

b1pd1

GIVEN PERSONAL CARE TO OTHERS (12 MOS)

Pre-question: Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends or relatives.

Question: During the last 12 months have you, yourself, GIVEN personal care for a period of one month or more to a family member or friend because of a physical or mental condition, illness, or disability?

Value	Label	Frequency
1	YES	629
2	NO	4330
7	DON'T KNOW	3
8	REFUSED	1

Range of valid values: 1-2

Valid	Invalid
4959	4

Forward: IF b1pd1 = YES, GO TO b1pd2. IF b1pd1 = NO, DK, OR REFUSED, GO TO b1pd17.

b1pd2

TO WHOM CARE GIVEN MOST

Question: To whom did you give the MOST personal care?

Value	Label	Frequency
1	HUSBAND	75
2	WIFE	39
3	SON	37
4	DAUGHTER	37
5	FATHER	56
6	MOTHER	163
7	BROTHER	7
8	SISTER	20
9	GRANDFATHER	2
10	GRANDMOTHER	6
11	FATHER-IN-LAW	18
12	MOTHER-IN-LAW	38
13	OTHER (SPECIFY)	130
98	REFUSED	1
99	INAPP	4334

Range of valid values: 1-13

Valid	Invalid
628	4335

Forward: IF b1pd2 = OTHER, GO TO b1pd3. OTHERWISE GO TO b1pd4.

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd3

SEX OF CARE RECIPIENT

Question: Is this a male or a female?

Value	Label	Frequency
1	MALE	47
2	FEMALE	76
7	DON'T KNOW	7
9	INAPP	4833

Range of valid values: 1-2

Valid	Invalid
123	4840

Backward: (b1pd1 = 2, DK, OR REFUSED) OR (b1pd2 DOES NOT EQUAL 13)

b1pd4

CONDITION OF CARE RECIPIENT

Question: What condition, illness, or disability caused her/him to need personal care?

Value	Label	Frequency
1	CONDITION(S) GIVEN (SPECIFY)	620
2	NO SPECIFIC CONDITION	7
8	REFUSED	2
9	INAPP	4334

Range of valid values: 1-2

Valid	Invalid
627	4336

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd5m

MONTH STARTED GIVING CARE

Question: When did you start helping [him/her]? MONTH.

Value	Label	Frequency
1	JANUARY	64
2	FEBRUARY	46
3	MARCH	40
4	APRIL	41
5	MAY	36
6	JUNE	47
7	JULY	45
8	AUGUST	37
9	SEPTEMBER	33
10	OCTOBER	39

Value	Label	Frequency
11	NOVEMBER	33
12	DECEMBER	46
97	DON'T KNOW	122
99	INAPP	4334

Range of valid values: 1-12

Valid	Invalid
507	4456

Forward: IF b1pd5m = REFUSED, GO TO b1pd7.

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd5y

YEAR STARTED GIVING CARE

Question: When did you start helping [him/her]? YEAR.

Value	Label	Frequency
9997	DON'T KNOW	25
9999	INAPP	4334

Range of valid values: 1951-2004

Valid	Invalid	Min	Max	Mean	StdDev
604	4359	1951	2004	2000.478	6.193

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd7

STILL GIVING CARE

Question: Are you still helping [him/her]?

Value	Label	Frequency
1	YES	363
2	NO	264
7	DON'T KNOW	2
9	INAPP	4334

Range of valid values: 1-2

Valid	Invalid
627	4336

Forward: IF b1pd7 = YES, OR DK, OR REFUSED, GO TO b1pd9. IF b1pd7 = NO, GO TO b1pd8a.

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd8a

STOPPED GIVING CARE REASON ONE

Question: Why are you no longer helping? Is it because she no longer needs care, someone else is helping her/him, she is deceased, or for some other reason? FIRST RESPONSE.

Value	Label	Frequency
1	SHE NO LONGER NEEDS CARE	91
2	SOMEONE ELSE IS HELPING	30
3	THIS PERSON IS DECEASED	119
4	SOME OTHER REASON (SPECIFY)	24
9	INAPP	4699

Range of valid values: 1-4

Valid	Invalid
264	4699

Backward: (b1pd1 = 2, DK, OR REFUSED) OR (b1pd7 = 1, DK, OR REFUSED)

b1pd8b

STOPPED GIVING CARE REASON TWO

Question: Why are you no longer helping? Is it because she no longer needs care, someone else is helping her/him, she is deceased, or for some other reason? 2ND RESPONSE.

Value	Label	Frequency
1	SHE NO LONGER NEEDS CARE	1
2	SOMEONE ELSE IS HELPING	3
4	SOME OTHER REASON (SPECIFY)	1
9	INAPP	4958

Range of valid values: 1-4

Valid	Invalid
5	4958

Backward: (b1pd1 = 2, DK, OR REFUSED) OR (b1pd7 = 1, DK, OR REFUSED) OR (SKIP PATTERN b1pd8a-b1pd8b)

b1pd9

CARE RECIPIENT LIVES IN HOUSEHOLD

Question: [Does/Did] [he/she] live with you in your household during this period of giving care?

Value	Label	Frequency
1	YES	291
2	NO	311
3	SOME OF THE TIME	26
7	DON'T KNOW	1
9	INAPP	4334

Range of valid values: 1-3

Valid	Invalid
628	4335

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd10

GIVE CARE BATHE/DRESS/EAT/BATHROOM

Question:

Because of [his/her] limitations [do/did] you provide [him/her] personal help with bathing, dressing, eating or going to the bathroom?

Value	Label	Frequency
1	YES	340
2	NO	287
7	DON'T KNOW	1
8	REFUSED	1
9	INAPP	4334

Range of valid values: 1-2

Valid	Invalid
627	4336

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd11

GIVE CARE GETTING AROUND INSIDE/OUTSIDE

Question: Because of [his/her] limitations [do/did] you provide [him/her] getting around inside the house or going outside?

Value	Label	Frequency
1	YES	391
2	NO	236
7	DON'T KNOW	1
8	REFUSED	1
9	INAPP	4334

Range of valid values: 1-2

Valid	Invalid
627	4336

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd12

GIVE CARE SHOP/COOK/HOUSEWORK/LAUNDRY

Question: Because of [his/her] limitations [do/did] you provide [him/her] shopping, cooking, housework or laundry?

Value	Label	Frequency
1	YES	508
2	NO	120
7	DON'T KNOW	1
9	INAPP	4334

Range of valid values: 1-2

Valid	Invalid
628	4335

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd13

GIVE CARE MONEY/PHONE/MEDICATIONS

Question: Because of [his/her] limitations [do/did] you provide [him/her] managing money, making phone calls, or taking medications?

Value	Label	Frequency
1	YES	449
2	NO	179
7	DON'T KNOW	1
9	INAPP	4334

Range of valid values: 1-2

Valid	Invalid
628	4335

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd14

NUMBER WEEKS GIVEN CARE (12 MOS)

Question: In how many different weeks during the past 12 months did you give personal care to her/him?

Value	Label	Frequency
97	DON'T KNOW	24
99	INAPP	4334

Range of valid values: 0-52

Valid	Invalid	Min	Max	Mean	StdDev
605	4358	0	52	26.302	20.271

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd15

WEEKLY HOURS GIVEN CARE (12 MOS)

Question: During those weeks, about how many hours per week, on the average, did you help [him/her]?

Value	Label	Frequency
96	96 OR MORE HOURS	35
97	DON'T KNOW	56
98	REFUSED	1
99	INAPP	4334

Range of valid values: 0-96

Valid	Invalid	Min	Max
572	4391	0	96

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd16

EVER GIVEN CARE BEFORE

Question:

Before beginning the period of providing personal care you have just described, had you EVER GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

Value	Label	Frequency
1	YES	236
2	NO	393
9	INAPP	4334

Range of valid values: 1-2

Valid	Invalid
629	4334

Forward: IF b1pd16 = YES, GO TO b1pd17. IF b1pd16 = NO GO TO b1pd19n. IF b1pd16 = DK OF REFUSED, GO TO b1pd18.

Backward: (b1pd1 = 2, DK, OR REFUSED)

b1pd17

EVER GIVEN CARE BEFORE FOR 1+ MONTHS

Question: Have you EVER given personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

Value	Label	Frequency
1	YES	1056
2	NO	3273
7	DON'T KNOW	4
8	REFUSED	1
9	INAPP	629

Range of valid values: 1-2

Valid	Invalid
4329	634

Forward: IF b1pd17 = YES, GO TO b1pd18. IF b1pd17 = NO, DK, OR REFUSED, GO TO b1pd20.

Backward: (b1pd16 = 1, 2, DK, OR REFUSED)

b1pd18

NUMBER TIMES GIVEN PERSONAL CARE IN LIFE

Question: How many different times during your life has this type of personal caregiving for one month or more occurred?

Value	Label	Frequency
997	DON'T KNOW	38
999	INAPP	3671

Range of valid values: 1-500

Valid	Invalid	Min	Max	Mean	StdDev
1254	3709	1	500	2.752	14.893

Backward: (b1pd16 = 2, DK, OR REFUSED) OR (b1pd17 = 2, DK, OR REFUSED)

b1pd19n

TOTAL TIME GIVEN CARE (NUMBER)

About how many months or years altogether during your life have you provided personal care
Question: for one month or more to a family member or friend because of a long-term physical or mental condition, illness, or disability? MEASURE OF TIME.

Value	Label	Frequency
97	DON'T KNOW	50
99	INAPP	3278

Range of valid values: 0-96

Valid	Invalid	Min	Max	Mean	StdDev
1635	3328	0	96	6.551	8.262

Backward: (b1pd17 = 2, DK, OR REFUSED)

b1pd19m

TOTAL TIME GIVEN CARE (YEARS, MONTHS)

About how many months or years altogether during your life have you provided personal care
Question: for one month or more to a family member or friend because of a long-term physical or mental condition, illness, or disability? UNIT OF TIME.

Value	Label	Frequency
1	MONTHS	792
2	YEARS	778
9	INAPP	3393

Range of valid values: 1-2

Valid	Invalid
1570	3393

Backward: (b1pd17 = 2, DK, OR REFUSED) OR (b1pd19n = 0, DK, OR REFUSED)

b1pd20

GRANDPARENT

Question: Are you a grandparent? That is, do any of your children have a biological, adopted, step, or foster child?

Value	Label	Frequency
1	YES	2298
2	NO	2646
7	DON'T KNOW	17
8	REFUSED	2

Range of valid values: 1-2

Valid	Invalid
4944	19

Forward: IF b1pd20 = YES, GO TO b1pd21. IF b1pd20 = NO, DK, OR REFUSED, GO TO b1pe1.

b1pd21

GIVEN CARE TO GRANDCHILDREN

For various reasons, grandparents sometimes take on a major responsibility for raising a grandchild.

Question: Have you ever had major responsibility for [your grandchild/any of your grandchildren] for six months or more?

Value	Label	Frequency
1	YES	320
2	NO	1978
9	INAPP	2665

Range of valid values: 1-2

Valid	Invalid
2298	2665

Forward: IF b1pd21 = YES, GO TO b1pd22. IF b1pd21 = NO, DK, OR REFUSED, GO TO b1pe1.

Backward: (b1pd20 = 2, DK, OR REFUSED)

b1pd22

NUMBER YRS RESPONSIBLE FOR GRANDCHILDREN

Question: About how many years altogether have you had major responsibility for [your grandchild/any of your grandchildren]?

Value	Label	Frequency
97	DON'T KNOW	6
99	INAPP	4643

Range of valid values: 0-30

Valid	Invalid	Min	Max	Mean	StdDev
314	4649	0	30	4.968	5.334

Backward: (b1pd20 = 2, DK, OR REFUSED) OR (b1pd21 = 2, DK, OR REFUSED)