				<b>1,928</b>	<b>185,468</b>
URBAN	URBAN				
		-9	Invalid Zip Code, or Foreign Zip Code	29	3,350
		0	Rural (Not in Urbanized Area or Urban Cluster)	674	55,194
		1	In Urbanized Area	904	100,654
		2	In Urban Cluster	321	26,270
				<b>1,928</b>	<b>185,468</b>
CGFLAG	WEIGHTING VARIABLE				
		.	.	154	16,656
		1	Respite Care	749	65,034
		2	Counseling/Support	344	39,096
		3	Supplemental Services	681	64,682
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DIF_CR.CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	22	2,319
		1	Care Recipient is Younger Than Caregiver	256	23,569
		2	Care Recipient is Older or Same Age As Caregiver	1,650	159,580
				<b>1,928</b>	<b>185,468</b>
VARSTRAT	VARIANCE STRATUM	.	Missing	154	16,656
		1.00 - 64.00	Varstrat range	1,774	168,812
				<b>1,928</b>	<b>185,468</b>
VARUNIT	VARIANCE UNIT	.	Missing	154	16,656
		1	Variance unit 1	853	83,098
		2	Variance unit 2	921	85,714
				<b>1,928</b>	<b>185,468</b>
PSWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	11.75 - 886.16	Weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	3.52 - 1495.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	3.52 - 948.97	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	3.14 - 1054.22	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	3.05 - 1345.39	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	3.76 - 1497.90	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	3.37 - 1517.05	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	3.12 - 1527.17	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	2.89 - 1453.56	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	3.12 - 1475.52	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	3.18 - 1089.28	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	3.12 - 1109.67	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	3.72 - 1403.28	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	3.87 - 1549.46	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	3.67 - 1524.46	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	3.66 - 1610.32	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	2.80 - 1392.95	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	3.37 - 1727.05	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	3.67 - 1208.59	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	2.79 - 1222.10	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	2.88 - 1414.35	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	3.35 - 1695.55	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	3.36 - 1501.04	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	3.30 - 1561.40	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	3.07 - 1472.47	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	3.60 - 1666.61	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	4.40 - 1196.57	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	2.93 - 937.91	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	3.21 - 1397.96	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	3.32 - 1780.31	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	3.21 - 1442.84	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	3.22 - 1476.73	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	3.22 - 1484.37	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	3.24 - 1482.51	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	2.85 - 910.98	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	3.35 - 1131.04	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	3.65 - 1321.52	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	3.23 - 1501.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	3.38 - 1352.10	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	3.33 - 1608.98	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	3.14 - 1520.43	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	3.03 - 1424.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	3.41 - 1465.98	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	3.45 - 963.15	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	3.56 - 1458.86	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	4.04 - 1523.05	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	3.04 - 1499.43	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	3.80 - 1575.59	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	3.30 - 1404.43	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	3.32 - 1728.62	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	3.99 - 1151.08	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	3.03 - 981.57	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	3.40 - 1414.92	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	3.26 - 1648.67	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	2.77 - 1474.07	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	3.53 - 1642.42	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	3.72 - 1493.99	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	3.27 - 1609.28	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	3.14 - 1067.60	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	3.24 - 977.11	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	4.16 - 1450.76	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	3.02 - 1725.96	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	3.27 - 1426.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	4.10 - 1467.68	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	3.42 - 1459.00	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	11.75 - 886.16	Weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	3.52 - 1495.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	3.52 - 948.97	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	3.14 - 1054.22	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	3.05 - 1345.39	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	3.76 - 1497.90	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	3.37 - 1517.05	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	3.12 - 1527.17	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	2.89 - 1453.56	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	3.12 - 1475.52	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	3.18 - 1089.28	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	3.12 - 1109.67	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	3.72 - 1403.28	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	3.87 - 1549.46	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	3.67 - 1524.46	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	3.66 - 1610.32	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	2.80 - 1392.95	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	3.37 - 1727.05	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	3.67 - 1208.59	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	2.79 - 1222.10	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	2.88 - 1414.35	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	3.35 - 1695.55	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	3.36 - 1501.04	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	3.30 - 1561.40	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	3.07 - 1472.47	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	3.60 - 1666.61	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	4.40 - 1196.57	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	2.93 - 937.91	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	3.21 - 1397.96	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	3.32 - 1780.31	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	3.21 - 1442.84	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	3.22 - 1476.73	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	3.22 - 1484.37	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	3.24 - 1482.51	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	2.85 - 910.98	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	3.35 - 1131.04	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	3.65 - 1321.52	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	3.23 - 1501.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	3.38 - 1352.10	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	3.33 - 1608.98	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	3.14 - 1520.43	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	3.03 - 1424.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	3.41 - 1465.98	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	3.45 - 963.15	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	3.56 - 1458.86	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	4.04 - 1523.05	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	3.04 - 1499.43	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	3.80 - 1575.59	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	3.30 - 1404.43	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	3.32 - 1728.62	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	3.99 - 1151.08	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	3.03 - 981.57	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	3.40 - 1414.92	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	3.26 - 1648.67	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	2.77 - 1474.07	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	3.53 - 1642.42	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	3.72 - 1493.99	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	3.27 - 1609.28	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	3.14 - 1067.60	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	3.24 - 977.11	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	4.16 - 1450.76	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	3.02 - 1725.96	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	3.27 - 1426.21	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	4.10 - 1467.68	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
PSTOTWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	3.42 - 1459.00	Replicate weight range	1,928	185,468
				<b>1,928</b>	<b>185,468</b>
CGDISBB7	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? CANCER AND TUMORS	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	42	4,364
		2	No	796	75,846
				<b>1,928</b>	<b>185,468</b>
CGDISBB8	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH (ALL)	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	78	7,941
		2	No	760	72,269
				<b>1,928</b>	<b>185,468</b>
CGDISBB9	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS (NOT INCLUDING JUST GLASSES)	-8	Don't Know	1	57
		-7	Refused	3	294
		-1	Not Collected	1,086	104,907
		1	Yes	47	4,018
		2	No	791	76,192
				<b>1,928</b>	<b>185,468</b>
CGOHQ1	ABOUT HOW LONG HAS IT BEEN SINCE THE CARE RECIPIENT LAST VISITED A DENTIST?	-8	Don't Know	58	4,635
		-7	Refused	2	233
		1	6 Months Or Less	584	65,910
		2	More Than 6 Months, Not More Than 1 Yr	206	18,163
		3	More Than 1 Yr, Not More Than 2 Years	212	18,402
		4	More Than 2 Yrs, Not More Than 3 Years	161	17,598
		5	More Than 3 Yrs, Not More Than 5 Years	196	17,198

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	More Than 5 Years Ago	487	41,163
		7	Never Have Been To Dentist	22	2,166
				<b>1,928</b>	<b>185,468</b>
CGOHQ2	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN THE CARE RECIPIENT NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?				
		-8	Don't Know	18	1,691
		1	Yes	308	28,894
		2	No	1,602	154,884
				<b>1,928</b>	<b>185,468</b>
CGOHQ301	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE COULD NOT AFFORD THE COST?				
		-8	Don't Know	2	184
		-1	Not Collected	1,620	156,574
		1	Yes	210	20,807
		2	No	96	7,902
				<b>1,928</b>	<b>185,468</b>
CGOHQ302	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT WANT TO SPEND THE MONEY?				
		-8	Don't Know	5	489
		-1	Not Collected	1,620	156,574
		1	Yes	67	5,369
		2	No	236	23,036
				<b>1,928</b>	<b>185,468</b>
CGOHQ303	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?				
		-8	Don't Know	12	691
		-1	Not Collected	1,620	156,574
		1	Yes	143	15,310
		2	No	153	12,893
				<b>1,928</b>	<b>185,468</b>
CGOHQ304	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?				
		-8	Don't Know	1	79

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	1,620	156,574
		1	Yes	44	4,295
		2	No	263	24,520
				<b>1,928</b>	<b>185,468</b>
CGOHQ305	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?				
		-8	Don't Know	6	487
		-1	Not Collected	1,620	156,574
		1	Yes	19	1,518
		2	No	283	26,889
				<b>1,928</b>	<b>185,468</b>
CGOHQ306	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	4	201
		-1	Not Collected	1,620	156,574
		1	Yes	13	1,157
		2	No	291	27,536
				<b>1,928</b>	<b>185,468</b>
CGOHQ307	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS AFRAID OF OR DOES NOT LIKE DENTISTS?				
		-8	Don't Know	6	459
		-1	Not Collected	1,620	156,574
		1	Yes	45	3,898
		2	No	257	24,536
				<b>1,928</b>	<b>185,468</b>
CGOHQ308	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS UNABLE TO TAKE TIME OFF FROM WORK?				
		-8	Don't Know	1	79
		-1	Not Collected	1,620	156,574
		1	Yes	2	95
		2	No	305	28,720
				<b>1,928</b>	<b>185,468</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGOHQ309	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE IS TOO BUSY?	-8	Don't Know	3	246
		-7	Refused	1	79
		-1	Not Collected	1,620	156,574
		1	Yes	5	505
		2	No	299	28,064
				<b>1,928</b>	<b>185,468</b>
CGOHQ310	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?	-8	Don't Know	4	228
		-7	Refused	1	79
		-1	Not Collected	1,620	156,574
		1	Yes	48	4,171
		2	No	255	24,415
				<b>1,928</b>	<b>185,468</b>
CGOHQ311	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT HE/SHE DID NOT HAVE TRANSPORTATION?	-8	Don't Know	1	79
		-7	Refused	1	79
		-1	Not Collected	1,620	156,574
		1	Yes	42	2,822
		2	No	264	25,914
				<b>1,928</b>	<b>185,468</b>
CGOHQ312	WHAT WERE THE REASONS THAT THE CARE RECIPIENT COULD NOT GET THE DENTAL CARE HE/SHE NEEDED? WOULD HE/SHE SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-8	Don't Know	3	387
		-7	Refused	1	79
		-1	Not Collected	1,620	156,574
		1	Yes	91	7,981
		2	No	213	20,446
				<b>1,928</b>	<b>185,468</b>

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
CGOHQ4	OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE CARE RECIPIENT'S TEETH AND GUMS?	-8	Don't Know	36	3,783
		-7	Refused	2	92
		1	Excellent	142	15,768
		2	Very Good	288	26,387
		3	Good	717	72,374
		4	Fair	432	39,190
		5	Poor	311	27,873
				<b>1,928</b>	<b>185,468</b>