

## 2019 Caregiving 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

7 Don't know/Not sure

9 Refused