

**Positional Listing of Variables**

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

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

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CGHDSHP	NUM	"OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL AND 5 IS A GREAT HARDSHIP, HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGALLEV	NUM	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
VISTIMES	NUM	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?
CGALONE	NUM	DOES THE CARE RECIPIENT LIVE ALONE?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED 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?
CSRATESV	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?

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

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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??
CGPFDSS	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPF DST	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?
CGPFDSU	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?
PFD FINC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFD FINBC	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?

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PFDLRBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFMEALC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?
PFMEALBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFCLENC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??
PFCLENBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFHCLNC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLNBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFTKDGC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGBBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFFONEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEBC	NUM	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?
PFDRIVEC	NUM	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR?
PFBUSC	NUM	IS A BUS SERVICE AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENTS 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 NUMBER OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE THE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7PCR	NUM	AMONG THOSE WITH ANY IADL DIFFICULTY, PERSON COUNTS BY NUMBER OF IADL PERSONAL ASSISTANCE NEEDS (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, PREPARING MEALS, LIGHT HOUSEWORK, MED MGMT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION

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IADLAOA8CR	NUM	PERSON COUNT BY NUMBER OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE THE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE WITH ANY IADL DIFFICULTY, PERSON COUNTS BY NUMBER OF IADL PERSONAL ASSISTANCE NEEDS (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, OR DRIVING CAR/USING PUB 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	DO YOU CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	DO YOU CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	DO YOU CARE FOR YOUR FATHER?
CGWHO04	NUM	DO YOU CARE FOR YOUR MOTHER?
CGWHO05	NUM	DO YOU CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	DO YOU CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?
CGWHO07	NUM	DO YOU CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	DO YOU CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOTH	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 SPANISH, HISPANIC, OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 2008 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?
URBAN	NUM	URBAN
CGFLAG	NUM	WEIGHTING VARIABLE
DIF_CR.CG	NUM	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT28	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT	NUM	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED

**Alphabetical Listing of Variables**

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

Alphabetical Listing of Variables

Name	Type	Description
CGDFPLC	NUM	IN YOUR JUDGMENT, IF THE SERVICES THAT YOU AND THE CARE RECIPIENT HAVE RECEIVED HAD NOT BEEN AVAILABLE, WOULD THE CARE RECIPIENT BE ABLE TO CONTINUE TO LIVE IN THE SAME RESIDENCE?
CGDIF	NUM	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?
CGDIFF	NUM	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?
CGDISAB	NUM	DO YOU HAVE ANY KIND OF HEALTH PROBLEMS, OR A PHYSICAL CONDITION OR DISABILITY THAT AFFECTS THE KIND OR AMOUNT OF CARE THAT YOU CAN PROVIDE FOR THE CARE RECIPIENT?
CGDISBB1	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS
CGDISBB2	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE
CGDISBB3	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES
CGDISBB4	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS
CGDISBB5	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH
CGDISBB6	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS
CGDISBOT	NUM	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER
CGEDKD01	NUM	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?
CGEDKD02	NUM	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?
CGEDKD03	NUM	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?
CGEDKD04	NUM	HAVE YOU ATTENDED SOMETHING ELSE?
CGEDU	NUM	HAVE YOU RECEIVED CAREGIVER TRAINING OR EDUCATION, INCLUDING COUNSELING OR SUPPORT GROUPS TO HELP YOU MAKE DECISIONS AND SOLVE PROBLEMS IN YOUR ROLE AS A CAREGIVER?
CGEMSTRS	NUM	"WHERE 1 IS "NOT AT ALL STRESSFUL AND 5 IS VERY STRESSFUL, HOW EMOTIONALLY STRESSFUL WOULD YOU SAY THAT CARING FOR THE CARE RECIPIENT IS FOR YOU?"
CGENDER	NUM	CAREGIVER'S GENDER?
CGFLAG	NUM	WEIGHTING VARIABLE
CGHDSHP	NUM	"OVERALL, WHERE 1 IS "NO HARDSHIP AT ALL AND 5 IS A GREAT HARDSHIP, HOW MUCH OF A FINANCIAL HARDSHIP HAS CARING FOR THE CARE RECIPIENT BEEN?"
CGHEALTH	NUM	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?
CGHEAR	NUM	WHERE DID YOU HEAR ABOUT THE NFCSP?
CGHELP	NUM	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?
CGHLONG	NUM	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?
CGHLTH	NUM	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?
CGHRS	NUM	# HRS HELP EA DAY CARE RECIPIENT NEED
CGHRS7	NUM	# HRS HELP EA WK CARE RECIPIENT NEED
CGHRSD	NUM	# HOURS YOU CARE ON WEEKEND DAY

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGHRSDW2	NUM	# HOURS YOU CARE ON THE WEEKEND
CGHRSWK	NUM	# HRS YOU CARE ON A WEEK DAY
CGHRSWK5	NUM	# HRS YOU CARE PER WEEK
CGHRSWK7	NUM	HOURS HELP CAREGIVER PROVIDES PER WK
CGHRS_Q	NUM	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUANTILES)
CGHRWK	NUM	# HRS/WK RESPITE CARE USUALLY RECEIVE
CGINF01	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?
CGINF02	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE SOMEONE TO TALK TO SUCH AS COUNSELING SERVICES OR A SUPPORT GROUP?
CGINF03	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT THE CARE RECIPIENT'S CONDITION OR DISABILITY?
CGINF04	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?
CGINF05	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO SELECT A NURSING HOME, A GROUP HOME, OR OTHER CARE FACILITY?
CGINF06	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?
CGINF07	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?
CGINF08	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT MEDICATIONS AND DRUG INTERACTIONS?
CGINF91	NUM	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE ANY OTHER INFORMATION?
CGINFO	NUM	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO AVAILABLE SERVICES AND RESOURCES?
CGINFOHP	NUM	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?
CGINTJB	NUM	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGINTRFR	NUM	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?
CGLFTLN	NUM	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?
CGMANY	NUM	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?
CGMINUT	NUM	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?
CGMSTHLP	NUM	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?
CGOTHLP2	NUM	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CGOTHLPA	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?
CGOTHLPB	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?
CGOTHLPC	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY OTHER COMMUNITY AGENCIES SUCH AS A LOCAL NON-PROFIT AGENCY, YOUR PLACE OF WORSHIP OR A GOVERNMENT AGENCY?
CGOTHLPD	NUM	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?
CGOTHLPE	NUM	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?
CGPAGE	NUM	CARE RECIPIENT'S AGE?
CGPAID	NUM	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?
CGPFDSA	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?
CGPFDSB	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?
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??
CGPFDSS	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?
CGPF DST	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?
CGPFDSU	NUM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?

Alphabetical Listing of Variables

Name	Type	Description
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?
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	DO YOU CARE FOR YOUR HUSBAND OR WIFE?
CGWHO02	NUM	DO YOU CARE FOR YOUR SON(S) OR DAUGHTER(S)?
CGWHO03	NUM	DO YOU CARE FOR YOUR FATHER?
CGWHO04	NUM	DO YOU CARE FOR YOUR MOTHER?
CGWHO05	NUM	DO YOU CARE FOR YOUR BROTHER(S) OR SISTER(S)?
CGWHO06	NUM	DO YOU CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?

Alphabetical Listing of Variables

Name	Type	Description
CGWHO07	NUM	DO YOU CARE FOR ANOTHER RELATIVE(S)?
CGWHO08	NUM	DO YOU CARE FOR A FRIEND OR NEIGHBOR?
CGWHOOOTH	NUM	OTHER PERSON CARE FOR:SPECIFY
CGWHOPAY	NUM	WHO PAYS YOU FOR CAREGIVING?
CGWORK	NUM	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
CSARRNG	NUM	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?
CSHOME	NUM	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?
CSRATESV	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU SPANISH, HISPANIC, OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008 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
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 NUMBER OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE THE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA7CR_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA7PCR	NUM	AMONG THOSE WITH ANY IADL DIFFICULTY, PERSON COUNTS BY NUMBER OF IADL PERSONAL ASSISTANCE NEEDS (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, PREPARING MEALS, LIGHT HOUSEWORK, MED MGMT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA7PCR_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8CR	NUM	PERSON COUNT BY NUMBER OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE THE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8CR_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8PCR	NUM	AMONG THOSE WITH ANY IADL DIFFICULTY, PERSON COUNTS BY NUMBER OF IADL PERSONAL ASSISTANCE NEEDS (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, OR DRIVING CAR/USING PUB 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 2008?
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 A BUS SERVICE AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENTS 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?

Alphabetical Listing of Variables

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

*Alphabetical Listing of Variables*

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

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9
PSWGT	NUM	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT30	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64

**Alphabetical Listing of Variables**

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

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
CGREL	WHAT IS YOUR RELATIONSHIP TO THE CARE RECIPIENT?				
		-7	Refused	1	1,836
		1	Husband	274	29,659
		2	Wife	441	57,426
		3	Son	186	22,081
		4	Son-In-Law	9	1,137
		5	Daughter	645	82,042
		6	Daughter-In-Law	49	5,726
		8	Mother	3	1,180
		9	Brother	7	1,380
		10	Sister	46	4,008
		11	Granddaughter	26	2,635
		12	Grandson	5	476
		13	Niece	40	4,669
		14	Nephew	8	596
		15	A Friend/Neighbor/Another Person	48	7,362
		91	Other Relative	5	1,264
				<b>1,793</b>	<b>223,475</b>
CGACTI01	DO YOU HELP THE CARE RECIPIENT WITH ACTIVITIES SUCH AS DRESSING, EATING, BATHING, OR GETTING TO THE BATHROOM?				
		-8	Don't Know	4	443
		1	Yes	1,317	155,521
		2	No	472	67,511
				<b>1,793</b>	<b>223,475</b>
CGACTI02	DO YOU HELP THE CARE RECIPIENT WITH MEDICAL NEEDS SUCH AS TAKING MEDICINE OR CHANGING BANDAGES?				
		-8	Don't Know	2	2,114
		1	Yes	1,536	186,400
		2	No	255	34,962
				<b>1,793</b>	<b>223,475</b>
CGACTI03	DO YOU HELP THE CARE RECIPIENT WITH KEEPING TRACK OF BILLS, CHECKS, OR OTHER FINANCIAL MATTERS?				
		-8	Don't Know	1	103
		1	Yes	1,626	198,221
		2	No	166	25,152
				<b>1,793</b>	<b>223,475</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	4	403
		1	Yes	1,614	196,490
		2	No	175	26,583
				<b>1,793</b>	<b>223,475</b>
CGACTI05	DO YOU HELP THE CARE RECIPIENT WITH GOING TO THE DOCTOR'S OFFICE OR SHOPPING?	-8	Don't Know	6	616
		1	Yes	1,706	212,842
		2	No	81	10,018
				<b>1,793</b>	<b>223,475</b>
CGACTI06	DO YOU HELP THE CARE RECIPIENT WITH ARRANGING FOR CARE OR SERVICES PROVIDED BY OTHERS?	-8	Don't Know	7	671
		1	Yes	1,588	194,392
		2	No	198	28,412
				<b>1,793</b>	<b>223,475</b>
CGRSPT	HAVE YOU RECEIVED RESPITE CARE, WHICH ALLOWS YOU A BRIEF PERIOD OF REST OR RELIEF WHILE TEMPORARY CARE IS PROVIDED TO THE CARE RECIPIENT EITHER IN YOUR HOME OR SOMEPLACE ELSE?	-8	Don't Know	9	729
		1	Yes	1,055	118,730
		2	No	729	104,017
				<b>1,793</b>	<b>223,475</b>
CGRSP01	HAVE YOU RECEIVED IN-HOME RESPITE, WHERE SOMEONE COMES INTO YOUR HOME TO CARE FOR THE CARE RECIPIENT?	-8	Don't Know	1	60
		-1	Not Collected	738	104,746
		1	Yes	890	100,017
		2	No	164	18,652
				<b>1,793</b>	<b>223,475</b>
CGRSP02	HAVE YOU RECEIVED ADULT DAY CARE, WHERE THE CARE RECIPIENT GOES TO A FACILITY FOR CARE DURING THE DAY?	-1	Not Collected	738	104,746
		1	Yes	212	22,678
		2	No	843	96,051
				<b>1,793</b>	<b>223,475</b>
CGRSP03	HAVE YOU RECEIVED OVERNIGHT RESPITE CARE FROM A FACILITY?	-1	Not Collected	738	104,746
		1	Yes	83	8,401

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	972	110,328
				<b>1,793</b>	<b>223,475</b>
CGRSP04	HAVE YOU RECEIVED RESPITE CAMP SERVICES?	-8	Don't Know	11	916
		-1	Not Collected	738	104,746
		1	Yes	14	1,838
		2	No	1,030	115,975
				<b>1,793</b>	<b>223,475</b>
CGRSP05	HAVE YOU RECEIVED SOME OTHER KIND OF RESPITE CARE?	-8	Don't Know	2	268
		-1	Not Collected	738	104,746
		1	Yes	1	260
		2	No	1,052	118,201
				<b>1,793</b>	<b>223,475</b>
CGHRWK	# HRS/WK RESPITE CARE USUALLY RECEIVE	-8	Don't Know	92	11,606
		-1	Not Collected	738	104,746
		1	0 Hours	61	8,791
		2	1 - 5 Hours	382	42,878
		3	6 - 10 Hours	287	29,600
		4	11 - 20 Hours	115	11,661
		5	21 - 80 Hours	114	13,900
		6	81 - 167 Hours	2	195
		7	168 Hours	2	99
				<b>1,793</b>	<b>223,475</b>
CGINFO	HAS SOMEONE SUCH AS YOUR CASEWORKER, CASE MANAGER, OR OTHER AAA STAFF PERSON, HELPED YOU OR GIVEN YOU INFORMATION TO CONNECT YOU TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	26	3,146
		-7	Refused	1	158
		1	Yes	1,374	175,981
		2	No	392	44,191
				<b>1,793</b>	<b>223,475</b>
CGINFOHP	HAS THE HELP OR INFORMATION YOU HAVE RECEIVED HELPED YOU CONNECT TO AVAILABLE SERVICES AND RESOURCES?	-8	Don't Know	26	3,004
		-1	Not Collected	419	47,495
		1	Yes	1,090	143,625
		2	No	258	29,353

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,793</b>	<b>223,475</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	10	1,242
		1	Yes	538	77,774
		2	No	1,245	144,460
				<b>1,793</b>	<b>223,475</b>
CGEDKD01	HAVE YOU ATTENDED CAREGIVER EDUCATION OR TRAINING SUCH AS CLASSROOM OR ON-LINE COURSES?	-8	Don't Know	1	182
		-1	Not Collected	1,255	145,701
		1	Yes	216	38,393
		2	No	321	39,199
				<b>1,793</b>	<b>223,475</b>
CGEDKD02	HAVE YOU ATTENDED COUNSELING TO ASSIST WITH YOUR SPECIFIC CAREGIVING SITUATION?	-8	Don't Know	7	634
		-1	Not Collected	1,255	145,701
		1	Yes	219	34,601
		2	No	312	42,539
				<b>1,793</b>	<b>223,475</b>
CGEDKD03	HAVE YOU ATTENDED CAREGIVER SUPPORT GROUPS?	-8	Don't Know	2	155
		-1	Not Collected	1,255	145,701
		1	Yes	306	49,440
		2	No	230	28,179
				<b>1,793</b>	<b>223,475</b>
CGEDKD04	HAVE YOU ATTENDED SOMETHING ELSE?	-8	Don't Know	2	442
		-1	Not Collected	1,255	145,701
		1	Yes	13	958
		2	No	523	76,373
				<b>1,793</b>	<b>223,475</b>
CGSUPA	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, SUCH AS HOME MODIFICATIONS?	-8	Don't Know	12	1,301
		1	Yes	285	34,522
		2	No	1,496	187,652

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,793</b>	<b>223,475</b>
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	5	398
		1	Yes	220	26,140
		2	No	1,568	196,938
				<b>1,793</b>	<b>223,475</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	18	2,133
		1	Yes	450	57,948
		2	No	1,325	163,394
				<b>1,793</b>	<b>223,475</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	23	3,487
		1	Yes	370	44,158
		2	No	1,400	175,831
				<b>1,793</b>	<b>223,475</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	16	2,175
		1	Yes	322	39,980
		2	No	1,455	181,321
				<b>1,793</b>	<b>223,475</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	21	1,524
		1	Yes	354	37,981
		2	No	1,418	183,971
				<b>1,793</b>	<b>223,475</b>
CGSUPG	HAS THE NFCSP PROVIDED ANY OTHER SUPPLEMENTAL SERVICES TO COMPLEMENT THE CARE YOU PROVIDE, ANYTHING ELSE?	-8	Don't Know	11	945

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	13	921
		2	No	1,769	221,610
				<b>1,793</b>	<b>223,475</b>
CGSUPTOT	HAS THE NFCSP PROVIDED ANY OF THE ABOVE 7 SUPPLEMENTAL SERVICES?	.	Missing	142	20,987
		1	Yes, receive supplemental caregiver serv	1,064	130,664
		2	No, do not receive supplemental caregive	587	71,824
				<b>1,793</b>	<b>223,475</b>
CGMSTHLP	OF THE SERVICES YOU HAVE RECEIVED, WHICH SERVICE WAS THE MOST HELPFUL?	-8	Don't Know	93	11,179
		-7	Refused	2	548
		-1	Not Collected	404	49,711
		1	Respite Care Services	676	72,316
		2	Help/Information Re-Avail. Svces/Resourc	278	37,091
		3	Cg Training/Education	110	24,318
		4	Other Support Services/Assistance	230	28,312
				<b>1,793</b>	<b>223,475</b>
CGHEAR	WHERE DID YOU HEAR ABOUT THE NFCSP?	-8	Don't Know	81	13,349
		1	Family	237	30,141
		2	Friends	307	34,076
		3	A Physician	180	22,460
		4	A Community Organization	138	17,639
		5	The Media	95	15,475
		6	A Social Worker Or Case Manager	240	28,348
		7	The Hospital	172	20,606
		8	The State/Local Office For The Aging	336	40,880
		91	Someplace Else	7	502
				<b>1,793</b>	<b>223,475</b>
CGAFECA	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU HAVE MORE TIME FOR PERSONAL ACTIVITIES?	-8	Don't Know	21	3,640
		1	Yes	1,243	148,907
		2	No	529	70,928
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGAFECB	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FEEL LESS STRESS?	-8	Don't Know	25	3,559
		1	Yes	1,364	167,154
		2	No	404	52,762
				<b>1,793</b>	<b>223,475</b>
CGAFECC	AS A RESULT OF THE CAREGIVER SERVICES YOU HAVE RECEIVED, DO YOU FIND IT EASIER TO CARE FOR THE CARE RECIPIENT?	-8	Don't Know	26	3,490
		-7	Refused	1	123
		1	Yes	1,552	187,161
		2	No	214	32,701
		<b>1,793</b>	<b>223,475</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	31	5,851
		-7	Refused	1	507
		1	Yes	1,436	176,454
		2	No	325	40,663
		<b>1,793</b>	<b>223,475</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	20	1,575
		-7	Refused	1	28
		1	Yes	1,111	138,977
		2	No	661	82,896
		<b>1,793</b>	<b>223,475</b>		
CGAFECF	DO YOU THINK THAT THE CARE RECIPIENT BENEFITS FROM THE CAREGIVER SERVICES YOU RECEIVE?	-8	Don't Know	21	3,313
		1	Yes	1,698	207,928
		2	No	74	12,234
		<b>1,793</b>	<b>223,475</b>		
CGHELP	HAVE THESE CAREGIVER SERVICES HELPED YOU TO BE A BETTER CAREGIVER?	-8	Don't Know	30	4,211
		-7	Refused	1	80
		1	Yes	1,574	195,370
		2	No	188	23,814
		<b>1,793</b>	<b>223,475</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGCARLG	HAVE THESE CAREGIVER SERVICES ENABLED YOU TO PROVIDE CARE FOR THE CARE RECIPIENT FOR A LONGER TIME THAN WOULD HAVE BEEN POSSIBLE WITHOUT THESE SERVICES?	-8	Don't Know	65	7,302
		-7	Refused	2	135
		1	Yes	1,463	179,771
		2	No	263	36,268
				<b>1,793</b>	<b>223,475</b>
CGRATE	OVERALL, HOW WOULD YOU RATE THE CAREGIVER SERVICES THAT HAVE BEEN PROVIDED?	-8	Don't Know	7	1,826
		-7	Refused	2	718
		1	Excellent	863	104,548
		2	Very Good	582	71,151
		3	Good	262	35,008
		4	Fair	58	7,618
		5	Poor	19	2,606
		<b>1,793</b>	<b>223,475</b>		
CGRATE2	RATING OF CAREGIVER SERVICES GOOD TO EXCELLENT	.	Missing	9	2,544
		1	Rating of Good to Excellent	1,707	210,708
		2	Rating of Fair or Poor	77	10,224
			<b>1,793</b>	<b>223,475</b>	
CGDIFF	HAS IT BEEN DIFFICULT FOR YOU TO GET SERVICES FROM AGENCIES FOR THE CARE RECIPIENT?	-8	Don't Know	94	11,708
		-7	Refused	1	73
		1	Yes	422	54,960
		2	No	1,276	156,734
			<b>1,793</b>	<b>223,475</b>	
CGWORK	WHAT IS YOUR CURRENT EMPLOYMENT STATUS?	-8	Don't Know	6	368
		-7	Refused	3	858
		1	Working Full Time	377	47,477
		2	Working Part Time	191	28,023
		3	Retired	865	106,612
		4	Not Working	351	40,136
		<b>1,793</b>	<b>223,475</b>		
CGQUIT	DID YOUR CAREGIVING RESPONSIBILITIES CAUSE YOU TO QUIT WORKING OR RETIRE EARLY?	-8	Don't Know	10	1,847

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	577	76,727
		1	Yes	310	36,283
		2	No	896	108,618
				<b>1,793</b>	<b>223,475</b>
CGINTRFR	HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?				
		-8	Don't Know	8	608
		-7	Refused	1	59
		-1	Not Collected	1,225	147,975
		1	Yes	285	34,849
		2	No	274	39,984
				<b>1,793</b>	<b>223,475</b>
CGINTJB	HOW FREQUENTLY HAS PROVIDING CARE FOR THE CARE RECIPIENT INTERFERED WITH YOUR JOB?				
		-1	Not Collected	1,508	188,626
		1	Always	88	11,488
		2	Sometimes	168	20,033
		3	Rarely Or Never	29	3,328
				<b>1,793</b>	<b>223,475</b>
CGSRVHLP	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THESE WORK DIFFICULTIES?				
		-8	Don't Know	4	357
		-1	Not Collected	1,537	191,955
		1	Yes	145	18,272
		2	No	107	12,892
				<b>1,793</b>	<b>223,475</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	11	1,526
		-7	Refused	1	214
		1	1 - Not a strain at all	299	37,082
		2	2	338	42,759
		3	3	540	67,446
		4	4	340	44,500
		5	5 - Very much of a strain	264	29,948
				<b>1,793</b>	<b>223,475</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	12	1,060
		-7	Refused	2	43
		1	1 - Not at all stressful	193	22,387
		2	2	301	39,805
		3	3	504	60,589
		4	4	408	55,497
		5	5 - Very stressful	373	44,095
				<b>1,793</b>	<b>223,475</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	19	2,088
		-7	Refused	3	258
		1	1 - No hardship at all	511	66,206
		2	2	353	44,935
		3	3	424	52,895
		4	4	259	31,117
		5	5 - A great hardship	224	25,977
				<b>1,793</b>	<b>223,475</b>
CGDIF	WHAT IS THE BIGGEST DIFFICULTY YOU HAVE FACED IN CARING FOR THE CARE RECIPIENT?	-8	Don't Know	29	4,728
		-7	Refused	2	344
		1	The Financial Burden	166	19,047
		2	Not Enough Time For Self	317	40,125
		3	Not Enough Time For Family	117	13,483
		4	Interferes With Your Work	24	2,344
		5	Affects Your Family Relationships	77	11,617
		6	Interferes With Your Privacy	31	3,614
		7	Conflicts With Your Social Life	96	15,432
		8	Creates Stress	406	53,311
		9	None	236	27,734
		10	All Of The Above	284	31,075
91	Something Else	8	622		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,793</b>	<b>223,475</b>
CGALLEV	HAVE THE CAREGIVER SUPPORT SERVICES HELPED YOU DEAL WITH THE DIFFICULTIES THAT RESULT FROM CAREGIVING?	-8	Don't Know	37	5,911
		-7	Refused	1	157
		-1	Not Collected	74	7,813
		1	Yes	1,283	161,023
		2	No	398	48,571
				<b>1,793</b>	<b>223,475</b>
CGHEALTH	IN GENERAL, HOW WOULD YOU SAY YOUR HEALTH IS?	-7	Refused	1	70
		1	Excellent	192	20,668
		2	Very Good	429	56,505
		3	Good	611	79,974
		4	Fair	419	48,827
		5	Poor	141	17,432
				<b>1,793</b>	<b>223,475</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	15	1,682
		-7	Refused	1	70
		1	Yes	705	87,866
		2	No	1,072	133,859
				<b>1,793</b>	<b>223,475</b>
CGDISBB1	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? BACK PROBLEMS AND OTHER JOINT PROBLEMS/ARTHRITIS	-8	Don't Know	2	71
		-7	Refused	5	593
		-1	Not Collected	1,088	135,610
		1	Yes	417	48,457
		2	No	281	38,744
				<b>1,793</b>	<b>223,475</b>
CGDISBB2	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? HEART PROBLEMS/HIGH BLOOD PRESSURE/HYPERTENSION/STROKE	-8	Don't Know	2	71
		-7	Refused	5	593
		-1	Not Collected	1,088	135,610

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	95	12,486
		2	No	603	74,715
				<b>1,793</b>	<b>223,475</b>
CGDISBB3	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? DIABETES	-8	Don't Know	2	71
		-7	Refused	5	593
		-1	Not Collected	1,088	135,610
		1	Yes	91	12,108
		2	No	607	75,093
				<b>1,793</b>	<b>223,475</b>
CGDISBB4	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? ALLERGIES/ASTHMA/OTHER BREATHING AND LUNG PROBLEMS	-8	Don't Know	2	71
		-7	Refused	5	593
		-1	Not Collected	1,088	135,610
		1	Yes	203	26,872
		2	No	495	60,329
				<b>1,793</b>	<b>223,475</b>
CGDISBB5	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? MENTAL HEALTH	-8	Don't Know	2	71
		-7	Refused	5	593
		-1	Not Collected	1,088	135,610
		1	Yes	100	14,000
		2	No	598	73,201
				<b>1,793</b>	<b>223,475</b>
CGDISBB6	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? EYE PROBLEMS	-8	Don't Know	2	71
		-7	Refused	5	593
		-1	Not Collected	1,088	135,610
		1	Yes	77	8,591
		2	No	621	78,610
				<b>1,793</b>	<b>223,475</b>
CGDISBOT	WHAT IS THE PROBLEM, CONDITION, OR DISABILITY? OTHER	-8	Don't Know	2	71
		-7	Refused	5	593
		-1	Not Collected	1,088	135,610
		1	Yes	123	18,727
		2	No	575	68,474
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGHLTH	HAVE YOUR CAREGIVING ACTIVITIES CREATED OR WORSENERD ANY OF YOUR CONDITIONS, PROBLEMS, OR DISABILITIES?	-8	Don't Know	20	2,385
		-7	Refused	1	368
		-1	Not Collected	1,088	135,610
		1	Yes	341	41,881
		2	No	343	43,231
				<b>1,793</b>	<b>223,475</b>
CGHLONG	FOR HOW LONG HAVE YOU BEEN PROVIDING HELP TO THE CARE RECIPIENT?	-8	Don't Know	6	272
		1	6 Months Or Less	15	2,987
		2	More Than 6 Months, But Less Than 1 Year	70	13,093
		3	At Least 1 Year, But Less Than 2 Years	175	26,025
		4	2 To 5 Years	739	93,473
		5	5 To 10 Years	515	60,094
		6	11 To 20 Years	196	20,615
		7	More Than 20 Years	77	6,916
		<b>1,793</b>	<b>223,475</b>		
CGMINUT	HOW FAR AWAY DO YOU LIVE FROM THE CARE RECIPIENT?	-8	Don't Know	2	74
		1	In The Same House	1,296	160,614
		2	Less Than 20 Minutes Away	378	43,980
		3	Between 20 And 60 Minutes Away	95	14,702
		4	Between 1 And 2 Hours Away	11	3,174
		5	More Than Two Hours Away	11	931
		<b>1,793</b>	<b>223,475</b>		
VISTIMES	HOW OFTEN DO YOU VISIT THE CARE RECIPIENT?	-8	Don't Know	5	350
		-1	Not Collected	1,296	160,614
		1	More Than Once A Week	425	51,932
		2	Once A Week	45	7,069
		3	A Few Times A Month	17	3,177
		4	Once A Month	4	297
		5	A Few Times A Year	1	37
		<b>1,793</b>	<b>223,475</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGALONE	DOES THE CARE RECIPIENT LIVE ALONE?	-8	Don't Know	4	1,974
		-7	Refused	1	506
		-1	Not Collected	1,296	160,614
		1	Yes	328	37,396
		2	No	164	22,985
				<b>1,793</b>	<b>223,475</b>
CGLFTLN	CAN THE CARE RECIPIENT BE LEFT ALONE FOR AN ENTIRE DAY?	-8	Don't Know	9	831
		1	Can Be Left Alone Over A Day At A Time	155	21,544
		2	Can Be Left Alone A Day But Then Checked	238	27,227
		3	Needs Someone There At Least Part Of Day	397	50,773
		4	Needs Someone There All/Nearly All Time	994	123,100
				<b>1,793</b>	<b>223,475</b>
CGHRS	# HRS HELP EA DAY CARE RECIPIENT NEED	-8	Don't Know	98	11,631
		-7	Refused	4	561
		1	0 Hours	51	8,403
		2	1 - 2 Hours	231	29,655
		3	3 - 4 Hours	234	28,003
		4	5 - 6 Hours	145	16,509
		5	7 - 10 Hours	198	27,528
		6	11 - 15 Hours	156	17,320
		7	16 - 23 Hours	124	18,221
8	24 Hours	552	65,644		
				<b>1,793</b>	<b>223,475</b>
CGHRS_Q	IN YOUR JUDGMENT, HOW MANY HOURS PER DAY OF HELP, CARE, OR SUPERVISION DOES THE CARE RECIPIENT NEED? (ADJUSTED QUARTILES)	.	Missing	102	12,192
		1	First Quartile (0-4)	516	66,062
		2	Second Quartile (5-12)	454	55,875
		3	Third Quartile (adjusted to 13-23)	169	23,703
		4	Fourth Quartile (24)	552	65,644
				<b>1,793</b>	<b>223,475</b>
CGHRS7	# HRS HELP EA WK CARE RECIPIENT NEED	-1	Not Collected	102	12,192

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	0 Hours	51	8,403
		3	6 - 10 Hours	86	10,626
		4	11 - 20 Hours	145	19,029
		5	21 - 30 Hours	234	28,003
		6	31 - 40 Hours	71	7,295
		7	41 - 80 Hours	277	37,129
		8	81 - 120 Hours	195	24,592
		9	121 - 167 Hours	80	10,562
		10	168 Hours	552	65,644
				<b>1,793</b>	<b>223,475</b>
CGHRSWK	# HRS YOU CARE ON A WEEK DAY	-8	Don't Know	106	12,008
		1	0 Hours	43	6,743
		2	1 - 2 Hours	242	33,909
		3	3 - 4 Hours	150	17,055
		4	5 - 6 Hours	123	14,699
		5	7 - 10 Hours	194	25,671
		6	11 - 15 Hours	198	23,733
		7	16 - 23 Hours	257	31,247
		8	24 Hours	480	58,411
				<b>1,793</b>	<b>223,475</b>
CGHRSWK5	# HRS YOU CARE PER WEEK	-1	Not Collected	106	12,008
		1	0 Hours	43	6,743
		2	1 - 10 Hours	242	33,909
		3	11 - 20 Hours	150	17,055
		4	21 - 30 Hours	123	14,699
		5	31 - 50 Hours	194	25,671
		6	51 - 80 Hours	266	32,117
		7	81 - 119 Hours	189	22,863
		8	120 Hours	480	58,411
				<b>1,793</b>	<b>223,475</b>
CGHRSWD	# HOURS YOU CARE ON WEEKEND DAY	-8	Don't Know	83	8,009
		-7	Refused	1	80
		1	0 Hours	70	10,531
		2	1 - 2 Hours	203	28,419
		3	3 - 4 Hours	152	17,640
		4	5 - 6 Hours	110	13,169
		5	7 - 10 Hours	177	23,424

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	11 - 15 Hours	157	18,403
		7	16 - 23 Hours	198	25,034
		8	24 Hours	642	78,766
				<b>1,793</b>	<b>223,475</b>
CGHRSDW2	# HOURS YOU CARE ON THE WEEKEND	-1	Not Collected	84	8,089
		1	0 Hours	70	10,531
		2	1 - 5 Hours	203	28,419
		3	6 - 10 Hours	203	23,717
		4	11 - 20 Hours	236	30,517
		5	21 - 30 Hours	157	18,403
		6	31 - 47 Hours	198	25,034
		7	48 Hours	642	78,766
				<b>1,793</b>	<b>223,475</b>
CGHRSWK7	HOURS HELP CAREGIVER PROVIDES PER WK	-1	Not Collected	133	14,476
		1	0 Hours	24	2,832
		2	1 - 20 Hours	249	37,086
		3	21 - 40 Hours	190	22,568
		4	41 - 80 Hours	263	30,793
		5	81 - 120 Hours	251	34,264
		6	121 - 167 Hours	263	29,225
		7	168 Hours	420	52,231
				<b>1,793</b>	<b>223,475</b>
CGOTHLPA	DOES THE CARE RECIPIENT RECEIVE HELP FROM FAMILY MEMBERS OR FRIENDS?	-8	Don't Know	6	835
		1	Yes	950	120,887
		2	No	837	101,754
				<b>1,793</b>	<b>223,475</b>
CGOTHLPB	DOES THE CARE RECIPIENT RECEIVE HELP PROVIDED BY THE AREA AGENCY ON AGING?	-8	Don't Know	47	6,304
		1	Yes	917	92,316
		2	No	829	124,855
				<b>1,793</b>	<b>223,475</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	1,925

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	448	66,100
		2	No	1,328	155,451
				<b>1,793</b>	<b>223,475</b>
CGOTHLPD	DOES THE CARE RECIPIENT RECEIVE HELP PAID BY THE CARE RECIPIENT AND/OR FAMILY MEMBERS?	-8	Don't Know	17	2,165
		1	Yes	688	89,378
		2	No	1,088	131,933
				<b>1,793</b>	<b>223,475</b>
CGOTHLPE	DOES THE CARE RECIPIENT RECEIVE HELP FROM SOME OTHER PLACE?	-8	Don't Know	12	1,961
		-7	Refused	1	55
		1	Yes	3	911
		2	No	1,777	220,549
				<b>1,793</b>	<b>223,475</b>
CGCARE	WHO PROVIDES MOST OF THE CARE FOR THE CARE RECIPIENT?	-8	Don't Know	28	4,270
		-1	Not Collected	214	29,242
		1	Caregiver(You)	811	94,429
		2	Other Family Members Or Friends	271	41,937
		3	Agency	267	24,284
		4	Other Community Agencies	75	9,168
		5	Help Paid For By R Or Family	125	19,343
		6	Other Specify	2	802
				<b>1,793</b>	<b>223,475</b>
CGOTHLP2	AFTER THE ABOVE, WHO PROVIDES MOST OF THE CARE?	-8	Don't Know	39	5,516
		-7	Refused	1	140
		-1	Not Collected	214	29,242
		1	Caregiver(You)	696	89,653
		2	Other Family Members Or Friends	351	40,682
		3	Agency	247	23,116
		4	Other Community Agencies	80	12,587
		5	Help Paid For By R Or Family	124	14,711
		6	Other Specify	41	7,828
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPAID	ARE YOU PAID BY THE CARE RECIPIENT OR A COMMUNITY AGENCY TO PROVIDE CARE FOR HIM/HER?	-8	Don't Know	4	472
		1	Yes	123	19,371
		2	No	1,666	203,632
				<b>1,793</b>	<b>223,475</b>
CGWHOPAY	WHO PAYS YOU FOR CAREGIVING?	-1	Not Collected	1,670	204,105
		1	Care Recipient	48	7,046
		2	Community Agency	62	8,539
		91	Other	13	3,785
		<b>1,793</b>	<b>223,475</b>		
CGINF01	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE A HELP LINE WHICH IS A CENTRAL PLACE TO CALL TO FIND OUT WHAT KIND OF HELP IS AVAILABLE AND WHERE TO GET IT?	-8	Don't Know	22	1,967
		-7	Refused	2	182
		1	Yes	1,437	188,009
		2	No	332	33,317
		<b>1,793</b>	<b>223,475</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	26	3,383
		1	Yes	894	121,584
		2	No	873	98,508
		<b>1,793</b>	<b>223,475</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	20	1,450
		-7	Refused	1	102
		1	Yes	761	105,646
		2	No	1,011	116,277
		<b>1,793</b>	<b>223,475</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGINF04	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE INFORMATION ABOUT CHANGES IN LAWS WHICH MIGHT AFFECT YOUR SITUATION?	-8	Don't Know	47	5,452
		-7	Refused	3	226
		1	Yes	1,310	167,875
		2	No	433	49,922
				<b>1,793</b>	<b>223,475</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	23	2,578
		1	Yes	893	123,311
		2	No	877	97,587
				<b>1,793</b>	<b>223,475</b>
CGINF06	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN UNDERSTANDING HOW TO PAY FOR NURSING HOMES, ADULT DAY CARE, OR OTHER SERVICES?	-8	Don't Know	14	1,746
		-7	Refused	1	67
		1	Yes	1,174	153,584
		2	No	604	68,078
				<b>1,793</b>	<b>223,475</b>
CGINF07	IN ADDITION TO THE KINDS OF INFORMATION THAT YOU ALREADY HAVE, WOULD IT BE VALUABLE TO YOU AS A CAREGIVER TO HAVE HELP IN DEALING WITH AGENCIES OR BUREAUCRACIES TO GET SERVICES?	-8	Don't Know	31	2,621
		1	Yes	1,270	165,978
		2	No	492	54,877
				<b>1,793</b>	<b>223,475</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	11	924
		1	Yes	793	107,166
		2	No	989	115,385

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,793</b>	<b>223,475</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	17	1,543
		1	Yes	9	2,135
		2	No	1,767	219,798
				<b>1,793</b>	<b>223,475</b>
SVCCM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CONGREGATE MEALS?	-8	Don't Know	9	2,288
		1	Yes	279	36,622
		2	No	1,505	184,565
				<b>1,793</b>	<b>223,475</b>
SVCHDM	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	7	708
		1	Yes	450	50,447
		2	No	1,336	172,320
				<b>1,793</b>	<b>223,475</b>
SVCHOUSE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	9	1,288
		1	Yes	633	69,823
		2	No	1,151	152,364
				<b>1,793</b>	<b>223,475</b>
SVCCSEMG	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	32	4,824
		1	Yes	857	95,387
		2	No	904	123,264
				<b>1,793</b>	<b>223,475</b>
CSRATESV	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES?	-8	Don't Know	3	405
		-1	Not Collected	936	128,089
		1	Excellent	407	45,145
		2	Very Good	252	27,401
		3	Good	151	17,626
		4	Fair	36	4,261
		5	Poor	8	549
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCTRAN	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	11	913
		1	Yes	313	41,600
		2	No	1,469	180,962
				<b>1,793</b>	<b>223,475</b>
SVCDYCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	6	899
		1	Yes	262	30,336
		2	No	1,525	192,240
				<b>1,793</b>	<b>223,475</b>
SVCPCR	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	7	977
		1	Yes	630	67,866
		2	No	1,156	154,633
				<b>1,793</b>	<b>223,475</b>
SVCHORE	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED CHORE SERVICES?	-8	Don't Know	4	227
		1	Yes	267	28,775
		2	No	1,522	194,474
				<b>1,793</b>	<b>223,475</b>
SVCLGL	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	6	500
		1	Yes	45	4,559
		2	No	1,742	218,416
				<b>1,793</b>	<b>223,475</b>
SVCIAA	IN THE PAST YEAR, HAS THE CARE RECIPIENT RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	29	2,970
		1	Yes	429	54,463
		2	No	1,335	166,042
				<b>1,793</b>	<b>223,475</b>
HNREDUYN	HAS THE CARE RECIPIENT RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	16	955
		1	Yes	139	17,761
		2	No	1,638	204,759
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	17	1,506
		1	Yes	570	66,930
		2	No	1,206	155,039
				<b>1,793</b>	<b>223,475</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	19	2,228
		1	Yes	289	41,054
		2	No	1,485	180,193
				<b>1,793</b>	<b>223,475</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	9	807
		1	Yes	173	26,704
		2	No	1,611	195,964
				<b>1,793</b>	<b>223,475</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	13	1,374
		1	Yes	107	13,388
		2	No	1,673	208,713
				<b>1,793</b>	<b>223,475</b>
BENEFITS	HAS THE CARE RECIPIENT RECEIVED HELP GETTING BENEFITS SUCH AS FOOD STAMPS, MEDICAID, SSI OR SOCIAL SECURITY?	-8	Don't Know	16	1,883
		1	Yes	201	22,674
		2	No	1,576	198,919
				<b>1,793</b>	<b>223,475</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES THAT YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	23	3,417
		-7	Refused	1	73
		-1	Not Collected	198	31,968
		1	Excellent	492	58,411

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Very Good	506	59,406
		3	Good	411	47,446
		4	Fair	124	17,098
		5	Poor	38	5,656
				<b>1,793</b>	<b>223,475</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	63	8,390
		-7	Refused	3	333
		1	Agree	1,693	209,860
		2	Disagree	34	4,893
				<b>1,793</b>	<b>223,475</b>
SVC5A	IS THE CARE RECIPIENT RECEIVING FOOD STAMPS?	-8	Don't Know	6	936
		1	Yes	140	15,949
		2	No	1,647	206,591
				<b>1,793</b>	<b>223,475</b>
SVC5B	IS THE CARE RECIPIENT RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	22	2,927
		1	Yes	257	27,963
		2	No	1,514	192,585
				<b>1,793</b>	<b>223,475</b>
SVC5C	IS THE CARE RECIPIENT RECEIVING MEDICAID?	-8	Don't Know	44	7,758
		1	Yes	444	57,468
		2	No	1,305	158,250
				<b>1,793</b>	<b>223,475</b>
SVC5D	IS THE CARE RECIPIENT RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	16	2,257
		1	Yes	77	10,414
		2	No	1,700	210,804
				<b>1,793</b>	<b>223,475</b>
CSARRNG	DO YOUR FAMILY AND FRIENDS HELP ARRANGE FOR THE SERVICES YOUR CARE RECIPIENT RECEIVES?	-8	Don't Know	12	1,873
		-7	Refused	1	80
		1	Yes	1,272	156,876
		2	No	508	64,646
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSHOME	DO YOUR FAMILY AND FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOUR CARE RECIPIENT STAY AT HOME?	-8	Don't Know	14	2,857
		-7	Refused	1	311
		1	Yes	1,387	173,009
		2	No	391	47,299
				<b>1,793</b>	<b>223,475</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	54	6,478
		1	Yes	927	124,537
		2	No	812	92,460
				<b>1,793</b>	<b>223,475</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	128	15,307
		-1	Not Collected	927	124,537
		1	In Caregiver's Home	46	5,503
		2	In The Home Of Another Family Mem/Friend	48	5,013
		3	In An Assisted Living Facility	118	15,829
		4	In A Nursing Home	512	56,191
		5	Care Recipient Would Have Died	5	498
		91	Other	9	597
		<b>1,793</b>	<b>223,475</b>		
CGCRHL	IN GENERAL, HOW WOULD YOU SAY THE CARE RECIPIENT'S HEALTH IS?	-8	Don't Know	6	1,083
		1	Excellent	35	7,572
		2	Very Good	152	17,489
		3	Good	432	51,732
		4	Fair	568	71,080
		5	Poor	600	74,520
		<b>1,793</b>	<b>223,475</b>		
CGPFDSA	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ARTHRITIS OR RHEUMATISM?	-8	Don't Know	21	2,912
		1	Yes	1,157	138,640

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	613	81,798
		3	Does Not Apply	2	124
				<b>1,793</b>	<b>223,475</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	16	4,178
		1	Yes	1,231	149,294
		2	No	546	70,003
				<b>1,793</b>	<b>223,475</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A HEART ATTACK, CORONARY HEART DISEASE, ANGINA, CONGESTIVE HEART FAILURE, OR OTHER HEART PROBLEMS?	-8	Don't Know	12	3,373
		1	Yes	929	112,142
		2	No	852	107,960
				<b>1,793</b>	<b>223,475</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HIGH CHOLESTEROL?	-8	Don't Know	48	8,733
		-7	Refused	1	55
		1	Yes	815	100,071
		2	No	928	114,585
		3	Does Not Apply	1	33
				<b>1,793</b>	<b>223,475</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	7	1,075
		-7	Refused	1	112
		1	Yes	574	71,958
		2	No	1,210	150,263
		3	Does Not Apply	1	66
				<b>1,793</b>	<b>223,475</b>
CGPFDSB	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALLERGIES, ASTHMA, EMPHYSEMA, CHRONIC BRONCHITIS, OR OTHER BREATHING AND LUNG PROBLEMS?	-8	Don't Know	9	1,413
		-7	Refused	1	112
		1	Yes	668	83,423
		2	No	1,115	138,527
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGPFDSG	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS CANCER OR A MALIGNANT TUMOR, EXCLUDING MINOR SKIN CANCER?	-8	Don't Know	9	1,442
		-7	Refused	1	112
		1	Yes	345	41,368
		2	No	1,438	180,553
				<b>1,793</b>	<b>223,475</b>
CGPFDSH	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HAD A STROKE?	-8	Don't Know	24	3,959
		-7	Refused	1	112
		1	Yes	593	73,655
		2	No	1,175	145,749
				<b>1,793</b>	<b>223,475</b>
CGPFDSI	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ANEMIA?	-8	Don't Know	26	2,783
		-7	Refused	1	112
		1	Yes	358	46,160
		2	No	1,408	174,420
				<b>1,793</b>	<b>223,475</b>
CGPFDSJ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS OSTEOPOROSIS?	-8	Don't Know	41	6,495
		-7	Refused	2	186
		1	Yes	577	69,697
		2	No	1,173	147,098
				<b>1,793</b>	<b>223,475</b>
CGPFDSK	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS KIDNEY DISEASE?	-8	Don't Know	17	2,106
		-7	Refused	1	112
		1	Yes	235	29,437
		2	No	1,540	191,820
				<b>1,793</b>	<b>223,475</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	10	1,364
		-7	Refused	1	112
		1	Yes	1,249	156,669

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	533	65,331
				<b>1,793</b>	<b>223,475</b>
CGPFDSM	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS HEARING PROBLEMS?	-8	Don't Know	10	1,213
		-7	Refused	1	112
		1	Yes	830	102,487
		2	No	952	119,663
				<b>1,793</b>	<b>223,475</b>
CGPFDSN	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	21	3,729
		-7	Refused	1	112
		1	Yes	577	72,098
		2	No	1,194	147,536
				<b>1,793</b>	<b>223,475</b>
CGPFDSO	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	9	1,365
		-7	Refused	1	112
		1	Yes	980	131,235
		2	No	802	90,538
		3	Does Not Apply	1	225
				<b>1,793</b>	<b>223,475</b>
CGPFDSP	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SEIZURES OR EPILEPSY?	-8	Don't Know	6	1,111
		-7	Refused	1	112
		1	Yes	129	17,415
		2	No	1,657	204,837
				<b>1,793</b>	<b>223,475</b>
CGPFDSQ	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS PARKINSON'S?	-8	Don't Know	11	2,143
		-7	Refused	2	151
		1	Yes	175	19,475
		2	No	1,604	201,346
		3	Does Not Apply	1	361
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	2,300
		-7	Refused	1	112
		1	Yes	1,002	122,045
		2	No	774	99,018
				<b>1,793</b>	<b>223,475</b>
CGPFSS	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS MULTIPLE SCLEROSIS?	-8	Don't Know	13	1,961
		-7	Refused	1	112
		1	Yes	45	5,479
		2	No	1,733	215,869
		3	Does Not Apply	1	55
		<b>1,793</b>	<b>223,475</b>		
CGPFDSST	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS URINARY INCONTINENCE?	-8	Don't Know	19	2,542
		-7	Refused	1	112
		1	Yes	744	98,082
		2	No	1,027	122,382
		3	Does Not Apply	2	358
		<b>1,793</b>	<b>223,475</b>		
CGPFDSU	HAS A DOCTOR EVER TOLD YOU THAT THE CARE RECIPIENT HAS SOMETHING ELSE?	-8	Don't Know	7	1,703
		-7	Refused	1	112
		1	Yes	248	29,902
		2	No	1,537	191,758
		<b>1,793</b>	<b>223,475</b>		
PFDFINC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	6	1,266
		1	Yes	1,111	128,368
		2	No	676	93,841
		<b>1,793</b>	<b>223,475</b>		
PFDFINBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	9	1,389
		-1	Not Collected	682	95,107
		1	Yes	762	91,901

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	340	35,078
				<b>1,793</b>	<b>223,475</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	17	4,072
		1	Yes	1,448	174,207
		2	No	328	45,197
				<b>1,793</b>	<b>223,475</b>
PFDFOUBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	4	791
		-1	Not Collected	345	49,269
		1	Yes	1,394	164,953
		2	No	50	8,463
				<b>1,793</b>	<b>223,475</b>
PFBEDC	DOES THE CARE RECIPIENT HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	7	1,242
		1	Yes	1,132	138,390
		2	No	654	83,843
				<b>1,793</b>	<b>223,475</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	4	538
		-1	Not Collected	661	85,085
		1	Yes	832	100,432
		2	No	296	37,419
				<b>1,793</b>	<b>223,475</b>
PFBATHC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	10	3,584
		1	Yes	1,361	163,381
		2	No	422	56,510
				<b>1,793</b>	<b>223,475</b>
PFBATHBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	28
		-1	Not Collected	432	60,094
		1	Yes	1,273	150,782
		2	No	87	12,571

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,793</b>	<b>223,475</b>
PFDRESC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	5	1,173
		1	Yes	1,157	143,368
		2	No	631	78,934
				<b>1,793</b>	<b>223,475</b>
PFDRESBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	3	232
		-1	Not Collected	636	80,107
		1	Yes	1,047	132,189
		2	No	107	10,946
				<b>1,793</b>	<b>223,475</b>
PFWALKC	DOES THE CARE RECIPIENT HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	19	3,341
		1	Yes	1,450	177,303
		2	No	324	42,832
				<b>1,793</b>	<b>223,475</b>
PFWALKBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	22	3,217
		-1	Not Collected	343	46,172
		1	Yes	923	112,640
		2	No	505	61,447
				<b>1,793</b>	<b>223,475</b>
PFEATC	DOES THE CARE RECIPIENT HAVE DIFFICULTY EATING?	-8	Don't Know	9	1,702
		1	Yes	463	56,490
		2	No	1,321	165,284
				<b>1,793</b>	<b>223,475</b>
PFEATBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	4	474
		-1	Not Collected	1,330	166,985
		1	Yes	350	40,494
		2	No	109	15,522
				<b>1,793</b>	<b>223,475</b>
PFWCC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	10	1,098
		1	Yes	901	105,968
		2	No	882	116,409

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,793</b>	<b>223,475</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	5	428
		-1	Not Collected	892	117,507
		1	Yes	728	85,826
		2	No	168	19,714
				<b>1,793</b>	<b>223,475</b>
PFDLRC	DOES THE CARE RECIPIENT HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	21	2,424
		1	Yes	1,337	166,955
		2	No	435	54,097
				<b>1,793</b>	<b>223,475</b>
PFDLRBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	1	158
		-1	Not Collected	456	56,521
		1	Yes	1,323	165,227
		2	No	13	1,570
				<b>1,793</b>	<b>223,475</b>
PFMEALC	DOES THE CARE RECIPIENT HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	16	2,221
		1	Yes	1,499	182,980
		2	No	278	38,274
				<b>1,793</b>	<b>223,475</b>
PFMEALBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	4	471
		-1	Not Collected	294	40,495
		1	Yes	1,440	177,120
		2	No	55	5,389
				<b>1,793</b>	<b>223,475</b>
PFCLENC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING LIGHT HOUSEWORK SUCH AS WASHING DISHES OR SWEEPING A FLOOR??	-8	Don't Know	21	2,340
		1	Yes	1,436	171,960
		2	No	336	49,176
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	2	701
		-1	Not Collected	357	51,516
		1	Yes	1,404	167,850
		2	No	30	3,409
				<b>1,793</b>	<b>223,475</b>
PFHCLNC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DOING HEAVY HOUSEWORK SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	14	1,477
		1	Yes	1,702	211,331
		2	No	77	10,667
				<b>1,793</b>	<b>223,475</b>
PFHCLNBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	7	941
		-1	Not Collected	91	12,144
		1	Yes	1,685	208,528
		2	No	10	1,861
				<b>1,793</b>	<b>223,475</b>
PFTKDGC	DOES THE CARE RECIPIENT HAVE DIFFICULTY HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	5	1,925
		1	Yes	1,297	163,294
		2	No	491	58,256
				<b>1,793</b>	<b>223,475</b>
PFTKDGBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	2	53
		-1	Not Collected	496	60,181
		1	Yes	1,275	160,897
		2	No	20	2,345
				<b>1,793</b>	<b>223,475</b>
PFFONEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	4	1,651
		1	Yes	1,091	134,952
		2	No	698	86,873
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONEBC	(IF YES) DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO PERFORM THIS ACTIVITY?	-8	Don't Know	8	1,071
		-1	Not Collected	702	88,524
		1	Yes	985	123,460
		2	No	98	10,420
				<b>1,793</b>	<b>223,475</b>
PFDRIVEC	DOES THE CARE RECIPIENT HAVE DIFFICULTY DRIVING A CAR?	-8	Don't Know	54	5,776
		-7	Refused	2	88
		1	Yes	1,502	182,961
		2	No	235	34,651
				<b>1,793</b>	<b>223,475</b>
PFBUSC	IS A BUS SERVICE AVAILABLE WITHIN THREE-QUARTERS OF A MILE FROM THE CARE RECIPIENTS HOME?	-8	Don't Know	96	11,997
		-7	Refused	2	197
		1	Yes	789	111,682
		2	No	906	99,599
				<b>1,793</b>	<b>223,475</b>
PFUSBSC	DOES THE CARE RECIPIENT HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	1,004	111,793
		1	Yes	325	44,621
		2	No	88	14,384
		3	Never Uses Bus	376	52,678
				<b>1,793</b>	<b>223,475</b>
PFUSBSBC	DOES THE CARE RECIPIENT NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	86
		-1	Not Collected	1,468	178,855
		1	Yes	319	43,409
		2	No	5	1,126
				<b>1,793</b>	<b>223,475</b>
CGBDAY1	VERIFICATION OF CARE RECIPIENT'S DATE OF BIRTH	-8	Don't Know	2	246
		-7	Refused	1	140
		-1	Not Collected	501	80,778
		1	Yes	1,199	130,641
		2	No	90	11,671
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6CR	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	53	9,934
		0	0 limitations	121	17,575
		1	1 limitation	165	17,743
		2	2 limitations	253	33,673
		3	3 limitations	219	29,606
		4	4 limitations	246	27,200
		5	5 limitations	407	50,358
		6	6 limitations	329	37,388
					<b>1,793</b>
ADLAOA6CR_ SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	128	18,783
		1	1 limitation	172	18,697
		2	2 limitations	264	35,554
		3	3 limitations	228	33,159
		4	4 limitations	254	28,182
		5	5 limitations	418	51,713
		6	6 limitations	329	37,388
					<b>1,793</b>
ADL3PLUSCR	CARE RECIPIENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	53	9,934
		1	Yes	1,201	144,551
		2	No	539	68,991
			<b>1,793</b>	<b>223,475</b>	
ADL3PLUSCR_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	1,229	150,442
		2	No	564	73,034
			<b>1,793</b>	<b>223,475</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	35	4,166
		0	0 limitations	325	42,886
		1	1 limitation	285	36,024
		2	2 limitations	227	25,878
		3	3 limitations	186	27,951
		4	4 limitations	161	18,042

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	311	40,558
		6	6 limitations	263	27,971
				<b>1,793</b>	<b>223,475</b>
ADLAOA6PCR _SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	333	44,004
		1	1 limitation	291	36,876
		2	2 limitations	233	26,735
		3	3 limitations	190	28,381
		4	4 limitations	167	18,496
		5	5 limitations	316	41,013
		6	6 limitations	263	27,971
				<b>1,793</b>	<b>223,475</b>
IADLAOA7CR	PERSON COUNT BY NUMBER OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE THE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	119	18,026
		0	0 limitations	23	2,618
		1	1 limitation	53	7,761
		2	2 limitations	80	9,852
		3	3 limitations	111	16,030
		4	4 limitations	172	21,121
		5	5 limitations	224	25,383
		6	6 limitations	303	34,030
		7	7 limitations	708	88,654
				<b>1,793</b>	<b>223,475</b>
IADLAOA7CR_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	29	3,712
		1	1 limitation	60	10,731
		2	2 limitations	91	11,309
		3	3 limitations	121	16,851
		4	4 limitations	188	22,716
		5	5 limitations	252	30,070
		6	6 limitations	341	38,726
		7	7 limitations	711	89,361
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7PC R	AMONG THOSE WITH ANY IADL DIFFICULTY, PERSON COUNTS BY NUMBER OF IADL PERSONAL ASSISTANCE NEEDS (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, PREPARING MEALS, LIGHT HOUSEWORK, MED MGMT, USING PHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	75	8,857
		0	0 limitations	38	6,308
		1	1 limitation	71	10,640
		2	2 limitations	102	13,327
		3	3 limitations	115	15,502
		4	4 limitations	178	20,598
		5	5 limitations	245	30,390
		6	6 limitations	312	34,405
		7	7 limitations	657	83,448
					<b>1,793</b>
IADLAOA7PC R_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	43	6,764
		1	1 limitation	75	11,398
		2	2 limitations	110	13,981
		3	3 limitations	120	15,969
		4	4 limitations	190	22,333
		5	5 limitations	255	31,623
		6	6 limitations	339	37,168
		7	7 limitations	661	84,240
			<b>1,793</b>	<b>223,475</b>	
IADLAOA8CR	PERSON COUNT BY NUMBER OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE THE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	124	18,689
		0	0 limitations	10	955
		1	1 limitation	25	3,299
		2	2 limitations	53	7,729
		3	3 limitations	78	9,654
		4	4 limitations	111	15,639
		5	5 limitations	172	20,923
		6	6 limitations	213	24,088

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	300	33,891
		8	8 limitations	707	88,609
				<b>1,793</b>	<b>223,475</b>
IADLAOA8CR_	AOA IADL LIMITATIONS W/ HEAVY	0	0 limitations	12	1,396
SSS	HOUSEWORK ADDED, SSS VERSION	1	1 limitation	33	5,457
		2	2 limitations	59	9,718
		3	3 limitations	90	11,165
		4	4 limitations	121	16,584
		5	5 limitations	189	22,573
		6	6 limitations	241	28,655
		7	7 limitations	338	38,612
		8	8 limitations	710	89,315
				<b>1,793</b>	<b>223,475</b>
IADLAOA8PC	AMONG THOSE WITH ANY IADL	.	Missing	78	9,056
R	DIFFICULTY, PERSON COUNTS BY	0	0 limitations	18	3,574
	NUMBER OF IADL PERSONAL	1	1 limitation	35	5,333
	ASSISTANCE NEEDS (AMONG 8	2	2 limitations	74	10,201
	ACTIVITIES): GOING OUTSIDE HOME,	3	3 limitations	94	12,914
	MONEY MGMT, PREPARING MEALS,	4	4 limitations	114	14,960
	LIGHT HOUSEWORK, HEAVY	5	5 limitations	178	20,463
	HOUSEWORK, MED MGMT, USING	6	6 limitations	236	29,283
	PHONE, OR DRIVING CAR/USING PUB	7	7 limitations	311	34,329
	TRANS.	8	8 limitations	655	83,364
				<b>1,793</b>	<b>223,475</b>
IADLAOA8PC	AOA IADLS: PERSONAL ASSISTANCE	0	0 limitations	19	3,718
R_SSS	NEEDS W/ HEAVY HOUSEWORK	1	1 limitation	41	5,796
	ADDED, SSS VERSION	2	2 limitations	79	10,981
		3	3 limitations	105	13,838
		4	4 limitations	119	15,931
		5	5 limitations	189	21,707
		6	6 limitations	245	30,289

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	337	37,060
		8	8 limitations	659	84,156
				<b>1,793</b>	<b>223,475</b>
CGMANY	HOW MANY PERSONS IN TOTAL ARE YOU CARING FOR, NOT COUNTING THE CARE RECIPIENT?	-8	Don't Know	6	895
		1	0 People	1,300	162,362
		2	1 Person	297	34,968
		3	2 - 4 People	170	23,316
		4	5 - 10 People	18	1,805
		5	11-16 People	2	129
				<b>1,793</b>	<b>223,475</b>
CGWHO01	DO YOU CARE FOR YOUR HUSBAND OR WIFE?	-1	Not Collected	1,306	163,257
		1	Yes	162	16,128
		2	No	325	44,091
				<b>1,793</b>	<b>223,475</b>
CGWHO02	DO YOU CARE FOR YOUR SON(S) OR DAUGHTER(S)?	-1	Not Collected	1,306	163,257
		1	Yes	153	18,596
		2	No	334	41,622
				<b>1,793</b>	<b>223,475</b>
CGWHO03	DO YOU CARE FOR YOUR FATHER?	-1	Not Collected	1,306	163,257
		1	Yes	44	5,624
		2	No	443	54,595
				<b>1,793</b>	<b>223,475</b>
CGWHO04	DO YOU CARE FOR YOUR MOTHER?	-1	Not Collected	1,306	163,257
		1	Yes	64	7,445
		2	No	423	52,773
				<b>1,793</b>	<b>223,475</b>
CGWHO05	DO YOU CARE FOR YOUR BROTHER(S) OR SISTER(S)?	-1	Not Collected	1,306	163,257
		1	Yes	24	4,043
		2	No	463	56,176
				<b>1,793</b>	<b>223,475</b>
CGWHO06	DO YOU CARE FOR YOUR GRANDSON(S) OR GRANDDAUGHTER(S)?	-1	Not Collected	1,306	163,257
		1	Yes	46	7,108
		2	No	441	53,110
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CGWHO07	DO YOU CARE FOR ANOTHER RELATIVE(S)?	-1	Not Collected	1,306	163,257
		1	Yes	43	7,367
		2	No	444	52,852
				<b>1,793</b>	<b>223,475</b>
CGWHO08	DO YOU CARE FOR A FRIEND OR NEIGHBOR?	-1	Not Collected	1,306	163,257
		1	Yes	16	2,118
		2	No	471	58,101
				<b>1,793</b>	<b>223,475</b>
CGWHOOTH	OTHER PERSON CARE FOR:SPECIFY	-1	Not Collected	1,306	163,257
		1	Yes	102	13,223
		2	No	385	46,996
				<b>1,793</b>	<b>223,475</b>
AGEC	CAREGIVER'S AGE?	.	Missing	12	1,767
		2	18-34 years	14	2,798
		3	35-59 years	631	74,945
		4	60-64 years	277	35,396
		5	65-74 years	431	52,727
		6	75-84 years	353	44,998
		7	85+ years	75	10,845
				<b>1,793</b>	<b>223,475</b>
CGPAGE	CARE RECIPIENT'S AGE?	.	Missing	25	4,992
		4	60-64 years	65	6,621
		5	65-74 years	319	37,468
		6	75-84 years	700	86,918
		7	85+ years	684	87,477
				<b>1,793</b>	<b>223,475</b>
CGENDER	CAREGIVER'S GENDER?	.	Missing	47	10,355
		1	Male	499	57,683
		2	Female	1,247	155,438
		<b>1,793</b>	<b>223,475</b>		
RGENDER	CARE RECIPIENT'S GENDER?	.	Missing	1	75
		1	Male	645	83,033
		2	Female	1,147	140,368
		<b>1,793</b>	<b>223,475</b>		
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	2	206
		-7	Refused	3	247

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Less Than High School Diploma	174	18,874
		2	High School Diploma Or GED	584	68,923
		3	Some College(Business/Vocational/Techni)	585	68,247
		4	Bachelor's Degree	202	28,528
		5	Some Post-Graduate Work/Advanced Degree	243	38,450
				<b>1,793</b>	<b>223,475</b>
DEHISP	ARE YOU SPANISH, HISPANIC, OR LATINO?	-8	Don't Know	4	271
		-7	Refused	7	1,938
		1	Yes	96	13,733
		2	No	1,686	207,533
				<b>1,793</b>	<b>223,475</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	3	648
		-7	Refused	8	1,919
		1	Yes	1,487	183,616
		2	No	295	37,292
				<b>1,793</b>	<b>223,475</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	3	648
		-7	Refused	8	1,919
		1	Yes	243	28,415
		2	No	1,539	192,493
				<b>1,793</b>	<b>223,475</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	3	648
		-7	Refused	8	1,919
		1	Yes	16	3,841
		2	No	1,766	217,068
				<b>1,793</b>	<b>223,475</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	3	648
		-7	Refused	8	1,919
		1	Yes	32	3,907
		2	No	1,750	217,001
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	3	648
		-7	Refused	8	1,919
		1	Yes	5	783
		2	No	1,777	220,125
				<b>1,793</b>	<b>223,475</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	3	648
		-7	Refused	8	1,919
		1	Yes	19	2,199
		2	No	1,763	218,709
				<b>1,793</b>	<b>223,475</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	23	2,594
		-7	Refused	2	272
		1	The City	673	93,686
		2	The Suburbs	444	59,172
		3	A Rural Area	651	67,753
		<b>1,793</b>	<b>223,475</b>		
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	74
		-7	Refused	10	1,469
		1	Yes	622	83,377
		2	No	1,160	138,555
				<b>1,793</b>	<b>223,475</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	74
		-7	Refused	8	1,224
		-1	Not Collected	622	83,377
		1	Yes	910	105,950
		2	No	252	32,850
		<b>1,793</b>	<b>223,475</b>		
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	74
		-7	Refused	9	1,393
		-1	Not Collected	622	83,377
		1	Yes	311	37,000
		2	No	850	101,631
		<b>1,793</b>	<b>223,475</b>		
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	11	1,512
		-1	Not Collected	622	83,377
		1	Yes	287	34,168

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	873	104,419
				<b>1,793</b>	<b>223,475</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	188
		-7	Refused	10	1,439
		-1	Not Collected	622	83,377
		1	Yes	54	9,126
		2	No	1,105	129,346
				<b>1,793</b>	<b>223,475</b>
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	7	1,151
		1	Alone	622	83,377
		2	With spouse only	591	68,279
		3	With children only	49	5,079
		4	With spouse and children	172	20,888
		5	With others	352	44,702
				<b>1,793</b>	<b>223,475</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	135
		-7	Refused	12	1,524
		1	1 Person	624	83,524
		2	2 People	631	71,784
		3	3 People	299	37,502
		4	4 People	137	17,802
		5	5 People	51	6,842
		6	6 People	20	2,569
		7	7 People	11	1,017
		8	8 People	5	683
		9	9 People	2	93
				<b>1,793</b>	<b>223,475</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	3	501
		-7	Refused	13	1,752
		1	Married	1,267	149,706
		2	Widowed	97	14,243
		3	Divorced	222	27,356
		4	Separated	35	6,974
		5	Never Married	156	22,944
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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 2008 ABOVE OR BELOW \$20,000?	-8	Don't Know	84	7,717
		-7	Refused	73	11,820
		1	Below \$20,000 [1666 Per Month Or Less]	404	48,100
		2	Above \$20,000 [1667 Per Month Or More]	1,232	155,839
				<b>1,793</b>	<b>223,475</b>
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?	.	Missing	157	19,537
		-8	Don't Know	67	8,348
		-7	Refused	50	5,061
		1	\$5,000 or less	31	3,802
		2	\$5,001-\$10,000	50	6,786
		3	\$10,001-\$15,000	106	12,423
		4	\$15,001-\$20,000	187	21,753
		5	\$20,001-\$25,000	207	23,271
		6	\$25,001-\$30,000	206	25,885
		7	\$30,001-\$35,000	132	14,541
		8	\$35,001-\$40,000	105	14,591
9	\$40,001-\$50,000	137	18,636		
10	ABOVE \$50,000	358	48,842		
		<b>1,793</b>	<b>223,475</b>		
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	40	5,836
		0	Rural (Not in Urbanized Area or Urban CI	971	113,979
		1	In Urbanized Area	662	91,608
		2	In Urban Cluster	120	12,052
		<b>1,793</b>	<b>223,475</b>		
CGFLAG	WEIGHTING VARIABLE	.	.	142	20,987
		1	Respite Care	671	72,925
		2	Counseling/Support	294	44,739
		3	Supplemental Services	686	84,825
		<b>1,793</b>	<b>223,475</b>		
DIF_CR_CG	DIFFERENCE IN AGE BETWEEN CARE RECIPIENT AND CAREGIVER	.	Missing	35	6,233

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Care Recipient is Younger Than Caregiver	223	24,899
		2	Care Recipient is Older or Same Age As C	1,535	192,344
				<b>1,793</b>	<b>223,475</b>
VARSTRAT	VARIANCE STRATUM		Missing	142	20,987
		1.00 - 64.00	Varstrat range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
VARUNIT	VARIANCE UNIT	.	Missing	142	20,987
		1	Variance unit 1	868	96,282
		2	Variance unit 2	783	106,207
				<b>1,793</b>	<b>223,475</b>
PSWGT	FINAL POST-STRATIFIED CG SUBGRP FULL SAMPLE WEIGHT		Missing	142	20,987
		2.66 - 5445.65	Weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT1	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 1		Missing	142	20,987
		0.73 - 7653.14	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT2	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 2		Missing	142	20,987
		0.67 - 9971.99	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT3	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 3		Missing	142	20,987
		0.84 - 5563.83	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT4	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 4		Missing	142	20,987
		0.64 - 6812.84	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT5	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 5		Missing	142	20,987
		0.80 - 6182.25	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT6	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 6		Missing	142	20,987
		0.82 - 9770.36	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT7	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 7		Missing	142	20,987
		0.79 - 6344.20	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT8	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 8		Missing	142	20,987
		0.70 - 8377.32	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT9	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 9		Missing	142	20,987
		0.74 - 6521.11	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT10	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 10		Missing	142	20,987
		0.79 - 9322.67	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT11	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 11		Missing	142	20,987
		0.90 - 8134.66	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT12	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 12		Missing	142	20,987
		0.85 - 8267.60	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT13	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 13		Missing	142	20,987
		0.72 - 5883.30	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT14	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 14		Missing	142	20,987
		0.70 - 11226.38	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT15	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 15		Missing	142	20,987
		0.73 - 5339.21	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT16	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 16		Missing	142	20,987
		0.64 - 7912.92	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT17	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 17		Missing	142	20,987
		0.80 - 8705.64	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT18	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 18		Missing	142	20,987
		0.86 - 6281.55	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT19	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 19		Missing	142	20,987
		0.82 - 7879.50	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT20	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 20		Missing	142	20,987
		0.71 - 6465.02	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT21	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 21		Missing	142	20,987
		0.65 - 9080.03	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT22	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 22		Missing	142	20,987
		0.82 - 6509.45	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT23	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 23		Missing	142	20,987
		0.70 - 9383.89	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT24	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 24		Missing	142	20,987
		0.73 - 6391.75	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT25	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 25		Missing	142	20,987
		0.65 - 7401.14	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT26	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 26		Missing	142	20,987
		0.73 - 6612.08	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT27	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 27		Missing	142	20,987
		0.73 - 7301.76	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT28	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 28		Missing	142	20,987
		0.69 - 6056.12	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT29	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 29		Missing	142	20,987
		0.69 - 8932.93	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT30	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 30		Missing	142	20,987
		0.80 - 7281.75	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT31	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 31		Missing	142	20,987
		0.80 - 8078.96	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT32	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 32		Missing	142	20,987
		0.77 - 6757.83	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT33	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 33		Missing	142	20,987
		0.70 - 7758.63	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT34	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 34		Missing	142	20,987
		0.74 - 9726.12	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT35	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 35		Missing	142	20,987
		0.85 - 5504.31	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT36	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 36		Missing	142	20,987
		0.79 - 8663.77	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT37	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 37		Missing	142	20,987
		0.78 - 5169.82	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT38	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 38		Missing	142	20,987
		0.73 - 10594.57	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT39	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 39		Missing	142	20,987
		0.70 - 8359.49	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT40	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 40		Missing	142	20,987
		0.70 - 9759.17	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT41	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 41		Missing	142	20,987
		0.74 - 5482.02	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT42	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 42		Missing	142	20,987
		0.75 - 8785.13	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT43	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 43		Missing	142	20,987
		0.83 - 8080.58	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT44	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 44		Missing	142	20,987
		0.82 - 8248.69	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT45	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 45		Missing	142	20,987
		0.87 - 7848.09	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT46	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 46		Missing	142	20,987
		0.78 - 9173.36	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT47	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 47		Missing	142	20,987
		0.79 - 4858.60	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT48	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 48		Missing	142	20,987
		0.78 - 8650.99	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT49	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 49		Missing	142	20,987
		0.78 - 7996.31	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT50	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 50		Missing	142	20,987
		0.77 - 5885.08	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT51	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 51		Missing	142	20,987
		0.77 - 6947.98	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT52	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 52		Missing	142	20,987
		0.75 - 8140.81	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT53	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 53		Missing	142	20,987
		0.69 - 11278.74	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT54	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 54		Missing	142	20,987
		0.83 - 6548.91	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT55	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 55		Missing	142	20,987
		0.79 - 8162.05	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT56	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 56		Missing	142	20,987
		0.90 - 5210.09	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT57	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 57		Missing	142	20,987
		0.79 - 11271.31	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT58	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 58		Missing	142	20,987
		0.80 - 8729.08	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT59	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 59		Missing	142	20,987
		0.78 - 7339.68	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT60	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 60		Missing	142	20,987
		0.75 - 5844.71	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT61	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 61		Missing	142	20,987
		0.76 - 10390.77	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT62	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 62		Missing	142	20,987
		0.84 - 5705.25	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT63	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 63		Missing	142	20,987
		0.73 - 8748.40	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSWGT64	FINAL POST-STRATIFIED CG SUBGRP REPLICATE WEIGHT: REPLICATE 64		Missing	142	20,987
		0.81 - 7040.43	Replicate weight range	1,651	202,489
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT	FINAL POST-STRATIFIED CG OVERALL FULL SAMPLE WEIGHT	5.38 - 1835.94	Weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT1	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 1	1.44 - 2921.82	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT2	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 2	1.53 - 4092.68	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT3	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 3	1.46 - 2184.28	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT4	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 4	1.77 - 2034.05	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT5	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 5	1.70 - 2228.70	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT6	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 6	1.48 - 2168.30	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT7	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 7	1.83 - 2485.75	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT8	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 8	1.39 - 4155.92	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT9	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 9	1.45 - 2397.45	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT10	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 10	2.00 - 2212.83	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT11	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 11	1.67 - 2928.76	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT12	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 12	1.77 - 3517.46	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT13	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 13	2.10 - 2388.25	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT14	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 14	1.54 - 3592.25	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT15	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 15	1.59 - 2002.17	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT16	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 16	1.56 - 2328.11	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT17	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 17	1.86 - 1890.00	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT18	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 18	1.80 - 2121.38	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT19	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 19	1.83 - 3200.16	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT20	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 20	1.44 - 2651.70	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT21	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 21	1.56 - 4066.45	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT22	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 22	1.63 - 2562.24	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT23	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 23	1.42 - 2609.56	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT24	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 24	1.77 - 2301.91	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT25	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 25	1.76 - 3427.81	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT26	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 26	1.41 - 2770.02	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT27	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 27	1.68 - 2035.40	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT28	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 28	1.66 - 2272.05	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT29	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 29	1.38 - 2395.93	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT30	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 30	1.80 - 2572.13	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT31	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 31	1.63 - 3617.32	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT32	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 32	1.69 - 2363.10	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT33	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 33	1.41 - 3598.35	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT34	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 34	1.79 - 2715.13	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT35	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 35	1.58 - 2279.63	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT36	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 36	1.56 - 2136.14	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT37	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 37	1.97 - 2197.74	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT38	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 38	1.38 - 2304.66	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT39	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 39	1.54 - 3370.77	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT40	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 40	1.40 - 2899.55	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT41	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 41	1.50 - 2362.01	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT42	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 42	1.69 - 2059.44	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT43	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 43	1.58 - 3909.14	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT44	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 44	1.99 - 2654.56	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT45	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 45	1.83 - 3063.31	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT46	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 46	1.62 - 3162.94	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT47	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 47	1.89 - 1924.05	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT48	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 48	1.53 - 2128.17	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT49	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 49	1.91 - 2358.98	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT50	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 50	1.54 - 2515.03	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT51	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 51	1.67 - 2403.50	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT52	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 52	1.63 - 3433.15	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT53	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 53	1.35 - 3088.59	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT54	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 54	1.73 - 2902.59	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT55	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 55	1.72 - 2174.21	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT56	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 56	1.77 - 2067.89	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT57	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 57	1.70 - 2705.17	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT58	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 58	1.65 - 4016.14	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT59	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 59	1.82 - 2385.50	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT60	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 60	1.47 - 2399.52	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT61	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 61	1.60 - 2210.91	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT62	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 62	1.72 - 1966.30	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT63	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 63	1.36 - 2808.84	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>
PSTOTWGT64	FINAL POST-STRATIFIED CG OVERALL REPLICATE WEIGHT: REPLICATE 64	1.72 - 3365.47	Replicate weight range	1,793	223,475
				<b>1,793</b>	<b>223,475</b>

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	4	526
		1	1 Medical Condition	17	2,105
		2	2 Medical Conditions	37	4,590
		3	3 Medical Conditions	85	11,079
		4	4 Medical Conditions	157	19,273
		5	5 Medical Conditions	158	20,669
		6	6 Medical Conditions	229	28,611
		7	7 Medical Conditions	222	24,975
		8	8 Medical Conditions	218	26,983
		9	9 Medical Conditions	217	30,837
		10	10 Medical Conditions	173	21,100
		11	11 Medical Conditions	117	14,016
		12	12 Medical Conditions	75	9,599
		13	13 Medical Conditions	43	4,531
		14	14 Medical Conditions	25	2,922
		15	15 Medical Conditions	12	963
		16	16 Medical Conditions	2	553
		17	17 Medical Conditions	2	142
				<b>1,793</b>	<b>223,475</b>