

Caregiver Module

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say “I’m so sorry to hear of your loss.” and code 8.

- 1 Yes
- 2 No [GO TO QUESTION 9]
- 7 Don’t know/Not sure [GO TO QUESTION 9]
- 8 Caregiving recipient died in past 30 days [GO TO NEXT MODULE]
- 9 Refused [GO TO QUESTION 9]

2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY: “PLEASE REFER TO THE PERSON TO WHOM YOU ARE GIVING THE MOST CARE.”

INTERVIEWER INSTRUCTION: DO NOT READ; CODE RESPONSE USING THESE CATEGORIES.

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 16 Unmarried partner
- 77 Don’t know/Not sure
- 99 Refused

3. For how long have you provided care for that person? Would you say...

Please read:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years

5 More than 5 years

Do not read:

7 Don't Know/ Not Sure

9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say...

Please read:

1 Up to 8 hours per week

2 9 to 19 hours per week

3 20 to 39 hours per week

4 40 hours or more

Do not read:

7 Don't know/Not sure

9 Refused

5. What is the main health problem, long-term illness, or disability that the person you care for has? Read if necessary: Please tell me which one of these conditions would you say is the *major* problem? [DO NOT READ: RECORD ONE RESPONSE]

1 Arthritis/Rheumatism

2 Asthma

3 Cancer

4 Chronic respiratory conditions such as Emphysema or COPD

5 Alzheimer's disease, Dementia and other Cognitive Impairment Disorders

6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida

7 Diabetes

8 Heart Disease, Hypertension

9 Human Immunodeficiency Virus Infection (HIV)

10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia

11 Other organ failure or diseases such as kidney or liver problems

12 Substance Abuse or Addiction Disorders

13 Injuries, including broken bones

14 Old age/infirmity/frailty

15 Other

Do not read:

77 Don't know/Not sure

99 Refused

Skip to question 7 if response to question 5 is 5 (Alzheimer's disease, dementia or other cognitive impairment disorder)

6. Does the person you care for also have Alzheimer's disease, Dementia or other Cognitive Impairment Disorder?

1 Yes

2 No

7 Don't Know /Not Sure

9 Refused

7. In the past 30 days, did you provide care for this person by... Managing personal care such as giving medications, feeding, dressing, or bathing?

1 Yes

- 2 No
- 7 Don't Know /Not Sure
- 9 Refused

8. In the past 30 days, did you provide care for this person by... Managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No
- 7 Don't Know /Not Sure
- 9 Refused

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

- 1 Yes
- 2 No
- Don't know/Not sure
- 9 Refused