

POMP 4 CAREGIVER SUPPORT AND SATISFACTION SURVEY CODEBOOK

April 25, 2003

CODERS: ONLY ENTER DATA FOR QUESTIONNAIRES THAT HAVE THE OFFICE USE ONLY BOX FILLED IN. CHECK BELOW FOR REQUIRED FIELDS.

ENTER A VALUE FOR ALL QUESTIONS UNLESS "BLANK IS VALID" IS NOTED, OTHERWISE CODE -9 FOR MISSING OR INVALID VALUES. CHECK THE SURVEY MARGIN FOR REMARKS. IF REFUSED (RF) CODE -7. IF DON'T KNOW (DK), CODE -8.

FOR QUESTIONS 1-2, 4-17, 20-23, 24C, 26, 29-30, 37-49, 51-53, AND 56, IF MORE THAN ONE RESPONSE IS CHECKED, CODE -9, INVALID.

FOR QUESTIONS 3, 18-19, 31, AND 50, "CHECK ALL THAT APPLY", A CHECKED BOX = 1 (YES) AND AN UNCHECKED BOX = 2 (NO). IF ALL BOXES ARE UNCHECKED, CODE EACH CATEGORY AS -9.

AGENCY INFORMATION - AUTOFILL

<u>Variable Name</u>	<u>Variable Description and Codes</u>
AAA	Name of agency that the client is enrolled with (REQUIRED) XXXXXXXXXXXXXXXXXX(Maximum of 50 Characters)
State	State that the agency is in (REQUIRED) XX (State abbreviation)

OFFICE USE ONLY BOX

<u>Variable Name</u>	<u>Variable Description and Codes</u>
Date	Date the interview was completed (REQUIRED) xx/xx/2003
ClientID	Unique client identifier (REQUIRED) XXXXXXXXXXXXXXXXXX(Maximum of 50 Characters)
CaregiverID	Unique caregiver identifier (REQUIRED) XXXXXXXXXXXXXXXXXX(Maximum of 50 Characters)
Interview	Interview method of administration (REQUIRED) 1 =Phone 3 =Mail
Enroll	Date client began using caregiver service xx/xx/xxxx

TimeBegin Record time interview began --:-- AM/PM

##:## XX

TimeEnd Record time interview ended --:-- AM/PM

##:## XX

QUESTIONNAIRE

Variable Name Variable Description and Codes

CG1 1) What is your relationship to [CLIENT'S NAME]? Are you his or her ...

- 1 = Husband
- 2 = Wife
- 3 = Son
- 4 = Daughter
- 5 = Father
- 6 = Mother
- 7 = Brother
- 8 = Sister
- 9 = Other relative [Not a relative mentioned above]*
- 10 = Friend or neighbor
- 11 = Another Person [Not a relative, friend, or neighbor]**
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG1 = 9 GO TO 1OR, ELSE GO TO CG2

CG1OR 1OR) [IF OTHER RELATIVE] SPECIFY*

XXXXXXXXXX(Maximum 200 Characters)

- 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: BLANK IS VALID FOR 1OR IF CG1 IS NOT 11. OTHERWISE IF NO DESCRIPTION IS PROVIDED WRITE IN -9. WHEN POSSIBLE, IF DESCRIPTION MATCHES ONE OF THE ABOVE CATEGORIES, 1-8, CHANGE THE ANSWER TO THE APPROPRIATE RESPONSE AND LEAVE 1OR AS BLANK.

CODERS: IF CG1 = 11 GO TO 10S, ELSE GO TO CG2

CG10S 10S) [IF ANOTHER PERSON] SPECIFY**

XXXXXXXXXX(Maximum 200 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CODERS: BLANK IS VALID FOR 10S IF CG1 IS NOT 11. OTHERWISE IF NO DESCRIPTION IS PROVIDED WRITE IN -9. WHEN POSSIBLE, IF DESCRIPTION MATCHES ONE OF THE ABOVE CATEGORIES, 1-10, CHANGE THE ANSWER TO THE APPROPRIATE RESPONSE AND LEAVE 10S AS BLANK.

CG2 2) Do you live in the same house with [CLIENT'S NAME]?

1 = Yes (Skip to Q. 3)
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CODERS: IF CG2 = 2 GO TO 2A, ELSE GO TO 3

CG2A 2A) (IF NO) How far away do you live?

1 = Less than 20 minutes away
2 = Between 20 and 60 minutes away
3 = Between 1 and 2 hours away
4 = More than two hours away
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

3) I'm going to read you several activities that some people need help with. Please tell me if you have helped [CLIENT'S NAME] with any of these in the past month: (Check all that apply.) Have you...

CG3A 3A. Helped him/her dress, eat, bathe, or get to the bathroom?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG3B 3B. Helped with medical needs such as taking medicine or changing bandages?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG3C 3C. Helped him/her keep track of bills, checks, or other financial matters?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG3D 3D. Helped by preparing meals, doing laundry, or cleaning the house?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG3E 3E. Helped by taking him/her shopping or to the doctor's office?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG3F 3F. Helped to coordinate care or services?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG3G 3G. Offered telephone reassurance or other regular contact?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG3H 3H. None of the above?

1 = YES
2 = NO
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CODERS: IF CG3H = 1 GO TO 3OS, ELSE GO TO CG4

CG3OS 3OS. [IF NONE OF THE ABOVE] Describe kind of care.

XXXXXXXXXX(Maximum 200 Characters)

- 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: IF THIS PERSON DOES NOT PROVIDE CARE OF ANY KIND FOR THE CLIENT, END DATA ENTRY AT THIS POINT AND CODE AS INELIGIBLE ON SAMPLE LIST.

I'd like to ask you some questions about the services that you or [CLIENT'S NAME] are receiving from [AGENCY'S NAME] and/or other agencies. We are interested in your experiences with services during the last 6 months.

CG4A 4A. Do you or [CLIENT'S NAME] receive the In-Home Respite Care Services?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG4A = 1 GO TO CG4B, ELSE GO TO CG5A

CG4B 4B. Who receives this In-Home Respite Care Services?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG4C 4C. How would you rate the quality of In-Home Respite Care Services?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG5A 5A. Do you or [CLIENT'S NAME] receive the Adult Daycare service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG5A = 1 GO TO CG5B, ELSE GO TO CG6A

CG5B 5B. Who receives Adult Daycare service?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG5C 5C. How would you rate the quality of Adult Daycare service?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG6A 6A. Do you or [CLIENT'S NAME] receive the Case Management service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG6A = 1 GO TO CG6B, ELSE GO TO CG7A

CG6B 6B. Who receives Case Management service?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG6C 6C. How would you rate the quality of Case Management service?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG7A 7A. Do you or [CLIENT'S NAME] receive the Homemaker Service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG7A = 1 GO TO CG7B, ELSE GO TO CG8A

CG7B 7B. Who receives Homemaker Service?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG7C 7C. How would you rate the quality of Homemaker Service?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG8A 8A. Do you or [CLIENT'S NAME] receive Home Health Aide service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG8A = 1 GO TO CG8B, ELSE GO TO CG9A

CG8B 8B. Who receives Home Health Aide service?

- 1 = Client
- 2 = CG
- 3 = Both
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG8C 8C. How would you rate the quality of Home Health Aide service?

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG9A 9A. Do you or [CLIENT'S NAME] receive Home Delivered Meals service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG9A = 1 GO TO CG9B, ELSE GO TO CG10A

CG9B 9B. Who receives Home Delivered Meals service?

- 1 = Client
- 2 = CG
- 3 = Both
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG9C 9C. How would you rate the quality of Home Delivered Meals service?

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG10A 10A. Do you or [CLIENT'S NAME] receive the Chore Service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG10A = 1 GO TO CG10B, ELSE GO TO CG11A

CG10B 10B. Who receives this Chore service?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG10C 10C. How would you rate the quality of this Chore service?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG11A 11A. Do you or [CLIENT'S NAME] receive the Transportation service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG11A = 1 GO TO CG11B, ELSE GO TO CG12A

CG11B 11B. Who receives this Transportation service?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG11C 11C. How would you rate the quality of this Transportation service?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG12A 12A. Do you or [CLIENT'S NAME] receive Information about services?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG12A = 1 GO TO CG12B, ELSE GO TO CG13A

CG12B 12B. Who receives Information about services?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG12C 12C. How would you rate the quality of Information about services?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG13A 13A. Do you or [CLIENT'S NAME] receive Assistance with access to services?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG13A = 1 GO TO CG13B, ELSE GO TO CG14A

CG13B 13B. Who receives Assistance with access to services?

- 1 = Client
- 2 = CG
- 3 = Both
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG13C 13C. How would you rate the quality of Assistance with access to services?

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID (If 13A = 2, -7, -8, or -9)

CG14A 14A. Do you or [CLIENT'S NAME] receive Individual Caregiver Counseling service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG14A = 1 GO TO CG14B, ELSE GO TO CG15A

CG14B 14B. Who receives Individual Caregiver Counseling service?

- 1 = Client
- 2 = CG
- 3 = Both
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG14C 14C. How would you rate the quality of Individual Caregiver Counseling service?

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG15A 15A. Do you or [CLIENT'S NAME] receive Caregiver Training or Education service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG15A = 1 GO TO CG15B, ELSE GO TO CG16A

CG15B 15B. Who receives Caregiver Training or Education service?

- 1 = Client
- 2 = CG
- 3 = Both
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG15C 15C. How would you rate the quality of Caregiver Training or Education service?

- 1 = Excellent
- 2 = Very Good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG16A 16A. Do you or [CLIENT'S NAME] receive Caregiver Training or Education service?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG16A = 1 GO TO CG16B, ELSE GO TO CG17AA

CG16B 16B. Who receives Caregiver Training or Education service?

- 1 = Client
- 2 = CG
- 3 = Both
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG16C 16C. How would you rate the quality of Caregiver Training or Education service?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG17AA 17AA Do you or [CLIENT'S NAME] receive Other services or assistance (not listed above)?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG17AA = 1 GO TO CG17AS, ELSE GO TO CG17BA

CG17AS 17AS) IF YES: Other services or assistance (not listed above) - SPECIFY

- XXXXXXXXXXXX(Maximum 200 Characters)
- 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: BLANK IS VALID FOR CG17AS IF CG17AA IS NOT 1. OTHERWISE IF NO DESCRIPTION IS PROVIDED WRITE IN -9. WHEN POSSIBLE, IF DESCRIPTION MATCHES ONE OF THE ABOVE CATEGORIES, 4-16, CHANGE THE ANSWER TO THE APPROPRIATE RESPONSE AND LEAVE CG17aS AS BLANK.

CG17AB 17AB. Who receives this Other services or assistance (not listed above)?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG17AC 17AC. How would you rate the quality of this Other services or assistance (not listed above)?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG17BA 17BA Do you or [CLIENT'S NAME] receive Other services or assistance (not listed above)?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG17BA = 1 GO TO CG417BS, ELSE GO TO CG18A

CG17BS 17BS) IF YES: Other services or assistance (not listed above) - SPECIFY

XXXXXXXXXX(Maximum 200 Characters)

- 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: BLANK IS VALID FOR CG17BS IF CG17BA IS NOT 1. OTHERWISE IF NO DESCRIPTION IS PROVIDED WRITE IN -9. WHEN POSSIBLE, IF DESCRIPTION MATCHES ONE OF THE ABOVE CATEGORIES, 4-16, CHANGE THE ANSWER TO THE APPROPRIATE RESPONSE AND LEAVE CG17BS AS BLANK.

CG17BB 17BB. Who receives this Other services or assistance (not listed above)?

- 1 = Client
 - 2 = CG
 - 3 = Both
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVA LID
- BLANK IS VALID

CG17BC 17BC. How would you rate the quality of this Other services or assistance (not listed above)?

- 1 = Excellent
 - 2 = Very Good
 - 3 = Good
 - 4 = Fair
 - 5 = Poor
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

18) In addition to the kinds or amounts of services that you and/or [CLIENT'S NAME] are now receiving, what additional or new kinds of help would be valuable to you as a caregiver? (Read list and check all that apply.) How about...

CG18A 18A. Help with housekeeping

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

- CG18B 18B. Help with shopping
- 1 = YES
 - 2 = NO
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- CG18C 18C. Help with transportation, getting places
- 1 = YES
 - 2 = NO
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- CG18D 18D. Help with making meals
- 1 = YES
 - 2 = NO
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- CG18E 18E. Help with bathing, dressing, grooming, toileting, feeding, other personal care
- 1 = YES
 - 2 = NO
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- CG18F 18F. Help with medicines (administering medicine, monitoring side effects, etc.)
- 1 = YES
 - 2 = NO
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- CG18G 18G. Help with getting other family members involved in caring for [CLIENT'S NAME]
- 1 = YES
 - 2 = NO
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- CG18H 18H. Financial support, tax break, stipend, government subsidy
- 1 = YES
 - 2 = NO
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID

CG18I 18I. In-home respite care for [CLIENT'S NAME]

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG18J 18J. Adult daycare for [CLIENT'S NAME]

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG18K 18K. Money management assistance or financial advice

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG18L 18L. Other kinds or amounts of service

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG18L = 1 GO TO CG18OS, ELSE GO TO CG18M

CG18OS 18OS. [IF OTHER] DESCRIBE

XXXXXXXXXX(Maximum 200 Characters)

- 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: BLANK IS VALID FOR CG18OS IF CG18L IS NOT 1, IF CG18L = 1 AND NO DESCRIPTION IS PROVIDED WRITE IN -9. WHEN POSSIBLE, IF DESCRIPTION MATCHES ONE OF THE ABOVE CATEGORIES, CG18A-K, CHANGE THE ANSWER IN THE APPROPRIATE CATEGORY TO 1, CODE 18L AS 2 AND LEAVE 18OS AS BLANK.

CG18M 18M. No additional help needed

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

19) In addition to the kinds or amounts of information that you already have, what additional or new kinds of information would be valuable to you as a caregiver? (Read list and check all that apply.) How about...

CG19A 19A. A help line (or central place to call to find out what kind of help is available/ where to get it)

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG19B 19B. Someone to talk to/counseling services/support group

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG19C 19C. Information about [CLIENTS' NAME]'s condition or disability

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG19D 19D. Information about changes in laws that might affect your situation

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG19E 19E. Help in understanding how to select a nursing home/group home/other care facility

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG19F 19F. Help in understanding how to pay for nursing homes, adult day care, or other services

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG19G 19G. Help in dealing with agencies (bureaucracies) to get services

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG19H 19H. Other kinds or amounts of information

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG19H= 1 GO TO CG19OS, ELSE GO TO CG19I

CG19OS 19OS. [IF OTHER] SPECIFY

- XXXXXXXXXXXX(Maximum 200 Characters)
- 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: BLANK IS VALID FOR CG19OS IF CG19H IS NOT = 1. IF CG19H = 1 AND NO DESCRIPTION IS PROVIDED WRITE IN -9. WHEN POSSIBLE, IF DESCRIPTION MATCHES ONE OF THE ABOVE CATEGORIES, CG19A-G, CHANGE THE ANSWER IN THE APPROPRIATE CATEGORY TO 1, CODE 19H AS 2 AND LEAVE 19OS AS BLANK.

CG19I 19I. No additional information needed

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

Now, I'd like to ask you some overall questions about these services that you or [CLIENT'S NAME] re receiving from [A AGENCY'S NAME] and/or other agencies.

CG20 20) Overall, how satisfied are you with the services that you and/or [CLIENT'S NAME] receives? Would you say...

- 1 = Very satisfied
- 2 = Somewhat satisfied
- 3 = Somewhat dissatisfied
- 4 = Very dissatisfied
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG21 21) To what extent do the services that you and/or [CLIENT'S NAME] receive help you to be a better caregiver? Would you say ...

- 1 = They help a lot
- 2 = They help a little
- 3 = They don't help
- 4 = They make things worse
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG22 22) Have the services enabled you to provide care for [CLIENT'S NAME] for a longer time than would have been possible without these services? Would you say ...

- 1 = Yes, definitely
- 2 = Yes, I think so
- 3 = No, I don't think so
- 4 = No, definitely not
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG23 23) How have the services that you and/or [CLIENT'S NAME] received affected you and your caregiving tasks? (Write response verbatim.)

- XXXXXXXXXXXX(Maximum 65,000 Characters)
- 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID

Next, we are interested in your experiences asa caregiver for [CLIENT'S NAME].

CG24 24) Do any agencies, family members or friends help you get time off or relief from the responsibility of caring for [CLIENT'S NAME]?

- 1 = Yes
- 2 = No (Skip to Q. 25)
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG24 = 1 GO TO CG4A, ELSE GO TO CG25

CG24A 24A) About how many times per month does someone else take over for you?

- 1-999 = Number of Times
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG24B 24B) When someone else takes over, about how many hours of time off do you usually get?

- 1-999 = Number of hours
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG24C 24C) Is this enough relief for you?

- 1 = Yes (Skip to Q. 25)
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: IF CG24C = 2 GO TO CG24D, ELSE GO TO CG25

CG24D 24D) How many more hours per month of time off or relief do you need?

- 1-99 = Number of hours
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG25 25) How many other family members or friends provide unpaid care for [CLIENT'S NAME]?

- 0-99 = Number of family members (If zero, skip to Q. 27)
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG25 = 0, -7, 8, OR -9 SKIP TO CG27, ELSE GO TO CG26

CG26 26) Thinking about all the family members or friends who provide unpaid care for [CLIENT'S NAME], what proportion of the care do you provide? Would you say . . .

- 1 = A little
- 2 = More than a little (but less than one-half)
- 3 = About half
- 4 = More than one-half (but not nearly all)
- 5 = Nearly all
- 6 = All
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG27 27) On a typical 24-hour weekday, how many hours do you provide care for [CLIENT'S NAME] in person? [IF NEEDED: Weekdays are Monday through Friday]

- 0-24 = Number of hours
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG28 28) On a typical 24-hour weekend day, how many hours do you provide care for [CLIENT'S NAME] in person? [IF NEEDED: Weekend days are Saturday and Sunday]

- 0-24 = Number of hours
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG29 29) What is your current employment status?

- 1 = Working full time (Skip to Q.31A)
- 2 = Working part time (Skip to Q. 31A)
- 3 = Retired
- 4 = Not working
- 5 = No response (Skip to Q. 32)
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

**CODERS: IF CG29 = 3 OR 4 GO TO CG30, IF CG29 = 5, 7, -8, OR -9 SKIP TO CG32
IF CG29 = 2 OR 3, GO TO CG31A**

CG30 30) Were you working when you started providing care for [CLIENT'S NAME]?

- 1 = Yes
 - 2 = No (Skip to Q. 32)
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: IF CG30 = 1 GO TO CG31A, ELSE GO TO CG32

CG31A 31A. Because of providing care for [CLIENT'S NAME], have you? Stopped working

- 1 = Yes
 - 2 = No
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG31B 31B. Because of providing care for [CLIENT'S NAME], have you? Retired early

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG31C 31C. Because of providing care for [CLIENT'S NAME], have you? Taken a less demanding job

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG31D 31D. Because of providing care for [CLIENT'S NAME], have you? Changed from full time to part-time work

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG31E 31E. Because of providing care for [CLIENT'S NAME], have you? Reduced your official working hours

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG31F 31F. Because of providing care for [CLIENT'S NAME], have you? Lost some of your employment fringe benefits

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG31G 31G. Because of providing care for [CLIENT'S NAME], have you? Had time conflicts between working and caregiving

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG31H 31H. Because of providing care for [CLIENT'S NAME], have you? Used your vacation time to provide care

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID (If CG29 = 5, -7, -8, or -9)
- BLANK IS VALID (If CG30 = 2, -7, -8, or -9)

CG31I 31I. Because of providing care for [CLIENT'S NAME], have you? Taken a leave of absence to provide care

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID (If CG29 = 5, -7, -8, or -9)
- BLANK IS VALID (If CG30 = 2, -7, -8, or -9)

CG31J 31J. Because of providing care for [CLIENT'S NAME], have you? Lost a promotion

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG31K 31K. Because of providing care for [CLIENT'S NAME], did you work less than your normal number of hours last month?

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: IF CG31K = 1 GO TO CG31K1, ELSE GO TO CG31L

CG31K1 31K1. (IF K is YES:) How many hours of work did you miss last month?

- 1-300 = Number of hours
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG31L 31L. Has caring for [CLIENT'S NAME] affected your work in any other way?

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: IF CG31L = 1 GOTO CG31L1, ELSE GO TO 31M

CG31L1 31L1. (IF L is YES:) How has caring for [CLIENT'S NAME] affected your work?

- XXXXXXXXXX(Maximum 65,000 Characters)
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CG31M 31M. Because of providing care for [CLIENT'S NAME], have you? None of the above

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID
- BLANK IS VALID

CODERS: IF CG31M = 1, VERIFY THAT CG31A – L ARE NOT EQUAL TO 1. IF ANY ARE EQUAL TO 1, CHANGE CG31M TO 2. IF CG31A-L ARE ALL 2, THEN CG31M, NONE, IS AUTOMATICALLY ENTERED AS 1, YES.

CG32 32) How often does being a caregiver for [CLIENT'S NAME] provide companionship for you?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG33

33) How often does being a caregiver provide you with a sense of accomplishment?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG34

34) How often does providing care for [CLIENT'S NAME] give you the satisfaction of caring for someone who cared for you?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG35

35) As a caregiver, how often do you feel that you are helping your family by caring for [CLIENT'S NAME]?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG36

36) How often do you feel that [CLIENT'S NAME] appreciates the care that you are providing for them?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = So metimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG37 37) Does providing care for [CLIENT'S NAME] have any other positive benefits or rewards for you?

- 1 = Yes
- 2 = No
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG37 = 1 GO TO CG7A, ELSE GO TO CG38

CG37A 37A) (IF YES) Please describe: (Write response verbatim.)

XXXXXXXXXXXX(Maximum 65,000 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG38 38) In your experience as a caregiver, what would you say is the most positive aspect of caregiving? (Read list. Check only one.) Would you say ...

- 1 = Companionship
- 2 = A sense of accomplishment
- 3 = Caring for someone who cared for you
- 4 = Helping your family
- 5 = Being appreciated
- 6 = Other
- 7 = None
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG38 = 7, VERIFY THAT NO OTHER RESPONSES FOR CG38 ARE CHECKED. IF NO RESPONSES ARE CHECKED CODE AS -9, MISSING.

CODERS: IF CG38 = 6 GO TO CG31K1, ELSE GO TO CG39

CG38OS C38OS. [IF OTHER] SPECIFY

XXXXXXXXXXXX(Maximum 65,000 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG39 39) How often does providing care for [CLIENT'S NAME] create a financial burden for you? Would you say ...

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG40 40) How often does caregiving leave you with not enough time for yourself?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG41 41) How often does caregiving leave you with not enough time for the rest of your family (or your family)?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG42 42) (Ask only if respondent is working) How often does caring for [CLIENT'S NAME] interfere with your work?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG43 43) How often does caring for [CLIENT'S NAME] affect your relationships with the rest of your family (or your family) in a negative way? Would you say ...

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG44 44) How often does caregiving interfere with your personal needs for privacy?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG45 45) How often does caregiving create problems in your social life?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG46 46) How often does caregiving create stress for you?

- 1 = Always or Nearly Always
- 2 = Quite Frequently
- 3 = Sometimes
- 4 = Rarely
- 5 = Never
- 6 = N/A
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG47 47) Does providing care for [CLIENT'S NAME] have any other negative effects or burdens for you?

- 1 = YES
- 2 = NO
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG47 = 1 GO TO CG47A, ELSE GO TO CG48

CG47A 47A) (IF YES) Please describe: (Write response verbatim.)

XXXXXXXXXXXX(Maximum 65,000 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID (If CG47 = 2, -7, -8, or -9)

CG48 48) Which of the following has been the biggest difficulty you have faced in caring for [CLIENT'S NAME]? (Read list. Check only one.) Would you say ...

- 1 = The financial burden
- 2 = Not enough time for yourself
- 3 = Not enough time for your family
- 4 = Interferes with your work
- 5 = Affects your family relationships
- 6 = Interferes with your privacy life
- 7 = Conflicts with your social life
- 8 = Creates stress
- 9 = Other
- 10 = None
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG48 = 10, VERIFY THAT NO OTHER RESPONSES FOR CG48 ARE CHECKED. IF NO RESPONSES ARE CHECKED CODE AS -9, MISSING.

CODERS: IF CG348 = 9 GO TO CG48OS, ELSE GO TO CG49

CG48OS 480S. [IF OTHER] SPECIFY

XXXXXXXXXXXX(Maximum 65,000 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID (If CG48 is NOT 9 or = -7, -8, -9)

CG49 49) Are there any other persons for whom you provide care, such as children, parents, etc.?

- 1 = Yes
- 2 = No (Skip to Q 52)
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CODERS: IF CG49 = 1 GO TO CG50A, ELSE GO TO CG52

CG50A 50A. (IF YES) Who are those people? Husband or wife

- 1 = Yes
 - 2 = No
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG50B 50B. (IF YES) Who are those people? Son(s) or daughter(s)

- 1 = Yes
 - 2 = No
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG50C 50C. (IF YES) Who are those people? Father

- 1 = Yes
 - 2 = No
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG50D 50D. (IF YES) Who are those people? Mother

- 1 = Yes
 - 2 = No
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG50E 50E. (IF YES) Who are those people? Brother(s) or sister(s)

- 1 = Yes
 - 2 = No
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID

CG50F 50F. (IF YES) Who are those people? Grandson(s) or granddaughter(s)

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG50G 50G. (IF YES) Who are those people? Other relative(s) not mentioned above

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG50H 50H. (IF YES) Who are those people? Friend(s) or neighbor(s)

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG50I 50I. (IF YES) Who are those people? Other persons not mentioned above

1 = Yes
2 = No
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CODERS: IF CG50I= 1 GO TO CG50OS, ELSE GO TO CG51

CG50OS 50OS [IF OTHER] SPECIFY

XXXXXXXXXX(Maximum 200 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG51 51) How many persons total are you caring for, not counting [CLIENT'S NAME]?

1-99 = Number of persons
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG52 52) Do you have any kind of health problem, physical condition, or disability that affects the kind or amount of care that you can provide to [CLIENT'S NAME]?

- 1 = Yes
- 2 = No (Skip to Q. 54)
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG52A 52A) (IF YES) What is that problem, condition, or disability? (Write response verbatim.)

CODERS: IF CG52 = 1 GO TO CG52A, ELSE GO TO CG54

XXXXXXXXXXXX(Maximum 65,000 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG53 53) Have your caregiving activities created or worsened any of these problems, conditions, or disabilities?

- 1 = Yes
 - 2 = No (Skip to Q. 54)
 - 7 = REFUSED
 - 8 = DON'T KNOW
 - 9 = MISSING OR INVALID
- BLANK IS VALID)

CODERS: IF CG53 = GO TO CG53A, ELSE GO TO CG54mo

CG53A 53A) (IF YES) How have your caregiving activities created or worsened these problems, conditions, or disabilities? (Write response verbatim.)

XXXXXXXXXXXX(Maximum 65,000 Characters)
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID
BLANK IS VALID

CG54mo 54) How long have you been caring for [CLIENT'S NAME]?

- 0-12 =MONTHS
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG54yr 54) How long have you been caring for [CLIENT'S NAME]?

- 0-99 =YEARS
- 7 = REFUSED
- 8 = DON'T KNOW
- 9 = MISSING OR INVALID

CG55 55) What is the age of [CLIENT'S NAME]?

0-150 = Years Old
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

CG56 56) (Don't ask if obvious, just check.) What is the gender of [CLIENT'S NAME]?

1 = Male
2 = Female
-7 = REFUSED
-8 = DON'T KNOW
-9 = MISSING OR INVALID

GO TO DEMOGRAPHIC INTAKE CODEBOOK