A10B1_AMN_10B1_1 What is the amount of the Medicare Supplement Policy premium that [SAMPNAME] pays? AMOUNT
A10B1_AMN_10B1_2 What is the amount of the Medicare Supplement Policy premium that [SAMPNAME] pays? Payment Per:
A10B1_AMN_10B1SP Specify: _____________________
A5B01_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B01_INS_5B01 What is the name of this plan?
A5B02_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B02_INS_5B02 What is the name of this plan?
A5B03_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B03_INS_5B03 What is the name of this plan?
A5B04_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B04_INS_5B04 What is the name of this plan?
A5B05_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B05_INS_5B05 What is the name of this plan?
A5B06_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B06_INS_5B06 What is the name of this plan?
A5B07_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B07_INS_5B07 What is the name of this plan?
A5B08_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B08_INS_5B08 What is the name of this plan?
A5B09_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B09_INS_5B09 What is the name of this plan?
A5B10_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B10_INS_5B10 What is the name of this plan?
A5B11_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B11_INS_5B11 What is the name of this plan?
A5B12_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B12_INS_5B12 What is the name of this plan?
A5B13_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B13_INS_5B13 What is the name of this plan?
A5B14_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B14_INS_5B14 What is the name of this plan?
A5B15_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B15_INS_5B15 What is the name of this plan?
A5B16_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B16_INS_5B16 What is the name of this plan?
A5B17_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B17_INS_5B17 What is the name of this plan?
A5B18_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B18_INS_5B18 What is the name of this plan?
A5B19_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B19_INS_5B19 What is the name of this plan?
A5B20_A (Do you/Does) [SAMPNAME] have any more health insurance plans?
A5B20_INS_5B20 What is the name of this plan?
ACS_1 (Do you/Does) [SAMPNAME] currently drink any kind of alcoholic beverages, such as beer, wine, or liquor?
ACS_2 How often (do you/does) [SAMPNAME] drink any alcoholic beverages, such as beer, wine, or liquor?
ACS_3 On the days that (you)/[SAMPNAME] (drink/drinks), how many drinks (do you/does) [SAMPNAME] have on the average, per day?
ACS_4A (Have you/Has) [SAMPNAME] smoked at least 100 cigarettes in (your/his/her) entire life?
ACS_4B How old (were you/was) [SAMPNAME] when (you/he/she) first started smoking cigarettes fairly regularly?
ACS_4C (Do you/Does) [SAMPNAME] now smoke cigarettes every day, some days, or not at all?
ACS_5_T1 On the average, how many cigarettes (do you/does) [SAMPNAME] usually smoke in a day?
ACS_5B (Approximately) how old (were you/was) [SAMPNAME] when (you/he/she) quit?
ACS_5CT1 When (you)/[SAMPNAME] smoked regularly, on the average, how many cigarettes did (you/he/she) usually smoke in a day?
ACS_5D On how many of the past 30 days did (you)/[SAMPNAME] smoke cigarettes?
ACS_5E On the average, on those [ACS_5D] days, how many cigarettes did (you)/[SAMPNAME] smoke?
ACS_COMPLETE ACS COMPLETION CHECK
ACSPROXY IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING T
ADL_10B_I You said that (you)/[SAMPNAME] has had help in (CAPI fills ALL items equal to 1 from ADL_CK4). Who regularly helps with
ADL_10D Who helps (you)/[SAMPNAME] the most with (CAPI fills all ADL items equal to 1 from ADL_CK4)?
ADL_1A During the past week, that is, since last (FILL day), did any person help (you)/[SAMPNAME] eat?
ADL_1B Did (you)/[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?
ADL_1C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?
ADL_1D Did someone feed (you)/[SAMPNAME]?
ADL_1E Did someone help (you)/[SAMPNAME] cut meat or butter bread?
ADL_1F Did (you)/[SAMPNAME] also use special utensils or special dishes to help (you/him/her) eat?
ADL_1G How often did (you)/[SAMPNAME] receive help or use special utensils or special dishes-most of the time, some of the time, or o
ADL_1H About how long (have you/has) [SAMPNAME] had help eating or used special dishes or special utensils?
ADL_1I About how long (have you/has)/[SAMPNAME] not eaten?
ADL_2A Since last (FILL day), did any person help (you)/[SAMPNAME] get in or out of bed (or didn't (you/he/she) get out of bed at all for ADL_2B Did (you)/[SAMPNAME] use special equipment like a wheelchair, walker, or cane to help (you/him/her) to get in or out of bed?
ADL_2C Did someone usually stay nearby (you)/[SAMPNAME] just in case (you/he/she) might need help?
ADL_2D Did someone actually LIFT (you)/[SAMPNAME] in or out of bed?
ADL_2E Did (you)/[SAMPNAME] also use special equipment like a wheelchair, railing, walker, or cane to help (you/him/her) to get out of bed?
ADL_2F_1 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Wheelchair
ADL_2F_2 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Railing
ADL_2F_3 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Walker
ADL_2F_4 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Cane
ADL_2F_5 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Crutches
ADL_2F_6 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Lift
ADL_2F_7 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Other Device - Specify
ADL_2F_8 Specify device
ADL_2F_DK What kind of special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW
ADL_2F_RF What kind of special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
ADL_2G Since last week, how often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, 
ADL_2H About how long (have you/has) [SAMPNAME] had help or used special equipment to get in or out of bed?
ADL_2I About how long (have you/has) [SAMPNAME] been unable to get out of bed?
ADL_3A Since last (FILL current system day) did any person help (you)/[SAMPNAME] get around inside or didn't (you/he/her) get around?
ADL_3B Did (you)/[SAMPNAME] use special equipment like a wheelchair, cane, or other device to help (you/him/her) get around inside?
ADL_3C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need some help?
ADL_3D Did (you)/[SAMPNAME] also use special equipment like a wheelchair, cane, other device to help (you/him/her) get around inside?
ADL_3E Did (you)/[SAMPNAME] use a wheelchair?
ADL_3F (Are you/is) [SAMPNAME] able to get around inside at all without the wheelchair?
ADL_3G_DK Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? DON'T KNOW
ADL_3G_RF Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? REFUSED
ADL_3G01 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Railing
ADL_3G02 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Walker
ADL_3G03 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Cane
ADL_3G04 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Crutches
ADL_3G05 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Elevator/escalator
ADL_3G06 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Orthopedic shoes
ADL_3G07 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Brace (leg or back)
ADL_3G08 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Prosthesis
ADL_3G09 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Oxygen/respirator
ADL_3G10 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Furniture/walls
ADL_3G11 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Chairlift on stairs
ADL_3G12 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Other device - Specify
ADL_3G13 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? None
ADL_3G14 Besides a wheelchair, what other kind of special equipment did (you)/[SAMPNAME] use? Specify
ADL_3H How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally
ADL_3I About how long (have you/has) [SAMPNAME] had help or used special equipment to get around inside?
ADL_3J About how long (have you/has) [SAMPNAME] been unable to get around inside?
ADL_4A Since last (FILL day), did any person usually help (you)/[SAMPNAME] to get dressed or didn't (you/he/she) get dressed at all?
ADL_4B Did (you)/[SAMPNAME] wear special clothing or use special equipment to help (you/him/her) get dressed?
ADL_4C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?
ADL_4D Did someone put on all (your)/[SAMPNAME] clothes for him/her?
ADL_4E Did someone also use special equipment to help (you)/[SAMPNAME] dress or use special clothing?
ADL_4F How often did (you)/[SAMPNAME] receive help or use special equipment or clothing - most of the time, some of the time, or only occasionally
ADL_4G About how long (have you/has) [SAMPNAME] had help dressing or used special equipment or clothing?
ADL_4H During the past week, did someone help (you)/[SAMPNAME] change (your/his/her) pajamas or gown?
ADL_4I About how long (have you/has) [SAMPNAME] been unable to dress?
ADL_5A Since last (FILL day), did any person help (you)/[SAMPNAME] bathe, or (were/was) (you/he/she) unable to bathe at all?
ADL_5B Did (you)/[SAMPNAME] use special equipment like a shower seat, tub stool or grab bar to help (you/him/her) bathe?
ADL_5C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help?
ADL_5D Did someone bathe (you)/ [SAMPNAME]?
ADL_5E Did someone help (you)/[SAMPNAME] get into or out of the bathtub or shower?
ADL_5F Did (you)/[SAMPNAME] also use special equipment like a shower seat, tub stool, or grab bars to help (you/him/her) bathe?
ADL_5G_1 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Shower seat/tub stool
ADL_5G_2 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Grab bars/handle bars at sink
ADL_5G_3 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Hand-held shower
ADL_5G_4 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Walker/cane
ADL_5G_5 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Rubber mat
ADL_5G_6 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Other device - Specify
ADL_5G_7 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? - Specify
ADL_5G_DK What kind of special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW
ADL_5G_RF What kind of special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
ADL_5H How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasionally
ADL_5i About how long (have you/has) [SAMPNAME] had help or used special equipment to bathe?
ADL_5J Did (you)/[SAMPNAME] wash (your/his/her) body at a sink or basin?
ADL_5K During the past week, did (you)/[SAMPNAME] have a bed bath?
ADL_5L About how long (have you/has) [SAMPNAME] been unable to bathe?
ADL_6A Since last (FILL day), did an (you) help (you)/[SAMPNAME] get to the bathroom or use the toilet, or didn’t (you/he/she) use the toilet?
ADL_6B Did (you)/[SAMPNAME] use special equipment like a raised toilet, bedside commode, or grab bar to help (you/him/her) use the toilet?
ADL_6C Did someone usually stay nearby just in case (you)/[SAMPNAME] might need help to use the toilet?
ADL_6D Did someone usually help (you)/[SAMPNAME] get to the toilet?
ADL_6E Did (you)/[SAMPNAME] to get on or off the toilet, arrange (your/his/her) clothes, or clean (you/him/her)?
ADL_6F Did (you)/[SAMPNAME] also use special equipment like a raised toilet, bedside commode, or grab bar to help (you/him/her) use the toilet?
ADL_6G_1 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Raised toilet
ADL_6G_2 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Portable toilet/bedside commode
ADL_6G_3 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Rail/grab bar
ADL_6G_4 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Bedpan or urinal
ADL_6G_5 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Cane/walker
ADL_6G_6 What kind of special equipment did (you)/[SAMPNAME] use? Anything else? Specify other device
ADL_6G_DK What kind of special equipment did (you)/[SAMPNAME] use? Anything else? DON’T KNOW
ADL_6G_RF What kind of special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
ADL_6H Did (you)/[SAMPNAME] take care of (your/his/her) toilet needs by using any OTHER special equipment like a bedpan, portable toilet, bedside commode?
ADL_6I_1 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Bed pan
ADL_6I_2 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Portable toilet/bedside commode
ADL_6I_3 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Special underwear/diapers
ADL_6I_4 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify other device
ADL_6I_5 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify
ADL_6I_DK What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? DON’T KNOW
ADL_6I_RF What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
ADL_6J How often did (you)/[SAMPNAME] receive help or use special equipment - most of the time, some of the time, or only occasiona
ADL_6K About how long (have you/has) [SAMPNAME] had help using the toilet or used special equipment?
ADL_6L Did (you)/[SAMPNAME] take care of (your/his/her) toilet needs by using any OTHER special equipment like a bedpan, portable toilet, bedside commode?
ADL_6M_1 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Bed pan
ADL_6M_2 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Portable toilet/bedside commode
ADL_6M_3 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Special underwear/diapers
ADL_6M_4 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Catheter
ADL_6M_5 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify other device
ADL_6M_6 What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? Specify
ADL_6M_DK What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? DON'T KNOW
ADL_6M_RF What OTHER special equipment did (you)/[SAMPNAME] use? Anything else? REFUSED
ADL_6N About how long (have you/has) [SAMPNAME] been unable to use the toilet?
ADL_6O (Do you/Does) [SAMPNAME] use a device such as a urinary catheter or a colostomy bag?
ADL_6P (Do you/Does) [SAMPNAME] take care of it by (yourself/himself/herself) OR does someone help (you/him/her) to take care of it?
ADL_6Q About how long (have you/has) [SAMPNAME] been using it?
ADL_6R During the past week, (have you/has) [SAMPNAME] sometimes had trouble controlling (your/his/her) bladder or bowels so that (ADL)
ADL_6S Does someone help (you)/[SAMPNAME] clean up OR (do you/does) (he/she) take care of it by (yourself/himself/herself)?
ADL_6T About how long (have you/has) [SAMPNAME] had this problem?
ADL_7A You said that (you)/[SAMPNAME] didn't get any help during the past week with: (FILL with ADL item(s) which not equal to 1). Di
ADL_7B_1 For which of these things did someone usually stay nearby? Anything else? Eating
ADL_7B_2 For which of these things did someone usually stay nearby? Anything else? Getting in/out of bed
ADL_7B_4 For which of these things did someone usually stay nearby? Anything else? Getting around inside
ADL_7B_7 For which of these things did someone usually stay nearby? Anything else? Dressing
ADL_7B_8 For which of these things did someone usually stay nearby? Anything else? Bathing
ADL_7B_9 For which of these things did someone usually stay nearby? Anything else? Getting to the bathroom or using the toilet
ADL_7B_DK For which of these things did someone usually stay nearby? Anything else? DON'T KNOW
ADL_7B_RF For which of these things did someone usually stay nearby? Anything else? REFUSED
ADL_7C About how long (have you/has) [SAMPNAME] had someone stay nearby just in case (you/he/she) might need help with any of t
ADL_8A_1 (Do you/Does) [SAMPNAME] NEED help with: Eating
ADL_8A_2 (Do you/Does) [SAMPNAME] NEED help with: Getting in/out of bed
ADL_8A_4 (Do you/Does) [SAMPNAME] NEED help with: Getting around inside
ADL_8A_7 (Do you/Does) [SAMPNAME] NEED help with: Dressing
ADL_8A_8 (Do you/Does) [SAMPNAME] NEED help with: Bathing
ADL_8A_9 (Do you/Does) [SAMPNAME] NEED help with: Getting to the bathroom or using the toilet
ADL_9A_0 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait l
ADL_9A_1 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait l
ADL_9A_2 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait l
ADL_9A_4 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait l
ADL_9A_7 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait l
ADL_9A_8 Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait l
ADL_9A_9 Could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to wait to do or did (you/he/sh...
Which of these things could (you/he/she) have used more help with? OR Which of these things did (you/he/she) have to work more on?

How often did this happen in the past week—often, sometimes or almost never?

ADL_BED ACTIVITIES OF DAILY LIVING - BED
ADL_BTH ACTIVITIES OF DAILY LIVING - BATH
ADL_CK3 CAPI: Refer to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI. Are all six ADL variables = 1?
ADL_CK4 CAPI: Refer to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI. Are all six ADL variables = 1?
ADL_CK5 CAPI: Was the Sample Person helped by another person in any ADL item? Refer to ADL_1A, ADL_1C, ADL_7B, ADL_2A, ADL_2C, ADL_2E, ADL_2G, ADL_2I, ADL_2K, ADL_2M, ADL_2O, ADL_2Q, ADL_2S, ADL_2U, ADL_2X, ADL_2Z

ADL_COMPLETE CAPI: If 50% of the below listed variables do not contain D, R, or -5, then the module is complete. ADL_1A, ADL_2A, ADL_DRS ACTIVITIES OF DAILY LIVING - DRESSING
ADL_EAT ACTIVITIES OF DAILY LIVING - EATING
ADL_IBD ACTIVITIES OF DAILY LIVING - BEDFAST
ADL_INS ACTIVITIES OF DAILY LIVING - INSIDE ACTIVITY
ADL_NAR ACTIVITIES OF DAILY LIVING - NO INSIDE ACTIVITY
ADL_TOI ACTIVITIES OF DAILY LIVING - TOILETING
ADL_WHL ACTIVITIES OF DAILY LIVING - WHEELCHAIR

ADLFLG02 Spouse Helped with ADL
ADLFLG03 Helper 3 Helped with ADL
ADLFLG04 Helper 4 Helped with ADL
ADLFLG05 Helper 5 Helped with ADL
ADLFLG06 Helper 6 Helped with ADL
ADLFLG07 Helper 7 Helped with ADL
ADLFLG08 Helper 8 Helped with ADL
ADLFLG09 Helper 9 Helped with ADL
ADLFLG10 Helper 10 Helped with ADL
ADLFLG11 Helper 11 Helped with ADL
ADLFLG12 Helper 12 Helped with ADL
ADLFLG13 Helper 13 Helped with ADL
ADLFLG14 Helper 14 Helped with ADL
ADLFLG15 Helper 15 Helped with ADL
ADLFLG16 Helper 16 Helped with ADL
ADLFLG17 Helper 17 Helped with ADL
ADLFLG18 Helper 18 Helped with ADL
ADLFLG19 Helper 19 Helped with ADL
ADLFLG20 Helper 20 Helped with ADL
ADLPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING
AGE_GROUP 5 year age cohorts: 1=65-69 2=70-74 3=75-79 4=80-84 5=85-89 6=90-94 7=95-99 8=100-104 9=105+
AKH_1 Are you paid to help [SAMPLENAME]?
AKH_6A Can [SAMPLENAME] be left at home without anyone else present?
AKH_6B_H_R How many hours at a time, on the average, can [SAMPLENAME] be left at home with no one else present?
AKH_6C Can [SAMPLENAME] be left alone in a room as long as someone else is at home?
AKH_6D_H_R How many hours at a time, on the average, can [SAMPLENAME] be left alone in a room?
AKH_7A Is your sleep ever interrupted because you have to take care of [SAMPLENAME]?
AKH_7B About how many times in an average week is your sleep interrupted because you have to take care of [SAMPLENAME]?
AKH_8_A I have to take care of [SAMPLENAME] when I don't feel well enough. TRUE or FALSE?
AKH_8_B [SAMPLENAME] needs special medical care that I cannot give. TRUE or FALSE?
AKH_8_C Taking care of [SAMPLENAME] is hard on me emotionally. TRUE or FALSE?
AKH_8_D This time, please tell me if the statement is TRUE, FALSE, or DOES NOT APPLY. Lifting or moving [SAMPLENAME] is difficult. In the past week, did you - Help [SAMPLENAME] walk around inside or get around inside with a wheelchair or similar device?
AKH_AD_A In the past week, did you - Help [SAMPLENAME] eat?
AKH_AD_B In the past week, did you - Help [SAMPLENAME] get in or out of bed?
AKH_AD_C In the past week, did you - Help [SAMPLENAME] get dressed - by getting and putting on the clothes [he/she] wears during the day?
AKH_AD_D In the past week, did you - Help [SAMPLENAME] eat?
AKH_AD_E In the past week, did you - Give [SAMPLENAME] shots or injections?
AKH_AD_F In the past week, did you - Give [SAMPLENAME] medicine, pills, or change (his/her) bandages?
AKH_AT_A On the days that you helped, how many times per day, on the average, did you - Help [SAMPLENAME] walk around inside or get around inside with a wheelchair or similar device?
AKH_AT_B On the days that you helped, how many times per day, on the average, did you - Help [SAMPLENAME] eat?
AKH_AT_C On the days that you helped, how many times per day, on the average, did you - Help [SAMPLENAME] get in or out of bed?
AKH_AT_D On the days that you helped, how many times per day, on the average, did you - Help [SAMPLENAME] get dressed - by getting and putting on the clothes [he/she] wears during the day?
AKH_AT_E On the days that you helped, how many times per day, on the average, did you - Give [SAMPLENAME] shots or injections?
AKH_AT_F On the days that you helped, how many times per day, on the average, did you - Give [SAMPLENAME] medicine, pills, or change (his/her) bandages?
AKH_BOT1 Does helping [SAMPLENAME] (CAPI fills any of the four activities in question 5 [AKH_TO]) ever bother you?
AKH_BOT2 How much does it bother you?
AKH_BTH1 In the past week, that is since last [day], did you help [SAMPLENAME] bathe by helping (him/her) get into or out of the bathtub?
AKH_BTH2 How many times in the past week did you help [SAMPLENAME] bathe?
AKH_BTH3 Did you actually bathe [SAMPLENAME]?
AKH_CKAD CAPI: If "Yes" was answered to any part (A thru F) of the question above, ask only the relevant parts of the question below.
AKH_CKID CAPI: If "Yes" was answered to any part (A thru I) of the question above, ask only the relevant parts of the question below.
AKH_CKTO CAPI: If "Yes" was answered to any Part (A thru D) of the question above, ask only the relevant parts of the question below.

AKH_GEN On average, about how many hours do you spend helping [SAMPLE NAME] in a typical week?

AKH_ID_A In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Preparing special foods or fixing e:

AKH_ID_B In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Managing [SAMPNAME]'s money.

AKH_ID_C In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Making telephone calls for [SAMPNAME].

AKH_ID_D In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Doing things such as cooking, cleaning, shopping.

AKH_ID_E In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Doing [SAM

AKH_ID_F In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Shopping for [SAMPNAME]'s groceries.

AKH_ID_G In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Doing other small errands for [SA

AKH_ID_H In the past week, that is since last [day], did you, BECAUSE OF [SAMPLE NAME]'s DISABILITY, help (him/her) by - Helping [SA

AKH_ID_I In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Preparing special foods or fixing e:

AKH_ID_J In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Managing [SAMPNAME]'s money.

AKH_ID_K In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Making telephone calls for [SAMPNAME].

AKH_ID_L In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Doing things such as cooking, cleaning, shopping.

AKH_ID_M In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Doing other small errands for [SA

AKH_ID_N In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_O In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_P In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_Q In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_R In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_S In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_T In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_U In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_V In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_W In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_X In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_Y In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

AKH_ID_Z In the past week, that is since last [day], how many times did you help [SAMPLE NAME] by - Helping [SAMPNAME] get around in the house, such as using the toilet.

IT_A In the past week, that is since last [day], did you help [SAMPLE PERSON] With a bed pan?

IT_B In the past week, that is since last [day], did you help [SAMPLE PERSON] With a catheter or colostomy bag?

IT_C In the past week, that is since last [day], did you help [SAMPLE PERSON] With a bed pan?

IT_D On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

IT_E On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

IT_F On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

IT_G On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_B On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_C On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_D On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_E On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_F On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_G On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_H On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_I On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_J On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_K On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_L On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_M On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_N On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_O On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_P On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?

TT_Q On the days that you helped, how many times per day, on the average, did you help [SAMPLE PERSON] - With a bed pan?
AMN_10C1 (Excluding any Medicare Supplement Policy), does [SAMPNAME] have a long-term care policy that covers nursing home care?

AMN_10C2 Does [SAMPNAME] pay for the policy or does an employer, a former employer, or some other group pay, or both?

AMN_10C3 Does [SAMPNAME] pay ongoing premiums or is this coverage part of another form of insurance?

AMN_10D1 What is the amount of the premium that [SAMPNAME] pays? AMOUNT

AMN_10D1SP What is the amount of the premium that [SAMPNAME] pays? PER PERIOD - OTHER, SPECIFY

AMN_10D2 What is the amount of the premium that [SAMPNAME] pays? PER PERIOD

AMN_11 In addition to Medicare and Medicaid, is [SAMPNAME] now covered by a private health insurance plan or an HMO which pays ε

AMN_2_1 Just before [SAMPNAME] was admitted to (FILL institution), what type of place was [SAMPNAME] living in?

AMN_3A Not counting this time, in the last four years, how many times has [SAMPNAME] been a patient in a nursing or convalescent home?

AMN_3B11 When was [SAMPNAME] admitted (that time/the last time)? MONTH 1ST PRIOR ADMISSION

AMN_3B12 When was [SAMPNAME] admitted (that time/the last time)? YEAR 1ST PRIOR ADMISSION

AMN_3B21 When was [SAMPNAME] admitted the time before that? MONTH 2ND PRIOR ADMISSION

AMN_3B22 When was [SAMPNAME] admitted the time before that? YEAR 2ND PRIOR ADMISSION

AMN_3B31 When was [SAMPNAME] admitted the time before that? MONTH 3RD PRIOR ADMISSION

AMN_3B32 When was [SAMPNAME] admitted the time before that? YEAR 3RD PRIOR ADMISSION

AMN_3B41 When was [SAMPNAME] admitted the time before that? MONTH 4TH PRIOR ADMISSION

AMN_3B42 When was [SAMPNAME] admitted the time before that? YEAR 4TH PRIOR ADMISSION

AMN_4_2 Just before [SAMPNAME] was admitted to (FILL institution), what type of place was [SAMPNAME] living in? SPECIFY

AMN_4A In the last 12 months has [SAMPNAME] been a patient in a hospital overnight or longer?

AMN_4B How many times?

AMN_4C11 When was [SAMPNAME] admitted (that time/the last time)? MONTH 1ST PRIOR ADMISSION

AMN_4C12 When was [SAMPNAME] admitted (that time/the last time)? YEAR 1ST PRIOR ADMISSION

AMN_4C21 When was [SAMPNAME] admitted the time before that? MONTH 2ND PRIOR ADMISSION

AMN_4C22 When was [SAMPNAME] admitted the time before that? YEAR 2ND PRIOR ADMISSION

AMN_4C31 When was [SAMPNAME] admitted the time before that? MONTH 3RD PRIOR ADMISSION

AMN_4C32 When was [SAMPNAME] admitted the time before that? YEAR 3RD PRIOR ADMISSION

AMN_5A_DK At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A_RF At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A_SP At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A01_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A02_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A03_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A04_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was

AMN_5A05_R At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was
At the time of admission to the current institution, who was paying for [SAMPNAME]'s room, board and nursing care? Was...

Who paid the most?

Who is paying for [SAMPNAME]'s room, board, and nursing care now? DON'T KNOW
Who is paying for [SAMPNAME]'s room, board, and nursing care now? REFUSED
Who is paying for [SAMPNAME]'s room, board, and nursing care now? SPECIFY
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Sample person (including Social Security)
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Spouse
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Children
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Other Relatives
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Nonrelatives
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Private Insurance
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Medicare
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Medicaid
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Other Public Assistance
Who is paying for [SAMPNAME]'s room, board, and nursing care now? VA, TRICARE/CHAMPUS, CHAMPVA
Who is paying for [SAMPNAME]'s room, board, and nursing care now? Other-Specify
CAPI: Refer to AMN_6A01_R-AMN_6A11_R above. How many payers are marked in 4a (AMN_6A)?

What is the cost per month?

Who pays the most?

In what month and year did Medicaid begin paying these charges? MONTH
In what month and year did Medicaid begin paying these charges? YEAR

Now I'd like to ask you about any health insurance which [SAMPNAME] has. Is [SAMPNAME] covered by any public assistance program?

What is the name of that program?

What is the name of this plan? PLAN 1
What is the name of this plan? PLAN 2
What is the name of this plan? PLAN 3
What is the name of this plan? PLAN 4
What is the name of this plan? PLAN 5
AMN_9B06 What is the name of this plan? PLAN 6
AMN_9B07 What is the name of this plan? PLAN 7
AMN_9B08 What is the name of this plan? PLAN 8
AMN_9B09 What is the name of this plan? PLAN 9
AMN_9B10 What is the name of this plan? PLAN 10
AMN_9B11 What is the name of this plan? PLAN 11
AMN_9B12 What is the name of this plan? PLAN 12
AMN_9B13 What is the name of this plan? PLAN 13
AMN_9B14 What is the name of this plan? PLAN 14
AMN_9B15 What is the name of this plan? PLAN 15
AMN_9B16 What is the name of this plan? PLAN 16
AMN_9B17 What is the name of this plan? PLAN 17
AMN_9B18 What is the name of this plan? PLAN 18
AMN_9B19 What is the name of this plan? PLAN 19
AMN_9B20 What is the name of this plan? PLAN 20
AMN_9C01 Is [AMN_9B1-20] an HMO? PLAN 1
AMN_9C02 Is [AMN_9B1-20] an HMO? PLAN 2
AMN_9C03 Is [AMN_9B1-20] an HMO? PLAN 3
AMN_9C04 Is [AMN_9B1-20] an HMO? PLAN 4
AMN_9C05 Is [AMN_9B1-20] an HMO? PLAN 5
AMN_9C06 Is [AMN_9B1-20] an HMO? PLAN 6
AMN_9C08 Is [AMN_9B1-20] an HMO? PLAN 8
AMN_9C09 Is [AMN_9B1-20] an HMO? PLAN 9
AMN_9C11 Is [AMN_9B1-20] an HMO? PLAN 11
AMN_9C14 Is [AMN_9B1-20] an HMO? PLAN 14
AMN_9C15 Is [AMN_9B1-20] an HMO? PLAN 15
AMN_9C16 Is [AMN_9B1-20] an HMO? PLAN 16
AMN_9C17 Is [AMN_9B1-20] an HMO? PLAN 17
AMN_9C18 Is [AMN_9B1-20] an HMO? PLAN 18
AMN_9C19 Is [AMN_9B1-20] an HMO? PLAN 19
AMN_9D01 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 1
AMN_9D02 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 2
AMN_9D03 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 3
AMN_9D04 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 4
AMN_9D05 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 5
AMN_9D06 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 6
AMN_9D07 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 7
AMN_9D08 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 8
AMN_9D09 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 9
AMN_9D10 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 10
AMN_9D11 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 11
AMN_9D12 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 12
AMN_9D13 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 13
AMN_9D14 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 14
AMN_9D15 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 15
AMN_9D16 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 16
AMN_9D17 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 17
AMN_9D18 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 18
AMN_9D19 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 19
AMN_9D20 Does [AMN_9B1-20] pay any part of hospital expenses? PLAN 20
AMN_9E01 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 1
AMN_9E02 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 2
AMN_9E03 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 3
AMN_9E04 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 4
AMN_9E05 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 5
AMN_9E06 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 6
AMN_9E07 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 7
AMN_9E08 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 8
AMN_9E09 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 9
AMN_9E10 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 10
AMN_9E11 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 11
AMN_9E12 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 12
AMN_9E13 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 13
AMN_9E14 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 14
AMN_9E15 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 15
AMN_9E16 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 16
AMN_9E17 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 17
AMN_9E18 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 18
AMN_9E19 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 19
AMN_9E20 Does [AMN_9B1-20] pay any part of doctors or surgeons bills for operations? PLAN 20
AMN_9F01 Does [SAMPNAME] have any more health insurance plans? PLAN 1
AMN_9F02 Does [SAMPNAME] have any more health insurance plans? PLAN 2
AMN_9F03 Does [SAMPNAME] have any more health insurance plans? PLAN 3
AMN_9F04 Does [SAMPNAME] have any more health insurance plans? PLAN 4
AMN_9F05 Does [SAMPNAME] have any more health insurance plans? PLAN 5
AMN_9F06 Does [SAMPNAME] have any more health insurance plans? PLAN 6
AMN_9F07 Does [SAMPNAME] have any more health insurance plans? PLAN 7
AMN_9F08 Does [SAMPNAME] have any more health insurance plans? PLAN 8
AMN_9F09 Does [SAMPNAME] have any more health insurance plans? PLAN 9
AMN_9F10 Does [SAMPNAME] have any more health insurance plans? PLAN 10
AMN_9F11 Does [SAMPNAME] have any more health insurance plans? PLAN 11
AMN_9F12 Does [SAMPNAME] have any more health insurance plans? PLAN 12
AMN_9F13 Does [SAMPNAME] have any more health insurance plans? PLAN 13
AMN_9F14 Does [SAMPNAME] have any more health insurance plans? PLAN 14
AMN_9F15 Does [SAMPNAME] have any more health insurance plans? PLAN 15
AMN_9F16 Does [SAMPNAME] have any more health insurance plans? PLAN 16
AMN_9F17 Does [SAMPNAME] have any more health insurance plans? PLAN 17
AMN_9F18 Does [SAMPNAME] have any more health insurance plans? PLAN 18
AMN_9F19 Does [SAMPNAME] have any more health insurance plans? PLAN 19
AMN_9F20 Does [SAMPNAME] have any more health insurance plans? PLAN 20
AMN_CK4 CAPI: Refer to AMN_5A01_R-AMN_5A11_R above. How many payers are marked in 3a (AMN_5A_R)?
AMN_CK5 CAPI: Refer to date of current admission in question 1 above. Was [SAMPNAME] admitted in the current date and month?
AMN_COMPLETE CAPI: If 50% of the below listed variables do not contain D, R, or -5, then the module is complete. AMN_3_I1 AMN_3_I2
AMN_WHO1_R Respondent's relationship to [SAMPNAME].
AMN_WHO2 Other relative-Specify
AMN_WHO3 Other Nonrelative-Specify
AMN2_WHO4 Respondent's relationship to sample person.
ANYCHILD How many living children, including natural, adopted, and step children (do you/does) [SAMPLENAME] have?
ANYINHH Other than (your)/[SAMPLENAME]s (FILL spouse), is there anyone who is living or staying here with (you/him/her) now?
BASEWGT Basic weight
BED_1_SP What kind of health care facility or institution is (FILL name of facility)? SPECIFY
BED_1TG_1 What kind of health care facility or institution is (FILL name of facility)? Hospital, other than SNF or ICF unit
BED_1TG_2 What kind of health care facility or institution is (FILL name of facility)? Skilled nursing facility (SNF)
BED_1TG_3 What kind of health care facility or institution is (FILL name of facility)? Intermediate care facility (ICF)
BED_1TG_4 What kind of health care facility or institution is (FILL name of facility)? Assisted Living Center
BED_1TG_5 What kind of health care facility or institution is (FILL name of facility)? Other (non-certified) nursing home
BED_1TG_6 What kind of health care facility or institution is (FILL name of facility)? Domiciliary or personal care facility
BED_1TG_7 What kind of health care facility or institution is (FILL name of facility)? Institution/facility for the mentally retarded/developmental
BED_1TG_8 What kind of health care facility or institution is (FILL name of facility)? Mental health center/facility
BED_1TG_9 What kind of health care facility or institution is (FILL name of facility)? Other-Specify below in BED_1_SP
BED_1TG_DK What kind of health care facility or institution is (FILL name of facility)? DON'T KNOW
BED_1TG_RF What kind of health care facility or institution is (FILL name of facility)? REFUSED
BED_2 What is the total number of beds regularly maintained for residents here?
BED_3A Is (FILL institution name) certified as a Medicare skilled nursing facility?
BED_3B Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?
BED_3C Is (FILL institution name) certified as a Medicaid skilled nursing facility?
BED_3D How many beds are certified as Medicaid skilled nursing facility beds?
BED_3E Is (FILL institution name) certified as a Medicaid Intermediate care facility?
BED_3F How many are certified as Medicaid Intermediate care facility beds?
BED_3G How many beds are NOT certified under either Medicare or Medicaid?
BED_COMPLETE CAPI: If 50% of the below listed variables do not contain D, R, or -5, then the module is complete. BED_1TG_DK OR BED_WHO1_1 Respondents relationship to sample person.
BED_WHO1_2 Staff member - Specify
BYEAR SAMPLE PERSON BIRTH YEAR
CENSUS_CROSSWGT CENSUS BUREAU SCREENER CROSS-SECTIONAL WEIGHT
CG_COMPLETE CAPI: If less than 50% of the CRITICAL PATH variables are marked D, R, or -5, then the interview is complete.
CG_OPEN May I speak to [CGNAME]?
CG_OUTCOME CAREGIVER OUTCOME
CG_REASON CAREGIVER REASON
CG_SPCIFY Other, CAREGIVER REASON Specify
CG_TIME CAREGIVER INTERVIEW TIME HHMM (MILITARY FORMAT)
Recently, we mailed a letter explaining our survey. Did you receive the letter?

We have your full name listed as [CGNAME]. Is this correct?

Are you Spanish, Hispanic, or Latino?

Are you Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or some other Spanish, Hispanic, or Latin group?

What is the name of your other Spanish, Hispanic, or Latino group? OTHER - SPECIFY

WHITE - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

Black - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

American Indian or Alaska Native - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

Asian - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

Native Hawaiian or Other Pacific Islander - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

OTHER - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

DON'T KNOW - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

REFUSED - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Other - SPECIFY

Which of the following Asian categories are you? - ASIAN INDIAN

Which of the following Asian categories are you? - CHINESE

Which of the following Asian categories are you? - FILIPINO

Which of the following Asian categories are you? - JAPANESE

Which of the following Asian categories are you? - KOREAN

Which of the following Asian categories are you? - VIETNAMESE

Which of the following Asian categories are you? - OTHER ASIAN

Which of the following Asian categories are you? - DON'T KNOW

Which of the following Asian categories are you? - REFUSED

Which of the following Native Hawaiian or Other Pacific Islander categories are you? - NATIVE HAWAIIAN

Which of the following Native Hawaiian or Other Pacific Islander categories are you? - GUAMANIAN OR CHAMORRO

Which of the following Native Hawaiian or Other Pacific Islander categories are you? - SAMOAN

Which of the following Native Hawaiian or Other Pacific Islander categories are you? - OTHER PACIFIC ISLANDER

Which of the following Native Hawaiian or Other Pacific Islander categories are you? - DONT KNOW

Which of the following Native Hawaiian or Other Pacific Islander categories are you? - REFUSED

What is the name of your other race group(s)? - SPECIFY

What is the name of your other race group(s)? - ALEUT

What is the name of your other race group(s)? - BLACK

What is the name of your other race group(s)? - BRAZILIAN

What is the name of your other race group(s)? - CAUCASIAN
What is the name of your other race group(s)?

- CHICANO
- CHINESE
- CREOLE
- CUBAN OR CUBAN AMERICAN
- ESKIMO
- EUROPEAN
- FILIPINO
- AFRICAN AMERICAN
- GERMAN
- GUAMANIAN OR CHAMORRO
- HISPANIC
- JAMAICAN
- JAPANESE
- KOREAN
- LATIN AMERICAN
- LATINO
- MEXICAN OR MEXICAN AMERICAN
- NATIVE AMERICAN
- AFRICAN NATION, ETHNIC GROUP, OR TRIBE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- NEGRO
- PUERTO RICAN
- SAMOAN
- SCOTS-IRISH
- SPANISH
- VIETNAMESE
- WEST INDIAN
- WHITE
- NO RACE GIVEN
- AMERICAN
- OTHER - SPECIFY
- AMERICAN INDIAN OR ALASKA NATIVE
- ANGLO-SAXON
- ARAB
CGD_3GTG_8 What is the name of your other race group(s)? - ASIAN
CGD_3GTG_9 What is the name of your other race group(s)? - ASIAN INDIAN
CGD_3GTG_DK What is the name of your other race group(s)? - DONT KNOW
CGD_3GTG_RF What is the name of your other race group(s)? - REFUSED
CGD_3H We have your highest level of regular school completed as [SPEDUCA]. Is this correct?
CGD_3I What is the highest level of regular school you have completed or the highest degree you have received?
CGD_4A We have your address listed as (CAPI refers to [CP2ADD1, CP2ADD2, CP2PO, CP2ST, CP2ZP5, CP2ZP4]).

CGE_1_A As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME].
CGE_1_B As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME].
CGE_1_C As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME].
CGE_1_D As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME].
CGE_1_E As I read each statement, please tell me if that statement is TRUE or FALSE for you, when you take care of [SAMPNAME].
CGE_10 To what extent has there been any family conflict over care - giving regarding [SAMPNAME]? Would you say there been a lot of
CGE_11_A How much disagreement have you had with anyone in your family because they: Dont spend enough time with [SAMPNAME]
CGE_11_B How much disagreement have you had with anyone in your family because they: Dont do their share in caring for [SAMPNAME]
CGE_11_C How much disagreement have you had with anyone in your family because they: Dont show enough respect for [SAMPNAME]
CGE_11_D How much disagreement have you had with anyone in your family because they: Lack patience with [SAMPNAME]
CGE_12_A How much disagreement have you had with anyone in your family because they: Dont visit or telephone you enough?
CGE_12_B How much disagreement have you had with anyone in your family because they: Dont give you enough help?
CGE_12_C How much disagreement have you had with anyone in your family because they: Dont show enough appreciation of your wor
CGE_12_D How much disagreement have you had with anyone in your family because they: Give you unwanted advice?
CGE_13_A Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w
CGE_13_B Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w
CGE_13_C Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w
CGE_13_D Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w
CGE_13_E Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w
CGE_13_F Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree w
CGE_13_G Thinking about your friends and family, other than [SAMPNAME], please indicate the extent to which you agree or disagree v
CGE_13_H Please indicate the extent to which you agree or disagree with the following statements: You have at least one friend or relati
CGE_14_A Here are some things that some people do when they are under stress from caregiving. How often do you do them? Spend ti
CGE_14_B Here are some things that some people do when they are under stress from caregiving. How often do you do them? Eat.
CGE_14_C Here are some things that some people do when they are under stress from caregiving. How often do you do them? Take so
CGE_14_D Here are some things that some people do when they are under stress from caregiving. How often do you do them? Drink so
CGE_14_E Here are some things that some people do when they are under stress from caregiving. How often do you do them? Prayer/M
CGE_14_F Here are some things that some people do when they are under stress from caregiving. How often do you do them? Talk with someone.
CGE_14_G Here are some things that some people do when they are under stress from caregiving. How often do you do them? Spend time alone.
CGE_14_H Here are some things that some people do when they are under stress from caregiving. How often do you do them? Smoke.
CGE_14_I Here are some things that some people do when they are under stress from caregiving. How often do you do them? Watch TV.
CGE_14_J Here are some things that some people do when they are under stress from caregiving. How often do you do them? Read.

CGE_15_A There may be or may have been other ways in which providing care to [SAMPNAME] affects your life. As a caregiver, have you ever -
CGE_15_B There may be or may have been other ways in which providing care to [SAMPNAME] affects your life. As a caregiver, have you ever -

CGE_2 On a scale from 1 to 5, 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 caregiving affects your life?
CGE_3 Using the scale from 1 to 5, where 1 is not at all stressful and 5 is very stressful, how emotionally stressful would you say that caregiving affects your life?

CGE_5_A Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each -
CGE_5_B Here are some statements about your energy level and the time it takes to do the things you have to do. How much does each -

CGE_6 On a scale from 1 to 10 where 1 is not much stress at all, and 10 is a great deal of stress, how much stress does it cause you to do each -

CGE_7_A Providing help to [SAMPNAME] has - Made me feel good about myself.
CGE_7_B Providing help to [SAMPNAME] has - Enabled me to appreciate life more.

CGE_8_A In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many -
CGE_8_B In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many -

CGE_8D In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many -
CGE_8_E In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many -

CGE_8_F In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many -

CGE_8_G In the past week, on how many days did you personally have to deal with the following behavior of [SAMPNAME]? How many -

CGE_8B_H In the past week, how many days did [SAMPNAME]: Cling to you or follow you around?
CGE_8B_I In the past week, how many days did [SAMPNAME]: Become restless or agitated?
CGE_8B_J In the past week, how many days did [SAMPNAME]: Become irritable or angry?
CGE_8B_K In the past week, how many days did [SAMPNAME]: Swear or use foul language?

CGE_8B_L In the past week, how many days did [SAMPNAME]: Become suspicious, or believe someone is going to harm (him/her)?
CGE_8B_M In the past week, how many days did [SAMPNAME]: Threaten people?
CGE_8B_N In the past week, how many days did [SAMPNAME]: Show sexual behavior or interest at the wrong time/place?
CGE_8B_O In the past week, how many days did [SAMPNAME]: Destroy or damage property?
CGE_9 Do you feel that other relatives are doing their fair share of caregiving for [SAMPNAME]?
CGFMXE01 Whose name was on the check? Family Member 1
CGFMXE02 Whose name was on the check? Family Member 2
CGFMXE03 Whose name was on the check? Family Member 3
CGFMXE04 Whose name was on the check? Family Member 4
CGFMXE05 Whose name was on the check? Family Member 5
CGFMXE06 Whose name was on the check? Family Member 6
CGFMXE07 Whose name was on the check? Family Member 7
CGFMXE08 Whose name was on the check? Family Member 8
CGFMXE09 Whose name was on the check? Family Member 9
CGFMXE10 Whose name was on the check? Family Member 10
CGFMXE11 Whose name was on the check? Family Member 11
CGFMXE12 Whose name was on the check? Family Member 12
CGFMXE13 Whose name was on the check? Family Member 13
CGFMXE14 Whose name was on the check? Family Member 14
CGFMXE15 Whose name was on the check? Family Member 15
CGFMXE16 Whose name was on the check? Family Member 16
CGFMXE17 Whose name was on the check? Family Member 17
CGFMXE18 Whose name was on the check? Family Member 18
CGFMXE19 Whose name was on the check? Family Member 19
CGFMXE20 Whose name was on the check? Family Member 20
CGHOME CAPI: Is primary caregiver a member of sample persons household? (Refer to HHEM_01-20 in the Control Card where 01-2
CGL_NO Person number of helper who helps the most because of disability or health problem
CGPRES IS (CAREGIVER) CURRENTLY RESPONDING FOR (SAMPLE PERSON) OR IS (CAREGIVER) CURRENTLY PRESENT?
CGREL_R Relationship of Primary Caregiver to Sample Person
CGREL1_SP Relationship of Primary Caregiver to Sample Person - Specify
CGROS_TYPE_1 Type of Caregiver Roster Entry - 1
CGROS_TYPE_10 Type of Caregiver Roster Entry - 10
CGROS_TYPE_11 Type of Caregiver Roster Entry - 11
CGROS_TYPE_12 Type of Caregiver Roster Entry - 12
CGROS_TYPE_13 Type of Caregiver Roster Entry - 13
CGROS_TYPE_14 Type of Caregiver Roster Entry - 14
CGROS_TYPE_15 Type of Caregiver Roster Entry - 15
CGWHEN We will have some questions to ask [CGNAME] about the experience helping (you)/[SAMPNAME]. When will be the best time
CH_ADD03 Member of children Roster 3
CH_ADD04 Member of children Roster 4
CH_ADD05 Member of children Roster 5
CH_ADD06 Member of children Roster 6
CH_ADD07 Member of children Roster 7
CH_ADD08 Member of children Roster 8
CH_ADD09 Member of children Roster 9
CH_ADD10 Member of children Roster 10
CH_ADD11 Member of children Roster 11
CH_ADD12 Member of children Roster 12
CH_ADD13 Member of children Roster 13
CH_ADD14 Member of children Roster 14
CH_ADD15 Member of children Roster 15
CH_ADD16 Member of children Roster 16
CH_ADD17 Member of children Roster 17
CH_ADD18 Member of children Roster 18
CH_ADD19 Member of children Roster 19
CH_ADD20 Member of children Roster 20
CHFAM_03 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_04 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_05 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_06 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_07 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_08 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_09 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_10 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_11 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_12 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_13 How many children under 15 years of age live with [ROS_NAME_3-20]?
CHFAM_14 How many children under 15 years of age live with [ROS_NAME_3-20]?

CK_CG_AD CAPI: Does CGHOME=1?
CK_CG_ED CAPI: Does CGREL_R=SPOUSE and SPEDUCA=31 through 47?
CK_CG_MS CAPI: Does CGREL_R = Spouse
CKDISAB CAPI: Refer to (IDLs) IDL_HVW IDL_LTW IDL_LND IDL_MLS IDL_SHP IDL_OUT IDL_WLK IDL_MON IDL_TEL (ADLs) ADL_CLS_1A Did you and [SAMPNAME] live together before (he/she) needed your care?
CLS_1B Before you began living together, did you live less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, between 50 and 100 miles away, beyond 100 miles away, or did you not live together?
CLS_2A If you didn't have to help [SAMPNAME] because of (his/her) disability, do you think you would still live together in the same house?
CLS_2B Would you live in the same neighborhood, in a different neighborhood but in the same city or town, or somewhere else?
CLS_3_HR About how long does it take you to get to [SAMPNAME]'s house from where you live by the usual way? HOURS
CLS_3_MN About how long does it take you to get to [SAMPNAME]'s house from where you live by the usual way? MINUTES
CLS_4A Have you ever changed your place of residence because of [SAMPNAME]'s disability?
CLS_4B Did you make that move from less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, between 50 and 100 miles away, beyond 100 miles away, or did you not live together?
CLS_5A Has [SAMPNAME] ever changed (his/her) place of residence to live closer to you because of (his/her) disability?
CLS_5B Did [SAMPNAME] make that move from less than 1 mile away, between 1 and 10 miles away, between 10 and 50 miles away, between 50 and 100 miles away, beyond 100 miles away, or did you not live together?
CLS_5D Did [SAMPNAME] move mainly so that it would be more convenient for you to take care of (him/her)?
CLS_6A Have you ever wanted to change your place of residence but did not because you needed to live close to [SAMPNAME] because of (his/her) disability?
CLS_6B Would you have liked to live in a different neighborhood in the same city or town, or somewhere else?
CLS_7_1 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been
I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_2 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_3 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_4 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_5 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_6 I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_7_S I am going to read you a list of ways people can be helpful. As I read each statement, please tell me if [SAMPNAME] has been

CLS_CK1 Refer to CGREL_R. Is relationship spouse?

CLS_CK2 Refer to CGHOME. Does caregiver live with SAMPNAME?

CND_1A01 Now I’m going to read you a list of medical conditions. (Do you/Does) [SAMPNAME] NOW have any of the following:

CND_1A02 (Do you/Does) [SAMPNAME] NOW have any of the following: Paralysis?

CND_1A03 (Do you/Does) [SAMPNAME] NOW have any of the following: Other permanent numbness or stiffness (besides paralysis/rhe

CND_1A04 (Do you/Does) [SAMPNAME] NOW have any of the following: Multiple Sclerosis?

CND_1A05 (Do you/Does) [SAMPNAME] NOW have any of the following: Cerebral palsy?

CND_1A06 (Do you/Does) [SAMPNAME] NOW have any of the following: Epilepsy?

CND_1A07 (Do you/Does) [SAMPNAME] NOW have any of the following: Parkinsons disease?

CND_1A08 (Do you/Does) [SAMPNAME] NOW have any of the following: Glaucoma?

CND_1A09 (Do you/Does) [SAMPNAME] NOW have any of the following: Diabetes?

CND_1A10 (Do you/Does) [SAMPNAME] NOW have any of the following: Cancer?

CND_1A11 (Do you/Does) [SAMPNAME] NOW have any of the following: Frequent constipation?

CND_1A12 (Do you/Does) [SAMPNAME] NOW have any of the following: Frequent trouble sleeping?

CND_1A13 (Do you/Does) [SAMPNAME] NOW have any of the following: Frequent severe headaches?

CND_1A14 (Do you/Does) [SAMPNAME] NOW have any of the following: Obesity or (are you/is) [SAMPNAME] overweight?

CND_1A15 (Do you/Does) [SAMPNAME] NOW have any of the following: Arteriosclerosis or hardening of the arteries?

CND_1A16 (Do you/Does) [SAMPNAME] NOW have any of the following: Chronic pain?

CND_1A17 (Do you/Does) [SAMPNAME] NOW have any of the following: Pressure sores or skin ulcers?

CND_1B_1 (Do you/Does) [SAMPNAME] NOW have: Alzheimers disease?

CND_1B_2 (Do you/Does) [SAMPNAME] NOW have: Mental retardation?

CND_1B_3 (Do you/Does) [SAMPNAME] NOW have: Dementia?

CND_2_01 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? A heart attack?

CND_2_02 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? Any other heart problem?

CND_2_03 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? Hypertension or high blood pressure?

CND_2_04 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? A stroke?

CND_2_05 (Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? Circulation trouble in (your)/[SAMPNAME]s ε

CND_2_06 (Have you/Has) [SAMPNAME] had Pneumonia in LAST 12 months?
CND_2_07 (Have you/Has) [SAMPNAME] had Bronchitis in LAST 12 months?
CND_2_08 (Have you/Has) [SAMPNAME] had Flu in LAST 12 months?
CND_2_09 (Have you/Has) [SAMPNAME] had Emphysema in LAST 12 months?
CND_2_10 (Have you/Has) [SAMPNAME] had Asthma in LAST 12 months?
CND_2_11 (Have you/Has) [SAMPNAME] had a broken hip in LAST 12 months?
CND_2_12 (Have you/Has) [SAMPNAME] had other broken bones in LAST 12 months?
CND_2Z_SP Are there any reasons why [SAMPNAME] cannot participate in this survey? SPECIFY
CND_2ZTG_1 Are there any reasons why [SAMPNAME] cannot participate in this survey? Access is denied
CND_2ZTG_2 Are there any reasons why [SAMPNAME] cannot participate in this survey? Sample person is incapable of speech
CND_2ZTG_3 Are there any reasons why [SAMPNAME] cannot participate in this survey? Sample person comatose
CND_2ZTG_4 Are there any reasons why [SAMPNAME] cannot participate in this survey? Sample person is a danger to self or others
CND_2ZTG_5 Are there any reasons why [SAMPNAME] cannot participate in this survey? Other Reasons--Please specify below in CND
CND_2ZTG_6 Are there any reasons why [SAMPNAME] cannot participate in this survey? NO REASON
CND_CK2 CAPI: Refer to CNDPROXY at beginning of this part.
CND_CK3_R CAPI: Refer to GROUP variable.
CNDPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
COM_DATE COMMUNITY INTERVIEW DATE MMDDYYYY
COM_TIME COMMUNITY INTERVIEW TIME HHMM (MILITARY FORMAT)
COND_COMPLETE CONDITIONS COMPLETION CHECK
CPREL1_1 What is the relationship of this contact person to [SAMPNAME]?
CPREL1_SP What is the relationship of this contact person to [SAMPNAME]? SPECIFY
CPREL2_1 What is the relationship of this contact person to [SAMPNAME]?
CPREL2_SP What is the relationship of this contact person to [SAMPNAME]? SPECIFY
CWS_10 Has taking care of [SAMPNAME] ever kept you from looking for a job?
CWS_11A Have you ever had to turn down a job because you were taking care of [SAMPNAME]?
CWS_11B How long ago did this happen (the last time)?
CWS_12_1 In your experience as both a worker and caregiver, did you ever - Have to go from working full time to part-time?
CWS_12_2 In your experience as both a worker and caregiver, did you ever - Have to take a less demanding job?
CWS_12_3 In your experience as both a worker and caregiver, did you ever - Have to turn down a promotion?
CWS_12_4 In your experience as both a worker and caregiver, did you ever - Choose early retirement?
CWS_12_5 In your experience as both a worker and caregiver, did you ever - Lose any job?
CWS_12B How would you rate your employers attitude toward the demands of your caregiving: Would you say they were very understand
CWS_13_1 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_13_2 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_13_3 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_13_4 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_13_5 From your own personal experience, how much do you agree or disagree with the following statements about your present w
CWS_1A How long ago did you start taking care of [SAMPNAME] because of (his/her) disability?
CWS_1B Do you provide more care, less care, or the same amount of care now as you did then?
CWS_1C How long ago did you start taking care of [SAMPNAME] as much as you do now?
CWS_2B Are you now married, widowed, divorced, separated, partnered (not married), or never married?
CWS_2C FR: ENTER WITHOUT ASKING IF APPARENT. Are you Male or Female?
CWS_3A Are you currently working for pay at a job or business?
CWS_3B How many hours per week do you usually work?
CWS_3C Are you working fewer hours than you would like to because you help [SAMPNAME]?
CWS_4A Have you ever worked at a job for pay?
CWS_4B How long ago did you stop working at your last job?
CWS_4C_1 What was the MAIN reason you stopped working at that job?
CWS_4C_S What was the MAIN reason you stopped working at that job? SPECIFY
CWS_4D Would you have continued working longer if you were not taking care of [SAMPNAME]?
CWS_5A Have you ever worked fewer hours a week at a job than you wanted to because you were taking care of [SAMPNAME]?
CWS_5B How long ago did this happen (the last time)?
CWS_6A Have you ever had to rearrange your schedule at a job because you had to take care of [SAMPNAME]?
CWS_6B How long ago did this happen (the last time)?
CWS_7A (Besides what you have already told me) Have you ever had to take time off without pay from a job because you had to take ca
CWS_7B How long ago did this happen (the last time)?
CWS_7C_N How long were you off from work without pay (the last time)? Number:
CWS_7C_U How long were you off from work without pay (the last time)? Units:
CWS_8A Have you ever had to quit a job because you were taking care of [SAMPNAME]?
CWS_8B How long ago did this happen (the last time)?
CWS_9A For whom (do/did) you work?
CWS_9B What kind of business (is/was) this?
CWS_9C What kind of work (are/were) you doing?
CWS_9D What (are/were) your most important duties?
CWS_9E (Are/Were) you an employee of:
CWS_9F Is this business incorporated?
CWS_9G (Is/Was) this a nonprofit organization?
CWS_CK2 [Refer to 4b (CWS_4B) and 1a (CWS_A) ] if CWS_4B gt CWS_1A] Did caregiver stop working BEFORE he/she began caring
CWS_CK3 [Refer to 3a (CWS_3A), 4a (CWS_4A), and 4b (CWS_4B)] Is caregiver currently or did caregiver ever have to work and take time off to provide care? CWS_CK4 Is caregiver currently working?

DATECG CAREGIVER INTERVIEW DATE MMDDYYYY

DEA_01_M We would like to ask you a few questions about [SAMPNAME]. When did he/she die? MONTH
DEA_01_Y We would like to ask you a few questions about [SAMPNAME]. When did he/she die? YEAR
DEA_02 Did [SAMPNAME] die before or after April 1, 2004?
DEA_03 Were you knowledgeable about [SAMPNAME]'s health and general care while he/she was living?
DEA_04 Do you know of someone who knew about [SAMPNAME]'s health and general care?
DEA_05_R What is (your/that persons) relationship to [SAMPNAME]?

DOWORK (Are you/Is) [SAMPNAME] currently working?
DSPWORK Is (your)/[SAMPNAME]'s (FILL spouse) currently working?

DT_6B Are you Spanish, Hispanic, or Latino?
DT_6C1 Are you Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or some other Spanish, Hispanic, or Latino group?
DT_6C2_1 What is the name of your other Spanish, Hispanic, or Latino group? OTHER - SPECIFY
DT_6D1TG_1 Which of the following Asian categories are you? - ASIAN INDIAN
DT_6D1TG_2 Which of the following Asian categories are you? - CHINESE
DT_6D1TG_3 Which of the following Asian categories are you? - FILIPINO
DT_6D1TG_4 Which of the following Asian categories are you? - JAPANESE
DT_6D1TG_5 Which of the following Asian categories are you? - KOREAN
DT_6D1TG_6 Which of the following Asian categories are you? - VIETNAMESE
DT_6D1TG_7 Which of the following Asian categories are you? - OTHER ASIAN
DT_6D1TG_DK Which of the following Asian categories are you? - DON'T KNOW
DT_6D1TG_RF Which of the following Asian categories are you? - REFUSED
DT_6D2TG_1 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - NATIVE HAWAIIAN
DT_6D2TG_2 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - GUAMANIAN OR CHAMORRO
DT_6D2TG_3 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - SAMOAN
DT_6D2TG_4 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - OTHER PACIFIC ISLANDER
DT_6D2TG_DK Which of the following Native Hawaiian or Other Pacific Islander categories are you? - DONT KNOW
DT_6D2TG_RF Which of the following Native Hawaiian or Other Pacific Islander categories are you? - REFUSED
DT_6D3_SP What is the name of your other race group(s)? - SPECIFY
DT_6D3TG_1 What is the name of your other race group(s)? - ALEUT
DT_6D3TG_10 What is the name of your other race group(s)? - BLACK
<table>
<thead>
<tr>
<th>Question</th>
<th>Race Group</th>
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<tr>
<td>DT_6D3TG_11</td>
<td>BRAZILIAN</td>
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<td>DT_6D3TG_12</td>
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<td>DT_6D3TG_16</td>
<td>CUBAN OR CUBAN AMERICAN</td>
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<td>ESKIMO</td>
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<td>MEXICAN OR MEXICAN AMERICAN</td>
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<td>NATIVE AMERICAN</td>
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<td>AFRICAN NATION, ETHNIC GROUP, OR TRIBE</td>
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<td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td>
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<td>WEST INDIAN</td>
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<td>DT_6D3TG_38</td>
<td>WHITE</td>
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<td>DT_6D3TG_39</td>
<td>NO RACE GIVEN</td>
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<td>DT_6D3TG_4</td>
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<tr>
<td>DT_6D3TG_40</td>
<td>OTHER - SPECIFY</td>
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<tr>
<td>DT_6D3TG_5</td>
<td>AMERICAN INDIAN OR ALASKA NATIVE</td>
</tr>
</tbody>
</table>
DT_6D3TG_6 What is the name of your other race group(s)? - ANGLO-SAXON
DT_6D3TG_7 What is the name of your other race group(s)? - ARAB
DT_6D3TG_8 What is the name of your other race group(s)? - ASIAN
DT_6D3TG_9 What is the name of your other race group(s)? - ASIAN INDIAN
DT_6D3TG_DK What is the name of your other race group(s)? - DONT KNOW
DT_6D3TG_RF What is the name of your other race group(s)? - REFUSED

DT_6DTG_1 WHITE - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
DT_6DTG_2 Black - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
DT_6DTG_3 American Indian or Alaska Native - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
DT_6DTG_4 Asian - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
DT_6DTG_5 Native Hawaiian or Other Pacific Islander - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
DT_6DTG_6 OTHER - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
DT_6DTG_DK DON'T KNOW - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native
DT_6DTG_RF REFUSED - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native

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DT_CHMARST20 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never
DT_CHROS_I Are there any more children?
DT_CHSPWORK03 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 3
DT_CHSPWORK04 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 4
DT_CHSPWORK05 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 5
DT_CHSPWORK06 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 6
DT_CHSPWORK07 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 7
DT_CHSPWORK08 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 8
DT_CHSPWORK09 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 9
DT_CHSPWORK10 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 10
DT_CHSPWORK11 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 11
DT_CHSPWORK12 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 12
DT_CHSPWORK13 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 13
DT_CHSPWORK14 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 14
DT_CHSPWORK15 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 15
DT_CHSPWORK16 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 16
DT_CHSPWORK17 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 17
DT_CHSPWORK18 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 18
DT_CHSPWORK19 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 19
DT_CHSPWORK20 How many hours does [ROS_NAME_3-20]s (FILL spouse) usually work per week? 20
DT_CHWORK03 How many hours does [ROS_NAME_3-20] usually work per week? 3
DT_CHWORK04 How many hours does [ROS_NAME_3-20] usually work per week? 4
DT_CHWORK05 How many hours does [ROS_NAME_3-20] usually work per week? 5
DT_CHWORK06 How many hours does [ROS_NAME_3-20] usually work per week? 6
DT_CHWORK07 How many hours does [ROS_NAME_3-20] usually work per week? 7
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DT_CHWORK17 How many hours does [ROS_NAME_3-20] usually work per week? 17
DT_CHWORK18 How many hours does [ROS_NAME_3-20] usually work per week? 18
DT_CHWORK19 How many hours does [ROS_NAME_3-20] usually work per week? 19
DT_CHWORK20 How many hours does [ROS_NAME_3-20] usually work per week? 20

DT_CKDETAIL CAPI displays one of the following based on DT_CKDETAIL:

DT_CKPERM CAPI: If DTPR_REL_R = 17-23, 25, 26, D, R display: FR: DO YOU HAVE [SAMPNAME]'S PERMISSION TO DISCUSS (H

DT_CKSCAF I have (your)/[SAMPNAME]'s military service status listed as served/never served. Is this correct?

DT_CKSEDU I have (your)/[SAMPNAME]'s educational attainment level listed as [SCN_EDUCA]. Is this correct?

DT_CKSMAR1 I have (your) [SAMPNAME]'s marital status listed as [SCN_24_R]. Is this correct?

DT_CKSRACE I have (your)/[SAMPNAME]'s race listed as [race variable] Is this correct?

DT_DETRE_R FR: DO NOT READ ALOUD. IS RESPONDENT THE SAMPLE PERSON OR A PROXY OR BOTH? CHOOSE ONE.

DT_INC_1A Did (you)/[SAMPNAME] EVER serve on active duty in the Armed Forces of the United States?

DT_INC_1BTG_1 When did (you)/[SAMPNAME] serve? Any other period of service? World War I (April 17 - Nov 18)

DT_INC_1BTG_2 When did (you)/[SAMPNAME] serve? Any other period of service? World War II (Sept 40 - July 47)

DT_INC_1BTG_3 When did (you)/[SAMPNAME] serve? Any other period of service? Korean War (June 50 - Jan 55)

DT_INC_1BTG_4 When did (you)/[SAMPNAME] serve? Any other period of service? Vietnam War (Aug 64 - April 75)

DT_INC_1BTG_5 When did (you)/[SAMPNAME] serve? Any other period of service? Post Vietnam (May 75 - present)

DT_INC_1BTG_6 When did (you)/[SAMPNAME] serve? Any other period of service? Other Service (All other periods)

DT_INC_1BTG_DK When did (you)/[SAMPNAME] serve? Any other period of service? Don't Know

DT_INC_1BTG_RF When did (you)/[SAMPNAME] serve? Any other period of service? Refused

DT_INC_1C (Were you/Was) [SAMPNAME] EVER an active member of a National Guard or military reserve unit?

DT_INC_1D (Were/Was) ALL of (your)/[SAMPNAME]'s active duty service related to National Guard or military reserve training?

DT_INC_2A (Do you/Does) [SAMPNAME] have a disability related to service in the Armed Forces of the United States?

DT_INC_2B What is (your)/[SAMPNAME]'s current VA disability rating?

DT_INST_APPT FR: YOU MUST CONDUCT THE NEXT PORTION OF THE INTERVIEW WITH A FACILITY ADMINISTRATOR OR NU

DT_OUTCOME DETAILED INTERVIEW OUTCOME

DT_PROXY CAPI: Set = Proxy.

DT_PRWHR_SP FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Specify

DT_Q_ADMCLOSE Thank you very much for your help. I would like to complete the interview with [SAMPNAME]. May I speak with (him

DT_Q_OPEN We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the

DT_Q_STAFF FR: ARE YOU NOW SPEAKING WITH INSTITUTIONAL STAFF?

DT_QUARTERS_S1 What type of residence does [SAMPNAME] live in? Active Adult Community/Senior Complex - (Specify in DT_QAUI
DT_QUARTERS_S2 What type of residence does [SAMPNAME] live in? Nonstaff unit in other institution (Specify in DT_QUARTERS_S2).

DT_REASON FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW?

DT_RSTER_1 What are the names of all (other) persons living or staying here now? Anyone else?

DT_SPECIFY FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW? SPECIFY

DT_SPHPRX I would like to speak with the person who is most knowledgable about (his/her) health conditions and physical activities.

DT_SPIN_1999 Was (your)/[SAMPNAME]s (FILL spouse) living or staying with (you/him/her) in 1999?

DT_STDT DETAILED CONTROL CARD DATE MMDDYYYY

DT_STTM DETAILED CONTROL CARD INTERVIEW TIME HHMM (MILITARY FORMAT)

DTPR_REL_R What is your relationship to [SAMPNAME]?

DTPR_REL_SP What is your relationship to [SAMPNAME]? SPECIFY

DTPR_RES Do you reside with [SAMPNAME]?

DTPR_WH1 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. FR was denied access to sample person.

DTPR_WH2_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person is physically incapable.

DTPR_WH4_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person has hearing/speech problem.

DTPR_WH5_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person cannot speak English.

DTPR_WH6_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Sample person is temporarily absent beyond interview time.

DTPR_WH7_R FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. Other- Specify in DT_PRWHY_SP

EDUCA What is the highest level of regular school (you)/[SAMPNAME] have completed or the highest degree (you/he/she) has received’

FAM_XA01 Whose name was on the check? FR: ENTER LINE NUMBER. 1

FAM_XA02 Whose name was on the check? FR: ENTER LINE NUMBER. 2

FAM_XA03 Whose name was on the check? FR: ENTER LINE NUMBER. 3

FAM_XA04 Whose name was on the check? FR: ENTER LINE NUMBER. 4

FAM_XA05 Whose name was on the check? FR: ENTER LINE NUMBER. 5

FAM_XA06 Whose name was on the check? FR: ENTER LINE NUMBER. 6

FAM_XA07 Whose name was on the check? FR: ENTER LINE NUMBER. 7

FAM_XA08 Whose name was on the check? FR: ENTER LINE NUMBER. 8

FAM_XA09 Whose name was on the check? FR: ENTER LINE NUMBER. 9

FAM_XA10 Whose name was on the check? FR: ENTER LINE NUMBER. 10

FAM_XA11 Whose name was on the check? FR: ENTER LINE NUMBER. 11

FAM_XA12 Whose name was on the check? FR: ENTER LINE NUMBER. 12

FAM_XA13 Whose name was on the check? FR: ENTER LINE NUMBER. 13

FAM_XA14 Whose name was on the check? FR: ENTER LINE NUMBER. 14

FAM_XA15 Whose name was on the check? FR: ENTER LINE NUMBER. 15
FAM_XA16 Whose name was on the check? FR: ENTER LINE NUMBER. 16
FAM_XA17 Whose name was on the check? FR: ENTER LINE NUMBER. 17
FAM_XA18 Whose name was on the check? FR: ENTER LINE NUMBER. 18
FAM_XA19 Whose name was on the check? FR: ENTER LINE NUMBER. 19
FAM_XA20 Whose name was on the check? FR: ENTER LINE NUMBER. 20
FAM_XB01 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 1
FAM_XB02 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 2
FAM_XB03 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 3
FAM_XB04 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 4
FAM_XB05 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 5
FAM_XB06 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 6
FAM_XB07 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 7
FAM_XB08 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 8
FAM_XB09 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 9
FAM_XB10 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 10
FAM_XB11 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 11
FAM_XB12 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 12
FAM_XB13 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 13
FAM_XB14 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 14
FAM_XB15 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 15
FAM_XB16 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 16
FAM_XB17 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 17
FAM_XB18 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 18
FAM_XB19 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 19
FAM_XB20 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 20
FAM_XC01 Whose name was on the check? FR: ENTER LINE NUMBER. 1
FAM_XC02 Whose name was on the check? FR: ENTER LINE NUMBER. 2
FAM_XC03 Whose name was on the check? FR: ENTER LINE NUMBER. 3
FAM_XC04 Whose name was on the check? FR: ENTER LINE NUMBER. 4
FAM_XC05 Whose name was on the check? FR: ENTER LINE NUMBER. 5
FAM_XC06 Whose name was on the check? FR: ENTER LINE NUMBER. 6
FAM_XC07 Whose name was on the check? FR: ENTER LINE NUMBER. 7
FAM_XC08 Whose name was on the check? FR: ENTER LINE NUMBER. 8
FAM_XC09 Whose name was on the check? FR: ENTER LINE NUMBER. 9
Whose name was on the check? FR: ENTER LINE NUMBER.  

Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER.
FAM_XF12 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 4
FAM_XF13 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 5
FAM_XF14 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 6
FAM_XF15 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 7
FAM_XF16 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 8
FAM_XF17 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 9
FAM_XF18 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 10
FAM_XF19 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 11
FAM_XF20 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 12
FAM_XF1 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 13
FAM_XF2 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 14
FAM_XF3 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 15
FAM_XF4 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 16
FAM_XF5 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 17
FAM_XF6 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 18
FAM_XF7 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 19
FAM_XF8 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. 20

G_21B1 Now only consider you (and your spouse). Which category on this card represents the total combined income before deductions

G1_21B1 Would it be $25,000 or more?
G2_21B1 Would it be $10,000 or more?
G3_21B1 Would it be $5,000 or more?
G4_21B1 Would it be $50,000 or more?
G5_21B1 Would it be $75,000 or more?

GIC_12A During (FILL previous month), did you (or any members of your family who live here) receive Social Security benefits or Railroad Retirement benefits that are part of your combined income?
GIC_12B How much did you receive in (FILL previous month)?
GIC_12C Which category would you say best represents the amount you received in (FILL previous month)?

GIC_13A During (FILL previous month), did you receive any other retirement, pension, or self-employment income that is part of your combined income?
GIC_13B How much did you receive in (FILL previous month)?
GIC_13C Which category would you say best represents the amount you received in (FILL previous month)?

GIC_14A During the last month, did you receive Supplemental Security Income, that is, SSDI or SSI?
GIC_14B How much did you receive in (FILL previous month)?
GIC_14C Which category would you say best represents the amount you received in (FILL previous month)?

GIC_17A During (FILL previous month), did you receive food stamps?
GIC_17B What was the value of the stamps received?
GIC_17C Which category would you say best represents the value of the stamps received?
GIC_18A During (FILL previous month), did you (or any members of your family who live here) receive any payments from Temporary As
GIC_18B How much did you (and all members of the family) receive in (FILL previous month)?
GIC_18C Which category would you say best represents the amount that you (and all members of the family) received in (FILL previous month)?
GIC_19A During (FILL previous month) did you (or any members of your family who live here) receive any (other) welfare payments?
GIC_19B_1 Whose name was on the check? FR: ENTER LINE NUMBER. ENTER ALL THAT APPLY. ENTER (N) FOR NO MORE PEOPLE.
GIC_19C1 How much was the check for?
GIC_19C2 Which category would you say best represents the amount the check was for?
GIC_19D_1 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.
GIC_1A Compared to other people your age, would you say your health, in general, is excellent, good, fair, or poor?
GIC_21A During the last twelve months, what was the total combined income before deductions for you (and all members of your family? 
GIC_21A1 Would it be $25,000 or more?
GIC_21A2 Would it be $10,000 or more?
GIC_21A3 Would it be $5,000 or more?
GIC_21A4 Would it be $50,000 or more?
GIC_21A5 Would it be $75,000 or more?
GIC_CK1 Is caregiver a member of [SAMPNAME]s household?
GIC_CK2 Are relatives other than spouse living with the caregiver?
GIC_CKHP [Refer to GIC_HVW, GIC_LTW, GIC_LND, GIC_MLS, GIC_SHP, GIC_OUTA, GIC_OUTB, GIC_WLK3,GIC_MON, GIC_TEL
GIC_HHME Other than yourself, is there anyone else currently living or staying in your home?
GIC_HVW Do you usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows OR does sor
GIC_ID01 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 1
GIC_ID02 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 2
GIC_ID03 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 3
GIC_ID04 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 4
GIC_ID05 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 5
GIC_ID06 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 6
GIC_ID07 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 7
GIC_ID08 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 8
GIC_ID09 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 9
GIC_ID10 What health conditions, either mental or physical, cause you to have trouble: : CONDITION 10
GIC_ID11 What is the MAIN condition?
GIC_IDL1 You said that health or age has kept you from: (CAPI fills based on prior answers: About how long has your health or age kept
GIC_LND Do you usually do your own laundry OR does someone usually help you do your own laundry because of a disability or health
GIC_LTW Do you usually do light work around the house such as straightening up, putting things away, or washing dishes OR does someone usually help you with this?

GIC_MED Does someone usually help you take your medicine because of a disability or health problem?

GIC_MLS Do you usually prepare your own meals OR does someone usually help you prepare your own meals because of a disability or health problem?

GIC_MON Do you usually manage your own money by yourself including things like keeping track of bills or handling cash OR does someone usually help you manage your own money because of a disability or health problem?

GIC_MS1 Caregiver household member marital status: Is [MEMNAM1-20] now: 1

GIC_MS10 Caregiver household member marital status: Is [MEMNAM1-20] now: 10

GIC_MS11 Caregiver household member marital status: Is [MEMNAM1-20] now: 11

GIC_MS12 Caregiver household member marital status: Is [MEMNAM1-20] now: 12

GIC_MS13 Caregiver household member marital status: Is [MEMNAM1-20] now: 13

GIC_MS14 Caregiver household member marital status: Is [MEMNAM1-20] now: 14

GIC_MS15 Caregiver household member marital status: Is [MEMNAM1-20] now: 15

GIC_MS16 Caregiver household member marital status: Is [MEMNAM1-20] now: 16

GIC_MS17 Caregiver household member marital status: Is [MEMNAM1-20] now: 17

GIC_MS18 Caregiver household member marital status: Is [MEMNAM1-20] now: 18

GIC_MS19 Caregiver household member marital status: Is [MEMNAM1-20] now: 19

GIC_MS2 Caregiver household member marital status: Is [MEMNAM1-20] now: 2

GIC_MS20 Caregiver household member marital status: Is [MEMNAM1-20] now: 20

GIC_MS3 Caregiver household member marital status: Is [MEMNAM1-20] now: 3

GIC_MS4 Caregiver household member marital status: Is [MEMNAM1-20] now: 4

GIC_MS5 Caregiver household member marital status: Is [MEMNAM1-20] now: 5

GIC_MS6 Caregiver household member marital status: Is [MEMNAM1-20] now: 6

GIC_MS7 Caregiver household member marital status: Is [MEMNAM1-20] now: 7

GIC_MS8 Caregiver household member marital status: Is [MEMNAM1-20] now: 8

GIC_MS9 Caregiver household member marital status: Is [MEMNAM1-20] now: 9

GIC_OUTA When you go outside, does someone usually help you get around because of a disability or health problem?

GIC_OUTB When you go outside, do you use special equipment like a cane or walker or a guide dog to help you get around because of a disability or health problem?

GIC_OWN In (FILL previous month), about how much of your own money have you spent taking care of [SAMPNAME]?

GIC_OWN_C Which category would you say best represents the amount of your own money you have spent taking care of [SAMPNAME]?

GIC_SHP Do you usually shop for groceries, that is, go to the store, select the items, and get them home OR does someone usually help you shop for groceries?

GIC_TEL Do you usually make your own telephone calls without the help of another person or does someone usually help you make your own telephone calls?

GIC_WLK1 How do you USUALLY go places outside of walking distance?

GIC_WLK2 How do you USUALLY go places outside of walking distance? Specify

GIC_WLK3 Does someone usually help you go places outside of walking distance because of a disability or health problem?

GICAGE1 Caregiver household member age: How old is [MEMNAM1-20] as of today? 1
GICAGE10 Caregiver household member age: How old is [MEMNAM1-20] as of today? 10
GICAGE11 Caregiver household member age: How old is [MEMNAM1-20] as of today? 11
GICAGE12 Caregiver household member age: How old is [MEMNAM1-20] as of today? 12
GICAGE13 Caregiver household member age: How old is [MEMNAM1-20] as of today? 13
GICAGE14 Caregiver household member age: How old is [MEMNAM1-20] as of today? 14
GICAGE15 Caregiver household member age: How old is [MEMNAM1-20] as of today? 15
GICAGE16 Caregiver household member age: How old is [MEMNAM1-20] as of today? 16
GICAGE17 Caregiver household member age: How old is [MEMNAM1-20] as of today? 17
GICAGE18 Caregiver household member age: How old is [MEMNAM1-20] as of today? 18
GICAGE19 Caregiver household member age: How old is [MEMNAM1-20] as of today? 19
GICAGE20 Caregiver household member age: How old is [MEMNAM1-20] as of today? 20
GICAGE2 Caregiver household member age: How old is [MEMNAM1-20] as of today? 2
GICAGE3 Caregiver household member age: How old is [MEMNAM1-20] as of today? 3
GICAGE4 Caregiver household member age: How old is [MEMNAM1-20] as of today? 4
GICAGE5 Caregiver household member age: How old is [MEMNAM1-20] as of today? 5
GICAGE6 Caregiver household member age: How old is [MEMNAM1-20] as of today? 6
GICAGE7 Caregiver household member age: How old is [MEMNAM1-20] as of today? 7
GICAGE8 Caregiver household member age: How old is [MEMNAM1-20] as of today? 8
GICAGE9 Caregiver household member age: How old is [MEMNAM1-20] as of today? 9
GICMOR1 Is there anyone else who is currently living or staying with you? 1
GICMOR10 Is there anyone else who is currently living or staying with you? 10
GICMOR11 Is there anyone else who is currently living or staying with you? 11
GICMOR12 Is there anyone else who is currently living or staying with you? 12
GICMOR13 Is there anyone else who is currently living or staying with you? 13
GICMOR14 Is there anyone else who is currently living or staying with you? 14
GICMOR15 Is there anyone else who is currently living or staying with you? 15
GICMOR16 Is there anyone else who is currently living or staying with you? 16
GICMOR17 Is there anyone else who is currently living or staying with you? 17
GICMOR18 Is there anyone else who is currently living or staying with you? 18
GICMOR19 Is there anyone else who is currently living or staying with you? 19
GICMOR2 Is there anyone else who is currently living or staying with you? 2
GICMOR20 Is there anyone else who is currently living or staying with you? 20
GICMOR3 Is there anyone else who is currently living or staying with you? 3
GICMOR4 Is there anyone else who is currently living or staying with you? 4
GICMOR5 Is there anyone else who is currently living or staying with you? 5
GICMOR6 Is there anyone else who is currently living or staying with you? 6
GICMOR7 Is there anyone else who is currently living or staying with you? 7
GICMOR8 Is there anyone else who is currently living or staying with you? 8
GICMOR9 Is there anyone else who is currently living or staying with you? 9

GICREL1_R What is [MEMNAM1-20]s relationship to you? 1
GICREL10_R What is [MEMNAM1-20]s relationship to you? 10
GICREL11_R What is [MEMNAM1-20]s relationship to you? 11
GICREL12_R What is [MEMNAM1-20]s relationship to you? 12
GICREL13_R What is [MEMNAM1-20]s relationship to you? 13
GICREL14_R What is [MEMNAM1-20]s relationship to you? 14
GICREL15_R What is [MEMNAM1-20]s relationship to you? 15
GICREL16_R What is [MEMNAM1-20]s relationship to you? 16
GICREL17_R What is [MEMNAM1-20]s relationship to you? 17
GICREL18_R What is [MEMNAM1-20]s relationship to you? 18
GICREL19_R What is [MEMNAM1-20]s relationship to you? 19
GICREL2_R What is [MEMNAM1-20]s relationship to you? 2
GICREL20_R What is [MEMNAM1-20]s relationship to you? 20
GICREL3_R What is [MEMNAM1-20]s relationship to you? 3
GICREL4_R What is [MEMNAM1-20]'s relationship to you? 4
GICREL5_R What is [MEMNAM1-20]'s relationship to you? 5
GICREL6_R What is [MEMNAM1-20]'s relationship to you? 6
GICREL7_R What is [MEMNAM1-20]'s relationship to you? 7
GICREL8_R What is [MEMNAM1-20]'s relationship to you? 8
GICREL9_R What is [MEMNAM1-20]'s relationship to you? 9
GICSEX1 Is [MEMNAM1-20] male or female? 1
GICSEX10 Is [MEMNAM1-20] male or female? 10
GICSEX11 Is [MEMNAM1-20] male or female? 11
GICSEX12 Is [MEMNAM1-20] male or female? 12
GICSEX13 Is [MEMNAM1-20] male or female? 13
GICSEX14 Is [MEMNAM1-20] male or female? 14
GICSEX15 Is [MEMNAM1-20] male or female? 15
GICSEX16 Is [MEMNAM1-20] male or female? 16
GICSEX17 Is [MEMNAM1-20] male or female? 17
GICSEX18 Is [MEMNAM1-20] male or female? 18
GICSEX19 Is [MEMNAM1-20] male or female? 19
GICSEX2 Is [MEMNAM1-20] male or female? 2
GICSEX20 Is [MEMNAM1-20] male or female? 20
GICSEX3 Is [MEMNAM1-20] male or female? 3
GICSEX4 Is [MEMNAM1-20] male or female? 4
GICSEX5 Is [MEMNAM1-20] male or female? 5
GICSEX6 Is [MEMNAM1-20] male or female? 6
GICSEX7 Is [MEMNAM1-20] male or female? 7
GICSEX8 Is [MEMNAM1-20] male or female? 8
GICSEX9 Is [MEMNAM1-20] male or female? 9
GROUP 1=UNIMPAIRED,HEALTHY 2=IMPAIRED 3=LONGITUDINAL 4=INSTITUTIONALIZED
H1HH02 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or 
H1HH03 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or 

H1HH04 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH05 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH06 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH07 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH08 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH09 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH10 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH11 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH12 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH13 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH14 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH15 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH16 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH17 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH18 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH19 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
H1HH20 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem?
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
H1HM02 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM03 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM04 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM05 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM06 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM07 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM08 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM09 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM10 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM11 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM12 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM13 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM14 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM15 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM16 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM17 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM18 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM19 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
H1HM20 Now, thinking about a typical week, how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because of a disability or l
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
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Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr
Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health pr

Now, thinking about a typical week, how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem? Has ADL help or health problem? Have Always Been Health Flag
HALFSAMP Half sample code
HCK202 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 2
HCK203 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 3
HCK204 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 4
HCK205 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 5
HCK206 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 6
HCK207 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 7
HCK208 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 8
HCK209 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 9
HCK210 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 10
HCK211 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 11
HCK212 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 12
HCK213 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 13
HCK214 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 14
HCK215 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 15
HCK216 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 16
HCK217 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 17
HCK218 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 18
HCK219 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 19
HCK220 CAPI: Refer to ADLFLG01-20. HAS ADL HELP 20
HCK302 CAPI: Refer to HLP CKH1. - HELPER 2
HCK303 CAPI: Refer to HLP CKH1. - HELPER 3
HCK304 CAPI: Refer to HLP CKH1. - HELPER 4
HCK305 CAPI: Refer to HLP CKH1. - HELPER 5
HCK306 CAPI: Refer to HLP CKH1. - HELPER 6
HCK307 CAPI: Refer to HLP CKH1. - HELPER 7
HCK308 CAPI: Refer to HLP CKH1. - HELPER 8
HCK309 CAPI: Refer to HLP CKH1. - HELPER 9
HCK310 CAPI: Refer to HLP CKH1. - HELPER 10
HCK311 CAPI: Refer to HLP CKH1. - HELPER 11
HCK312 CAPI: Refer to HLP CKH1. - HELPER 12
HCK313 CAPI: Refer to HLP CKH1. - HELPER 13
HCK314 CAPI: Refer to HLP CKH1. - HELPER 14
HCK315 CAPI: Refer to HLP CKH1. - HELPER 15
HCK316 CAPI: Refer to HLP CKH1. - HELPER 16
HCK317 CAPI: Refer to HLP CKH1. - HELPER 17
HCK318 CAPI: Refer to HLP CKH1. - HELPER 18
HCK319 CAPI: Refer to HLP CKH1. - HELPER 19
HCK320 CAPI: Refer to HLP CKH1. - HELPER 20
HCK402 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 2
HCK403 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 3
HCK404 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 4
HCK405 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 5
HCK406 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 6
HCK407 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 7
HCK408 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 8
HCK409 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 9
HCK410 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 10
HCK411 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 11
HCK412 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 12
HCK413 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 13
HCK414 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 14
HCK415 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 15
HCK416 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 16
HCK417 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 17
HCK418 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 18
HCK419 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 19
HCK420 CAPI: Refer to IDLFLG_2-20. HAS IDL HELP. - HELPER 20
HCKH102 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or un
HCKH103 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or un
HCKH104 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or un
HCKH105 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or un
HCKH106 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or un
HCKH107 CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store CAPI: Refer to 1ah (HPA_1AH02-20, HPA_1AM02-20). If 0 hours and 0 minutes recorded, or hours and minutes refused or unknown, store

HFO_10A Have you ever had an outside service provide transportation for [SAMPNAME]?
HFO_10B1 Who provided you with this service?
HFO_10BS Who provided you with this service? SPECIFY
HFO_10C How would you rate that transportation service? Did it meet your needs fully, only partly, or not at all?
HFO_10D1 For what reason have you never done this?
HFO_10DS For what reason have you never done this? SPECIFY
HFO_11A Have you ever had modifications made in [SAMPNAME]’s house to make things easier for (him/her)?
HFO_11B1 Who provided you with this service?
HFO_11BS Who provided you with this service? SPECIFY
HFO_11C How would you rate that home modification? Did it meet your needs fully, only partly, or not at all?
HFO_11D1 For what reason have you never done this?
HFO_11DS For what reason have you never done this? SPECIFY
HFO_12A Have you ever obtained assistive devices, such as wheelchairs, walkers, etc., for [SAMPNAME]?
HFO_12B1 Who provided you with this service?
HFO_12BS Who provided you with this service? SPECIFY
HFO_12C How would you rate that wheelchair, walker, or other assistive Did it meet your needs fully, only partly, or not at all?
HFO_12D1 For what reason have you never done this?
HFO_12DS For what reason have you never done this? SPECIFY
HFO_13_1_R Sometimes, people who provide care to an older person could use some assistance. Please think about your situation, and
HFO_13_3 Please think about your situation, and tell me any kinds of help, information, or support that you would use as a caregiver. Re
HFO_13_4_R Sometimes, people who provide care to an older person could use some assistance. Please think about your situation, and
HFO_13_5 Please think about your situation, and tell me any kinds of help, information, or support that you would use as a caregiver. Re
HFO_2 Have you ever received any respite or caregiver support services from a government source to assist you in providing care for [S.
HFO_3A Please tell me whether you have ever used the following service or not. Have you ever requested information about how to get
HFO_3B_1 Who provided you with this service?
HFO_3B_S Who provided you with this service? SPECIFY
HFO_3C How would you rate that financial information service? Did it meet your needs fully, only partly, or not at all?
HFO_3D_1 For what reason have you never done this?
HFO_3D_S For what reason have you never done this? SPECIFY
HFO_4A Have you ever taken part in support groups for caregivers?
HFO_4B_1 Who provided you with this service?
HFO_4B_S Who provided you with this service? SPECIFY
HFO_4C How would you rate that support group? Did it meet your needs fully, only partly, or not at all?
HFO_4D_1 For what reason have you never done this?
HFO_4D_HFP_4D_S For what reason have you never done this? SPECIFY
HFO_5A Have you ever used a service to temporarily take care of [SAMPNAME] so that you get some time away?
HFO_5B_1 Who provided you with this service?
HFO_5B_S Who provided you with this service? SPECIFY
HFO_5C How would you rate that temporary care service? Did it meet your needs fully, only partly, or not at all?
HFO_5D_1 For what reason have you never done this?
HFO_5D_S For what reason have you never done this? SPECIFY
HFO_6A Have you ever enrolled [SAMPNAME] in a program outside the home such as an Adult Day Care or senior center?
HFO_6B_1 Who provided you with this service?
HFO_6B_S Who provided you with this service? SPECIFY
HFO_6C How would you rate that Adult Day Care/senior center? Did it meet your needs fully, only partly, or not at all?
HFO_6D_1 For what reason have you never done this?
HFO_6D_S For what reason have you never done this? SPECIFY
HFO_7A Have you ever had a service come help with personal care or nursing care at [SAMPNAME]s home?
HFO_7B_1 Who provided you with this service?
HFO_7B_S Who provided you with this service? SPECIFY
HFO_7C How would you rate that personal, or nursing care service? Did it meet your needs fully, only partly, or not at all?
HFO_7D_1 For what reason have you never done this?
HFO_7D_S For what reason have you never done this? SPECIFY
HFO_8A Have you ever had a service come help you with housework at [SAMPNAME]s home?
HFO_8B_1 Who provided you with this service?
HFO_8B_S Who provided you with this service? SPECIFY
HFO_8C How would you rate that housework? Did it meet your needs fully, only partly, or not at all?
HFO_8D_1 For what reason have you never done this?
HFO_8D_S For what reason have you never done this? SPECIFY
HFO_9A Have you ever had an outside service deliver meals to [SAMPNAME]s home?
HFO_9B_1 Who provided you with this service?
HFO_9B_S Who provided you with this service? SPECIFY
HFO_9C How would you rate that meal service? Did it meet your needs fully, only partly, or not at all?
HFO_9D_1 For what reason have you never done this?
HFO_9D_S For what reason have you never done this? SPECIFY
HHEDU03 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU04 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU05 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU06 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU07 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU08 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU09 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU10 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU11 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU12 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU13 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU14 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU15 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU16 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU17 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU18 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU19 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHEDU20 What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has r
HHMAR03 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR04 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR05 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR06 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR07 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR08 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR09 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR10 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR11 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR12 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR13 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR14 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR15 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR16 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR17 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR18 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR19 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMAR20 Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) ne
HHMEM_01 Household Member - Sample Person
HHMEM_02 Household Member - Spouse
HHMEM_03 Does [ROS_NAME_3-20] usually live here? 3
HHMEM_04 Does [ROS_NAME_3-20] usually live here? 4
HHMEM_05 Does [ROS_NAME_3-20] usually live here? 5
HHMEM_06 Does [ROS_NAME_3-20] usually live here? 6
HHMEM_07 Does [ROS_NAME_3-20] usually live here? 7
HHMEM_08 Does [ROS_NAME_3-20] usually live here? 8
HHMEM_09 Does [ROS_NAME_3-20] usually live here? 9
HHMEM_10 Does [ROS_NAME_3-20] usually live here? 10
HHMEM_11 Does [ROS_NAME_3-20] usually live here? 11
HHMEM_12 Does [ROS_NAME_3-20] usually live here? 12
HHMEM_13 Does [ROS_NAME_3-20] usually live here? 13
HHMEM_14 Does [ROS_NAME_3-20] usually live here? 14
HHMEM_15 Does [ROS_NAME_3-20] usually live here? 15
HHMEM_16 Does [ROS_NAME_3-20] usually live here? 16
HHMEM_17 Does [ROS_NAME_3-20] usually live here? 17
HHMEM_18 Does [ROS_NAME_3-20] usually live here? 18
HHMEM_19 Does [ROS_NAME_3-20] usually live here? 19
HHMEM_20 Does [ROS_NAME_3-20] usually live here? 20

HHSPWORK03 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 3
HHSPWORK04 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 4
HHSPWORK05 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 5
HHSPWORK06 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 6
HHSPWORK07 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 7
HHSPWORK08 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 8
HHSPWORK09 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 9
HHSPWORK10 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 10
HHSPWORK11 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 11
HHSPWORK12 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 12
HHSPWORK13 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 13
HHSPWORK14 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 14
HHSPWORK15 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 15
HHSPWORK16 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 16
HHSPWORK17 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 17
HHSPWORK18 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 18
HHSPWORK19 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 19
HHSPWORK20 How many hours does [ROS_NAME_3-20]s spouse usually work per week? 20
HHWORK03 How many hours does [ROS_NAME_3-20] usually work per week? 3
HHWORK04 How many hours does [ROS_NAME_3-20] usually work per week? 4
HHWORK05 How many hours does [ROS_NAME_3-20] usually work per week? 5
HHWORK06 How many hours does [ROS_NAME_3-20] usually work per week? 6
HHWORK07 How many hours does [ROS_NAME_3-20] usually work per week? 7
HHWORK08 How many hours does [ROS_NAME_3-20] usually work per week? 8
HHWORK09 How many hours does [ROS_NAME_3-20] usually work per week? 9
HHWORK10 How many hours does [ROS_NAME_3-20] usually work per week? 10
HHWORK11 How many hours does [ROS_NAME_3-20] usually work per week? 11
HHWORK12 How many hours does [ROS_NAME_3-20] usually work per week? 12
HHWORK13 How many hours does [ROS_NAME_3-20] usually work per week? 13
HHWORK14 How many hours does [ROS_NAME_3-20] usually work per week? 14
HHWORK15 How many hours does [ROS_NAME_3-20] usually work per week? 15
HHWORK16 How many hours does [ROS_NAME_3-20] usually work per week? 16
HHWORK17 How many hours does [ROS_NAME_3-20] usually work per week? 17
HHWORK18 How many hours does [ROS_NAME_3-20] usually work per week? 18
HHWORK19 How many hours does [ROS_NAME_3-20] usually work per week? 19
HHWORK20 How many hours does [ROS_NAME_3-20] usually work per week? 20
HLP_1H How much time on an average day (are you/is) [SAMPNAME] receiving helper assistance from persons or organizations? HOUR
HLP_1M How much time on an average day (are you/is) [SAMPNAME] receiving helper assistance from persons or organizations? MIN
HLP_FLG_10 HELPER FLAG 10
HLP_FLG_11 HELPER FLAG 11
HLP_FLG_12 HELPER FLAG 12
HLP_FLG_13 HELPER FLAG 13
HLP_FLG_14 HELPER FLAG 14
HLP_FLG_15 HELPER FLAG 15
HLP_FLG_16 HELPER FLAG 16
HLP_FLG_17 HELPER FLAG 17
HLP_FLG_18 HELPER FLAG 18
HLP_FLG_19 HELPER FLAG 19
HLP_FLG_2 HELPER FLAG - SPOUSE
HLP_FLG_20 HELPER FLAG 20
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HLP_FLG_3 HELPER FLAG 3
HLP_FLG_4 HELPER FLAG 4
HLP_FLG_5 HELPER FLAG 5
HLP_FLG_6 HELPER FLAG 6
HLP_FLG_7 HELPER FLAG 7
HLP_FLG_8 HELPER FLAG 8
HLP_FLG_9 HELPER FLAG 9

HLPPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?

HNC_1A What is the reason that (you)/[SAMPLENAME] and the other household member(s) are living together NOW? Is that because of:

HNC_1B Is it to share living expenses?
HNC_1C_1 Did (you)/[SAMPLENAME] come to live with the other household member(s), or did the other household member(s) come to live with (you)/[SAMPLENAME]?
HNC_1C_2 Did (you)/[SAMPLENAME] come to live with the other household member(s), or did the other household member(s) come to live with (you)/[SAMPLENAME]?
HNC_1D_1 When did (you)/[SAMPLENAME] and (any of) other household member(s) start living together? MONTH
HNC_1D_2 When did (you)/[SAMPLENAME] and (any of) other household member(s) start living together? YEAR

HNC_2A All things considered, how satisfied are (you)/[SAMPLENAME] with the place in which you are living - would you say that you are:

HNC_2B Is this place part of a building or community intended for older or retired, or disabled persons?

HNC_3_0 Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? None
HNC_3_1 Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Extra handrails
HNC_3_2 Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Ramps
HNC_3_3 Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Elevators or stairs
HNC_3_4 Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Extra wide doors
HNC_3_5 Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Push bars on doors
HNC_3_6 Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Raised toilet
HNC_3_DK Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Don't Know
HNC_3_RF Which of these things (do you/does) [SAMPLENAME] have in (your/his/her) (house/apartment)? Anything else? Refused
HNC_4_0 Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? None
HNC_4_1 Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Extra handrails
HNC_4_2 Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Ramps
HNC_4_3 Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Elevators or stairs
HNC_4_4 Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Extra wide doors
HNC_4_5 Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Push bars on doors
HNC_4_6 Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Raised toilet
HNC_4_DK Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Don't Know
HNC_4_RF Which of these things would make things easier or more comfortable for (you)/[SAMPLENAME]? Anything else? Refused
HNC_5A Is there a toilet conveniently located to the room in which (you)/[SAMPNAME] sleep(s)? This includes portable toilets.
HNC_5B Is there a toilet conveniently located to the room in which (you)/[SAMPNAME] spend(s) most of (your/his/her) day? This includes portable toilets.
HNC_6 All things considered, how satisfied are (you)/[SAMPNAME] with this neighborhood - would you say that (you/he/she) (are/is) very satisfied?
HNC_7A Is there a conveniently located food or grocery store in this neighborhood?
HNC_7B Is there a conveniently located drug store or pharmacy in this neighborhood?
HNC_8A Is crime a serious problem in this neighborhood?
HNC_8B During the past year, (have you/has) [SAMPNAME] (or any other members of (your/his/her) household) been a victim of a crime?
HNC_CK2 FR: IN WHAT TYPE OF AREA IS THIS ADDRESS?
HNC_CK31 FR: WHAT ARE THE LIVING QUARTERS? ASK ABOUT ELEVATOR ONLY IF NOT OBVIOUS.
HNC_CK32 FR: WHAT ARE THE LIVING QUARTERS? ASK ABOUT ELEVATOR ONLY IF NOT OBVIOUS. SPECIFY
HNC_CK4 Are person(s), other than spouse, older than 18 years of age, currently living with (you)/[SAMPNAME]?
HNC_CK5 CAPI: Refer to HNCPROXY at the beginning of this part. Respondent is: [SAMPNAME]
HNC_CK6 CAPI: Refer to HNCPROXY at the beginning of this part. Respondent is: [SAMPNAME]
HNCPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
HOMETG_10 Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? DONT KNOW
HOMETG_11 Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? REFUSED
HOWFAR03 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 3
HOWFAR04 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 4
HOWFAR05 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 5
HOWFAR06 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 6
HOWFAR07 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 7
HOWFAR08 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 8
HOWFAR09 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 9
HOWFAR10 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 10
HOWFAR11 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 11
HOWFAR12 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 12
HOWFAR13 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 13
HOWFAR14 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 14
HOWFAR15 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 15
HOWFAR16 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 16
HOWFAR17 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 17
HOWFAR18 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 18
HOWFAR19 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 19
HOWFAR20 About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? 20
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HPA_1A_02 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_03 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_04 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_05 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_06 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_07 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_08 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_09 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_10 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_11 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_12 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_13 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_14 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_15 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_16 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_17 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_18 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_19 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1A_20 During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_2-20] helped (you)/[SAM
HPA_1AH02 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH03 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH04 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH05 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH06 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH07 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH08 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH09 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH10 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH11 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH12 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH13 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH14 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH15 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus
HPA_1AH16 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] becaus

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HPA_1AH17 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AH18 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AH19 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AH20 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM02 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM03 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM04 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM05 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM06 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM07 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM08 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM09 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM10 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM11 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM12 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM13 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM14 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM15 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM16 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM17 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM18 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM19 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1AM20 During the past week, that is since last (FILL day), how much time did [ROS_NAME_2-20] help (you)/[SAMPNAME] because
HPA_1B_02 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_03 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_04 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_05 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_06 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_07 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_08 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_09 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_10 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_11 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_12 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)
HPA_1B_13 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1B_14 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1B_15 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1B_16 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1B_17 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1B_18 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1B_19 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1B_20 For how long has [ROS_NAME_2-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)?

HPA_1DH_02 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_03 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_04 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_05 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_06 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_07 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_08 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_09 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_10 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_11 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_12 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_13 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_14 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_15 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_16 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_17 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_18 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_19 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DH_20 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DM_02 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DM_03 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DM_04 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DM_05 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DM_06 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DM_07 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?

HPA_1DM_08 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks)?
HPA_1DM_09 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_10 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_11 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_12 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_13 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_14 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_15 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_16 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_17 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_18 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_19 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1DM_20 During this past week, about how much time did [ROS_NAME_2-20] spend helping (you/him/her) with (CAPI fills all marks).
HPA_1EH_02 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_03 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_04 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_05 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_06 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_07 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_08 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_09 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_10 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_11 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_12 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_13 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_14 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_15 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_16 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_17 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_18 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_19 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EH_20 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EM_02 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EM_03 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EM_04 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_1]
HPA_1EM_05 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_06 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_07 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_08 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_09 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_10 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_11 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_12 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_13 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_14 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_15 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_16 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_17 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_18 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_19 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1EM_20 You said you get help from (helper) with (CAPI refers to ADL FLAGS). During this past week, how much time did [ROS_
HPA_1G_03 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 3
HPA_1G_04 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 4
HPA_1G_05 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 5
HPA_1G_06 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 6
HPA_1G_07 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 7
HPA_1G_08 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 8
HPA_1G_09 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 9
HPA_1G_10 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 10
HPA_1G_11 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 11
HPA_1G_12 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 12
HPA_1G_13 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 13
HPA_1G_14 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 14
HPA_1G_15 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 15
HPA_1G_16 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 16
HPA_1G_17 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 17
HPA_1G_18 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 18
HPA_1G_19 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 19
HPA_1G_20 Is [ROS_NAME_3-20] paid to help (you)/[SAMPNAME]? - 20
HPA_1H_03 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 3
HPA_1H_04 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 4
HPA_1H_05 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 5
HPA_1H_06 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 6
HPA_1H_07 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 7
HPA_1H_08 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 8
HPA_1H_09 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 9
HPA_1H_10 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 10
HPA_1H_11 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 11
HPA_1H_12 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 12
HPA_1H_13 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 13
HPA_1H_14 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 14
HPA_1H_15 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 15
HPA_1H_16 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 16
HPA_1H_17 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 17
HPA_1H_18 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 18
HPA_1H_19 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 19
HPA_1H_20 Is [ROS_NAME_3-20] paid by the hour to help (you)/[SAMPNAME]? - 20

HPA_1J_03 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_04 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_05 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_06 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_07 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_08 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_09 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_10 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_11 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_12 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_13 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_14 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_15 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_16 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_17 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_18 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_19 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1J_20 What was the total amount of pay that [ROS_NAME_3-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FIL
HPA_1K_03 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_04 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_05 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_06 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_07 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_08 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_09 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_10 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_11 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_12 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_13 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_14 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_15 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_16 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_17 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_18 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_19 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1K_20 Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_3-20] during (FIL
HPA_1M_03 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_04 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_05 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_06 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_07 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_08 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_09 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_10 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_11 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_12 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_13 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_14 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_15 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_16 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the o
HPA_1M_17 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the costs of

HPA_1M_18 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the costs of

HPA_1M_19 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the costs of

HPA_1M_20 Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, pay any of the costs of

HPA1C_02_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_02_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_03_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_03_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_04_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_04_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_05_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_05_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_06_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_06_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_07_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_07_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_08_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_08_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_09_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_09_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_10_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_10_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_11_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_11_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_12_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_12_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_13_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_13_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_14_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_14_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_15_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_15_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_16_DK You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?

HPA1C_16_RF You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2?
HPA1C_17_DK You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_17_RF You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_18_DK You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_18_RF You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_19_DK You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_19_RF You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_20_DK You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_20_RF You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_02 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_03 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_04 You said that (you)/ [SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_05 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_06 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_07 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_08 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_09 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_10 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_11 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_12 You said that (you)/ [SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_13 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_14 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_15 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_16 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_17 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_18 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_19 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_20 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_02 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_03 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_04 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_05 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_06 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_07 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_08 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_09 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_10 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_11 You said that (you)/ [SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_12 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_13 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_14 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_15 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_16 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_17 You said that (you)/ [SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_18 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_19 You said that (you)/ [SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_20 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_02 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_03 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_04 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_05 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_06 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_07 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C_08 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2
HPA1C2_09 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_10 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_11 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_12 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_13 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_14 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_15 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_16 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_17 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_18 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_19 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C2_20 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_02 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_03 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_04 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_05 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_06 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_07 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_08 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_09 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_10 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_11 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_12 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_13 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_14 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_15 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_16 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_17 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_18 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_19 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C4_20 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_02 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_03 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_04 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_05 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_06 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_07 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_08 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_09 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_10 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_11 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_12 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_13 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_14 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_15 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_16 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_17 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_18 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_19 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C7_20 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_02 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_03 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_04 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_05 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_06 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_07 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_08 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_09 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_10 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_11 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_12 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_13 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_14 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_15 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_16 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_17 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_18 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_19 You said that (you)/[SAMPLENAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C8_20 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_02 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_03 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_04 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_05 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_06 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_07 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_08 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_09 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_10 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_11 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_12 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_13 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_14 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_15 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_16 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_17 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_18 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_19 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1C9_20 You said that (you)/[SAMPNAME] received help with (CAPI refers to ADL FLAGS). Which activities does ROS_NAME_2-2C
HPA1F1_03 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_04 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_05 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_06 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_07 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_08 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_09 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_10 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_11 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_12 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_13 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_14 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_15 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_16 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_17 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_18 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_19 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_20 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_03 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_04 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_05 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_06 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_07 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_08 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_09 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_10 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_11 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_12 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_13 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_14 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_15 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_16 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_17 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_18 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_19 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1F1_SP_20 You mentioned that [ROS_NAME_3-20] helps (you)/[SAMPNAME]. Is [ROS_NAME_3-20] a relative, friend, someone hired
HPA1N_03_SP Who paid? Anyone else? SPECIFY - 3
HPA1N_04_SP Who paid? Anyone else? SPECIFY - 4
HPA1N_05_SP Who paid? Anyone else? SPECIFY - 5
HPA1N_06_SP Who paid? Anyone else? SPECIFY - 6
HPA1N_07_SP Who paid? Anyone else? SPECIFY - 7
HPA1N_08_SP Who paid? Anyone else? SPECIFY - 8
HPA1N_09_SP Who paid? Anyone else? SPECIFY - 9
HPA1N_10_SP Who paid? Anyone else? SPECIFY - 10
HPA1N_11_SP Who paid? Anyone else? SPECIFY - 11
HPA1N_12_SP Who paid? Anyone else? SPECIFY - 12
HPA1N_13_SP Who paid? Anyone else? SPECIFY - 13
HPA1N_14_SP Who paid? Anyone else? SPECIFY - 14
HPA1N_15_SP Who paid? Anyone else? SPECIFY - 15
HPA1N_16_SP Who paid? Anyone else? SPECIFY - 16
HPA1N_17_SP Who paid? Anyone else? SPECIFY - 17
HPA1N_18_SP Who paid? Anyone else? SPECIFY - 18
HPA1N_19_SP Who paid? Anyone else? SPECIFY - 19
HPA1N_20_SP Who paid? Anyone else? SPECIFY - 20
HPA1N_DK03 Who paid? Anyone else? DONT KNOW - 3
HPA1N_DK04 Who paid? Anyone else? DONT KNOW - 4
HPA1N_DK05 Who paid? Anyone else? DONT KNOW - 5
HPA1N_DK06 Who paid? Anyone else? DONT KNOW - 6
HPA1N_DK07 Who paid? Anyone else? DONT KNOW - 7
HPA1N_DK08 Who paid? Anyone else? DONT KNOW - 8
HPA1N_DK09 Who paid? Anyone else? DONT KNOW - 9
HPA1N_DK10 Who paid? Anyone else? DONT KNOW - 10
HPA1N_DK11 Who paid? Anyone else? DONT KNOW - 11
HPA1N_DK12 Who paid? Anyone else? DONT KNOW - 12
HPA1N_DK13 Who paid? Anyone else? DONT KNOW - 13
HPA1N_DK14 Who paid? Anyone else? DONT KNOW - 14
HPA1N_DK15 Who paid? Anyone else? DONT KNOW - 15
HPA1N_DK16 Who paid? Anyone else? DONT KNOW - 16
HPA1N_DK17 Who paid? Anyone else? DONT KNOW - 17
HPA1N_DK18 Who paid? Anyone else? DONT KNOW - 18
HPA1N_DK19 Who paid? Anyone else? DONT KNOW - 19
HPA1N_DK20 Who paid? Anyone else? DONT KNOW - 20
HPA1N_RF03 Who paid? Anyone else? REFUSED - 3
HPA1N_RF04 Who paid? Anyone else? REFUSED - 4
HPA1N_RF05 Who paid? Anyone else? REFUSED - 5
HPA1N_RF06 Who paid? Anyone else? REFUSED - 6
HPA1N_RF07 Who paid? Anyone else? REFUSED - 7
HPA1N_RF08 Who paid? Anyone else? REFUSED - 8
HPA1N_RF09 Who paid? Anyone else? REFUSED - 9
HPA1N_RF10 Who paid? Anyone else? REFUSED - 10
HPA1N_RF11 Who paid? Anyone else? REFUSED - 11
HPA1N_RF12 Who paid? Anyone else? REFUSED - 12
HPA1N_RF13 Who paid? Anyone else? REFUSED - 13
HPA1N_RF14 Who paid? Anyone else? REFUSED - 14
HPA1N_RF15 Who paid? Anyone else? REFUSED - 15
HPA1N_RF16 Who paid? Anyone else? REFUSED - 16
HPA1N_RF17 Who paid? Anyone else? REFUSED - 17
HPA1N_RF18 Who paid? Anyone else? REFUSED - 18
HPA1N_RF19 Who paid? Anyone else? REFUSED - 19
HPA1N_RF20 Who paid? Anyone else? REFUSED - 20
HPA1N1103 Who paid? Anyone else? Fee for service insurance plans - 3
HPA1N1104 Who paid? Anyone else? Fee for service insurance plans - 4
HPA1N1105 Who paid? Anyone else? Fee for service insurance plans - 5
HPA1N1106 Who paid? Anyone else? Fee for service insurance plans - 6
HPA1N1107 Who paid? Anyone else? Fee for service insurance plans - 7
HPA1N1108 Who paid? Anyone else? Fee for service insurance plans - 8
HPA1N1109 Who paid? Anyone else? Fee for service insurance plans - 9
HPA1N1110 Who paid? Anyone else? Fee for service insurance plans - 10
HPA1N1111 Who paid? Anyone else? Fee for service insurance plans - 11
HPA1N1112 Who paid? Anyone else? Fee for service insurance plans - 12
HPA1N1113 Who paid? Anyone else? Fee for service insurance plans - 13
HPA1N1114 Who paid? Anyone else? Fee for service insurance plans - 14
HPA1N1115 Who paid? Anyone else? Fee for service insurance plans - 15
HPA1N1116 Who paid? Anyone else? Fee for service insurance plans - 16
HPA1N1117 Who paid? Anyone else? Fee for service insurance plans - 17
HPA1N1118 Who paid? Anyone else? Fee for service insurance plans - 18
HPA1N1119 Who paid? Anyone else? Fee for service insurance plans - 19
HPA1N1120 Who paid? Anyone else? Fee for service insurance plans - 20
HPA1N1203 Who paid? Anyone else? HMO/prepaid group - 3
HPA1N1204 Who paid? Anyone else? HMO/prepaid group - 4
HPA1N1205 Who paid? Anyone else? HMO/prepaid group - 5
HPA1N1206 Who paid? Anyone else? HMO/prepaid group - 6
HPA1N1207 Who paid? Anyone else? HMO/prepaid group - 7
HPA1N1208 Who paid? Anyone else? HMO/prepaid group - 8
HPA1N1209 Who paid? Anyone else? HMO/prepaid group - 9
HPA1N1210 Who paid? Anyone else? HMO/prepaid group - 10
HPA1N1211 Who paid? Anyone else? HMO/prepaid group - 11
HPA1N1212 Who paid? Anyone else? HMO/prepaid group - 12
HPA1N1213 Who paid? Anyone else? HMO/prepaid group - 13
HPA1N1214 Who paid? Anyone else? HMO/prepaid group - 14
HPA1N1215 Who paid? Anyone else? HMO/prepaid group - 15
HPA1N1216 Who paid? Anyone else? HMO/prepaid group - 16
HPA1N1217 Who paid? Anyone else? HMO/prepaid group - 17
HPA1N1218 Who paid? Anyone else? HMO/prepaid group - 18
HPA1N1219 Who paid? Anyone else? HMO/prepaid group - 19
HPA1N1220 Who paid? Anyone else? HMO/prepaid group - 20
HPA1N1303 Who paid? Anyone else? Medicare - 3
HPA1N1304 Who paid? Anyone else? Medicare - 4
HPA1N1305 Who paid? Anyone else? Medicare - 5
HPA1N1306 Who paid? Anyone else? Medicare - 6
HPA1N1307 Who paid? Anyone else? Medicare - 7
HPA1N1308 Who paid? Anyone else? Medicare - 8
HPA1N1309 Who paid?  Anyone else?  Medicare - 9
HPA1N1310 Who paid?  Anyone else?  Medicare - 10
HPA1N1311 Who paid?  Anyone else?  Medicare - 11
HPA1N1312 Who paid?  Anyone else?  Medicare - 12
HPA1N1313 Who paid?  Anyone else?  Medicare - 13
HPA1N1314 Who paid?  Anyone else?  Medicare - 14
HPA1N1315 Who paid?  Anyone else?  Medicare - 15
HPA1N1316 Who paid?  Anyone else?  Medicare - 16
HPA1N1317 Who paid?  Anyone else?  Medicare - 17
HPA1N1318 Who paid?  Anyone else?  Medicare - 18
HPA1N1319 Who paid?  Anyone else?  Medicare - 19
HPA1N1320 Who paid?  Anyone else?  Medicare - 20
HPA1N1403 Who paid?  Anyone else?  Medicaid - 3
HPA1N1404 Who paid?  Anyone else?  Medicaid - 4
HPA1N1405 Who paid?  Anyone else?  Medicaid - 5
HPA1N1406 Who paid?  Anyone else?  Medicaid - 6
HPA1N1407 Who paid?  Anyone else?  Medicaid - 7
HPA1N1408 Who paid?  Anyone else?  Medicaid - 8
HPA1N1409 Who paid?  Anyone else?  Medicaid - 9
HPA1N1410 Who paid?  Anyone else?  Medicaid - 10
HPA1N1411 Who paid?  Anyone else?  Medicaid - 11
HPA1N1412 Who paid?  Anyone else?  Medicaid - 12
HPA1N1413 Who paid?  Anyone else?  Medicaid - 13
HPA1N1414 Who paid?  Anyone else?  Medicaid - 14
HPA1N1415 Who paid?  Anyone else?  Medicaid - 15
HPA1N1416 Who paid?  Anyone else?  Medicaid - 16
HPA1N1417 Who paid?  Anyone else?  Medicaid - 17
HPA1N1418 Who paid?  Anyone else?  Medicaid - 18
HPA1N1419 Who paid?  Anyone else?  Medicaid - 19
HPA1N1420 Who paid?  Anyone else?  Medicaid - 20
HPA1N1503 Who paid?  Anyone else?  Household member(s) - 3
HPA1N1504 Who paid?  Anyone else?  Household member(s) - 4
HPA1N1505 Who paid?  Anyone else?  Household member(s) - 5
HPA1N1506 Who paid?  Anyone else?  Household member(s) - 6
HPA1N1507 Who paid? Anyone else? Household member(s) - 7
HPA1N1508 Who paid? Anyone else? Household member(s) - 8
HPA1N1509 Who paid? Anyone else? Household member(s) - 9
HPA1N1510 Who paid? Anyone else? Household member(s) - 10
HPA1N1511 Who paid? Anyone else? Household member(s) - 11
HPA1N1512 Who paid? Anyone else? Household member(s) - 12
HPA1N1513 Who paid? Anyone else? Household member(s) - 13
HPA1N1514 Who paid? Anyone else? Household member(s) - 14
HPA1N1515 Who paid? Anyone else? Household member(s) - 15
HPA1N1516 Who paid? Anyone else? Household member(s) - 16
HPA1N1517 Who paid? Anyone else? Household member(s) - 17
HPA1N1518 Who paid? Anyone else? Household member(s) - 18
HPA1N1519 Who paid? Anyone else? Household member(s) - 19
HPA1N1520 Who paid? Anyone else? Household member(s) - 20
HPA1N1603 Who paid? Anyone else? Child(ren) not in household - 3
HPA1N1604 Who paid? Anyone else? Child(ren) not in household - 4
HPA1N1606 Who paid? Anyone else? Child(ren) not in household - 6
HPA1N1607 Who paid? Anyone else? Child(ren) not in household - 7
HPA1N1608 Who paid? Anyone else? Child(ren) not in household - 8
HPA1N1609 Who paid? Anyone else? Child(ren) not in household - 9
HPA1N1610 Who paid? Anyone else? Child(ren) not in household - 10
HPA1N1611 Who paid? Anyone else? Child(ren) not in household - 11
HPA1N1612 Who paid? Anyone else? Child(ren) not in household - 12
HPA1N1613 Who paid? Anyone else? Child(ren) not in household - 13
HPA1N1614 Who paid? Anyone else? Child(ren) not in household - 14
HPA1N1615 Who paid? Anyone else? Child(ren) not in household - 15
HPA1N1616 Who paid? Anyone else? Child(ren) not in household - 16
HPA1N1617 Who paid? Anyone else? Child(ren) not in household - 17
HPA1N1618 Who paid? Anyone else? Child(ren) not in household - 18
HPA1N1619 Who paid? Anyone else? Child(ren) not in household - 19
HPA1N1620 Who paid? Anyone else? Child(ren) not in household - 20
HPA1N1703 Who paid? Anyone else? Father - 3
HPA1N1704 Who paid? Anyone else? Father - 4
HPA1N1705 Who paid? Anyone else? Father - 5
HPA1N1706 Who paid? Anyone else? Father - 6
HPA1N1707 Who paid? Anyone else? Father - 7
HPA1N1708 Who paid? Anyone else? Father - 8
HPA1N1709 Who paid? Anyone else? Father - 9
HPA1N1710 Who paid? Anyone else? Father - 10
HPA1N1711 Who paid? Anyone else? Father - 11
HPA1N1712 Who paid? Anyone else? Father - 12
HPA1N1713 Who paid? Anyone else? Father - 13
HPA1N1714 Who paid? Anyone else? Father - 14
HPA1N1715 Who paid? Anyone else? Father - 15
HPA1N1716 Who paid? Anyone else? Father - 16
HPA1N1717 Who paid? Anyone else? Father - 17
HPA1N1718 Who paid? Anyone else? Father - 18
HPA1N1719 Who paid? Anyone else? Father - 19
HPA1N1720 Who paid? Anyone else? Father - 20
HPA1N1803 Who paid? Anyone else? Mother - 3
HPA1N1804 Who paid? Anyone else? Mother - 4
HPA1N1805 Who paid? Anyone else? Mother - 5
HPA1N1806 Who paid? Anyone else? Mother - 6
HPA1N1807 Who paid? Anyone else? Mother - 7
HPA1N1808 Who paid? Anyone else? Mother - 8
HPA1N1809 Who paid? Anyone else? Mother - 9
HPA1N1810 Who paid? Anyone else? Mother - 10
HPA1N1811 Who paid? Anyone else? Mother - 11
HPA1N1812 Who paid? Anyone else? Mother - 12
HPA1N1813 Who paid? Anyone else? Mother - 13
HPA1N1814 Who paid? Anyone else? Mother - 14
HPA1N1815 Who paid? Anyone else? Mother - 15
HPA1N1816 Who paid? Anyone else? Mother - 16
HPA1N1817 Who paid? Anyone else? Mother - 17
HPA1N1818 Who paid? Anyone else? Mother - 18
HPA1N1819 Who paid? Anyone else? Mother - 19
HPA1N1820 Who paid? Anyone else? Mother - 20
| HPA1N1903 | Who paid? Anyone else? | Son-in-law - 3 |
| HPA1N1904 | Who paid? Anyone else? | Son-in-law - 4 |
| HPA1N1907 | Who paid? Anyone else? | Son-in-law - 7 |
| HPA1N1908 | Who paid? Anyone else? | Son-in-law - 8 |
| HPA1N1912 | Who paid? Anyone else? | Son-in-law - 12 |
| HPA1N1914 | Who paid? Anyone else? | Son-in-law - 14 |
| HPA1N1916 | Who paid? Anyone else? | Son-in-law - 16 |
| HPA1N1917 | Who paid? Anyone else? | Son-in-law - 17 |
| HPA1N1918 | Who paid? Anyone else? | Son-in-law - 18 |
HPA1N2103 Who paid? Anyone else? Brother - 3
HPA1N2104 Who paid? Anyone else? Brother - 4
HPA1N2106 Who paid? Anyone else? Brother - 6
HPA1N2107 Who paid? Anyone else? Brother - 7
HPA1N2108 Who paid? Anyone else? Brother - 8
HPA1N2109 Who paid? Anyone else? Brother - 9
HPA1N2110 Who paid? Anyone else? Brother - 10
HPA1N2111 Who paid? Anyone else? Brother - 11
HPA1N2112 Who paid? Anyone else? Brother - 12
HPA1N2113 Who paid? Anyone else? Brother - 13
HPA1N2114 Who paid? Anyone else? Brother - 14
HPA1N2115 Who paid? Anyone else? Brother - 15
HPA1N2116 Who paid? Anyone else? Brother - 16
HPA1N2117 Who paid? Anyone else? Brother - 17
HPA1N2118 Who paid? Anyone else? Brother - 18
HPA1N2119 Who paid? Anyone else? Brother - 19
HPA1N2120 Who paid? Anyone else? Brother - 20
HPA1N2203 Who paid? Anyone else? Sister - 3
HPA1N2204 Who paid? Anyone else? Sister - 4
HPA1N2205 Who paid? Anyone else? Sister - 5
HPA1N2206 Who paid? Anyone else? Sister - 6
HPA1N2207 Who paid? Anyone else? Sister - 7
HPA1N2208 Who paid? Anyone else? Sister - 8
HPA1N2209 Who paid? Anyone else? Sister - 9
HPA1N2210 Who paid? Anyone else? Sister - 10
HPA1N2211 Who paid? Anyone else? Sister - 11
HPA1N2212 Who paid? Anyone else? Sister - 12
HPA1N2213 Who paid? Anyone else? Sister - 13
HPA1N2214 Who paid? Anyone else? Sister - 14
HPA1N2215 Who paid? Anyone else? Sister - 15
HPA1N2216 Who paid? Anyone else? Sister - 16
HPA1N2217 Who paid? Anyone else? Sister - 17
HPA1N2218 Who paid? Anyone else? Sister - 18
HPA1N2219 Who paid? Anyone else? Sister - 19
HPA1N2220 Who paid? Anyone else? Sister - 20
HPA1N2303 Who paid? Anyone else? Other male relative - 3
HPA1N2304 Who paid? Anyone else? Other male relative - 4
HPA1N2305 Who paid? Anyone else? Other male relative - 5
HPA1N2306 Who paid? Anyone else? Other male relative - 6
HPA1N2307 Who paid? Anyone else? Other male relative - 7
HPA1N2308 Who paid? Anyone else? Other male relative - 8
HPA1N2309 Who paid? Anyone else? Other male relative - 9
HPA1N2310 Who paid? Anyone else? Other male relative - 10
HPA1N2311 Who paid? Anyone else? Other male relative - 11
HPA1N2312 Who paid? Anyone else? Other male relative - 12
HPA1N2313 Who paid? Anyone else? Other male relative - 13
HPA1N2314 Who paid? Anyone else? Other male relative - 14
HPA1N2315 Who paid? Anyone else? Other male relative - 15
HPA1N2316 Who paid? Anyone else? Other male relative - 16
HPA1N2317 Who paid? Anyone else? Other male relative - 17
HPA1N2318 Who paid? Anyone else? Other male relative - 18
HPA1N2319 Who paid? Anyone else? Other male relative - 19
HPA1N2320 Who paid? Anyone else? Other male relative - 20
HPA1N2403 Who paid? Anyone else? Other female relative - 3
HPA1N2404 Who paid? Anyone else? Other female relative - 4
HPA1N2405 Who paid? Anyone else? Other female relative - 5
HPA1N2406 Who paid? Anyone else? Other female relative - 6
HPA1N2407 Who paid? Anyone else? Other female relative - 7
HPA1N2408 Who paid? Anyone else? Other female relative - 8
HPA1N2409 Who paid? Anyone else? Other female relative - 9
HPA1N2410 Who paid? Anyone else? Other female relative - 10
HPA1N2411 Who paid? Anyone else? Other female relative - 11
HPA1N2412 Who paid? Anyone else? Other female relative - 12
HPA1N2413 Who paid? Anyone else? Other female relative - 13
HPA1N2414 Who paid? Anyone else? Other female relative - 14
HPA1N2415 Who paid?  Anyone else?  Other female relative - 15
HPA1N2416 Who paid?  Anyone else?  Other female relative - 16
HPA1N2417 Who paid?  Anyone else?  Other female relative - 17
HPA1N2418 Who paid?  Anyone else?  Other female relative - 18
HPA1N2419 Who paid?  Anyone else?  Other female relative - 19
HPA1N2420 Who paid?  Anyone else?  Other female relative - 20
HPA1N2503 Who paid?  Anyone else?  Male friend - 3
HPA1N2504 Who paid?  Anyone else?  Male friend - 4
HPA1N2506 Who paid?  Anyone else?  Male friend - 6
HPA1N2507 Who paid?  Anyone else?  Male friend - 7
HPA1N2508 Who paid?  Anyone else?  Male friend - 8
HPA1N2509 Who paid?  Anyone else?  Male friend - 9
HPA1N2510 Who paid?  Anyone else?  Male friend - 10
HPA1N2511 Who paid?  Anyone else?  Male friend - 11
HPA1N2512 Who paid?  Anyone else?  Male friend - 12
HPA1N2514 Who paid?  Anyone else?  Male friend - 14
HPA1N2515 Who paid?  Anyone else?  Male friend - 15
HPA1N2516 Who paid?  Anyone else?  Male friend - 16
HPA1N2517 Who paid?  Anyone else?  Male friend - 17
HPA1N2518 Who paid?  Anyone else?  Male friend - 18
HPA1N2519 Who paid?  Anyone else?  Male friend - 19
HPA1N2520 Who paid?  Anyone else?  Male friend - 20
HPA1N2603 Who paid?  Anyone else?  Female friend - 3
HPA1N2604 Who paid?  Anyone else?  Female friend - 4
HPA1N2605 Who paid?  Anyone else?  Female friend - 5
HPA1N2606 Who paid?  Anyone else?  Female friend - 6
HPA1N2607 Who paid?  Anyone else?  Female friend - 7
HPA1N2608 Who paid?  Anyone else?  Female friend - 8
HPA1N2609 Who paid?  Anyone else?  Female friend - 9
HPA1N2610 Who paid?  Anyone else?  Female friend - 10
HPA1N2611 Who paid?  Anyone else?  Female friend - 11
HPA1N2612 Who paid?  Anyone else?  Female friend - 12
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HPA1N2613 Who paid? Anyone else? Female friend - 13
HPA1N2614 Who paid? Anyone else? Female friend - 14
HPA1N2615 Who paid? Anyone else? Female friend - 15
HPA1N2616 Who paid? Anyone else? Female friend - 16
HPA1N2617 Who paid? Anyone else? Female friend - 17
HPA1N2618 Who paid? Anyone else? Female friend - 18
HPA1N2619 Who paid? Anyone else? Female friend - 19
HPA1N2620 Who paid? Anyone else? Female friend - 20
HPA1N2703 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 3
HPA1N2704 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 4
HPA1N2705 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 5
HPA1N2706 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 6
HPA1N2707 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 7
HPA1N2708 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 8
HPA1N2709 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 9
HPA1N2710 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 10
HPA1N2711 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 11
HPA1N2712 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 12
HPA1N2713 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 13
HPA1N2714 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 14
HPA1N2715 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 15
HPA1N2716 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 16
HPA1N2717 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 17
HPA1N2718 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 18
HPA1N2719 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 19
HPA1N2720 Who paid? Anyone else? Other- specify in (18 (HA1N_03-20_SP)) below - 20
HPACTHR03 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 3
HPACTHR04 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 4
HPACTHR05 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 5
HPACTHR06 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 6
HPACTHR07 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 7
HPACTHR08 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 8
HPACTHR09 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 9
HPACTHR10 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 10
HPACTHR11 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 11
HPACTHR12 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 12
HPACTHR13 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 13
HPACTHR14 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 14
HPACTHR15 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 15
HPACTHR16 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 16
HPACTHR17 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 17
HPACTHR18 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 18
HPACTHR19 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 19
HPACTHR20 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - CENTS - 20
HPADLHR03 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 3
HPADLHR04 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 4
HPADLHR05 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 5
HPADLHR06 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 6
HPADLHR07 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 7
HPADLHR08 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 8
HPADLHR09 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 9
HPADLHR10 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 10
HPADLHR11 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 11
HPADLHR12 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 12
HPADLHR13 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 13
HPADLHR14 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 14
HPADLHR15 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 15
HPADLHR16 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 16
HPADLHR17 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 17
HPADLHR18 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 18
HPADLHR19 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 19
HPADLHR20 What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? - DOLLARS - 20

HPAPAY_03 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_04 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_05 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_06 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_07 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
HPAPAY_08 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SH
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how many days were there when [ROS_NAME_03-20] helped (you)/[SAMPNAME] be
During the past week, that is since last (FILL day), how much time did [ROS_NAME_03-20] help (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 3
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 4
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 5
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 6
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 7
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 8
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 9
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 10
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 11
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 12
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 13
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 14
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 15
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 16
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 17
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 18
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 19
For how long has [ROS_NAME_03-20] helped (you)/[SAMPNAME] because of a disability or health problem (including old age)? - 20
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 3
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 4
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 5
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 6
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 7
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 8
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 9
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 10
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 11
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 12
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 13
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 14
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 15
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 16
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 17
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 18
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 19
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - HOURS - 20
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 3
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 4
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 5
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 6
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 7
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 8
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 9
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 10
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 11
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 12
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 13
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 14
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 15
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 16
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 17
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPLENAME] with those things? - MINUTES - 18
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPNAME] with those things? - MINUTES - 19
During this past week, how much time did [HLP_FLG_01-20] spend helping (you)/[SAMPNAME] with those things? - MINUTES - 20
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 3
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 4
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 5
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 6
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 7
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 8
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 9
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 10
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 11
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 12
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 13
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 14
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 15
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 16
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 17
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 18
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 19
Is [ROS_NAME_03-20] paid to help (you)/[SAMPNAME]? - 20
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 3
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 4
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 5
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 6
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 7
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 8
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 9
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 10
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 11
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 12
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 13
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 14
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 15
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 16
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 17
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 18
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 19
Is [ROS_NAME_03-20] paid by the hour to help (you)/[SAMPNAME]? - 20

What was the total amount of pay that [HLPFLG01-20] received BEFORE deductions to help (you)/[SAMPNAME] in (FILL previous month)?

Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous month)?

Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous month)?

Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous month)?

Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous month)?
Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous
Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous
Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous
Will (you)/[SAMPNAME] end up paying any of the charges for the help (you/he/she) got from [ROS_NAME_03-20] during (FILL previous
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this
Did insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]'s family, pay any of the charge for this

How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 3
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 4
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 5
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 6
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 7
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 8
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 9
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 10
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 11
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 12
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 13
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 14
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 15
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 16
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 17
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 18
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 19
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? - 20
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 3
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 4
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 5
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 6
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 7
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 8
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 9
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 10
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 11
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 12
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 13
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 14
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 15
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 16
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 17
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 18
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 19
How is [ROS_NAME_03-20] related to (you)/[SAMPNAME]? SPECIFY - 20

HPB1L1_03 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_04 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_05 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_06 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_07 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_08 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_09 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_10 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_11 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_12 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_13 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_14 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_15 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_16 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_17 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_18 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_19 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
HPB1L1_20 How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE)
Who paid? Anyone else? SPECIFY - 3
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Who paid? Anyone else? Fee for service insurance plans - 18
Who paid? Anyone else? Fee for service insurance plans - 19
Who paid? Anyone else? Fee for service insurance plans - 20
Who paid? Anyone else? HMO/prepaid group - 3
Who paid? Anyone else? HMO/prepaid group - 4
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Who paid?  Anyone else?  Child(ren) not in household -19
Who paid?  Anyone else?  Child(ren) not in household -20
Who paid?  Anyone else?  Father - 3
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Who paid? Anyone else? Female friend -20
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Who paid? Anyone else? Other - 20

What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 3
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 4
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 5
What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? CENTS - 6
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What was (FILL helpers) hourly pay rate at the end of (FILL previous month)? DOLLARS
How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) RECEIVE
How much? FR: THIS QUESTION REFERS TO HOW MUCH THE SAMPLE PERSON WILL PAY FOR THE HELP (HE/SHE) RECEIVED.
IAA_1002_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - No longer needed/wanted /able to maintain home
IAA_1003_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Wanted less expensive house to maintain
IAA_1004_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Married/widowed/divorced/separated
IAA_1005_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - To be closer to family/friends
IAA_1006_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - To help cover medical expenses
IAA_1007_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Employment related
IAA_1008_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Retired and relocated
IAA_1009_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - To be convenient to public transportation/public serv
IAA_1010_R Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house? - Other
IAA_1013 Were any of the proceeds from the sale of this house used to to cover health care costs?
IAA_10A Since 1999, (have you/has) [SAMPNAME] or (your/his/her) spouse sold a house? Include primary residence, secondary or vac
IAA_10B What year did (you)/[SAMPNAME]s spouse sell this house?
IAA_12A What is the present value of (your)/[SAMPNAME]s and (your/his/her) spouses home (and lot/farm), that is, about how much wor
IAA_12A1 (Do you/Does) [SAMPNAME] or (your/his/her) spouse own a house, condo or farm?
IAA_12B Which category on this card would you say best represents the present value of (your)/[SAMPNAME]s and (your/his/her) spou
IAA_12C Is there a mortgage or other indebtedness on (your)/[SAMPNAME]s home (and lot/farm) at the present time?
IAA_12D1 About how much is still owed?
IAA_12D2 Which category on this card would you say best represents the present amount still owed?
IAA_12E About how much is (your)/[SAMPNAME]s monthly mortgage payment?
IAA_12F Which category would you say best represents the monthly mortgage payment?
IAA_1A During the last month, that is, the month of (FILL previous month) did (you)/[SAMPNAME] receive Social Security benefits or Rai
IAA_1AS During the last month, that is, the month of (FILL previous month), did (your)/[SAMPNAME]s spouse receive Social Security be
IAA_1B How much did (you)/[SAMPNAME] receive in (FILL previous month)?
IAA_1BS How much did (your)/[SAMPNAME]s spouse receive in (FILL previous month)?
IAA_1C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?
IAA_1CS Which category would you say best represents the amount (your)/[SAMPNAME]s spouse received in (FILL previous month)?
IAA_3A During (FILL previous month), did (you)/[SAMPNAME] receive Supplemental Security Income, that is SSI payments? These can
IAA_3AS During (FILL previous month), did (your)/[SAMPNAME]s spouse receive Supplemental Security Income, that is SSI payments?

IAA_3B How much did (you)/[SAMPNAME] receive in (FILL previous month)?

IAA_3BS How much did (your)/[SAMPNAME]s spouse receive in (FILL previous month)?

IAA_3C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?

IAA_3CS Which category would you say best represents the amount (your)/[SAMPNAME]s spouse received in (FILL previous month)?

IAA_7A Did (your)/[SAMPNAME]s spouse receive any (other) welfare payments in (FILL previous month)?

IAA_7B Whose name was on the check?

IAA_7BS Whose name was on the check? - SPECIFY

IAA_7C How much was the check for?

IAA_7DCK CAPI: Refer to Persons Roster. Is anyone other than Sample Person listed in the roster?

IAA_7E Which category would you say best represents the amount of the check?

IAA_8 Which category on this card represents the total combined income before deductions during (FILL previous month) for (you)/[SAM

IAA_B2A During the last month, that is, in (FILL previous month) did (you)/[SAMPNAME] receive any other retirement, pension, or annuit

IAA_B2AS During the last month, that is, in the month of (FILL previous month), did (your)/[SAMPNAME]s spouse receive any other retire

IAA_B2B How much did (you)/[SAMPNAME] receive?

IAA_B2BS How much did [(your)/[SAMPNAME]s spouse receive?

IAA_B2C Which category would you say best represents the amount (you)/[SAMPNAME] in (FILL previous month)?

IAA_B2CS Which category would you say best represents the amount (your)/[SAMPNAME]s spouse received in (FILL previous month)?

IAA_CK2 Is DT_MARSTAT equal to 1? NAME]s spouse received in (FILL previous month)?

IAA_CK8 Did home sale help cover medical cost (reason 5 in 10c, IAA_1006_R = 1)?

IAA_COMPLETE IAA COMPLETION CHECK CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is c

IAA_WHO1_R Respondents relationship to [SAMPNAME]. Other relative - Specify

IAA_WHO2 Respondents relationship to [SAMPNAME]. Other relative - Specify

IAA_WHO3 Respondents relationship to [SAMPNAME]. Other Nonrelative - Specify

IAA_XA01 Whom did the check cover? Anyone else? - SAMPLE PERSON

IAA_XA02 Whom did the check cover? Anyone else? - SPOUSE

IAA_XA03 Whom did the check cover? Anyone else? - 3

IAA_XA04 Whom did the check cover? Anyone else? - 4

IAA_XA05 Whom did the check cover? Anyone else? - 5

IAA_XA06 Whom did the check cover? Anyone else? - 6

IAA_XA07 Whom did the check cover? Anyone else? - 7

IAA_XA08 Whom did the check cover? Anyone else? - 8

IAA_XA09 Whom did the check cover? Anyone else? - 9

IAA_XA10 Whom did the check cover? Anyone else? - 10
IAA_XA11 Whom did the check cover? Anyone else? - 11
IAA_XA12 Whom did the check cover? Anyone else? - 12
IAA_XA13 Whom did the check cover? Anyone else? - 13
IAA_XA14 Whom did the check cover? Anyone else? - 14
IAA_XA15 Whom did the check cover? Anyone else? - 15
IAA_XA16 Whom did the check cover? Anyone else? - 16
IAA_XA17 Whom did the check cover? Anyone else? - 17
IAA_XA18 Whom did the check cover? Anyone else? - 18
IAA_XA19 Whom did the check cover? Anyone else? - 19
IAA_XA20 Whom did the check cover? Anyone else? - 20
IAA_XR_I FR: ENTER (N) FOR NO OTHER PERSON NAMED.

IAD_1A During the past week, that is, since last (FILL current week day), did any person help (you/him/her) eat?
IAD_1B Did someone feed (you)/[SAMPNAME]?
IAD_1C Did someone help (you)/[SAMPNAME] cut meat or butter bread?
IAD_1D Did (you)/[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?
IAD_2A Since last (FILL current week day) did (you)/[SAMPNAME] get out of bed at all for any reason whatsoever?
IAD_2B Did any person help (you)/[SAMPNAME] get in or out of bed?
IAD_2C Did someone actually LIFT (you)/[SAMPNAME] in or out of bed?
IAD_2D Did (you)/[SAMPNAME] use special equipment like a wheelchair, railing, walker, or cane to help (you/him/her) get out of bed?
IAD_3A Since last (FILL current week day) did (you)/[SAMPNAME] get around indoors at all?
IAD_3B Did any person help (you)/[SAMPNAME] get around indoors?
IAD_3C Did (you)/[SAMPNAME] also use special equipment like a wheelchair, cane, other device to help (you/him/her) get around indoors?
IAD_3D Did (you)/[SAMPNAME] use a wheelchair?
IAD_3E (Are you/Is) [SAMPNAME] able to get around at all without the wheelchair?
IAD_4A Since last (FILL current week day), did (you)/[SAMPNAME] get dressed at all?
IAD_4B Did any person usually help (you)/[SAMPNAME] get dressed?
IAD_4C Did someone put on all (your)/[SAMPNAME]'s clothes for (you/him/her)?
IAD_4D Did (you)/[SAMPNAME] wear special clothing or use special equipment to help (you/him/her) dress?
IAD_4E Did someone help change (your)/[SAMPNAME]'s pajamas or gown?
IAD_5A Since last (FILL current week day) (were you/was) [SAMPNAME] able to take a bath or shower at all?
IAD_5B Did any person help (you)/[SAMPNAME] take a bath or shower?
IAD_5C Did someone bathe (you)/[SAMPNAME]?
IAD_5D Did someone help (you)/[SAMPNAME] get in or out of the tub or shower?
IAD_5E Did (you)/[SAMPNAME] use special equipment like a shower seat, tub stool or grab bar to help (you/him/her) bathe?
IAD_5F Did (you)/[SAMPNAME] wash (your/his/her) body at a sink or basin?
IAD_5G During the past week, did (you)/[SAMPNAME] have a bed bath?
IAD_6A Since last (FILL current week day) did (you)/[SAMPNAME] use the toilet at all?
IAD_6B Did any person help (you)/[SAMPNAME] get to the bathroom or use the toilet?
IAD_6C Did someone help (you)/[SAMPNAME] to get on or off the toilet, arrange (your/his/her) clothes, or clean (yourself/himself/herself)?
IAD_6D Did (you)/[SAMPNAME] take care of (your/his/her) toilet needs by using any special equipment like a bedpan/portable toilet/commode?
IAD_6E (Do you/Does) [SAMPNAME] use a device such as a urinary catheter or a colostomy bag?
IAD_6F (Do you/Does) [SAMPNAME] take care of it by himself/herself OR did someone help (you/him/her) take care of it?
IAD_6G During the past week, (have you/has) [SAMPNAME] sometimes had trouble controlling (your/his/her) bladder or bowels so that (he/she) sometimes had trouble controlling (your/his/her) bladder or bowels?
IAD_6H (Do you/Does) [SAMPNAME] clean it up by (yourself/himself/herself) or does someone help (you/him/her) to take care of it?
IAD_7A (Do you/Does) [SAMPNAME] get around outdoors at all either with or without help?
IAD_7B When (you)/[SAMPNAME] goes outdoors, does someone usually help (you/him/her) get around?
IAD_7C When (you)/[SAMPNAME] goes outdoors, is special equipment like a cane or a walker used?
IAD_7D (Do you/Does) [SAMPNAME] usually use this equipment alone or with help from another person?
IAD_CND1 I would first like to ask a few questions regarding [SAMPNAME]s current condition. Does (he/she) NOW have: Alzheimers disease?
IAD_CND2 I would first like to ask a few questions regarding [SAMPNAME]s current condition. Does (he/she) NOW have: Mental retardation?
IAD_CND3 I would first like to ask a few questions regarding [SAMPNAME]s current condition. Does (he/she) NOW have: Dementia?
IAD_WHO1 Respondent is:
IAD_WHO1A_1 Respondents relationship to [SAMPNAME].
IAD_WHO2 Respondents relationship to [SAMPNAME]. Other relative-Specify
IAD_WHO3 Respondents relationship to [SAMPNAME]. Other Nonrelative-Specify
IADL_COMPLETE CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is complete. IAD_1A, IAD_2A, IADW_A_1_SP1 Respondents relationship to [SAMPNAME]. Other relative-Specify
IADW_A_1_SP2 Respondents relationship to [SAMPNAME]. Other Nonrelative-Specify
ICH_DL_13B What is the MAIN condition?
ICH_DL_CK5 CAPI: Main Condition If IDL_1302 equal to -5, N, D, R, or -5, store 1 in ICH_DL_13B.
ICH_DL_CK6A CAPI: Refer to SELHLP_FLG_2-20. Are there any helpers listed in the person roster?
IDL_10A Does someone usually help (you)/[SAMPNAME] take (your/his/her) medicine?
IDL_10A1 Is the reason (you)/[SAMPNAME] cannot take (your/his/her) own medicine because of a disability or health problem, or is there a reason?
IDL_10B I TAKE MEDICINE - Who regularly helps with this? Anyone else? - person or organization in roster
IDL_11A Is there a telephone in this house/apartment?
IDL_11B Is this a regular phone or a phone with special equipment such as an amplifier or an enlarged dialer?
IDL_11C (Do you/Does) [SAMPNAME] usually make (your/his/her) own telephone calls without the help of another person?
IDL_11D If (you)/[SAMPNAME] had to make (your/his/her) own telephone calls, could (you/he/she) do it?
IDL_11E Is the reason (you)/[SAMPNAME] cannot make (your/his/her) own telephone calls because of a disability or health problem (inc
IDL_11E2 Is the reason (you)/[SAMPNAME] cannot make (your/his/her) own telephone calls because of a disability or health problem (in
IDL_11F Who helps (you)/[SAMPNAME] the most with (CAPI fills IDL items receiving help
IDL_12_R About how long has health or age kept (you)/[SAMPNAME] from doing (this/any of these things)?
IDL_1301 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1302 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1303 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1304 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1305 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1306 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1307 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1308 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1309 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1310 What health conditions, either mental or physical, cause (you)/[SAMPNAME] to have trouble: (CAPI inserts ADL or IADL disab
IDL_1A (Do you/Does) [SAMPNAME] usually do heavy work around the house such as moving furniture, scrubbing floors, or washing wir
IDL_1B If (you)/[SAMPNAME] had to do heavy work around the house, could (you/he/she) do it?
IDL_1C_1 What is the reason (you)/[SAMPNAME] cannot do heavy work around the house - is that because of a disability or health prob
IDL_1C_2 What is the reason (you)/[SAMPNAME] cannot do heavy work around the house - is that because of a disability or health prob
IDL_2A (Do you/Does) [SAMPNAME] usually do light work around the house such as straightening up, putting things away, or washing d
IDL_2B If (you)/[SAMPNAME] had to do light work around the house, could (you/he/she) do it?
IDL_2C_1 What is the reason (you)/[SAMPNAME] cannot do light work around the house - is that because of a disability or health prob
IDL_2C_2 What is the reason (you)/[SAMPNAME] cannot do light work around the house - is that because of a disability or health prob
IDL_3A (Do you/Does) [SAMPNAME] usually do (your/his/her) own laundry?
IDL_3B If (you)/[SAMPNAME] had to do (your/his/her) own laundry, could (you/he/she) do it?
IDL_3C_1 What is the reason (you)/[SAMPNAME] cannot do (your/his/her) own laundry - is that because of a disability or health problem
IDL_3C_2 What is the reason (you)/[SAMPNAME] cannot do (your/his/her) own laundry - is that because of a disability or health problem
IDL_3E_I HOUSE WORK - Who regularly helps with this? Anyone else? - person or organization in roster
IDL_4A (Do you/Does) [SAMPNAME] usually prepare (your/his/her) own meals?
IDL_4B If (you)/[SAMPNAME] had to prepare (your/his/her) own meals, could (you/he/she) do it?
IDL_4C_1 What is the reason (you)/[SAMPNAME] cannot prepare (your/his/her) own meals - is that because of a disability or health prob
IDL_4C_2 What is the reason (you)/[SAMPNAME] cannot prepare (your/his/her) own meals - is that because of a disability or health prob
IDL_4E_I PREPARE MEALS - Who regularly helps with this? Anyone else? - person or organization in roster
IDL_5A (Do you/Does) [SAMPNAME] usually shop for groceries, that is, go to the store, select the items, and get them home?
IDL_5B If (you)/[SAMPNAME] had to do (your/his/her) own grocery shopping, could (you/he/she) do it?
What is the reason (you)/[SAMPNAME] cannot shop for groceries - is that because of a disability or health problem, or is there

What is the reason (you)/[SAMPNAME] cannot shop for groceries - is that because of a disability or health problem, or is there

SHOP - Who regularly helps with this? Anyone else? - person or organization in roster

Do you/ Does [SAMPNAME] get around outside at all, either with help or without help?

When (you)/[SAMPNAME] goes outside, does someone usually help (you/him/her) get around?

GETTING AROUND OUTSIDE - Who regularly helps with this? Anyone else? - person or organization in roster

When (you)/[SAMPNAME] goes outside, (do you/does) (he/she) use special equipment like a cane or walker or a guide dog to he

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? DONT KNOW

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? REFUSED

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Guide dog

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Cane

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Walker

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Wheelchair

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Orthopedic shoes

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Brace (leg or back)

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Prosthesis

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Oxygen/respirator

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Ramp

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Handrail

What kind of special equipment (do you/does) [SAMPNAME] use? Anything else? Other device - Specify

What kind of special equipment (do you/does) [SAMPNAME] use? - SPECIFY

usually use [IDL_6G01-12] by (yourself/himself/herself) or with help from another person?

Does someone usually help (you)/[SAMPNAME] go places outside of walking distance?

If (you)/[SAMPNAME] had to go places outside of walking distance by (yourself/himself/herself), could (you/he/she) do it?

GOING PLACES - Who regularly helps with this? Anyone else? - person or organization in roster

Is the reason (you)/[SAMPNAME] (do/does) not go places outside of walking distance by self because of a disability or health

Is the reason (you)/[SAMPNAME] (do/does) not go places outside of walking distance by self because of a disability or health

If (you)/[SAMPNAME] had to go places outside of walking distance by (yourself/himself/herself), could (you/he/she) do it?

(Do you/Does) [SAMPNAME] NEED any help getting around outside of walking distance?
IDL_8A1 Does someone regularly help (you)/[SAMPLENAME] with housework and laundry or (do you/does) (he/she) do housework and laundry for (you)/[SAMPLENAME]?

IDL_8A2 I HOUSEWORK/LAUNDRY - Who regularly helps with this? Anyone else? - person or organization in roster

IDL_8B1 Does someone regularly prepare meals for (you)/[SAMPLENAME] to eat here?

IDL_8B2 I PREPARE MEALS - Who regularly helps with this? Anyone else? - person or organization in roster

IDL_8C1 Does someone regularly help (you)/[SAMPLENAME] shop for groceries or do (your/his/her) grocery shopping for (you/him/her)?

IDL_8C2 I SHOP - Who regularly helps with this? Anyone else? - person or organization in roster

IDL_9A (Do you/Does) [SAMPLENAME] usually manage (your/his/her) own money by (yourself/himself/herself) including things like keeping track of spending?

IDL_9B If (you)/[SAMPLENAME] had to manage (your/his/her) own money, could (you/he/she) do it?

IDL_9C_1 Is the reason (you)/[SAMPLENAME] cannot manage (your/his/her) own money because of a disability or health problem, or is the reason another?

IDL_9C_2 Is the reason (you)/[SAMPLENAME] cannot manage (your/his/her) own money because of a disability or health problem, or is the reason another?

IDL_9E_I MANAGE MONEY - Who regularly helps with this? Anyone else? - person or organization in roster

IDL_CK2 CAPI: Refer to ADL_IBD, ADL_NAR (bedfast, no inside activity). Are either or both of these variables equal to 1?

IDL_CK3 CAPI: Refer to IDL_1C_1, IDL_2C_1, and IDL_3C_1. Are any of the three IDL variables = 1?

IDL_CK3B CAPI: If ADL_CK5 = 1, then refer to IDL_1B, IDL_2B, and IDL_3B. Are any of the three IDL variables = 2?

IDL_CK4 CAPI: (1) Refer to (IDLs) IDL_HVW, IDL_LTW, IDL_LND, IDL_MLS, IDL_SHP, IDL_OUT, or IDL_WLK, OR IDL_MON, IDL_TE

IDL_CK4C CAPI: Is ADL_CK5 = 1 AND IDL_4B = 2?

IDL_CK5C CAPI: Is ADL_CK5 = 1 AND IDL_5B = 2?

IDL_CK6 CAPI: Is ADL_6B = 1 OR IDL_6H = 2?

IDL_CK7 CAPI: Is ADL_CK5 = 1 AND IDL_7C = 2?

IDL_CK9 CAPI: Is ADL_CK5 = 1 and IDL_9B = 2?

IDL_CKH CAPI: Number of IDL helpers.

IDL_COMPLETE IDL COMPLETION CHECK CAPI: If 50 % of the below listed variables do not contain D, R, or -5, then the module is complete.

IDL_HVW INSTRUMENTAL ACTIVITY OF DAILY LIVING - HEAVY HOUSEWORK

IDL_LND INSTRUMENTAL ACTIVITY OF DAILY LIVING - LAUNDRY

IDL_LTW INSTRUMENTAL ACTIVITY OF DAILY LIVING - LIGHT HOUSEWORK

IDL_MLS INSTRUMENTAL ACTIVITY OF DAILY LIVING - PREPARE MEALS

IDL_MON INSTRUMENTAL ACTIVITY OF DAILY LIVING - MANAGE MONEY

IDL_OUT INSTRUMENTAL ACTIVITY OF DAILY LIVING - GET AROUND OUTSIDE

IDL_SHP INSTRUMENTAL ACTIVITY OF DAILY LIVING - GROCERY SHOPPING

IDL_TEL INSTRUMENTAL ACTIVITY OF DAILY LIVING - TELEPHONE

IDL_WLK INSTRUMENTAL ACTIVITY OF DAILY LIVING - GO PLACES OUTSIDE OF WALKING DISTANCE

IDL04_10E (Do you/Does) [SAMPLENAME] NEED any help taking (your/his/her) medicine?

IDL04_3D Does someone usually help (you)/[SAMPLENAME] with work around the house or with (your/his/her) laundry or do it for (you/him/her)?

IDL04_3H (Do you/Does) [SAMPLENAME] NEED any help doing work around the house or with (your/his/her) laundry?
IDL04_4D Does another person or organization usually prepare meals for (you)/[SAMPNAME] to eat here?
IDL04_4H (Do you/Does) [SAMPNAME] NEED someone to prepare meals for (you/him/her)?
IDL04_5D Does someone usually help (you)/[SAMPNAME] shop for groceries or do it for (you/him/her)?
IDL04_5H (Do you/Does) [SAMPNAME] NEED any help shopping for groceries?
IDL04_6I (Do you/Does) [SAMPNAME] NEED any help getting around outside?
IDL04_9D Does someone usually help (you/him/her) with managing (your/his/her) money, like keeping track of (your/his/her) bills or handing
IDL04_9H (Do you/Does) [SAMPNAME] NEED any help managing (your/his/her) money like keeping track of your/his/her bills or handling
IDL10A1_SP Is the reason (you)/[SAMPNAME] cannot take (your/his/her) own medicine because of a disability or health problem, or is t

IDLFLG_10 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 10
IDLFLG_11 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 11
IDLFLG_12 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 12
IDLFLG_13 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 13
IDLFLG_14 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 14
IDLFLG_15 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 15
IDLFLG_16 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 16
IDLFLG_17 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 17
IDLFLG_18 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 18
IDLFLG_19 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 19
IDLFLG_2 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - SPOUSE
IDLFLG_20 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 20
IDLFLG_3 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 3
IDLFLG_4 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 4
IDLFLG_5 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 5
IDLFLG_6 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 6
IDLFLG_7 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 7
IDLFLG_8 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 8
IDLFLG_9 RECEIVES INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP - 9
IDLPROXY3 FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
INC_13A Did (you)/[SAMPNAME] (or any family member who lives here) receive food stamps in (FILL previous month)?
INC_13AC CAPI: Refer to HHMEM_01-20 and REL_1-20. How many family members are in the household?
INC_13B1 What was the value of the stamps received in (FILL previous month)?
INC_13B2 Which category best represents the total value of the stamps received in (FILL previous month)?
INC_13C1 How long (have you/has) [SAMPNAME] received food stamps? YEARS
INC_13C2 How long (have you/has) [SAMPNAME] received food stamps? MONTHS
INC_14A In (1 month prior to current system month), did (you)/[SAMPNAME] (or any members of (your/his/her) family who live here) receive any (other) welfare payments in (1 month prior to current system month)?

INC_14B_1 Whose name was on the check? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_14C1 How much was the check for?

INC_14C2 Which category would you say best represents the amount the check was for?

INC_14D_1 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_15A Did (you)/[SAMPNAME] (or any members of (your/his/her) family who live here) receive any (other) welfare payments in (1 month prior to current system month)?

INC_15B_1 Whose name was on the check? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_15BC CAPI: Refer to HHMEM_01-20 and REL_1-20 in the Control Card. Are there any family members in the household?

INC_15C1 How much was the check for?

INC_15C3 Which category would you say best represents the amount the check was for?

INC_15D_1 Whom did the check cover? Anyone else? FR: ENTER LINE NUMBER. ENTER (N) FOR NO MORE PEOPLE GIVEN.

INC_18A Which category on this card represents (your)/[SAMPNAME]'s total family household income before deductions during the LAS?  

INC_18A1 Would it be $25,000 or more?

INC_18A2 Would it be $10,000 or more?

INC_18A3 Would it be $5,000 or more?

INC_18A4 Would it be $50,000 or more?

INC_18A5 Would it be $75,000 or more?

INC_18B Now only consider (SAMPNAME) and spouse). Which category on this card represents the total combined income before deductions during the LAS?

INC_18B1 Would it be $25,000 or more?

INC_18B2 Would it be $10,000 or more?

INC_18B3 Would it be $5,000 or more?

INC_18B4 Would it be $50,000 or more?

INC_18B5 Would it be $75,000 or more?

INC_19 How many vehicles, including cars, vans, trailers, motorcycles, or other vehicles are owned by (you)/[SAMPNAME] (and all members)?

INC_1A Did (you)/[SAMPNAME] EVER serve on active duty in the Armed Forces of the United States?

INC_1B_1 When did (you)/[SAMPNAME] serve? Any other period of service? World War I (April 17 - Nov 18)

INC_1B_2 When did (you)/[SAMPNAME] serve? Any other period of service? World War II (Sept 40 - July 47)

INC_1B_3 When did (you)/[SAMPNAME] serve? Any other period of service? Korean War (June 50 - Jan 55)

INC_1B_4 When did (you)/[SAMPNAME] serve? Any other period of service? Vietnam War (Aug 64 - April 75)

INC_1B_5 When did (you)/[SAMPNAME] serve? Any other period of service? Post Vietnam (May 75 - present)

INC_1B_6 When did (you)/[SAMPNAME] serve? Any other period of service? Other Service (All other periods)

INC_1B_DK When did (you)/[SAMPNAME] serve? Any other period of service? Don't know

INC_1B_RF When did (you)/[SAMPNAME] serve? Any other period of service? Refused

INC_1C (Were you/Was) [SAMPNAME] EVER an active member of a National Guard or military reserve unit?
INC_1D Was ALL of (your)/[SAMPNAME]s active duty service related to National Guard or military reserve training?
INC_20_DK Why did ((you)/[SAMPNAME] or spouse) sell this house? DON'T KNOW
INC_20_RF Why did ((you)/[SAMPNAME] or spouse) sell this house? REFUSED
INC_2002 Why did ((you)/[SAMPNAME] or spouse) sell this house? No longer needed/wanted/able to maintain home
INC_2003 Why did ((you)/[SAMPNAME] or spouse) sell this house? Wanted less expensive house to maintain
INC_2004 Why did ((you)/[SAMPNAME] or spouse) sell this house? Married/widowed/divorced/separated
INC_2005 Why did ((you)/[SAMPNAME] or spouse) sell this house? To be closer to family/friends
INC_2006 Why did ((you)/[SAMPNAME] or spouse) sell this house? To help cover medical expenses
INC_2007 Why did ((you)/[SAMPNAME] or spouse) sell this house? Employment related
INC_2008 Why did ((you)/[SAMPNAME] or spouse) sell this house? Retired and relocated
INC_2009 Why did ((you)/[SAMPNAME] or spouse) sell this house? To be convenient to public transportation/public services
INC_2010 Why did ((you)/[SAMPNAME] or spouse) sell this house? Other
INC_2013 Were any of the proceeds from the sale of this house used to cover health care costs?
INC_20A Since 1999, (have you/has) ([SAMPNAME] or your/his/her spouse) sold a house? Include primary residence, secondary or vac
INC_20B What year did ((you)/[SAMPNAME] or spouse) sell this house?
INC_21A (Were you/Was) [SAMPNAME] living quarters owned or being bought by someone in (your/his/her) household?
INC_21B (Were you/Was) [SAMPNAME] living quarters rented for cash OR are they occupied without payment of cash rent?
INC_22A About how much is the rent each month?
INC_22B Which category would (you)/[SAMPNAME] say best represents the amount of the rent?
INC_23_I In whose name is this house/apartment rented? Anyone else? FR: ENTER LINE NUMBER, ENTER (O) FOR OTHER PERSON NOT LI
INC_24A What is the present value of this home (and lot/farm), that is, how much would it bring if (you)/[SAMPNAME] sold it on todays m
INC_24B Which category on this card would you say best represents the present value of this home?
INC_24C Is there a mortgage or other indebtedness on this home (and lot/farm) at the present time?
INC_24D1 About how much is still owed?
INC_24D2 Which category on this card would you say best represents the present amount still owed?
INC_24E1 About how much is (your)/[SAMPNAME]s monthly mortgage payment?
INC_24E2 Which category would you say best represents (your)/[SAMPNAME]s monthly mortgage payment?
INC_25_I Who owns this (house/apartment)? Anyone else? FR: ENTER LINE NUMBER(S). ENTER (O) FOR OTHER PERSON NOT LI
INC_2A (Do you/Does) [SAMPNAME] have a disability related to service in the Armed Forces of the United States?
INC_2B What is (your)/[SAMPNAME]s current VA disability rating?
INC_4_1 Which of these types of places (are you/is) [SAMPNAME] living in now?
INC_4_2 Which of these types of places (are you/is) [SAMPNAME] living in now? Specify
INC_5A During the last month, that is, in the month of (FILL previous month), did (you)/[SAMPNAME] receive Social Security benefits or
INC_5B How much did (you)/[SAMPNAME] receive in (FILL previous month)?
INC_5C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?)

INC_5D During (FILL previous month), did any family members who live with (you)/[SAMPNAME] receive Social Security benefits or Rail

INC_5E02 Did (FILL family member name, age 15+) receive these payments? - SPOUSE

INC_5E03 Did (FILL family member name, age 15+) receive these payments? - 3

INC_5E04 Did (FILL family member name, age 15+) receive these payments? - 4

INC_5E05 Did (FILL family member name, age 15+) receive these payments? - 5

INC_5E06 Did (FILL family member name, age 15+) receive these payments? - 6

INC_5E07 Did (FILL family member name, age 15+) receive these payments? - 7

INC_5E08 Did (FILL family member name, age 15+) receive these payments? - 8

INC_5E09 Did (FILL family member name, age 15+) receive these payments? - 9

INC_5E10 Did (FILL family member name, age 15+) receive these payments? - 10

INC_5E11 Did (FILL family member name, age 15+) receive these payments? - 11

INC_5E12 Did (FILL family member name, age 15+) receive these payments? - 12

INC_5E13 Did (FILL family member name, age 15+) receive these payments? - 13

INC_5E14 Did (FILL family member name, age 15+) receive these payments? - 14

INC_5E15 Did (FILL family member name, age 15+) receive these payments? - 15

INC_5E16 Did (FILL family member name, age 15+) receive these payments? - 16

INC_5E17 Did (FILL family member name, age 15+) receive these payments? - 17

INC_5E18 Did (FILL family member name, age 15+) receive these payments? - 18

INC_5E19 Did (FILL family member name, age 15+) receive these payments? - 19

INC_5E20 Did (FILL family member name, age 15+) receive these payments? - 20

INC_5F02 How much did (family member name, age 15+) receive in (FILL previous month)? - SPOUSE

INC_5F03 How much did (family member name, age 15+) receive in (FILL previous month)? - 3

INC_5F04 How much did (family member name, age 15+) receive in (FILL previous month)? - 4

INC_5F05 How much did (family member name, age 15+) receive in (FILL previous month)? - 5

INC_5F06 How much did (family member name, age 15+) receive in (FILL previous month)? - 6

INC_5F07 How much did (family member name, age 15+) receive in (FILL previous month)? - 7

INC_5F08 How much did (family member name, age 15+) receive in (FILL previous month)? - 8

INC_5F09 How much did (family member name, age 15+) receive in (FILL previous month)? - 9

INC_5F10 How much did (family member name, age 15+) receive in (FILL previous month)? - 10

INC_5F11 How much did (family member name, age 15+) receive in (FILL previous month)? - 11

INC_5F12 How much did (family member name, age 15+) receive in (FILL previous month)? - 12

INC_5F13 How much did (family member name, age 15+) receive in (FILL previous month)? - 13

INC_5F14 How much did (family member name, age 15+) receive in (FILL previous month)? - 14
INC_5F15 How much did (family member name, age 15+) receive in (FILL previous month)? - 15
INC_5F16 How much did (family member name, age 15+) receive in (FILL previous month)? - 16
INC_5F17 How much did (family member name, age 15+) receive in (FILL previous month)? - 17
INC_5F18 How much did (family member name, age 15+) receive in (FILL previous month)? - 18
INC_5F19 How much did (family member name, age 15+) receive in (FILL previous month)? - 19
INC_5F20 How much did (family member name, age 15+) receive in (FILL previous month)? - 20
INC_5G02 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G03 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G04 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G05 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G06 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G07 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G08 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G09 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G10 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G11 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G12 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G13 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G14 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G15 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G16 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G17 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G18 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G19 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_5G20 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7A During the last month, that is, in the month of (FILL previous month), did (you)/[SAMPNAME] receive any other retirement, pension, or similar payment?
INC_7B How much did (you)/[SAMPNAME] receive in (FILL previous month)?
INC_7C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?
INC_7D During (FILL previous month), did any family members who live with (you)/[SAMPNAME] receive any other retirement, pension, or similar payment?
INC_7E02 Did (family member name, age 15+) receive these payments? - SPOUSE
INC_7E03 Did (family member name, age 15+) receive these payments? - 3
INC_7E04 Did (family member name, age 15+) receive these payments? - 4
INC_7E05 Did (family member name, age 15+) receive these payments? - 5
INC_7E06 Did (family member name, age 15+) receive these payments? - 6
INC_7E07 Did (family member name, age 15+) receive these payments? - 7
INC_7E08 Did (family member name, age 15+) receive these payments? - 8
INC_7E09 Did (family member name, age 15+) receive these payments? - 9
INC_7E10 Did (family member name, age 15+) receive these payments? - 10
INC_7E11 Did (family member name, age 15+) receive these payments? - 11
INC_7E12 Did (family member name, age 15+) receive these payments? - 12
INC_7E13 Did (family member name, age 15+) receive these payments? - 13
INC_7E14 Did (family member name, age 15+) receive these payments? - 14
INC_7E15 Did (family member name, age 15+) receive these payments? - 15
INC_7E16 Did (family member name, age 15+) receive these payments? - 16
INC_7E17 Did (family member name, age 15+) receive these payments? - 17
INC_7E18 Did (family member name, age 15+) receive these payments? - 18
INC_7E19 Did (family member name, age 15+) receive these payments? - 19
INC_7E20 Did (family member name, age 15+) receive these payments? - 20
INC_7F02 How much did (family member name, age 15+) receive in [last month]? - SPOUSE
INC_7F03 How much did (family member name, age 15+) receive in [last month]? - 3
INC_7F04 How much did (family member name, age 15+) receive in [last month]? - 4
INC_7F05 How much did (family member name, age 15+) receive in [last month]? - 5
INC_7F06 How much did (family member name, age 15+) receive in [last month]? - 6
INC_7F07 How much did (family member name, age 15+) receive in [last month]? - 7
INC_7F08 How much did (family member name, age 15+) receive in [last month]? - 8
INC_7F09 How much did (family member name, age 15+) receive in [last month]? - 9
INC_7F10 How much did (family member name, age 15+) receive in [last month]? - 10
INC_7F11 How much did (family member name, age 15+) receive in [last month]? - 11
INC_7F12 How much did (family member name, age 15+) receive in [last month]? - 12
INC_7F13 How much did (family member name, age 15+) receive in [last month]? - 13
INC_7F14 How much did (family member name, age 15+) receive in [last month]? - 14
INC_7F15 How much did (family member name, age 15+) receive in [last month]? - 15
INC_7F16 How much did (family member name, age 15+) receive in [last month]? - 16
INC_7F17 How much did (family member name, age 15+) receive in [last month]? - 17
INC_7F18 How much did (family member name, age 15+) receive in [last month]? - 18
INC_7F19 How much did (family member name, age 15+) receive in [last month]? - 19
INC_7F20 How much did (family member name, age 15+) receive in [last month]? - 20
INC_7G02 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)
INC_7G03 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G04 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G05 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G06 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G07 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G08 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G09 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G10 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G11 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G12 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G13 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G14 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G15 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G16 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G17 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G18 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G19 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_7G20 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9A During the last month, that is, in the month of (FILL previous month), did (you)/[SAMPNAME] receive Supplemental Security Income?
INC_9B How much did (you)/[SAMPNAME] receive in (FILL previous month)?
INC_9C Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?
INC_9D During (FILL previous month), did any family members who live with (you)/[SAMPNAME] receive Supplemental Security Income?
INC_9E02 Did (family member name, age 15+) receive these payments? - SPOUSE
INC_9E03 Did (family member name, age 15+) receive these payments? - 3
INC_9E04 Did (family member name, age 15+) receive these payments? - 4
INC_9E05 Did (family member name, age 15+) receive these payments? - 5
INC_9E06 Did (family member name, age 15+) receive these payments? - 6
INC_9E07 Did (family member name, age 15+) receive these payments? - 7
INC_9E08 Did (family member name, age 15+) receive these payments? - 8
INC_9E09 Did (family member name, age 15+) receive these payments? - 9
INC_9E10 Did (family member name, age 15+) receive these payments? - 10
INC_9E11 Did (family member name, age 15+) receive these payments? - 11
INC_9E12 Did (family member name, age 15+) receive these payments? - 12
INC_9E13 Did (family member name, age 15+) receive these payments? - 13
INC_9E14 Did (family member name, age 15+) receive these payments? - 14
INC_9E15 Did (family member name, age 15+) receive these payments? - 15
INC_9E16 Did (family member name, age 15+) receive these payments? - 16
INC_9E17 Did (family member name, age 15+) receive these payments? - 17
INC_9E18 Did (family member name, age 15+) receive these payments? - 18
INC_9E19 Did (family member name, age 15+) receive these payments? - 19
INC_9E20 Did (family member name, age 15+) receive these payments? - 20

INC_9F02 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - SPOUSE
INC_9F03 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 3
INC_9F04 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 4
INC_9F05 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 5
INC_9F06 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 6
INC_9F07 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 7
INC_9F08 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 8
INC_9F09 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 9
INC_9F10 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 10
INC_9F11 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 11
INC_9F12 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 12
INC_9F13 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 13
INC_9F14 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 14
INC_9F15 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 15
INC_9F16 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 16
INC_9F17 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 17
INC_9F18 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 18
INC_9F19 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 19
INC_9F20 How much did (FILL family member name, age 15+) receive in (FILL previous month)? - 20

INC_9G02 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G03 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G04 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G05 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G06 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G07 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G08 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G09 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G10 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G11 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G12 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G13 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G14 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G15 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G16 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G17 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G18 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G19 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?
INC_9G20 Which category would you say best represents the amount (family member name, age 15+) received in (FILL previous month)?

INC_CK2A CAPI: Refer to HHMEM_01-20, REL_1-20, and SELREL02_A-20 APXAGExx in the Control Card. Are there any family members over 65 years old?
INC_CK3 CAPI: Refer to REL_1-20, HHMEM_01-20, and AGEXX (?APXAGE01-20?) in the Control Card. How many family members over 65 years old are there in your household?
INC_CK5 CAPI: Refer to HHMEM_01-20, REL_1-20, and APXAGE01-20 in the Control Card. How many family members in the household are 15 years of age or older?
INC20C_SP Why did ((you)/[SAMPNAME] or spouse) sell this house? - SPECIFY
INCPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
INS_1 (Are you/Is) [SAMPNAME] covered by a Medicare HMO? In this state, such programs include: (CAPI fills in the names of state-specific programs)
INS_2A During the past 12 months, (have you/has) [SAMPNAME] received health care which has been or will be paid for by Medicaid or other public assistance program that pays for health care?
INS_2B (Do you/Does) [SAMPNAME] NOW have a Medicaid card?
INS_2C_1 May I please see (your)/[SAMPNAME]s card?
INS_2C_2 May I please see (your)/[SAMPNAME]s card? OTHER CARD SEEN - SPECIFY
INS_3 (Are you/Is) [SAMPNAME] NOW covered by any OTHER public assistance program that pays for health care?
INS_3A (Are you/Is) [SAMPNAME] NOW covered by any OTHER public assistance program that pays for health care?
INS_3B What is the name of that program?
INS_4 (Are you/Is) [SAMPNAME] NOW covered by TRICARE/CHAMPUS or CHAMPVA, or some other military health care, which is prepaid by the Department of Defense?
INS_5A In addition to Medicare and Medicaid, (are you/is) [SAMPNAME] now covered by a private health insurance plan or an HMO which
INS_5C1 Is [A5B01_INS_5B01-20] an HMO? - PLAN 1
INS_5C10 Is [A5B01_INS_5B01-20] an HMO? - PLAN 10
INS_5C11 Is [A5B01_INS_5B01-20] an HMO? - PLAN 11
INS_5C12 Is [A5B01_INS_5B01-20] an HMO? - PLAN 12
INS_5C13 Is [A5B01_INS_5B01-20] an HMO? - PLAN 13
INS_5C14 Is [A5B01_INS_5B01-20] an HMO? - PLAN 14
INS_5C15  Is [A5B01_INS_5B01-20] an HMO? - PLAN 15
INS_5C16  Is [A5B01_INS_5B01-20] an HMO? - PLAN 16
INS_5C17  Is [A5B01_INS_5B01-20] an HMO? - PLAN 17
INS_5C18  Is [A5B01_INS_5B01-20] an HMO? - PLAN 18
INS_5C19  Is [A5B01_INS_5B01-20] an HMO? - PLAN 19
INS_5C2   Is [A5B01_INS_5B01-20] an HMO? - PLAN 2
INS_5C20  Is [A5B01_INS_5B01-20] an HMO? - PLAN 20
INS_5C3   Is [A5B01_INS_5B01-20] an HMO? - PLAN 3
INS_5C4   Is [A5B01_INS_5B01-20] an HMO? - PLAN 4
INS_5C5   Is [A5B01_INS_5B01-20] an HMO? - PLAN 5
INS_5C6   Is [A5B01_INS_5B01-20] an HMO? - PLAN 6
INS_5C7   Is [A5B01_INS_5B01-20] an HMO? - PLAN 7
INS_5C8   Is [A5B01_INS_5B01-20] an HMO? - PLAN 8
INS_5C9   Is [A5B01_INS_5B01-20] an HMO? - PLAN 9
INS_5D1   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 1
INS_5D10  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 10
INS_5D11  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 11
INS_5D12  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 12
INS_5D13  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 13
INS_5D14  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 14
INS_5D15  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 15
INS_5D16  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 16
INS_5D17  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 17
INS_5D18  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 18
INS_5D19  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 19
INS_5D2   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 2
INS_5D20  Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 20
INS_5D3   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 3
INS_5D4   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 4
INS_5D5   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 5
INS_5D6   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 6
INS_5D7   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 7
INS_5D8   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 8
INS_5D9   Does [A5B01_INS_5B01-20] pay any part of hospital expenses? - PLAN 9
INS_5E1 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 1
INS_5E10 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 10
INS_5E11 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 11
INS_5E12 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 12
INS_5E13 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 13
INS_5E14 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 14
INS_5E15 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 15
INS_5E16 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 16
INS_5E17 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 17
INS_5E18 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 18
INS_5E19 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 19
INS_5E2 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 2
INS_5E20 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 20
INS_5E3 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 3
INS_5E4 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 4
INS_5E5 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 5
INS_5E6 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 6
INS_5E7 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 7
INS_5E8 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 8
INS_5E9 Does [A5B01_INS_5B01-20] pay any part of doctors or surgeons bills for operations? - PLAN 9
INS_6A (Are you/is) [SAMPNAME] now covered by a Medicare Supplement Policy?
INS_6B (Do you/Does) [SAMPNAME] pay for this policy or (do you/does) [SAMPNAME] employer pay for this policy or both?
INS_6B1 What is the amount of the Medicare Supplement Policy premium that (you)/[SAMPNAME] pays? DOLLARS
INS_6B3 What is the amount of the Medicare Supplement Policy premium that (you)/[SAMPNAME] pays? PER PERIOD
INS_6B4 What is the amount of the Medicare Supplement Policy premium that (you)/[SAMPNAME] pays? PER PERIOD - SPECIFY
INS_6C1 (Excluding any Medicare Supplement Policy), (do you/does) [SAMPNAME] have a long-term care policy that covers nursing ho
INS_6C2 (Do you/Does) [SAMPNAME] pay for the policy or does an employer, a former employer, or some other group pay, or both?
INS_6C3 (Do you/Does) [SAMPNAME] pay ongoing premiums or is this coverage part of another form of insurance?
INS_6D_1 What is the amount of the premium that (you)/[SAMPNAME] pays? DOLLARS
INS_6D_3 What is the amount of the premium that (you)/[SAMPNAME] pays? PER PERIOD
INS_6D_4 What is the amount of the premium that (you)/[SAMPNAME] pays? PER PERIOD - SPECIFY
INSMOR10 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 10
INSMOR11 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 11
INSNOR12 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 12
INSNOR13 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 13
INSNOR14 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 14
INSNOR15 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 15
INSNOR16 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 16
INSNOR17 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 17
INSNOR18 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 18
INSNOR19 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 19
INSNOR2 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 2
INSNOR3 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 3
INSNOR4 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 4
INSNOR5 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 5
INSNOR6 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 6
INSNOR7 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 7
INSNOR8 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 8
INSNOR9 (Do you/Does) [SAMPNAME] have any other living brothers or sisters? - 9
INST_APPT FR: YOU MUST CONDUCT THE NEXT PORTION OF THE INTERVIEW WITH A FACILITY ADMINISTRATOR OR NURSE
INST_DATE INSTITUTIONAL INTERVIEW DATE MMDDYYYY
INST_TIME INSTITUTIONAL INTERVIEW TIME HHMM (MILITARY FORMAT)
INSTIN_CK CHECK INSTITUTIONAL CAPI: Is GROUP = 4?
LASTSE03 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 3
LASTSE04 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 4
LASTSE05 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 5
LASTSE06 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 6
LASTSE07 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 7
LASTSE08 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 8
LASTSE09 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 9
LASTSE10 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 10
LASTSE11 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 11
LASTSE12 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 12
LASTSE13 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 13
LASTSE14 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 14
LASTSE15 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 15
LASTSE16 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 16
LASTSE17 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 17
LASTSE18 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 18
LASTSE19 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 19
LASTSE20 When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]? - 20
LND_FLG_10 LAUNDRY HELP FLAG - 10
LND_FLG_11 LAUNDRY HELP FLAG - 11
LND_FLG_12 LAUNDRY HELP FLAG - 12
LND_FLG_13 LAUNDRY HELP FLAG - 13
LND_FLG_14 LAUNDRY HELP FLAG - 14
LND_FLG_15 LAUNDRY HELP FLAG - 15
LND_FLG_16 LAUNDRY HELP FLAG - 16
LND_FLG_17 LAUNDRY HELP FLAG - 17
LND_FLG_18 LAUNDRY HELP FLAG - 18
LND_FLG_19 LAUNDRY HELP FLAG - 19
LND_FLG_2 LAUNDRY HELP FLAG - 2
LND_FLG_20 LAUNDRY HELP FLAG - 20
LND_FLG_3 LAUNDRY HELP FLAG - 3
LND_FLG_4 LAUNDRY HELP FLAG - 4
LND_FLG_5 LAUNDRY HELP FLAG - 5
LND_FLG_6 LAUNDRY HELP FLAG - 6
LND_FLG_7 LAUNDRY HELP FLAG - 7
LND_FLG_8 LAUNDRY HELP FLAG - 8
LND_FLG_9 LAUNDRY HELP FLAG - 9
LONG1_FL CAPI: Is 10a (SCN_16A), 10b (SCN_16B), or 10c (SCN_16C) marked yes?
LONG2_FL CAPI: Is 13a (SCN_19), 13b (SCN_20A), or 13c (SCN_20B) marked yes?
LTC_FLAG TYPE OF DETAILED INTERVIEW, 1=INSTITUTIONAL 2=COMMUNITY 3=COMMUNITY WITH CAREGIVER
LTC_FLAG_SPV TYPE OF DETAILED INTERVIEW SELECTED AT TIME OF SCREENER PERSONAL VISIT, 1=INSTITUTIONAL 2=
MARSTAT MARITAL STATUS
MEM03 Does [ROS_NAME_3-20] usually live here? - 3
MEM04 Does [ROS_NAME_3-20] usually live here? - 4
MEM05 Does [ROS_NAME_3-20] usually live here? - 5
MEM06 Does [ROS_NAME_3-20] usually live here? - 6
MEM07 Does [ROS_NAME_3-20] usually live here? - 7
MEM08 Does [ROS_NAME_3-20] usually live here? - 8
MEM09 Does [ROS_NAME_3-20] usually live here? - 9
MEM10 Does [ROS_NAME_3-20] usually live here? - 10
MEM11 Does [ROS_NAME_3-20] usually live here? - 11
MEM12 Does [ROS_NAME_3-20] usually live here? - 12
MEM14 Does [ROS_NAME_3-20] usually live here? - 14
MEM15 Does [ROS_NAME_3-20] usually live here? - 15
MEM16 Does [ROS_NAME_3-20] usually live here? - 16
MEM17 Does [ROS_NAME_3-20] usually live here? - 17
MEM18 Does [ROS_NAME_3-20] usually live here? - 18
MEM19 Does [ROS_NAME_3-20] usually live here? - 19
MEM20 Does [ROS_NAME_3-20] usually live here? - 20
MLS_FLG_10 MEALS HELP FLAG - 10
MLS_FLG_11 MEALS HELP FLAG - 11
MLS_FLG_12 MEALS HELP FLAG - 12
MLS_FLG_13 MEALS HELP FLAG - 13
MLS_FLG_14 MEALS HELP FLAG - 14
MLS_FLG_15 MEALS HELP FLAG - 15
MLS_FLG_16 MEALS HELP FLAG - 16
MLS_FLG_17 MEALS HELP FLAG - 17
MLS_FLG_18 MEALS HELP FLAG - 18
MLS_FLG_19 MEALS HELP FLAG - 19
MLS_FLG_2 MEALS HELP FLAG - 2
MLS_FLG_20 MEALS HELP FLAG - 20
MLS_FLG_3 MEALS HELP FLAG - 3
MLS_FLG_4 MEALS HELP FLAG - 4
MLS_FLG_5 MEALS HELP FLAG - 5
MLS_FLG_6 MEALS HELP FLAG - 6
MLS_FLG_7 MEALS HELP FLAG - 7
MLS_FLG_8 MEALS HELP FLAG - 8
MLS_FLG_9 MEALS HELP FLAG - 9
MNT_1 What is the date today?
MNT_10 Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down.
MNT_11 SP FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - SPECIFY
MNT_11TG_1 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - FR was denied access to sample person
MNT_11TG_10 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Specify other
MNT_11TG_2 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person is mentally incapable
MNT_11TG_3 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person is physically incapable
MNT_11TG_4 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person has hearing/speech problem
MNT_11TG_5 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person cannot speak English
MNT_11TG_6 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person has had a stroke
MNT_11TG_7 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person has Alzheimers disease
MNT_11TG_8 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person comatose
MNT_11TG_9 FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? - Sample person is a danger to self or others
MNT_2 What day of the week is it?
MNT_3 What is your street address?
MNT_3_I What is the name of this place?
MNT_4 In what State is this?
MNT_5 How old are you?
MNT_6 When were you born?
MNT_7 Who is the President of the United States now?
MNT_8 Who was the President just before him?
MNT_9 Who was the President just before him?
MNT_CK4 CAPI: Refer to all Cognitive Functioning questions 1 through 10. Are any of these questions coded D or R?
MNT_COMPLETE MNT COMPLETION CHECK CAPI: If MNT_11 is answered or 50 % of the below listed variables do not contain R, the
MNT_IA_R IF THE SAMPLE PERSON IS UNABLE TO RESPOND, DO NOT ATTEMPT TO ADMINISTER THIS SECTION OF THE QL
MNTPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING

MON_FLG_10 MANAGING MONEY HELP FLAG - 10
MON_FLG_11 MANAGING MONEY HELP FLAG - 11
MON_FLG_12 MANAGING MONEY HELP FLAG - 12
MON_FLG_13 MANAGING MONEY HELP FLAG - 13
MON_FLG_14 MANAGING MONEY HELP FLAG - 14
MON_FLG_15 MANAGING MONEY HELP FLAG - 15
MON_FLG_16 MANAGING MONEY HELP FLAG - 16
MON_FLG_17 MANAGING MONEY HELP FLAG - 17
MON_FLG_18 MANAGING MONEY HELP FLAG - 18
MON_FLG_19 MANAGING MONEY HELP FLAG - 19
MON_FLG_2 MANAGING MONEY HELP FLAG - 2
MON_FLG_20 MANAGING MONEY HELP FLAG - 20
MON_FLG_3 MANAGING MONEY HELP FLAG - 3
MON_FLG_4 MANAGING MONEY HELP FLAG - 4
MON_FLG_5 MANAGING MONEY HELP FLAG - 5
MON_FLG_6 MANAGING MONEY HELP FLAG - 6
MON_FLG_7 MANAGING MONEY HELP FLAG - 7
MON_FLG_8 MANAGING MONEY HELP FLAG - 8
MON_FLG_9 MANAGING MONEY HELP FLAG - 9

MPP_10A In the last month, that is, since (FILL date), how many times did (you)/[SAMPNAME] receive nursing services at home from so
MPP_10B I Who provided these at home nursing services? ENTER (N) FOR NO MORE HELPERS GIVEN.
MPP_11_DK What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Dont Know
MPP_11_RF What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Refused
MPP_1101 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? FR: RECORD VE
MPP_1102 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? FR: RECORD VE
MPP_1103 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? FR: RECORD VE
MPP_1105 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Financial
MPP_1106 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Time
MPP_1107 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Availability of a d
MPP_1108 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Transportation
MPP_1109 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Not free to leave
MPP_1110 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Problem not seri
MPP_1111 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Afraid to find out
MPP_1112 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Weather
MPP_1113 What is the reason that (you)/[SAMPNAME] didnt see a doctor or other medical person? Any other reason? Other reason(s)
MPP_11A In the last month, that is since (FILL date), did (you)/[SAMPNAME] have any health problem or condition about which (you/he/
MPP_1213 Who will end up paying? Anyone else? Fee for service insurance plans
MPP_1214 Who will end up paying? Anyone else? Son-in-law
MPP_1215 Who will end up paying? Anyone else? HMO/prepaid group
MPP_1216 Who will end up paying? Anyone else? Daughter-in-law
MPP_1217 Who will end up paying? Anyone else? Medicare
MPP_1218 Who will end up paying? Anyone else? Brother
MPP_1219 Who will end up paying? Anyone else? Medicaid
MPP_1220 Who will end up paying? Anyone else? Sister
MPP_1221 Who will end up paying? Anyone else? Veterans Administration (VA)
MPP_1222 Who will end up paying? Anyone else? Other male relative
MPP_1223 Who will end up paying? Anyone else? Household member(s)
MPP_1224 Who will end up paying? Anyone else? Other female relative
MPP_1225 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
MPP_1226 Who will end up paying? Anyone else? Male friend
MPP_1227 Who will end up paying? Anyone else? Female friend
MPP_1228 Who will end up paying? Anyone else? Father
MPP_1229 Who will end up paying? Anyone else? Other - specify
MPP_1230 Who will end up paying? Anyone else? Mother
MPP_12A How many different prescription medicines were taken by or obtained for (you)/[SAMPNAME] in the last month?
MPP_12B Will (you)/[SAMPNAME] end up paying any of the charges for this/these prescription(s)?
MPP_12D Will insurance, Medicaid, or anyone else, including any members of (your)/[SAMPNAME] family, end up paying any of the cha
MPP_13A (Are you/Is) [SAMPNAME] taking any prescription medicine now to help calm (you/him/her) down?
MPP_13B (Are you/Is) [SAMPNAME] taking any prescription medicine now to help raise (your/his/her) spirits or to relieve depression?
MPP_13C (Are you/Is) [SAMPNAME] taking any prescription medicine now to help (you/him/her) sleep?
MPP_1A How many times (have you/has) [SAMPNAME] EVER been a patient in a nursing home, convalescent, or rest home?
MPP_1C_1 When (were you/was) [SAMPNAME] admitted the last time? MONTH
MPP_1C_2 When (were you/was) [SAMPNAME] admitted the last time? YEAR
MPP_1C21 When (were you/was) [SAMPNAME] admitted the time before that? MONTH
MPP_1C22 When (were you/was) [SAMPNAME] admitted the time before that? YEAR
MPP_1D_1 How long (were you/was) [SAMPNAME] in the nursing home the last time? (Days OR Months) DAYS
MPP_1D_2 How long (were you/was) [SAMPNAME] in the nursing home the last time? (Days OR Months) MONTH
MPP_1D21 How long (were you/was) [SAMPNAME] in nursing home (that time)? (Days OR Months) DAYS
MPP_1D22 How long (were you/was) [SAMPNAME] in nursing home (that time)? (Days OR Months) MONTH
MPP_1E (Are you/Is) [SAMPNAME] now on a waiting list to go into a nursing home?
MPP_2A How many times (have you/has) [SAMPNAME] been a patient in a hospital overnight or longer, in the last 12 months?
MPP_2C_1 When (were you/was) [SAMPNAME] admitted the last time? MONTH
MPP_2C_2 When (were you/was) [SAMPNAME] admitted the last time? YEAR
MPP_2C21 When (were you/was) [SAMPNAME] admitted the time before that? MONTH
MPP_2C22 When (were you/was) [SAMPNAME] admitted the time before that? YEAR
MPP_2D_1 How long (were you/was) [SAMPNAME] in the hospital the last time? (Days OR Months) DAYS
MPP_2D_2 How long (were you/was) [SAMPNAME] in the hospital the last time? (Days OR Months) MONTHS
MPP_2D21 How long (were you/was) [SAMPNAME] in the hospital that time? (Days OR Months) DAYS
MPP_2D22 How long (were you/was) [SAMPNAME] in the hospital that time? (Days OR Months) MONTHS
MPP_3A In the last month, that is, since (FILL date), did (you)/[SAMPNAME] see a physical therapist, occupational therapist, speech the
MPP_3B_1 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Physical therapist
MPP_3B_2 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Occupational therapist
MPP_3B_3 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Speech therapist
MPP_3B_4 Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Hearing therapist
MPP_3B_DK Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Don't Know
MPP_3B_RF Which of these therapists did (you)/[SAMPNAME] see? Anyone else? Refused
MPP_3CH How many times did (you)/[SAMPNAME] see the hearing therapist in the last month?
MPP_3CO How many times did (you)/[SAMPNAME] see the occupational therapist in the last month?
MPP_3CP How many times did (you)/[SAMPNAME] see the physical therapist in the last month?
MPP_3CS How many times did (you)/[SAMPNAME] see the speech therapist in the last month?
MPP_3DH Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DH - Hearing therapist
MPP_3DO Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DO - Occupational Therapist
MPP_3DP Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DP - Physical therapist
MPP_3DS Did (you)/[SAMPNAME] see this therapist in (your/his/her) home or somewhere else? MPP_3DS -Speech Therapist
MPP_3E Will (you)/[SAMPNAME] end up paying any of the charges for (that visit/all those visits)?
MPP_3G Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, end up paying any
MPP_3I_DK Who will end up paying? Anyone else? Don't Know
MPP_3I_RF Who will end up paying? Anyone else? Refused
MPP_3I_SP Who will end up paying? Anyone else? - Specify
MPP_3I01 Who will end up paying? Anyone else? Fee for service insurance plans
MPP_3I02 Who will end up paying? Anyone else? Son-in-law
MPP_3I03 Who will end up paying? Anyone else? HMO/prepaid group
MPP_3I04 Who will end up paying? Anyone else? Daughter-in-law
MPP_3I05 Who will end up paying? Anyone else? Medicare
MPP_3I06 Who will end up paying? Anyone else? Brother
MPP_3I07 Who will end up paying? Anyone else? Medicaid
MPP_3I08 Who will end up paying? Anyone else? Sister
MPP_3I09 Who will end up paying? Anyone else? Veterans Administration (VA)
MPP_3I10 Who will end up paying? Anyone else? Other male relative
MPP_3I11 Who will end up paying? Anyone else? Household member(s)
MPP_3I12 Who will end up paying? Anyone else? Other female relative
MPP_3I13 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
MPP_3I14 Who will end up paying? Anyone else? Male friend
MPP_3I15 Who will end up paying? Anyone else? Father
MPP_3I16 Who will end up paying? Anyone else? Female friend
MPP_3I17 Who will end up paying? Anyone else? Mother
MPP_3I18 Who will end up paying? Anyone else? Other - Specify
MPP_4A In the last month, that is, since (FILL date), did (you)/[SAMPNAME] discuss any personal problems with a psychiatrist, psycholo
MPP_4B How many times (have you/has) [SAMPNAME] seen one of these mental health professionals in the last month?
MPP_4C Will (you)/[SAMPNAME] end up paying any of the charges for (that visit/all those visits)?
MPP_4D Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, end up paying any
MPP_4G_DK Who will end up paying? Anyone else? DON'T KNOW
MPP_4G_RF Who will end up paying? Anyone else? REFUSED
MPP_4G_SP Who will end up paying? Anyone else? SPECIFY
MPP_4G01 Who will end up paying? Anyone else? Fee for service insurance plans
MPP_4G02 Who will end up paying? Anyone else? Son-in-law
MPP_4G03 Who will end up paying? Anyone else? HMO/prepaid group
MPP_4G04 Who will end up paying? Anyone else? Daughter-in-law
MPP_4G05 Who will end up paying? Anyone else? Medicare
MPP_4G06 Who will end up paying? Anyone else? Brother
MPP_4G07 Who will end up paying? Anyone else? Medicaid
MPP_4G08 Who will end up paying? Anyone else? Sister
MPP_4G09 Who will end up paying? Anyone else? Veterans Administration (VA)
MPP_4G10 Who will end up paying? Anyone else? Other male relative
MPP_4G11 Who will end up paying? Anyone else? Household member(s)
MPP_4G12 Who will end up paying? Anyone else? Other female relative
MPP_4G13 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
MPP_4G14 Who will end up paying? Anyone else? Male friend
MPP_4G15 Who will end up paying? Anyone else? Father
MPP_4G16 Who will end up paying? Anyone else? Female friend
MPP_4G17 Who will end up paying? Anyone else? Mother
MPP_4G18 Who will end up paying? Anyone else? Specify other
MPP_5A In the last month, that is, since (FILL date), did (you)/[SAMPNAME] receive care from a dentist, foot doctor/podiatrist, optometr:
MPP_5B_1 Which of these did (you)/[SAMPNAME] see? Anyone else? Dentist
MPP_5B_2 Which of these did (you)/[SAMPNAME] see? Anyone else? Foot doctor/Podiatrist
MPP_5B_3 Which of these did (you)/[SAMPNAME] see? Anyone else? Optometrist/Eye Doctor
MPP_5B_4 Which of these did (you)/[SAMPNAME] see? Anyone else? Chiropractor
MPP_5B_DK Which of these did (you)/[SAMPNAME] see? Anyone else? Don’t Know
MPP_5B_RF Which of these did (you)/[SAMPNAME] see? Anyone else? Refused
MPP_5CC How many times did (you)/[SAMPNAME] see the Chiropractor in the last month?
MPP_5CD How many times did (you)/[SAMPNAME] see the Dentist in the last month?
MPP_5CF How many times did (you)/[SAMPNAME] see the Podiatrist/Foot Doctor in the last month?
MPP_5CT How many times did (you)/[SAMPNAME] see the Optometrist/Eye Doctor in the last month?
MPP_5E Will (you)/[SAMPNAME] end up paying any of the charges for that visit/all those visits?
MPP_5F Will insurance, Medicare, Medicaid, or anyone else, including any members of (your)/[SAMPNAME]s family, end up paying any
MPP_5G_DK Who will end up paying? Anyone else? DON’T KNOW
MPP_5G_RF Who will end up paying? Anyone else? REFUSED
MPP_5G_SP Who will end up paying? Anyone else? SPECIFY
MPP_5G01 Who will end up paying? Anyone else? Fee for service insurance plans
MPP_5G02 Who will end up paying? Anyone else? Son-in-law
MPP_5G03 Who will end up paying? Anyone else? HMO/prepaid group
MPP_5G04 Who will end up paying? Anyone else? Daughter-in-law
MPP_5G05 Who will end up paying? Anyone else? Medicare
MPP_5G06 Who will end up paying? Anyone else? Brother
MPP_5G07 Who will end up paying? Anyone else? Medicaid
MPP_5G08 Who will end up paying? Anyone else? Sister
MPP_5G09 Who will end up paying? Anyone else? Veterans Administration (VA)
MPP_5G10 Who will end up paying? Anyone else? Other male relative
MPP_5G11 Who will end up paying? Anyone else? Household member(s)
MPP_5G12 Who will end up paying? Anyone else? Other female relative
MPP_5G13 Who will end up paying? Anyone else? Child(ren) of sample person (non-household member(s))
MPP_5G14 Who will end up paying? Anyone else? Male friend
MPP_5G15 Who will end up paying? Anyone else? Father
MPP_5G16 Who will end up paying? Anyone else? Female friend
MPP_5G17 Who will end up paying? Anyone else? Mother
MPP_5G18 Who will end up paying? Anyone else? Specify other
MPP_6A How many times in the last month, that is, did (you)/[SAMPNAME] go to an emergency room, hospital clinic or freestanding trea
MPP_7A (Not counting any visits you’ve already told me about) in the last month, that is, since (FILL date), how many times did (you)/[SAMPNAME] see a doctor in (your/his/her) home? (Do not count
MPP_9 (Do you/Does) [SAMPNAME] have a regular source of medical care, like a family doctor, a clinic, or some other medical person c
MPP12F_SP Who will end up paying? Anyone else? SPECIFY
MPP12FTG_19 Who will end up paying? Any other? Don't Know
MPP12FTG_20 Who will end up paying? Anyone else? Refused

MPPPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?

NRSFLG02 Helped with home nursing services - 2
NRSFLG03 Helped with home nursing services - 3
NRSFLG04 Helped with home nursing services - 4
NRSFLG05 Helped with home nursing services - 5
NRSFLG06 Helped with home nursing services - 6
NRSFLG07 Helped with home nursing services - 7
NRSFLG08 Helped with home nursing services - 8
NRSFLG09 Helped with home nursing services - 9
NRSFLG10 Helped with home nursing services - 10
NRSFLG11 Helped with home nursing services - 11
NRSFLG12 Helped with home nursing services - 12
NRSFLG13 Helped with home nursing services - 13
NRSFLG14 Helped with home nursing services - 14
NRSFLG15 Helped with home nursing services - 15
NRSFLG16 Helped with home nursing services - 16
NRSFLG17 Helped with home nursing services - 17
NRSFLG18 Helped with home nursing services - 18
NRSFLG19 Helped with home nursing services - 19
NRSFLG20 Helped with home nursing services - 20

NSA_1_T1 What is (your)/[SAMPNAME]'s current height (without shoes on)? FEET
NSA_1_T2 What is (your)/[SAMPNAME]'s current height (without shoes on)? INCHES
NSA_11A (Do you/does) [SAMPNAME] eat at least one serving of dairy products (milk, cheese, yogurt) per day?
NSA_11B (Do you/does) [SAMPNAME] eat at least two or more servings of legumes, beans, or eggs per week?
NSA_11C (Do you/does) [SAMPNAME] eat meat, fish or poultry every day?
NSA_12 (Do you/does) [SAMPNAME] eat at least two or more servings of fruits or vegetables per day?
NSA_13 How many cups of fluid (water, juice, coffee, tea, milk…) (do you/does) [SAMPNAME] consume per day?
NSA_14 (do you/does) [SAMPNAME] consider (yourself/himself/herself) to be malnourished, or (do you/does) (he/she) have no nutrition?
NSA_2 What is (your)/[SAMPNAME]'s current weight?
NSA_3 What was (your)/[SAMPNAME]'s weight when (you/he/she) (were/was) 50 years of age?
NSA_4 What was (your)/[SAMPNAME]'s weight last (month) one year ago?
NSA_5A (Do you/Does) [SAMPNAME] regularly go to a senior center?
NSA_5B (Do you/Does) [SAMPNAME] regularly go to an adult day care center?
NSA_5D Does this adult day care center provide (you)/[SAMPNAME] with transportation between the center and (your/his/her) home?
NSA_6A On a typical day, how many meals (do you/does) [SAMPNAME] eat?
NSA_7A In a typical week, how many meals (do you/does) [SAMPNAME] eat at home?
NSA_7B In a typical week, how many meals (do you/does) [SAMPNAME] eat at home by someone else?
NSA_7E (Do you/Does) [SAMPNAME] have meals delivered to (you/him/her) home by an agency or organization like MEALS ON WHEELS?
NSA_8A (Do you/Does) [SAMPNAME] usually take a vitamin and/or mineral supplement once a week or more?
NSA_9A On a usual day, how much time (do you/does) [SAMPNAME] spend on vigorous activities such as digging in the garden, street cleaning?
NSA_9B On a usual day, how much time (do you/does) [SAMPNAME] spend on - moderate activities such as housework, light sports, gardening?
NSA_9C On a usual day, how much time (do you/does) [SAMPNAME] spend on - moderate activities such as housework, light sports, office work, driving a car, strolling?
NSA_9D On a usual day, how much time (do you/does) [SAMPNAME] spend on light activities such as office work, driving a car, strolling?
NSA_CK5 CAPI: Refer to ADL_IBD (bedfast) and ADL_NAR (no inside activity). Does ADL_IBD and/or ADL_NAR equal 1?
NSA_COMPLETE If 50 % of the variables do not contain D, R, or -5, the module is complete. NSA_1_T1 NSA_1_T2 NSA_2 NSA_3 NSA_5
NSAPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
NURSE Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health professional

OBS_1A1_1 What is the PROXYS name? ENTER N FOR NO MORE.
OBS_2_1 What is [OBS_1A1_NM]s in 2,3,4) relationship to (you)/[SAMPNAME]?
OBS_2_2 What is [OBS_1A1_NM]s in 2,3,4) relationship to (you)/[SAMPNAME]? SPECIFY
OBS_3 How many years (have you/has) [OBS_1A1_NM] known sample person?
OBS_4 Is [OBS_1A1_NM] paid to help?
OBS_5A Do (you)/[SAMPNAME] and [OBS_1A1_NM] live together?
OBS_5B Does [OBS_1A1_NM] live with (you)/[SAMPNAME]?
OBS_7_1 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY WITH MEMORIES OR THINKING?
OBS_7_2 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY WITH MEMORIES OR THINKING?
OBS_7_3 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY WITH MEMORIES OR THINKING?
OBS_7_4 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY WITH MEMORIES OR THINKING?
OBS_7_5 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY WITH MEMORIES OR THINKING?
OBS_7_6 FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY WITH MEMORIES OR THINKING?
OBS_7_SP FR: DID SAMPLE PERSON SHOW ANY SIGN OF CONFUSION AT ANY TIME DURING THE INTERVIEW, SUCH AS DIFFICULTY WITH MEMORIES OR THINKING?
OBS_8 FR: HOW WAS THE COMMUNITY INTERVIEW, EXCLUSIVE OF THE SCREENER INTERVIEW, CONDUCTED?
OBS_CKH CAPI: Refer to HHMEM01-20 in the Control Card. If HHMEM_01-20 equals 1, add 1 to OBS_CKH.

OBS_CKP CAPI: Check for new proxy

OBS_FR1 WHO ANSWERED QUESTIONS DURING THIS SURVEY?

OBS_WH01 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Sam

OBS_WH02 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Sam

OBS_WH03 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Sam

OBS_WH04 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Sam

OBS_WH05 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Sam

OBS_WH06 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Sam

OBS_WH07 FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION. Other

OBS_WHY_KEY FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. SELECT ALL THAT APPLY. ENTER (S) IF NO CONFUSION.

OFN_1 Compared to other persons the same age, would you say that (your)/[SAMPNAME]s health is excellent, good, fair, or poor?

OFN_10B How often in the past month did (you/he/she) see (your/his/her) friends?

OFN_10D Would you like to see or talk to your friends more often, less often, or as often as you do now?

OFN_11 Sometimes people feel that they have nobody to tell their troubles to. Would you say you feel this way most of the time, some of the time, or never?

OFN_12A Now I'm going to ask you some questions about things people often do indoors. About how many hours a day (do you/does) [SAMPNAME] usually watch television?

OFN_13A About how many hours a day (do you/does) [SAMPNAME] usually watch television?

OFN_14 (Do you/Does) [SAMPNAME] have any pets?

OFN_15_1 During the past week did (you)/[SAMPNAME] read a book, magazine, or newspaper?

OFN_15_2 During the past week did (you)/[SAMPNAME] work on a hobby, like painting, sewing, or arts and crafts?

OFN_15_3 During the past week did (you)/[SAMPNAME] play games such as cards, solitaire, or work on a puzzle?

OFN_15_4 During the past week did (you)/[SAMPNAME] listen to records, tapes, or compact discs?

OFN_16_1 During the past month did (you)/[SAMPNAME] go to a religious service?

OFN_16_2 During the past month did (you)/[SAMPNAME] attend a meeting of a civic, religious, professional or recreational club or organization?

OFN_17_1 During the last two weeks, have (you)/[SAMPNAME] felt so sad, blue, or depressed that (you/he/she) - Did not feel like doing things?

OFN_17_2 During the last two weeks, have (you)/[SAMPNAME] felt so sad, blue, or depressed that (you/he/she) - Could not sleep like you usually do?

OFN_17_3 During the last two weeks, have (you)/[SAMPNAME] felt so sad, blue, or depressed that (you/he/she) - Lost your appetite or did not feel interested in food?

OFN_18 Taken all together, how would (you)/[SAMPNAME] say things are these days - would you say that (you/he/she) (are/is) very happy?

OFN_19 Generally speaking, how satisfied are (you)/[SAMPNAME] with your life as a whole - would (you/he/she) say (you/he/she) (are/is) very happy?

OFN_2 How often do (you)/[SAMPNAME] avoid doing things because (you/he/she) (do/does) not have enough energy to do them - would (you/he/she) say (you/he/she) (are/is) very happy?

OFN_3 (Do you/Does) [SAMPNAME] ever feel (you/he/she) needs the help of a doctor or counselor for a mental or emotional problem?

OFN_4A (Were you/Was) [SAMPNAME] ever hospitalized for a mental or emotional problem?
OFN_4B (Were you/Was) [SAMPLENAME] hospitalized for a mental or emotional problem in the last 5 years?

OFN_5A Has a doctor EVER advised (you)/[SAMPLENAME] either recently or a long time ago - to get treatment for a mental or emotional problem?

OFN_5B Has a doctor told (you)/[SAMPLENAME] to get treatment for a mental or emotional problem in the last 5 years?

OFN_8A Does anyone phone or check on (you)/[SAMPLENAME] regularly just to make sure (you/he/she) is all right?

OFN_8B Has a doctor told (you)/[SAMPLENAME] to get treatment for a mental or emotional problem in the last 5 years?

OFN_8C (Do you/Does) [SAMPLENAME] NEED someone to phone or check on (you/him/her) regularly just to make sure (you/he/she) is all right?

OFN_9A Not counting relatives who live here, how many times in the past month did (you)/[SAMPLENAME] see (your/his/her) relatives, including.

OFN_9B In the past month, how often did (you)/[SAMPLENAME] speak with (your/his/her) relatives, on the telephone?

OFN_9C Would you like to see or talk to your relatives more often, less often, or as often as you do now?

OFN_9D Would you like to see or talk to your relatives more often, less often, or as often as you do now?

OFN_18B10_R Who regularly does this? Anyone else? 10 Father-in-law

OFN_18B11_R Who regularly does this? Anyone else? 11 Brother

OFN_18B12_R Who regularly does this? Anyone else? 12 Sister

OFN_18B13_R Who regularly does this? Anyone else? 13 Brother-in-law

OFN_18B14_R Who regularly does this? Anyone else? 14 Sister-in-law

OFN_18B15_R Who regularly does this? Anyone else? 15 Other male relative

OFN_18B16_R Who regularly does this? Anyone else? 16 Other female relative

OFN_18B17_R Who regularly does this? Anyone else? 17 Male friend

OFN_18B18_R Who regularly does this? Anyone else? 18 Female friend

OFN_18B19_R Who regularly does this? Anyone else? 19 Male neighbor

OFN_18B2_R Who regularly does this? Anyone else? 2 Spouse/Spousal Equivalent

OFN_18B20_R Who regularly does this? Anyone else? 20 Female neighbor

OFN_18B21_R Who regularly does this? Anyone else? 21 Employee / Someone hired

OFN_18B22_R Who regularly does this? Anyone else? 22 Someone from helping organization

OFN_18B23_R Who regularly does this? Anyone else? 23 Institution / Assisted Living Center

OFN_18B24_R Who regularly does this? Anyone else? 24 Legal Guardian

OFN_18B25_R Who regularly does this? Anyone else? 25 Unable to determine

OFN_18B26_R Who regularly does this? Anyone else? 26 Someone else - specify in OFN_8B_SP below

OFN_18B27_R Who regularly does this? Anyone else? 27 Do Not Know

OFN_18B28_R Who regularly does this? Anyone else? 28 Refused

OFN_18B3_R Who regularly does this? Anyone else? 3 Son
OFN18B4_R Who regularly does this? Anyone else? 4 Daughter
OFN18B5_R Who regularly does this? Anyone else? 5 Son-in-law
OFN18B6_R Who regularly does this? Anyone else? 6 Daughter-in-law
OFN18B7_R Who regularly does this? Anyone else? 7 Mother
OFN18B8_R Who regularly does this? Anyone else? 8 Father
OFN18B9_R Who regularly does this? Anyone else? 9 Mother-in-law

OFNPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?

OTHCHILD Now, I have some questions about (your)/[SAMPNAME]'s children. Besides (READ NAMES), how many living children, inclu

OUT_FLG_10 GETTING AROUND OUTSIDE HELP FLAG - 10
OUT_FLG_11 GETTING AROUND OUTSIDE HELP FLAG - 11
OUT_FLG_12 GETTING AROUND OUTSIDE HELP FLAG - 12
OUT_FLG_13 GETTING AROUND OUTSIDE HELP FLAG - 13
OUT_FLG_14 GETTING AROUND OUTSIDE HELP FLAG - 14
OUT_FLG_15 GETTING AROUND OUTSIDE HELP FLAG - 15
OUT_FLG_16 GETTING AROUND OUTSIDE HELP FLAG - 16
OUT_FLG_17 GETTING AROUND OUTSIDE HELP FLAG - 17
OUT_FLG_18 GETTING AROUND OUTSIDE HELP FLAG - 18
OUT_FLG_19 GETTING AROUND OUTSIDE HELP FLAG - 19
OUT_FLG_2 GETTING AROUND OUTSIDE HELP FLAG - 2
OUT_FLG_20 GETTING AROUND OUTSIDE HELP FLAG - 20
OUT_FLG_3 GETTING AROUND OUTSIDE HELP FLAG - 3
OUT_FLG_4 GETTING AROUND OUTSIDE HELP FLAG - 4
OUT_FLG_5 GETTING AROUND OUTSIDE HELP FLAG - 5
OUT_FLG_6 GETTING AROUND OUTSIDE HELP FLAG - 6
OUT_FLG_7 GETTING AROUND OUTSIDE HELP FLAG - 7
OUT_FLG_8 GETTING AROUND OUTSIDE HELP FLAG - 8
OUT_FLG_9 GETTING AROUND OUTSIDE HELP FLAG - 9

OUTCOME2004 Special Assigned outcome code for weighting/sampling

PER_XA01 In whose name is this house/apartment rented? Anyone else? - 1
PER_XA02 In whose name is this house/apartment rented? Anyone else? - 2
PER_XA03 In whose name is this house/apartment rented? Anyone else? - 3
PER_XA04 In whose name is this house/apartment rented? Anyone else? - 4
PER_XA05 In whose name is this house/apartment rented? Anyone else? - 5
PER_XA06 In whose name is this house/apartment rented? Anyone else? - 6
PER_XA07 In whose name is this house/apartment rented? Anyone else? - 7
PER_XA08 In whose name is this house/apartment rented? Anyone else? - 8
PER_XA09 In whose name is this house/apartment rented? Anyone else? - 9
PER_XA10 In whose name is this house/apartment rented? Anyone else? - 10
PER_XA11 In whose name is this house/apartment rented? Anyone else? - 11
PER_XA12 In whose name is this house/apartment rented? Anyone else? - 12
PER_XA13 In whose name is this house/apartment rented? Anyone else? - 13
PER_XA14 In whose name is this house/apartment rented? Anyone else? - 14
PER_XA15 In whose name is this house/apartment rented? Anyone else? - 15
PER_XA16 In whose name is this house/apartment rented? Anyone else? - 16
PER_XA17 In whose name is this house/apartment rented? Anyone else? - 17
PER_XA18 In whose name is this house/apartment rented? Anyone else? - 18
PER_XA19 In whose name is this house/apartment rented? Anyone else? - 19
PER_XA20 In whose name is this house/apartment rented? Anyone else? - 20

PER_XB01 Who owns this (house/apartment)? Anyone else? - 1
PER_XB02 Who owns this (house/apartment)? Anyone else? - 2
PER_XB03 Who owns this (house/apartment)? Anyone else? - 3
PER_XB04 Who owns this (house/apartment)? Anyone else? - 4
PER_XB05 Who owns this (house/apartment)? Anyone else? - 5
PER_XB06 Who owns this (house/apartment)? Anyone else? - 6
PER_XB07 Who owns this (house/apartment)? Anyone else? - 7
PER_XB08 Who owns this (house/apartment)? Anyone else? - 8
PER_XB09 Who owns this (house/apartment)? Anyone else? - 9
PER_XB10 Who owns this (house/apartment)? Anyone else? - 10
PER_XB11 Who owns this (house/apartment)? Anyone else? - 11
PER_XB12 Who owns this (house/apartment)? Anyone else? - 12
PER_XB13 Who owns this (house/apartment)? Anyone else? - 13
PER_XB14 Who owns this (house/apartment)? Anyone else? - 14
PER_XB15 Who owns this (house/apartment)? Anyone else? - 15
PER_XB16 Who owns this (house/apartment)? Anyone else? - 16
PER_XB17 Who owns this (house/apartment)? Anyone else? - 17
PER_XB18 Who owns this (house/apartment)? Anyone else? - 18
PER_XB19 Who owns this (house/apartment)? Anyone else? - 19
PER_XB20 Who owns this (house/apartment)? Anyone else? - 20
Thank you very much for your help. I would like to complete the interview with [SAMPNAME]. May I speak with (him/her)?

Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health profession?

We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the Unit...
QNEWFG_19 NEW HELPER FLAG - 19
QNEWFG_2 NEW HELPER FLAG - 2
QNEWFG_20 NEW HELPER FLAG - 20
QNEWFG_3 NEW HELPER FLAG - 3
QNEWFG_4 NEW HELPER FLAG - 4
QNEWFG_5 NEW HELPER FLAG - 5
QNEWFG_6 NEW HELPER FLAG - 6
QNEWFG_7 NEW HELPER FLAG - 7
QNEWFG_8 NEW HELPER FLAG - 8
QNEWFG_9 NEW HELPER FLAG - 9
QUARTER1_R What type of residence does [SAMPNAME] live in?
QUARTERS_S1 What type of residence does [SAMPNAME] live in? Active Adult Community/Senior Complex - (Specify in QUARTERS_)
QUARTERS_S2 What type of residence does [SAMPNAME] live in? Nonstaff unit in other institution (Specify in QUARTERS_S2)
RACE_BNB 0=UNKNOWN 1=BLACK 2=NONBLACK
RACEFULL LONGITUDINAL DETAILED RACE
REGION 1-NORTHEAST 2=NORHTCENTRAL 3= SOUTH 4= WEST
REL_SP_10 What is your relationship to [SAMPNAME]? SPECIFY - 10
REL_SP_11 What is your relationship to [SAMPNAME]? SPECIFY - 11
REL_SP_12 What is your relationship to [SAMPNAME]? SPECIFY - 12
REL_SP_13 What is your relationship to [SAMPNAME]? SPECIFY - 13
REL_SP_14 What is your relationship to [SAMPNAME]? SPECIFY - 14
REL_SP_15 What is your relationship to [SAMPNAME]? SPECIFY - 15
REL_SP_16 What is your relationship to [SAMPNAME]? SPECIFY - 16
REL_SP_17 What is your relationship to [SAMPNAME]? SPECIFY - 17
REL_SP_18 What is your relationship to [SAMPNAME]? SPECIFY - 18
REL_SP_19 What is your relationship to [SAMPNAME]? SPECIFY - 19
REL_SP_20 What is your relationship to [SAMPNAME]? SPECIFY - 20
REL_SP_3 What is your relationship to [SAMPNAME]? SPECIFY - 3
REL_SP_4 What is your relationship to [SAMPNAME]? SPECIFY - 4
REL_SP_5 What is your relationship to [SAMPNAME]? SPECIFY - 5
REL_SP_6 What is your relationship to [SAMPNAME]? SPECIFY - 6
REL_SP_7 What is your relationship to [SAMPNAME]? SPECIFY - 7
REL_SP_8 What is your relationship to [SAMPNAME]? SPECIFY - 8
REL_SP_9 What is your relationship to [SAMPNAME]? SPECIFY - 9
RETIRE1 Is [SAMPNAME]'s residence located in an Assisted Living Facility, Continuing Care Retirement Community, or a Congregate Care Facility?

RETIRE2_1 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_2 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_3 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_4 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_5 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_21 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_22 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_23 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_24 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RETIRE2_25 Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of follow?

RMI_1A (Are you/Is) [SAMPNAME] missing any fingers, a hand, or an arm?

RMI_1B_DK What (are you/is) [SAMPNAME] missing? Anything else? Don't Know

RMI_1B_RF What (are you/is) [SAMPNAME] missing? Anything else? Refused

RMI_1B01 What (are you/is) [SAMPNAME] missing? Anything else? Entire arm-left

RMI_1B02 What (are you/is) [SAMPNAME] missing? Anything else? Hand only-left

RMI_1B03 What (are you/is) [SAMPNAME] missing? Anything else? Entire arm-right

RMI_1B04 What (are you/is) [SAMPNAME] missing? Anything else? Hand only-right

RMI_1B05 What (are you/is) [SAMPNAME] missing? Anything else? Entire arm-both

RMI_1B06 What (are you/is) [SAMPNAME] missing? Anything else? Hand only-both

RMI_1B07 What (are you/is) [SAMPNAME] missing? Anything else? Lower arm-left

RMI_1B08 What (are you/is) [SAMPNAME] missing? Anything else? Fingers only-left

RMI_1B09 What (are you/is) [SAMPNAME] missing? Anything else? Lower arm-right

RMI_1B10 What (are you/is) [SAMPNAME] missing? Anything else? Fingers only-right

RMI_1B11 What (are you/is) [SAMPNAME] missing? Anything else? Lower arm-both

RMI_1B12 What (are you/is) [SAMPNAME] missing? Anything else? Fingers only-both hands

RMI_2A (Are you/Is) [SAMPNAME] missing any toes, a foot or a leg?

RMI_2B_DK What (are you/is) [SAMPNAME] missing? Anything else? Don't Know

RMI_2B_RF What (are you/is) [SAMPNAME] missing? Anything else? Refused

RMI_2B01 What (are you/is) [SAMPNAME] missing? Anything else? Entire leg-left

RMI_2B02 What (are you/is) [SAMPNAME] missing? Anything else? Foot only-left

RMI_2B03 What (are you/is) [SAMPNAME] missing? Anything else? Entire leg-right

RMI_2B04 What (are you/is) [SAMPNAME] missing? Anything else? Foot only-right

RMI_2B05 What (are you/is) [SAMPNAME] missing? Anything else? Entire leg-both
RMI_2B06 What (are you/is) [SAMPNAME] missing? Anything else? Foot only - both
RMI_2B07 What (are you/is) [SAMPNAME] missing? Anything else? Lower leg - left
RMI_2B08 What (are you/is) [SAMPNAME] missing? Anything else? Toes only - left
RMI_2B09 What (are you/is) [SAMPNAME] missing? Anything else? Lower leg - right
RMI_2B10 What (are you/is) [SAMPNAME] missing? Anything else? Toes only - right
RMI_2B11 What (are you/is) [SAMPNAME] missing? Anything else? Lower leg - both
RMI_2B12 What (are you/is) [SAMPNAME] missing? Anything else? Toes only - both feet
RMI_3A_1 How difficult is it for (you)/[SAMPNAME] to - Climb one flight of stairs?
RMI_3A_2 How difficult is it for (you)/[SAMPNAME] to - Walk to the end of a room and back?
RMI_3A_3 How difficult is it for (you)/[SAMPNAME] to - Bend to put on (your)/[SAMPNAME]s socks or stockings?
RMI_3A_4 How difficult is it for (you)/[SAMPNAME] to - Lift a 10-pound package like a bag of groceries and hold it for a few minutes?
RMI_3A_5 How difficult is it for (you)/[SAMPNAME] to - Reach above (your)/[SAMPNAME]s head?
RMI_3A_6 How difficult is it for (you)/[SAMPNAME] to - Comb or brush (your)/[SAMPNAME]s hair?
RMI_3A_7 How difficult is it for (you)/[SAMPNAME] to - Wash (your)/[SAMPNAME]s hair?
RMI_3A_8 How difficult is it for (you)/[SAMPNAME] to - Use (your)/[SAMPNAME]s fingers to grasp and handle small objects?
RMI_3B_1 How difficult is it for (you)/[SAMPNAME] to - Bend to put on (your)/[SAMPNAME]s socks or stockings?
RMI_3B_2 How difficult is it for (you)/[SAMPNAME] to - Lift a 10-pound package like a bag of groceries and hold it for a few minutes?
RMI_3B_3 How difficult is it for (you)/[SAMPNAME] to - Reach above (your)/[SAMPNAME]s head?
RMI_3B_4 How difficult is it for (you)/[SAMPNAME] to - Comb or brush (your)/[SAMPNAME]s hair?
RMI_3B_5 How difficult is it for (you)/[SAMPNAME] to - Wash (your)/[SAMPNAME]s hair?
RMI_3B_6 How difficult is it for (you)/[SAMPNAME] to - Use (your)/[SAMPNAME]s fingers to grasp and handle small objects?
RMI_3C_1 How difficult is it for (you)/[SAMPNAME] to - Reach above (your)/[SAMPNAME]s head?
RMI_3C_2 How difficult is it for (you)/[SAMPNAME] to - Comb or brush (your)/[SAMPNAME]s hair?
RMI_3C_3 How difficult is it for (you)/[SAMPNAME] to - Wash (your)/[SAMPNAME]s hair?
RMI_3C_4 How difficult is it for (you)/[SAMPNAME] to - Use (your)/[SAMPNAME]s fingers to grasp and handle small objects?
RMI_4 (Do you/Does) [SAMPNAME] usually see well enough to read ordinary newsprint, with or without glasses or contact lenses?
RMI_5A Can most people understand (your/[SAMPNAME]s speech?
RMI_5B_1 How (do you/does) [SAMPNAME] usually make (himself/herself) understood?
RMI_5B_2 How (do you/does) [SAMPNAME] usually make (himself/herself) understood? - SPECIFY
RMI_6A (Do you/Does) [SAMPNAME] usually hear and understand what is being said to (you/him/her) without difficulty either with or without
RMI_6B_1 What means (do you/does) [SAMPNAME] usually use to understand what is being said to (you/him/her)?
RMI_6B_2 What means (do you/does) [SAMPNAME] usually use to understand what is being said to (you/him/her)? SPECIFY
RMI_7_1 Which of these devices (do you/does) [SAMPNAME] use? Any other? Glasses/contact lenses
RMI_7_2 Which of these devices (do you/does) [SAMPNAME] use? Any other? Hearing aid
RMI_7_3 Which of these devices (do you/does) [SAMPNAME] use? Any other? Artificial larynx (voice box)
RMI_7_4 Which of these devices (do you/does) [SAMPNAME] use? Any other? Other - Specify in RMI_7_6
RMI_7_5 Which of these devices (do you/does) [SAMPNAME] use? Any other? None of the above
RMI_7_6_SP Which of these devices (do you/does) [SAMPNAME] use? Any other? SPECIFY
RMI_7_DK Which of these devices (do you/does) [SAMPNAME] use? Any other? Dont Know
RMI_7_RF Which of these devices (do you/does) [SAMPNAME] use? Any other? Refused
RMI_CK2 CAPI: Refer to ADL_IBD (bedfast), ADL_NAR (no inside activity), and ADL_WHL (requires wheelchair).
RMI_CK3 CAPI: Refer to RMIPROXY at beginning of this part.

RMI_COMPLETE CAPI: If 50% of the listed variables do not contain D, R, or -5, the module is complete. RMI_3A_1, RMI_3A_2, RMI_3/
RMIPROXY FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING?
ROS_REL_13 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -13
ROS_REL_14 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -14
ROS_REL_15 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -15
ROS_REL_16 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -16
ROS_REL_17 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -17
ROS_REL_18 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -18
ROS_REL_19 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -19
ROS_REL_2 RELATIONSHIP TO SAMPLE PERSON - Spouse
ROS_REL_20 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -20
ROS_REL_3 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -3
ROS_REL_4 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -4
ROS_REL_5 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -5
ROS_REL_6 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -6
ROS_REL_7 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -7
ROS_REL_8 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -8
ROS_REL_9 RELATIONSHIP TO SAMPLE PERSON OF ROSTER PERSON -9
ROS_SEX_1 SEX OF ROSTER PERSON 1 - SAMPLE PERSON
ROS_SEX_10 SEX OF ROSTER PERSON 10
ROS_SEX_11 SEX OF ROSTER PERSON 11
ROS_SEX_12 SEX OF ROSTER PERSON 12
ROS_SEX_13 SEX OF ROSTER PERSON 13
ROS_SEX_14 SEX OF ROSTER PERSON 14
ROS_SEX_15 SEX OF ROSTER PERSON 15
ROS_SEX_16 SEX OF ROSTER PERSON 16
ROS_SEX_17 SEX OF ROSTER PERSON 17
ROS_SEX_18 SEX OF ROSTER PERSON 18
ROS_SEX_19 SEX OF ROSTER PERSON 19
ROS_SEX_2 SEX OF ROSTER PERSON 2- SPOUSE
ROS_SEX_20 SEX OF ROSTER PERSON 20
ROS_SEX_3 SEX OF ROSTER PERSON 3
ROS_SEX_4 SEX OF ROSTER PERSON 4
ROS_SEX_5 SEX OF ROSTER PERSON 5
ROS_SEX_6 SEX OF ROSTER PERSON 6
ROS_SEX_7 SEX OF ROSTER PERSON 7
ROS_SEX_8 SEX OF ROSTER PERSON 8
ROS_SEX_9 SEX OF ROSTER PERSON 9
ROS_TYPE_1 TYPE OF ROSTER ENTRY - 1
ROS_TYPE_10 TYPE OF ROSTER ENTRY - 10
ROS_TYPE_11 TYPE OF ROSTER ENTRY - 11
ROS_TYPE_12 TYPE OF ROSTER ENTRY - 12
ROS_TYPE_13 TYPE OF ROSTER ENTRY - 13
ROS_TYPE_14 TYPE OF ROSTER ENTRY - 14
ROS_TYPE_15 TYPE OF ROSTER ENTRY - 15
ROS_TYPE_16 TYPE OF ROSTER ENTRY - 16
ROS_TYPE_17 TYPE OF ROSTER ENTRY - 17
ROS_TYPE_18 TYPE OF ROSTER ENTRY - 18
ROS_TYPE_19 TYPE OF ROSTER ENTRY - 19
ROS_TYPE_2 TYPE OF ROSTER ENTRY - 2
ROS_TYPE_20 TYPE OF ROSTER ENTRY - 20
ROS_TYPE_3 TYPE OF ROSTER ENTRY - 3
ROS_TYPE_4 TYPE OF ROSTER ENTRY - 4
ROS_TYPE_5 TYPE OF ROSTER ENTRY - 5
ROS_TYPE_6 TYPE OF ROSTER ENTRY - 6
ROS_TYPE_7 TYPE OF ROSTER ENTRY - 7
ROS_TYPE_8 TYPE OF ROSTER ENTRY - 8
ROS_TYPE_9 TYPE OF ROSTER ENTRY - 9
RX_FLG_10 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 9
RX_FLG_11 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 10
RX_FLG_12 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 11
RX_FLG_13 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 12
RX_FLG_14 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 13
RX_FLG_15 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 14
RX_FLG_16 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 15
RX_FLG_17 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 16
RX_FLG_18 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 17
RX_FLG_19 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 18
RX_FLG_2 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 1
RX_FLG_20 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 19
RX_FLG_3 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 2
RX_FLG_4 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 3
RX_FLG_5 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 4
RX_FLG_6 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 5
RX_FLG_7 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 6
RX_FLG_8 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 7
RX_FLG_9 TAKE MEDICINE - Instrumental Activity of Daily Living Help Flag - 8
S_DATE Selected In Sample Date
S_RNHELP (Do you/Does) [SAMPNAME] receive medical care from the health care professionals on a regular basis?
S_SIMNAME FR: IS UPDATED NAME SIMILAR TO [I_FULLNA]?
S_WHO1_SIB_WHO2 Respondent is: Other relative-Specify
S_WHO1_SIB_WHO3 Respondent is: Other Nonrelative-Specify
SAMP_CO84 SAMP_CO on the NLTCS Utilities
SAMP_N_04 CAPI: Is longitudinal indicator N marked in first digit of control number? (I_SCRN_TYP = 1)
SC_ALIAS (Have you/Has he/she) ever used [I_FULLNA] to identify (yourself/himself/herself)?
SC_COMPLETE SCREENER COMPLETION CHECK
SC_DATE SCREENER INTERVIEW DATE MMDDYYYY
SC_DETRE_R FR: ARE YOU SPEAKING WITH THE SAMPLE PERSON, A PROXY, OR BOTH?
SC_NURSE Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health professi
SC_OPEN We are conducting a survey of health conditions and physical activities of persons 65 years of age and older who live in the U
SC_OUTCOME SCREENER OUTCOME
SC_QUARTER1 FR: DO NOT READ ALOUD. Classify the living quarters of the Sample Person.
SC_REASON SCREENER REASON FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW?
SC_RETIRE1 Is [SAMPNAME]s residence located in an Assisted Living Facility, Continuing Care Retirement Community, or a Congregat
SC_SPECIFY SCREENER REASON FR: WHAT IS THE REASON YOU CANT CONDUCT AN INTERVIEW? - SPECIFY
SC_TIME SCREENER INTERVIEW TIME HHMM (MILITARY FORMAT)
SC_UNREL Are there three or more unrelated persons living at [ADDRESS]?
SCN_15_A (Do you/Does) [SAMPNAME] have any problem - Eating without the help of another person or special equipment?
SCN_15_B (Do you/Does) [SAMPNAME] have any problem - Getting in or out of bed without help?
SCN_15_C (Do you/Does) [SAMPNAME] have any problem - Getting in or out of chairs without help?
SCN_15_D (Do you/Does) [SAMPNAME] have any problem - Walking around inside without help?
SCN_15_E (Do you/Does) [SAMPNAME] have any problem - Going outside without the help of another person or special equipment?
SCN_15_F (Do you/Does) [SAMPNAME] have any problem - Dressing without help?
SCN_15_G (Do you/Does) [SAMPNAME] have any problem - Bathing without help?
SCN_15_H (Do you/Does) [SAMPNAME] have any problem - Getting to the bathroom or using the toilet?
SCN_15_I (Do you/Does) [SAMPNAME] have any problem - Controlling bowel movements or urination or ever have any accidents?
SCN_16A You said that (you)/[SAMPNAME] has a problem with (one activity/some activities). (Have you/Has) [SAMPNAME] had (this p
SCN_16B Do you EXPECT that (this problem/any of these problems) will last for the next three months or longer?
SCN_16C Altogether, from beginning to end, will (this problem/any of these problems) have lasted three months or longer?
SCN_17_A (Are you/Is) [SAMPNAME] able to: Prepare meals without help?
SCN_17_B (Are you/Is) [SAMPNAME] able to: Do laundry without help?
SCN_17_C (Are you/Is) [SAMPNAME] able to: Do light housework such as washing dishes?
SCN_17_D (Are you/Is) [SAMPNAME] able to: Shop for groceries without help?
SCN_17_E (Are you/Is) [SAMPNAME] able to: Manage money such as keeping track of bills and handling cash?
SCN_17_F (Are you/Is) [SAMPNAME] able to: Take medicine without help?
SCN_17_G (Are you/Is) [SAMPNAME] able to: Make telephone calls without help?
SCN_18_A Does a disability or a health problem keep (you)/[SAMPNAME] from: Preparing meals without help?
SCN_18_B Does a disability or a health problem keep (you)/[SAMPNAME] from: Doing laundry without help?
SCN_18_C Does a disability or a health problem keep (you)/[SAMPNAME] from: Doing light housework such as washing dishes?
SCN_18_D Does a disability or a health problem keep (you)/[SAMPNAME] from: Shopping for groceries without help?
SCN_18_E Does a disability or a health problem keep (you)/[SAMPNAME] from: Managing money such as keeping track of bills and handling cash?
SCN_18_F Does a disability or a health problem keep (you)/[SAMPNAME] from: Taking medicine without help?
SCN_18_G Does a disability or a health problem keep (you)/[SAMPNAME] from: Making telephone calls without help?
SCN_19 (Have you/Has) [SAMPNAME] had a problem with (this activity/any of these activities) for three months or longer?
SCN_20A Do you EXPECT that (your)/[SAMPNAME]'s problem doing (this activity/any of these activities) will last for the next three months or longer?
SCN_20B Altogether, from beginning to end, will (your)/[SAMPNAME]'s problem doing (this activity/any of these activities) have lasted three months or longer?
SCN_21A How many times (have you/has) [SAMPNAME] ever been a patient in a nursing, convalescent, or rest home?
SCN_21B1 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home (that time/the last time)? - MONTH
SCN_21B2 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home (that time/the last time)? - YEAR
SCN_21B3 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home (that time)? - DAYS
SCN_21B4 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home (that time)? - MONTHS
SCN_21C1 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home (that time/the last time)? - MONTH
SCN_21C2 When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home (that time/the last time)? - YEAR
SCN_21C3 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home (that time)? - DAYS
SCN_21C4 How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home (that time)? - MONTHS
SCN_21E5 (Are you/Is) [SAMPNAME] on a waiting list to go into a nursing home?
SCN_22 (Are you/Is) [SAMPNAME] on a waiting list to go into a nursing home?
SCN_23_A How many living children (do you/does) [SAMPNAME] have? Include natural, adopted, and stepchildren.
SCN_23_B How many of (your)/[SAMPNAME]'s children do NOT live in (your/his/her) household?
SCN_24_R Is [SAMPNAME] now married, widowed, divorced, separated, partnered (not married), or never married?
SCN_25A Is [SAMPNAME] Spanish, Hispanic, or Latino?
SCN_25A1 Are you Spanish, Hispanic, or Latino?
SCN_25A2_1 What is the name of your other Spanish, Hispanic, or Latino group?
SCN_25A2_2 What is the name of your other Spanish, Hispanic, or Latino group? OTHER - SPECIFY
SCN_25B1TG_1 Which of the following Asian categories are you? - ASIAN INDIAN
SCN_25B1TG_2 Which of the following Asian categories are you? - CHINESE
SCN_25B1TG_3 Which of the following Asian categories are you? - FILIPINO
SCN_25B1TG_4 Which of the following Asian categories are you? - JAPANESE
SCN_25B1TG_5 Which of the following Asian categories are you? - KOREAN
SCN_25B1TG_6 Which of the following Asian categories are you? - VIETNAMESE
SCN_25B1TG_7 Which of the following Asian categories are you? - OTHER ASIAN
SCN_25B1TG_8 Which of the following Asian categories are you? - DON'T KNOW
SCN_25B1TG_9 Which of the following Asian categories are you? - REFUSED
SCN_25B2TG_1 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - NATIVE HAWAIIAN
SCN_25B2TG_2 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - GUAMANIAN OR CHAMORRO
SCN_25B2TG_3 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - SAMOAN
SCN_25B2TG_4 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - OTHER PACIFIC ISLANDER
SCN_25B2TG_5 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - DONT KNOW
SCN_25B2TG_6 Which of the following Native Hawaiian or Other Pacific Islander categories are you? - REFUSED
SCN_25B3_SP What is the name of your other race group(s)? - SPECIFY
SCN_25B3TG_1 What is the name of your other race group(s)? - ALEUT
SCN_25B3TG_10 What is the name of your other race group(s)? - BLACK
SCN_25B3TG_11 What is the name of your other race group(s)? - BRAZILIAN
SCN_25B3TG_12 What is the name of your other race group(s)? - CAUCASIAN
SCN_25B3TG_13 What is the name of your other race group(s)? - CHICANO
SCN_25B3TG_14 What is the name of your other race group(s)? - CHINESE
SCN_25B3TG_15 What is the name of your other race group(s)? - CREOLE
SCN_25B3TG_16 What is the name of your other race group(s)? - CUBAN OR CUBAN AMERICAN
SCN_25B3TG_17 What is the name of your other race group(s)? - ESKIMO
SCN_25B3TG_18 What is the name of your other race group(s)? - EUROPEAN
SCN_25B3TG_19 What is the name of your other race group(s)? - FILIPINO
SCN_25B3TG_2 What is the name of your other race group(s)? - AFRICAN AMERICAN
SCN_25B3TG_20 What is the name of your other race group(s)? - GERMAN
SCN_25B3TG_21 What is the name of your other race group(s)? - GUAMANIAN OR CHAMORRO
SCN_25B3TG_22 What is the name of your other race group(s)? - HISPANIC
SCN_25B3TG_23 What is the name of your other race group(s)? - JAMAICAN
SCN_25B3TG_24 What is the name of your other race group(s)? - JAPANESE
SCN_25B3TG_25 What is the name of your other race group(s)? - KOREAN
SCN_25B3TG_26 What is the name of your other race group(s)? - LATIN AMERICAN
SCN_25B3TG_27 What is the name of your other race group(s)? - LATINO
SCN_25B3TG_28 What is the name of your other race group(s)? - MEXICAN OR MEXICAN AMERICAN
SCN_25B3TG_29 What is the name of your other race group(s)? - NATIVE AMERICAN
SCN_25B3TG_3 What is the name of your other race group(s)? - AFRICAN NATION, ETHNIC GROUP, OR TRIBE
SCN_25B3TG_30 What is the name of your other race group(s)? - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
SCN_25B3TG_31 What is the name of your other race group(s)? - NEGRO
SCN_25B3TG_32 What is the name of your other race group(s)? - PUERTO RICAN
SCN_25B3TG_33 What is the name of your other race group(s)? - SAMOAN
SCN_25B3TG_34 What is the name of your other race group(s)? - SCOTS-IRISH
SCN_25B3TG_35 What is the name of your other race group(s)? - SPANISH
SCN_25B3TG_36 What is the name of your other race group(s)? - VIETNAMESE
SCN_25B3TG_37 What is the name of your other race group(s)? - WEST INDIAN
SCN_25B3TG_38 What is the name of your other race group(s)? - WHITE
SCN_25B3TG_39 What is the name of your other race group(s)? - NO RACE GIVEN
SCN_25B3TG_4 What is the name of your other race group(s)? - AMERICAN
SCN_25B3TG_40 What is the name of your other race group(s)? - OTHER - SPECIFY
SCN_25B3TG_41 What is the name of your other race group(s)? - DONT KNOW
SCN_25B3TG_42 What is the name of your other race group(s)? - REFUSED
SCN_25B3TG_5 What is the name of your other race group(s)? - AMERICAN INDIAN OR ALASKA NATIVE
SCN_25B3TG_6 What is the name of your other race group(s)? - ANGLO-SAXON
SCN_25B3TG_7 What is the name of your other race group(s)? - ARAB
SCN_25B3TG_8 What is the name of your other race group(s)? - ASIAN
SCN_25B3TG_9 What is the name of your other race group(s)? - ASIAN INDIAN
SCN_25BTG_1 WHITE - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Na
SCN_25BTG_2 Black - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Nati
SCN_25BTG_3 American Indian or Alaska Native- Please choose one or more races that you consider yourself to be: White; Black; Am
SCN_25BTG_4 Asian- Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Nativ
SCN_25BTG_5 Native Hawaiian or Other Pacific Islander - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; or Native Hawaiian or Other Pacific Islander.

SCN_25BTG_6 OTHER - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; or Native Hawaiian or Other Pacific Islander.

SCN_25BTG_DK DON'T KNOW - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; or Native Hawaiian or Other Pacific Islander.

SCN_25BTG_RF REFUSED - Please choose one or more races that you consider yourself to be: White; Black; American Indian or Alaska Native; or Native Hawaiian or Other Pacific Islander.

SCN_CKADL CAPI: Add all variables 9a (SCN_15_A) - 9i (SCN_15_I) equal 1 or 3. On how many of the above ADLs is (are you/is) [SA]

SCN_EDUCA What is the highest level of regular school (you) have completed or the highest degree you/has achieved?

SCPR_REL_R What is your relationship to [SAMPNAME]?

SCPR_REL_SP What is your relationship to [SAMPNAME]? - SPECIFY

SEL_6A (You)/[SAMPNAME] indicated that (you/he/she) had difficulty with: (CAPI fills in items) Is there anyone among your friends and family who is helping you with these activities? - NO MORE

SEL_A_10 Who is the person who helps with these activities? - 10
SEL_A_11 Who is the person who helps with these activities? - 11
SEL_A_12 Who is the person who helps with these activities? - 12
SEL_A_13 Who is the person who helps with these activities? - 13
SEL_A_14 Who is the person who helps with these activities? - 14
SEL_A_15 Who is the person who helps with these activities? - 15
SEL_A_16 Who is the person who helps with these activities? - 16
SEL_A_17 Who is the person who helps with these activities? - 17
SEL_A_18 Who is the person who helps with these activities? - 18
SEL_A_19 Who is the person who helps with these activities? - 19
SEL_A_2 Who is the person who helps with these activities? - 2
SEL_A_20 Who is the person who helps with these activities? - 20
SEL_A_3 Who is the person who helps with these activities? - 3
SEL_A_4 Who is the person who helps with these activities? - 4
SEL_A_5 Who is the person who helps with these activities? - 5
SEL_A_6 Who is the person who helps with these activities? - 6
SEL_A_7 Who is the person who helps with these activities? - 7
SEL_A_8 Who is the person who helps with these activities? - 8
SEL_A_9 Who is the person who helps with these activities? - 9
SEL_WHO_1A_1 FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY
SEL_WHO_1A_1_SP1 ENTER RESPONDENTS RELATIONSHIP TO SAMPLE PERSON. - Other relative-Specify
SEL_WHO_1A_1_SP2 ENTER RESPONDENTS RELATIONSHIP TO SAMPLE PERSON. - Other Nonrelative-Specify
SELECT CAPI: Does this sample person have a helper in his/her person roster? Refer to HLFFLG01-20 in person roster.
SELECT1 CAPI: How many unpaid helpers, excluding organizations does the Sample Person have in his/her person roster?
SELECT2 In a typical week, who helps the most because of your disability or health problem?
SELECTED CAPI: Refer to 7 (CGPRES) above. If CGPRES not coded 1-3, SELECTED=2. What is caregiver status?
SELGEN03_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 3
SELGEN04_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 4
SELGEN05_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 5
SELGEN06_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 6
SELGEN07_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 7
SELGEN08_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 8
SELGEN09_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 9
SELGEN10_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 10
SELGEN12_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 12
SELGEN14_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 14
SELGEN16_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 16
SELGEN17_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 17
SELGEN18_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 18
SELGEN20_A FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. What [CGNAME]s gender? - 20
SELELPF_FLG_10 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 10
SELELPF_FLG_11 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 11
SELELPF_FLG_12 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 12
SELELPF_FLG_13 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 13
SELELPF_FLG_14 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 14
SELELPF_FLG_15 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 15
SELELPF_FLG_16 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 16
SELELPF_FLG_17 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 17
SELELPF_FLG_18 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 18
SELELPF_FLG_19 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 19
SELELPF_FLG_2 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 2
SELELPF_FLG_20 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 20
SELELPF_FLG_3 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 3
SELELPF_FLG_4 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 4
SELELPF_FLG_5 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 5
SELELPF_FLG_6 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 6
SELELPF_FLG_7 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 7
SELELPF_FLG_8 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 8
SELELPF_FLG_9 HELPER SELECTION - CAPI: Derived from ADL Flag and IDL Flags. - 9
SELPREFIX FR: DO NOT READ ALOUD. IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY C
SELPREL02_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 2
SELPREL02_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 2
SELPREL03_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 3
SELPREL03_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 3
SELPREL04_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 4
SELPREL04_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 4
SELPREL05_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 5
SELPREL05_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 5
SELPREL06_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 6
SELPREL06_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 6
SELPREL07_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 7
SELPREL07_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 7
SELPREL08_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 8
SELPREL08_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 8
SELREL09_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 9
SELREL09_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 9
SELREL10_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 10
SELREL10_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 10
SELREL11_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 11
SELREL11_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 11
SELREL12_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 12
SELREL12_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 12
SELREL13_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 13
SELREL13_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 13
SELREL14_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 14
SELREL14_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 14
SELREL15_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 15
SELREL15_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 15
SELREL16_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 16
SELREL16_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 16
SELREL17_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 17
SELREL17_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 17
SELREL18_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 18
SELREL18_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 18
SELREL19_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 19
SELREL19_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 19
SELREL20_A What is [CGNAME]'s relationship to (you)/[SAMPNAME]? 20
SELREL20_REL_OTH What is [CGNAME]'s relationship to (you)/[SAMPNAME]? OTHER - SPECIFY - 20
SEQ Sequence Number

SETINST (Are you/Is) [SAMPNAME] currently living in a nursing home, an Assisted Living Center or other group facility, or a single family

SHP_FLG_10 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 10
SHP_FLG_11 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 11
SHP_FLG_12 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 12
SHP_FLG_13 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 13
SHP_FLG_14 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 14
SHP_FLG_15 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 15
SHP_FLG_16 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 16
SHP_FLG_17 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 17
SHP_FLG_18 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 18
SHP_FLG_19 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 19
SHP_FLG_2 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 2
SHP_FLG_20 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 20
SHP_FLG_3 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 3
SHP_FLG_4 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 4
SHP_FLG_5 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 5
SHP_FLG_6 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 6
SHP_FLG_7 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 7
SHP_FLG_8 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 8
SHP_FLG_9 SHOPPING - INSTRUMENTAL ACTIVITY OF DAILY LIVING HELP FLAG - 9
SIB_COMPLETE SIBLING COMPLETION CHECK
SIB_WHO1_R Respondent is:
SIBALIVE (Do you/Does) [SAMPNAME] have any living brothers or sisters?
SIC1 1984 cohort
SIC2 1989 cohort
SIC3 1994 cohort
SIC4 1999 cohort
SIC5 2004 cohort
SMSA 1=SMSA 2=NON-SMSA
SPEDUCA What is the highest level of regular school (your)/[SAMPNAME]s (FILL spouse) has completed or the highest degree (FILL spouse) has completed?
SPIN_199 Was (your)/[SAMPNAME]s (FILL spouse) living or staying with (you/him/her) in 1994?
SPINSNM3 What is the name of the institution where (your)/[SAMPNAME]s (FILL spouse) is staying?
SPINST1 Is (your)/[SAMPNAME] (FILL spouse) also staying in an institution?
SPMARST CAPI sets spouses marital status equal to 1.
SPMEM Does (your)/[SAMPNAME]s (FILL spouse) usually live here?
SPWORK How many hours does (your)/[SAMPNAME]s (FILL spouse) usually work per week?
SR 1=SELF REPRESENTING 2=NONSELF REPRESENTING
ST STATE OF SAMPLE PERSONS RESIDENCE
STRATUM 1=AGE 2=DISABILITY
SURVEY04 1=Screened Out 2=Community Survey 3=Community with INFORMAL Caregiver 4=Institutional 5=Screener Non-Interview 6
TOT_OUTCOME OVERALL OUTCOME OF INTERVIEW
UNREL Are there three or more unrelated persons living at (FILL address)?
VER_ADD We have (your)/[SAMPNAME]s address listed as [CAPI refers to address at VERIFY CASE]. Is ALL of this information correct?
VER_DOB We have (your)/[SAMPNAME]s date of birth listed as [refer to BMONTH, BDAY, BYEAR]. Is this correct?
VER_NAM We have (your/his/her) name listed as [I_TITLE, I_FULLNA]. Is this correct?
VER_SEX We have (your/his/her) gender listed as [I_SEX]. Is this correct?
WLK_FLG_10 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 10
WLK_FLG_11 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 11
WLK_FLG_12 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 12
WLK_FLG_13 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 13
WLK_FLG_14 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 14
WLK_FLG_15 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 15
WLK_FLG_16 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 16
WLK_FLG_17 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 17
WLK_FLG_18 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 18
WLK_FLG_19 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 19
WLK_FLG_2 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 2
WLK_FLG_20 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 20
WLK_FLG_3 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 3
WLK_FLG_4 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 4
WLK_FLG_5 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 5
WLK_FLG_6 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 6
WLK_FLG_7 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 7
WLK_FLG_8 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 8
WLK_FLG_9 GO PLACES OUTSIDE WALKING DISTANCE HELP FLAG - 9
WORK How many hours (do you/does) [SAMPNAME] usually work per week?