

THE PITTSBURGH REGIONAL CAREGIVERS SURVEY
BREAKOUTS BY NUMBER OF HOURS OF CAREGIVING PER WEEK

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Notes

All entries are column percentages.

Percentages for single response items may not add to 100 due to rounding.

Some items allowed for multiple responses. For these items, percentages add to more than 100.

CR = care recipient; CG = caregiver

Sample sizes:

8 or less n = 416

9 to 19 n = 254

20 to 39 n = 157

40 or more n = 170

Missing data (i.e., “don’t know” and “refused”) are not presented.

TYPES OF CAREGIVING

SCRNPC. Do you currently help with PERSONAL CARE TASKS, such as bathing, dressing, grooming, eating, moving from bed to chair, or going to the toilet?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 27 | 51 | 76 | 82 |
| No | 73 | 49 | 24 | 18 |

SCRNHT. Do you currently help with HOUSEHOLD TASKS, such as shopping, managing personal finances, arranging for outside services, or providing transportation?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 97 | 99 | 95 | 99 |
| No | 3 | 1 | 5 | 1 |

SCRNMNT. Do you currently help with MEDICAL OR NURSING TASKS, such as managing medications, changing dressing on wounds, or monitoring equipment like oxygen tanks?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 42 | 68 | 80 | 93 |
| No | 58 | 32 | 20 | 7 |

Respondents were required to say YES to at least one of the three questions above to qualify. These tables present the responses of the 1,008 respondents who qualified.

CAREGIVING SITUATION / CONTEXT

QCS1. What is your relationship to the person you help with their personal care, routine household needs and/or medical/nursing tasks? Are you taking care of:

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|----------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Your mother or mother-in-law | 42 | 44 | 45 | 37 |
| Your father or father-in-law | 14 | 15 | 10 | 7 |
| Your wife / partner | 5 | 5 | 3 | 12 |
| Your husband / partner | 9 | 13 | 17 | 28 |
| Your daughter or daughter-in-law | 1 | 1 | 0 | 2 |
| Your son or son-in-law | 1 | 0 | 0 | 1 |
| Some other relative | 16 | 14 | 17 | 11 |
| A non-relative | 11 | 8 | 10 | 3 |

QCS2. Is the person you care for:

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------|------------------------------|--------------------------|---------------------------|------------------------------|
| Male | 32 | 36 | 34 | 44 |
| Female | 68 | 64 | 66 | 57 |

QCS4. How old is [he / she]? Your best estimate is fine. *(Results categorized for display.)*

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------|------------------------------|--------------------------|---------------------------|------------------------------|
| 50 – 64 | 16 | 14 | 21 | 14 |
| 65 – 74 | 18 | 15 | 19 | 20 |
| 75 – 84 | 25 | 28 | 22 | 26 |
| 85 + | 42 | 43 | 38 | 40 |

QCS5. Where does [he/she] live?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| In your household → QCS9 | 26 | 42 | 44 | 85 |
| Within 20 minutes of your home | 53 | 49 | 42 | 12 |
| Between 20 minutes and an hour from your home | 16 | 7 | 13 | 3 |
| One to two hours from your home | 2 | 2 | 0 | 0 |
| More than two hours away | 3 | 1 | 1 | 1 |

QCS6. Which of the following best describes where [he/she] lives?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| His or her own home | 69 | 71 | 69 | 96 |
| Someone else's home → QCS9 | 8 | 8 | 15 | 0 |
| An independent living or retirement community | 13 | 12 | 11 | 0 |
| In an assisted living facility where some care may be provided → QCS9 | 10 | 9 | 3 | 4 |
| Somewhere else | 1 | 0 | 1 | 0 |

Note: Persons providing care to a CR in a nursing home were not eligible for the survey.

QCS7. Does [he/she] live alone?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 69 | 68 | 68 | 48 |
| No | 31 | 32 | 32 | 52 |

QCS9. Does [he/she] need care because of a... (*multiple responses allowed therefore percentages add to more than 100*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Short-term physical condition | 11 | 16 | 10 | 10 |
| Long-term physical condition | 73 | 76 | 87 | 84 |
| Emotional or mental health problem | 17 | 18 | 30 | 17 |
| Developmental or intellectual disorder or mental retardation | 4 | 6 | 5 | 5 |
| Behavioral issue | 6 | 8 | 10 | 8 |
| Memory problem | 34 | 43 | 52 | 55 |
| None of the above | 9 | 3 | 1 | 0 |

QCS10. Does [he/she] suffer from Alzheimer's disease or other types of dementia?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 19 | 21 | 32 | 34 |
| No | 82 | 79 | 68 | 67 |

Has a doctor ever told [him / her] that [he / she] had...

QCS11. a heart attack or myocardial infarction?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 18 | 25 | 29 | 25 |
| No | 82 | 75 | 72 | 75 |

QCS12. any other heart disease including angina or congestive heart failure?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 29 | 35 | 38 | 38 |
| No | 71 | 65 | 63 | 63 |

QCS13. high blood pressure or hypertension?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 63 | 65 | 70 | 67 |
| No | 37 | 35 | 30 | 33 |

QCS14. arthritis?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 62 | 68 | 62 | 70 |
| No | 38 | 32 | 38 | 30 |

QCS15. osteoporosis or thinning of the bones?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 35 | 38 | 34 | 35 |
| No | 65 | 62 | 66 | 65 |

QCS16. diabetes?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 25 | 27 | 31 | 33 |
| No | 75 | 73 | 69 | 67 |

QCS17. lung disease, such as emphysema, asthma, or chronic bronchitis?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 23 | 21 | 24 | 27 |
| No | 77 | 79 | 76 | 73 |

QCS18. cancer?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 29 | 31 | 23 | 25 |
| No | 71 | 69 | 77 | 75 |

QCS18a. a stroke?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 15 | 21 | 32 | 32 |
| No | 85 | 79 | 68 | 68 |

QCS19. serious difficulty seeing?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 24 | 33 | 30 | 32 |
| No | 76 | 67 | 70 | 68 |

QCS20. serious difficulty hearing?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 36 | 39 | 30 | 42 |
| No | 64 | 61 | 70 | 58 |

In the last month has [he / she] used...

QCS22A. glasses or other vision aids such as a magnifying glass?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 87 | 90 | 82 | 82 |
| No | 13 | 10 | 19 | 18 |

QCS22B. a hearing aid?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 17 | 22 | 15 | 18 |
| No | 83 | 78 | 85 | 82 |

QCS22C. a cane?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 43 | 46 | 39 | 38 |
| No | 57 | 54 | 62 | 62 |

QCS22D. a walker?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 40 | 44 | 48 | 49 |
| No | 61 | 56 | 52 | 51 |

QCS22E. a wheelchair?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 22 | 35 | 41 | 52 |
| No | 78 | 65 | 59 | 48 |

QCS22F. a scooter?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 8 | 8 | 5 | 9 |
| No | 93 | 92 | 95 | 91 |

QCS22G. a reacher or grabber to pick things up more easily?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 35 | 32 | 33 | 34 |
| No | 65 | 69 | 67 | 67 |

QCS22H. special items to help with dressing, such as button hooks or clothes that are designed to get on and off easily?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 19 | 21 | 25 | 20 |
| No | 81 | 79 | 75 | 80 |

QCS22I. adaptive utensils to help to eat or cut food? IF NEEDED: Adapted utensils include things like easy-to-grip silverware, knives that rock, and plates with high sides.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 4 | 4 | 6 | 10 |
| No | 96 | 96 | 94 | 90 |

QCS23. Does the CR's residence have features to make it easier for older adults such as a railing or a ramp, grab bars in the bathroom, a seat for the shower or tub, or an emergency call system?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 79 | 82 | 80 | 84 |
| No → next section | 21 | 19 | 20 | 16 |

QCS24. Which of these features does the CR's residence have? (*multiple responses accepted*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| A railing or ramp | 60 | 61 | 74 | 64 |
| Grab bars in the bathroom | 75 | 77 | 80 | 80 |
| A seat for the shower or tub | 70 | 68 | 71 | 80 |
| An emergency call system | 45 | 48 | 39 | 36 |
| Other | 30 | 36 | 33 | 39 |

CARE ACTIVITIES

Caregivers of **persons living in assisted living** were not asked QCA1 through QCA4B if they indicated they did not help the care recipient with household tasks (household tasks screener question SCRNHT).

QCA1PRE. Next we have a few questions about CR's needs for assistance and ways you may have helped CR in the last month because of [his/her] health and functioning. Let's start with chores you may do around CR's home. This includes laundry, cleaning, or making hot meals.

QCA1. In the last month, how often did [he/she] need help with laundry, cleaning, or making hot meals due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 29 | 49 | 65 | 89 |
| Most days | 15 | 21 | 21 | 5 |
| Some days | 30 | 21 | 11 | 2 |
| Rarely | 12 | 3 | 1 | 0 |
| Never → QCA2 | 12 | 4 | 1 | 1 |
| Does not do, but not because of poor health and functioning → QCA2 | 3 | 2 | 1 | 3 |

QCA1A. In the last month, how often did you help CR with laundry, cleaning, or making hot meals or do these chores for [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 15 | 36 | 48 | 88 |
| Most days | 12 | 24 | 30 | 8 |
| Some days | 44 | 34 | 21 | 4 |
| Rarely | 17 | 4 | 0 | 0 |
| Never | 13 | 2 | 1 | 1 |

QCA1B. Does anyone else help CR with laundry, cleaning, or making hot meals or do these chores for [him/her]? (*Unpaid and paid could be both be selected therefore percentages may add to more than 100*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 56 | 54 | 54 | 42 |
| Yes, a paid helper | 27 | 23 | 18 | 24 |
| No | 30 | 34 | 35 | 42 |

QCA2. In the last month, how often did [he/she] need help with shopping for groceries or personal items due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 24 | 41 | 52 | 73 |
| Most days | 23 | 23 | 23 | 11 |
| Some days | 32 | 23 | 19 | 11 |
| Rarely | 12 | 8 | 2 | 1 |
| Never → QCA3 | 8 | 4 | 2 | 2 |
| Does not do, but not because of poor health and functioning → QCA3 | 2 | 2 | 3 | 2 |

QCA2A. In the last month, how often did you shop with CR for groceries or personal items or do [his/her] shopping for [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 11 | 27 | 27 | 50 |
| Most days | 16 | 23 | 33 | 23 |
| Some days | 44 | 39 | 30 | 18 |
| Rarely | 18 | 8 | 1 | 4 |
| Never | 11 | 3 | 9 | 5 |

QCA2B. Does anyone else help CR with shopping for groceries or personal items? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 60 | 52 | 57 | 36 |
| Yes, a paid helper | 9 | 6 | 6 | 8 |
| No | 35 | 47 | 39 | 60 |

QCA3. In the last month, did CR need help with ordering medicines due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 44 | 59 | 66 | 82 |
| No → QCA4 | 54 | 39 | 33 | 15 |
| Does not do, but not because of poor health and functioning → QCA4 | 3 | 2 | 2 | 3 |

QCA3A. In the last month, did you ever help CR order [his/her] prescribed medicines or order these for [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 62 | 79 | 77 | 91 |
| No | 38 | 22 | 23 | 9 |

QCA3B. Does anyone else help CR with ordering medicines? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 46 | 30 | 41 | 19 |
| Yes, a paid helper | 17 | 8 | 7 | 7 |
| No | 40 | 62 | 52 | 76 |

QCA4. In the last month, did CR need help with handling bills or banking due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 57 | 67 | 74 | 85 |
| No → QCA5 | 39 | 30 | 25 | 10 |
| Does not do, but not because of poor health and functioning → QCA5 | 4 | 4 | 1 | 5 |

QCA4A. In the last month, did you ever help CR with handling bills or banking or do this for [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 72 | 82 | 78 | 86 |
| No | 28 | 18 | 22 | 14 |

QCA4B. Does anyone else help CR with handling bills or banking? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|---------------------------------|-----------------------------|------------------------------|---------------------------------|
| Yes, another unpaid family member / friend | 53 | 34 | 44 | 26 |
| Yes, a paid helper | 0 | 2 | 1 | 2 |
| No | 47 | 65 | 55 | 72 |

Caregivers of **persons living in assisted living** were not asked QCA5 through QCA12C if they indicated they did not help the care recipient with personal care (personal care screener question SCRNPC).

QCA5PRE. Now, a few questions about personal care.

QCA5. In the last month, how often did CR need help with eating due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 4 | 8 | 16 | 21 |
| Most days | 2 | 7 | 5 | 5 |
| Some days | 5 | 6 | 10 | 8 |
| Rarely | 8 | 12 | 13 | 11 |
| Never → QCA6 | 81 | 68 | 56 | 55 |

QCA5A. In the last month, how often did you help [him/her] with eating?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 7 | 15 | 29 | 47 |
| Most days | 4 | 11 | 27 | 11 |
| Some days | 34 | 34 | 18 | 17 |
| Rarely | 33 | 25 | 19 | 18 |
| Never | 22 | 14 | 7 | 7 |

QCA5B. Does anyone else help [him/her] with eating? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 47 | 47 | 49 | 26 |
| Yes, a paid helper | 15 | 11 | 12 | 24 |
| No | 41 | 49 | 44 | 61 |

QCA6. In the last month, how often did CR need help with showering or bathing due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 10 | 24 | 30 | 51 |
| Most days | 6 | 8 | 21 | 12 |
| Some days | 9 | 15 | 14 | 12 |
| Rarely | 12 | 9 | 8 | 10 |
| Never → QCA7 | 63 | 45 | 27 | 15 |

QCA6A. In the last month, how often did you help [him/her] with showering or bathing?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 4 | 17 | 21 | 43 |
| Most days | 7 | 12 | 19 | 15 |
| Some days | 19 | 27 | 27 | 19 |
| Rarely | 19 | 14 | 14 | 16 |
| Never | 51 | 30 | 20 | 8 |

QCA6B. Does anyone else help [him/her] with showering or bathing? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 39 | 41 | 42 | 21 |
| Yes, a paid helper | 34 | 30 | 24 | 29 |
| No | 33 | 39 | 41 | 56 |

QCA7. In the last month, how often did CR need help with dressing or grooming due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 10 | 18 | 34 | 51 |
| Most days | 6 | 7 | 16 | 9 |
| Some days | 13 | 19 | 14 | 13 |
| Rarely | 13 | 15 | 14 | 11 |
| Never → QCA8 | 59 | 41 | 22 | 16 |

QCA7A. In the last month, how often did you help CR with dressing or grooming?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 6 | 10 | 22 | 50 |
| Most days | 7 | 14 | 22 | 18 |
| Some days | 31 | 38 | 35 | 19 |
| Rarely | 31 | 27 | 16 | 11 |
| Never | 25 | 10 | 5 | 2 |

QCA7B. Does anyone else help [him/her] with dressing or grooming? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 48 | 41 | 45 | 26 |
| Yes, a paid helper | 24 | 24 | 22 | 26 |
| No | 37 | 45 | 44 | 55 |

QCA8. In the last month, how often CR need help with using the toilet due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 5 | 13 | 26 | 38 |
| Most days | 2 | 4 | 6 | 3 |
| Some days | 3 | 9 | 8 | 8 |
| Rarely | 9 | 9 | 12 | 11 |
| Never → QCA9 | 81 | 65 | 48 | 40 |

QCA8A. In the last month, how often did you help CR with using the toilet?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 8 | 15 | 26 | 58 |
| Most days | 7 | 12 | 15 | 12 |
| Some days | 15 | 30 | 30 | 13 |
| Rarely | 30 | 23 | 25 | 13 |
| Never | 40 | 20 | 5 | 4 |

QCA8B. Does anyone else help [him/her] with using the toilet? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 55 | 52 | 52 | 31 |
| Yes, a paid helper | 34 | 31 | 26 | 32 |
| No | 25 | 34 | 36 | 47 |

QCA9. In the last month, how often did CR need help getting in and out of bed due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 8 | 15 | 21 | 33 |
| Most days | 2 | 4 | 6 | 5 |
| Some days | 7 | 10 | 13 | 6 |
| Rarely | 10 | 14 | 17 | 16 |
| Never → QCA10 | 74 | 57 | 43 | 40 |

QCA9A. In the last month, how often did you help CR get in and out of bed?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 4 | 14 | 14 | 51 |
| Most days | 4 | 10 | 16 | 11 |
| Some days | 23 | 26 | 33 | 14 |
| Rarely | 36 | 31 | 34 | 20 |
| Never | 33 | 19 | 5 | 5 |

QCA9B. Does anyone else help [him/her] get in and out of bed? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 54 | 49 | 49 | 33 |
| Yes, a paid helper | 26 | 22 | 23 | 22 |
| No | 29 | 42 | 42 | 53 |

QCA10. In the last month, how often did CR need help getting around [his/her] home due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 6 | 13 | 26 | 39 |
| Most days | 4 | 6 | 7 | 4 |
| Some days | 11 | 16 | 14 | 10 |
| Rarely | 18 | 18 | 16 | 13 |
| Never → QCA11 | 61 | 47 | 38 | 34 |

QCA10A. In the last month, how often did you help CR get around [his/her] home?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 2 | 13 | 23 | 51 |
| Most days | 7 | 12 | 20 | 12 |
| Some days | 32 | 41 | 37 | 19 |
| Rarely | 43 | 29 | 19 | 16 |
| Never | 16 | 5 | 2 | 3 |

QCA10B. Does anyone else help [him/her] get around [his/her] home? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 62 | 54 | 56 | 40 |
| Yes, a paid helper | 20 | 18 | 19 | 25 |
| No | 30 | 40 | 35 | 43 |

QCA11. In the last month, how often did CR need help leaving [his/her] home to go outside due to poor health and functioning?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 13 | 23 | 34 | 44 |
| Most days | 9 | 16 | 14 | 8 |
| Some days | 22 | 20 | 18 | 14 |
| Rarely | 16 | 13 | 8 | 12 |
| Never → skip logic prior to QCA12A | 40 | 28 | 26 | 23 |

QCA11A. In the last month, how often did you help CR leave [his/her] home to go outside?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 7 | 17 | 23 | 47 |
| Most days | 10 | 21 | 25 | 15 |
| Some days | 44 | 42 | 33 | 24 |
| Rarely | 28 | 14 | 13 | 12 |
| Never | 11 | 6 | 6 | 2 |

QCA11B. Does anyone else help [him/her] leave [his/her] home to go outside? (*Unpaid and paid could be both be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, another unpaid family member / friend | 65 | 57 | 59 | 50 |
| Yes, a paid helper | 13 | 15 | 16 | 17 |
| No | 28 | 37 | 34 | 41 |

Skip logic: QCA12A, QCA12B, and QCA12C were asked if CG responded he / she ever provided care on QCA5A, QCA6A, QCA7A, QCA8A, QCA9A, QCA10A, or QCA11A (i.e., response of every day, most days, some days, or rarely on one or more of these items)

QCA12A. In the last month when you helped CR with personal care, did you ever lift [him/her] from a seated or lying position?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 21 | 40 | 46 | 50 |
| No | 79 | 60 | 54 | 50 |

QCA12B. [In the last month when you helped CR with personal care,] did you ever let [him/her] lean on you or support [his/her] weight?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 68 | 71 | 77 | 75 |
| No | 32 | 29 | 23 | 25 |

QCA12C. [In the last month when you helped CR with personal care,] did you ever hold [him/her] steady while [he/she] walked or stood?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 67 | 78 | 70 | 76 |
| No | 33 | 22 | 30 | 24 |

QCA13. In the last month, how often did you drive CR places?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 5 | 13 | 10 | 30 |
| Most days | 11 | 20 | 24 | 16 |
| Some days | 42 | 39 | 31 | 24 |
| Rarely | 20 | 15 | 15 | 11 |
| Never | 22 | 13 | 20 | 19 |

QCA14. In the last month, how often did you go with CR in a van, shuttle or cab, or take public transportation -- the bus, subway, train, or light rail – with [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 1 | 1 | 1 | 7 |
| Most days | 1 | 2 | 4 | 5 |
| Some days | 3 | 5 | 4 | 4 |
| Rarely | 4 | 4 | 8 | 4 |
| Never | 66 | 59 | 52 | 49 |
| Do not use | 25 | 29 | 31 | 31 |

Caregivers of persons living in assisted living were not asked QCA15A through QCA19 if they indicated they did not help the care recipient with medical / nursing task care (medical / nursing tasks screener question SCRNMNT).

QCA15PRE. The next few questions are about help related to CR's health care.

QCA15A. In the last month, did you ever help CR keep track of [his/her] medications?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 43 | 66 | 71 | 87 |
| No | 57 | 34 | 30 | 13 |

QCA15A1. In the last month, did you ever actually give CR [his/her] medications?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 25 | 48 | 62 | 79 |
| No | 75 | 53 | 38 | 21 |

QCA15A2. How are these drugs administered? (*multiple responses could be selected*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Orally (by mouth as pills, capsules, liquid) | 97 | 99 | 99 | 99 |
| Insulin injection | 9 | 12 | 11 | 17 |
| Other injection | 5 | 2 | 6 | 9 |
| Infusion pump | 1 | 1 | 1 | 0 |
| Inhaler | 16 | 10 | 11 | 14 |
| Suppository | 3 | 3 | 3 | 3 |
| Medication patch | 4 | 5 | 6 | 5 |
| Spray | 4 | 3 | 2 | 7 |
| Eye/Ear drops | 20 | 9 | 15 | 24 |
| Other | 3 | 8 | 9 | 8 |

QCA15B. [In the last month, did you ever help CR] take shots or injections?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 2 | 7 | 8 | 15 |
| No | 98 | 93 | 92 | 85 |

QCA15C. [In the last month, did you ever help CR] manage medical tasks like ostomy care, IVs, or testing blood?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 5 | 9 | 12 | 17 |
| No | 95 | 91 | 89 | 83 |

QCA15D. [In the last month, did you ever help CR] with exercises [he/she] was supposed to do?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 12 | 29 | 48 | 45 |
| No | 88 | 71 | 52 | 55 |

QCA15E. [In the last month, did you ever help CR] with a special diet?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 17 | 31 | 40 | 36 |
| No | 83 | 69 | 61 | 64 |

QCA15F. [In the last month, did you ever help CR] care for [his/her] teeth or dentures?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 8 | 15 | 31 | 44 |
| No | 92 | 85 | 69 | 56 |

QCA15G. [In the last month, did you ever help CR] care for [his/her] feet, like clipping nails?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 13 | 33 | 37 | 55 |
| No | 87 | 67 | 63 | 45 |

QCA15H. [In the last month, did you ever help CR] with skin care related to wounds or sores?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 15 | 29 | 34 | 48 |
| No | 85 | 71 | 66 | 52 |

QCA15I. [In the last month, did you ever help CR] with assistive devices for mobility like canes or walkers?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 37 | 50 | 55 | 59 |
| No | 63 | 50 | 46 | 41 |

Caregivers were only asked QCA15J through QCA19 if they indicated they did help the care recipient with medical / nursing task care (medical / nursing task screener question SCRNMNT).

You indicated at the beginning of the survey that you perform some medical/nursing tasks. Many different tasks are considered medical/nursing tasks even though they are done at home. Some require equipment; others do not. Which of the following additional medical tasks do you perform?

QCA15J. [In the last month, did you ever] use incontinence equipment like catheters, supplies like adult diapers, or administer enemas?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 23 | 37 | 48 | 53 |
| No | 77 | 63 | 52 | 47 |

QCA15K. [In the last month, did you ever] use meters/monitors (e.g., thermometer, glucometer, stethoscope, weight scales, blood pressure monitors, oxygen saturation monitors)?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 39 | 54 | 52 | 60 |
| No | 61 | 46 | 48 | 40 |

QCA15L. [In the last month, did you ever] administer test kits (bladder infection test, for example)?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 2 | 2 | 4 | 8 |
| No | 98 | 98 | 96 | 92 |

QCA15M. [In the last month, did you ever] operate durable medical equipment (hospital beds, lifts, wheelchairs, scooters, toilet or bath chairs, geri-chairs, for example)?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 31 | 48 | 52 | 60 |
| No | 69 | 52 | 48 | 40 |

QCA15N. [In the last month, did you ever] operate mechanical ventilators, oxygen, tube feeding equipment, or home dialysis equipment?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 11 | 16 | 18 | 25 |
| No | 89 | 84 | 83 | 75 |

QCA150. [In the last month, did you ever] use telehealth equipment (cameras, sensors, phone lines to collect medical data in the home and transmit it to doctor or nurse)?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 7 | 6 | 10 | 13 |
| No | 93 | 94 | 91 | 87 |

(If YES to any of QCA15A – QCA150, ask QCA16 – QCA19; otherwise skip to QCA21)

QCA16. How difficult is it for you to do the medical and nursing tasks that are required to help CR? Please answer by choosing a number between 1 and 5, where 1 means not at all difficult and 5 means very difficult.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. Not at all difficult | 60 | 58 | 45 | 49 |
| 2. | 21 | 21 | 20 | 17 |
| 3. | 11 | 11 | 23 | 19 |
| 4. | 4 | 6 | 11 | 10 |
| 5. Very difficult | 3 | 4 | 2 | 6 |

QCA17. Did anyone prepare you to do these tasks?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 22 | 26 | 26 | 30 |
| No → QCA21 | 78 | 74 | 75 | 70 |

QCA18. Who prepared you to do the medical and nursing tasks needed to help CR? (multiple responses could be selected)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Hospital nurse | 29 | 16 | 15 | 28 |
| Hospital doctor | 9 | 2 | 8 | 6 |
| Primary care doctor | 9 | 18 | 5 | 26 |
| Nurse in doctor's office or outpatient setting | 17 | 11 | 10 | 10 |
| Home care nurse | 17 | 30 | 26 | 28 |
| Social worker/geriatric care manager | 3 | 5 | 3 | 0 |
| Physical or occupational therapist | 8 | 18 | 21 | 30 |
| Pharmacist | 6 | 11 | 5 | 2 |
| Medical supply technician | 6 | 7 | 5 | 14 |
| Friend or neighbor | 6 | 11 | 10 | 2 |
| You learned on your own | 24 | 23 | 31 | 30 |
| Other | 52 | 40 | 49 | 34 |

QCA19. How well do you feel that person prepared you to take on these medical and nursing tasks?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very well | 83 | 82 | 64 | 84 |
| Somewhat well | 14 | 14 | 36 | 16 |
| Not well | 3 | 4 | 0 | 0 |

QCA21. During that last 12 months, how many times has [he/she] been hospitalized overnight?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------------|------------------------------|--------------------------|---------------------------|------------------------------|
| None → QCA24PRE | 46 | 44 | 39 | 44 |
| One time | 24 | 21 | 15 | 22 |
| 2 times | 13 | 15 | 22 | 17 |
| 3 or more times | 17 | 20 | 25 | 18 |

QCA22. When [he/she] was in the hospital, were you included by health care workers, like nurses, doctors, or social workers, in discussions about CR's care? Would you say...

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, all the time | 49 | 58 | 63 | 73 |
| Only some of the time | 26 | 27 | 25 | 16 |
| No, and you should have been | 5 | 6 | 4 | 6 |
| No, but you did not need to be | 21 | 9 | 8 | 5 |

QCA23. Before CR left the hospital or was discharged, did you receive clear instructions about any medical or nursing tasks you would need to perform for [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|----------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 62 | 77 | 80 | 80 |
| No | 24 | 21 | 15 | 18 |
| Not applicable | 13 | 2 | 5 | 2 |

QCA23b. How prepared did you feel to take on any medical and nursing tasks after CRs hospitalization?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very well | 50 | 52 | 52 | 67 |
| Somewhat well | 38 | 35 | 39 | 26 |
| Not well | 12 | 13 | 9 | 7 |

QCA24PRE. Now think about the last YEAR.

QCA24A. In the last year, did you ever make appointments for CR with a medical provider?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 53 | 72 | 66 | 85 |
| No | 47 | 28 | 34 | 15 |

QCA24B. [In the last year, did you ever] speak to or email CR's medical provider about [his/her] care?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 55 | 72 | 70 | 81 |
| No | 45 | 28 | 30 | 19 |

QCA24B1. [In the last year, did you ever] go with the CR to appointments with a medical provider?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 78 | 90 | 87 | 93 |
| No | 22 | 10 | 13 | 7 |

QCA24C. [In the last year, did you ever] help [him/her] change or add a health insurance or prescription drug plan? [IF NEEDED: For example, changed or helped [him/her] change a Medicare supplemental plan or prescription drug plan, or helped [him/her] decide to join or leave a managed care plan.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 20 | 33 | 23 | 35 |
| No | 80 | 67 | 77 | 65 |

QCA24D. [In the last year, did you ever] handle any other health insurance matters related to [his/her] medical care? [IF NEEDED: This includes contacting Medicare or another insurer to find out what is covered, comparing plans or providers, finding out about bills, or filing a claim.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 28 | 45 | 40 | 51 |
| No | 72 | 55 | 60 | 49 |

QCA25b. Thinking about all of the ways you helped CR in the last month, did you help on a regular basis or did it vary? By regular schedule, we mean the same days or times every week.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Regular schedule | 37 | 52 | 62 | 82 |
| Varied | 63 | 48 | 38 | 18 |

QCA26. For how long have you been helping this person with personal care routine household needs and/or medical/nursing tasks?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 3 months or less | 7 | 5 | 6 | 5 |
| 4 to 12 months | 11 | 11 | 14 | 7 |
| 1 - 2 years | 21 | 20 | 19 | 14 |
| 3 - 5 years | 28 | 31 | 26 | 28 |
| More than 5 years | 34 | 33 | 34 | 47 |

QCA27. Over the past month, has the amount you helped CR increased, decreased, or been about the same as before?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Increased in the past month | 26 | 38 | 46 | 47 |
| Been about the same in the past month | 63 | 55 | 44 | 48 |
| Decreased in the past month | 12 | 7 | 10 | 5 |

QCA28. Thinking ahead to next few months, do you think the amount you will help CR will increase, decrease, or be about the same as the past month?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------------------|---------------------------------|-----------------------------|------------------------------|---------------------------------|
| Will increase | 28 | 31 | 42 | 41 |
| Will be about the same | 66 | 61 | 49 | 50 |
| Will decrease | 7 | 8 | 9 | 10 |

QCA29. Do you feel you had a choice in taking on this responsibility for caring for CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 49 | 46 | 41 | 41 |
| No | 51 | 54 | 59 | 59 |

QCA30. In general, how worried are you about making a mistake or error, or unintentionally hurting CR while caring for him / her?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very worried | 3 | 6 | 7 | 8 |
| Somewhat worried | 10 | 13 | 13 | 14 |
| Only a little | 28 | 30 | 27 | 27 |
| Not at all | 59 | 51 | 53 | 51 |

Illness, disability, and life circumstances may cause some people to suffer either physically or psychologically.

QCA31. I'd like to ask you to the degree to which you think CR has been suffering physically during the past month on a scale from 1 to 10 where 1 equals "CR has not been suffering physically," and 10 equals "CR has been suffering terribly".)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| 1 CR has not been suffering physically | 15 | 10 | 7 | 21 |
| 2 | 11 | 7 | 9 | 11 |
| 3 | 16 | 12 | 16 | 12 |
| 4 | 9 | 11 | 10 | 8 |
| 5 | 14 | 17 | 14 | 11 |
| 6 | 8 | 10 | 9 | 9 |
| 7 | 11 | 13 | 11 | 11 |
| 8 | 10 | 9 | 12 | 7 |
| 9 | 3 | 7 | 6 | 4 |
| 10 CR has been suffering terribly | 5 | 6 | 6 | 7 |

QCA32. Now, please rate the degree to which you think CR has been suffering psychologically or emotionally during the past month on a scale from 1 to 10 where 1 equals "CR has not been suffering psychologically / emotionally," and 10 equals "CR has been suffering terribly".)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| 1 CR has not been suffering physically | 15 | 9 | 9 | 19 |
| 2 | 10 | 7 | 8 | 13 |
| 3 | 12 | 12 | 8 | 9 |
| 4 | 9 | 9 | 5 | 2 |
| 5 | 14 | 18 | 17 | 11 |
| 6 | 10 | 10 | 12 | 7 |
| 7 | 10 | 10 | 10 | 8 |
| 8 | 10 | 11 | 18 | 15 |
| 9 | 4 | 8 | 5 | 5 |
| 10 CR has been suffering terribly | 7 | 6 | 7 | 11 |

ASPECTS OF CAREGIVING

QAC1PRE. Now we have a few questions about your relationship with CR.

QAC1. How much do you enjoy being with [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| A lot | 71 | 71 | 67 | 71 |
| Some | 22 | 23 | 26 | 24 |
| A little | 6 | 4 | 6 | 4 |
| Not at all | 1 | 2 | 1 | 1 |

QAC2. How much does [he/she] argue with you?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| A lot | 14 | 17 | 31 | 20 |
| Some | 23 | 24 | 29 | 30 |
| A little | 30 | 30 | 22 | 31 |
| Not at all | 33 | 29 | 19 | 19 |

QAC3. How much does CR appreciate what you do for [him/her]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| A lot | 84 | 79 | 75 | 78 |
| Some | 10 | 13 | 14 | 11 |
| A little | 4 | 6 | 8 | 8 |
| Not at all | 2 | 2 | 3 | 4 |

QAC4. How often does [he/she] get on your nerves?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| A lot | 18 | 15 | 24 | 29 |
| Some | 29 | 33 | 34 | 28 |
| A little | 34 | 33 | 29 | 32 |
| Not at all | 20 | 19 | 13 | 10 |

QAC4b. How would you say the quality of your relationship with CR has changed, if at all, since you began helping him/her? Would you say your relationship has...

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Gotten much better | 15 | 23 | 15 | 18 |
| Gotten somewhat better | 24 | 19 | 16 | 20 |
| Stayed about the same | 52 | 41 | 51 | 41 |
| Gotten somewhat worse | 8 | 15 | 16 | 16 |
| Gotten much worse | 2 | 2 | 3 | 6 |

QAC5PRE. Next we have a few questions about your experience helping CR. For each statement I read, please tell me whether this describes your situation very much, somewhat, or not so much.

QAC5A. Helping [him/her] has made you more confident about your abilities.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 31 | 38 | 41 | 52 |
| Somewhat | 37 | 43 | 34 | 33 |
| Not so much | 32 | 20 | 26 | 16 |

QAC5B. Helping [him/her] has taught you to deal with difficult situations.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 38 | 55 | 49 | 58 |
| Somewhat | 42 | 35 | 31 | 30 |
| Not so much | 19 | 10 | 19 | 12 |

QAC5C. Helping CR has brought you closer to [him/her].

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 44 | 54 | 39 | 55 |
| Somewhat | 39 | 29 | 43 | 30 |
| Not so much | 17 | 17 | 18 | 15 |

QAC5D. Helping CR gives you satisfaction that [he/she] is well cared for.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 72 | 80 | 81 | 88 |
| Somewhat | 23 | 18 | 17 | 11 |
| Not so much | 5 | 3 | 1 | 1 |

QAC6A. Is helping CR financially difficult for you?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 14 | 21 | 33 | 33 |
| No | 86 | 79 | 67 | 68 |

QAC6B. Is helping [him/her] emotionally difficult for you?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 50 | 65 | 68 | 71 |
| No | 50 | 35 | 32 | 29 |

QAC6C. Is helping [him/her] physically difficult for you?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 20 | 32 | 34 | 40 |
| No | 80 | 68 | 66 | 60 |

QAC7A. Please tell me how difficult helping is by picking a number from 1 to 5. The number 5 means very difficult and the number 1 means a little difficult. How financially difficult is helping CR? (*Asked if “yes” to QAC6A*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. A little difficult | 16 | 11 | 10 | 9 |
| 2. | 18 | 13 | 6 | 4 |
| 3. | 25 | 30 | 42 | 29 |
| 4. | 25 | 34 | 19 | 20 |
| 5. Very difficult | 18 | 11 | 23 | 38 |

QAC7B. How emotionally difficult is helping [him/her]? (*Asked if “yes” to QAC6B*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. A little difficult | 13 | 9 | 9 | 16 |
| 2. | 23 | 18 | 15 | 8 |
| 3. | 28 | 32 | 29 | 22 |
| 4. | 19 | 27 | 23 | 24 |
| 5. Very difficult | 17 | 14 | 24 | 30 |

QAC7C. How physically difficult is helping [him/her]? (*Asked if “yes” to QAC6C*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. A little difficult | 12 | 11 | 8 | 4 |
| 2. | 30 | 17 | 13 | 9 |
| 3. | 35 | 42 | 40 | 27 |
| 4. | 17 | 22 | 23 | 34 |
| 5. Very difficult | 6 | 7 | 17 | 27 |

QAC8. In general, how much has your family disagreed over the details of [his/her] care? (*Asked if CR was related to CG*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 8 | 7 | 13 | 10 |
| Somewhat | 20 | 20 | 23 | 26 |
| Not so much | 72 | 73 | 64 | 64 |

QAC9PRE. Please listen to a few more statements and answer whether this describes your situation very much, somewhat, or not so much.

QAC9A. You are exhausted when you go to bed at night.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 19 | 32 | 47 | 47 |
| Somewhat | 28 | 32 | 27 | 33 |
| Not so much | 53 | 35 | 26 | 20 |

QAC9B. You have more things to do than you can handle.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 16 | 22 | 34 | 33 |
| Somewhat | 31 | 43 | 32 | 30 |
| Not so much | 53 | 34 | 34 | 37 |

QAC9C. You don't have time for yourself.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 16 | 27 | 35 | 41 |
| Somewhat | 29 | 38 | 40 | 32 |
| Not so much | 55 | 35 | 24 | 27 |

QAC9D. As soon as you get a routine going, CR's needs change.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very much | 7 | 11 | 17 | 18 |
| Somewhat | 23 | 30 | 31 | 32 |
| Not so much | 70 | 59 | 53 | 50 |

SUPPORT ENVIRONMENT

QSE1PRE. The next questions are about support you may be getting.

QSE1. Do you have friends or family that you talk to about important things in your life?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 92 | 89 | 88 | 85 |
| No | 8 | 11 | 12 | 15 |

QSE2. Do you have friends or family that help you with your daily activities, such as running errands, or helping you with things around the house?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 55 | 50 | 52 | 49 |
| No | 45 | 50 | 48 | 52 |

QSE3. Do you have friends or family that help you care for CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 74 | 65 | 63 | 57 |
| No | 26 | 35 | 37 | 44 |

QSE4. In the last year, have you gone to a support group for people who give care?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 3 | 7 | 6 | 12 |
| No | 97 | 93 | 94 | 88 |

QSE4a. In the last year, have you used any service that took care of CR so that you could take some time away from helping?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 17 | 21 | 21 | 24 |
| No | 83 | 79 | 79 | 77 |

QSE5. In the last year, have you received any training to help you take care of CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 7 | 13 | 10 | 11 |
| No | 93 | 87 | 90 | 89 |

QSE6. In the last year, have you found financial help for CR, including helping [him/her] apply for Medicaid?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 17 | 16 | 20 | 19 |
| No | 83 | 84 | 80 | 81 |

QSE7. Have you ever looked for [A support group for people who provide care] or [A service to care for CR so you could take time away] or [Training to help you care for CR] or [Information about how to get financial help for CR]? *(Asked regarding items the respondent did not say YES to)*

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 14 | 17 | 23 | 29 |
| No | 86 | 83 | 77 | 71 |

QSE8. In the last year, have you helped [him/her] to get devices to get around more easily, such as a cane, walker, wheelchair, or scooter?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 30 | 48 | 55 | 55 |
| No | 70 | 52 | 45 | 45 |

QSE9. In the last year, have you [made your home safer] [helped CR make [his/her] home safer] by adding features such as a railing or a ramp, grab bars in the bathroom, a seat for the shower or tub, or an emergency call system?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 34 | 44 | 53 | 58 |
| No | 66 | 56 | 47 | 42 |

QSE10. In the last year, have you helped [him/her] find a paid helper to do household chores or personal care?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 16 | 26 | 18 | 29 |
| No | 84 | 74 | 82 | 71 |

Shared Caregiving (*Questions QSE11 through QSE16 were asked if the respondent indicated that he/she has family or friends to help care for CR in QSE3*)

You mentioned that you have other family or friends that help you care for CR. I'd now like to ask a few questions about that.

QSE11. First, how many other family and friends help you care for CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------|------------------------------|--------------------------|---------------------------|------------------------------|
| One | 21 | 27 | 27 | 19 |
| Two | 28 | 22 | 25 | 36 |
| Three or more | 51 | 52 | 49 | 45 |

QSE11A. Who is that (are they)? (*multiple responses accepted*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Caregiver's Brother(s) | 27 | 31 | 24 | 22 |
| CG's Sister(s) | 39 | 38 | 38 | 39 |
| CG's husband | 21 | 18 | 20 | 18 |
| CG's wife | 10 | 8 | 9 | 0 |
| CG's other relative(s) / in-law(s) | 51 | 56 | 58 | 57 |
| CG's friend(s) | 11 | 15 | 12 | 13 |
| Other | 27 | 22 | 21 | 22 |

QSE12. Which of the following best describes where this/these additional helper(s) live(s)? (*multiple responses accepted*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Live(s) with you | 39 | 37 | 48 | 33 |
| Within twenty minutes of your home | 63 | 65 | 65 | 67 |
| Between twenty minutes and an hour from your home | 27 | 25 | 24 | 22 |
| One to two hours from your home | 6 | 7 | 7 | 4 |
| Two to four hours away | 4 | 5 | 2 | 3 |
| More than four hours away | 13 | 11 | 5 | 10 |

QSE13. Which of the following best describes how you divide the tasks of caring for CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| We complement each other – we each help CR with different tasks. | 35 | 30 | 16 | 21 |
| We help with the same things but we divide the help over time. | 15 | 17 | 23 | 20 |
| We share some tasks, and others we do separately | 50 | 53 | 61 | 59 |

QSE14. Would you say that you or someone else is the “primary caregiver,” or the person that provides MOST of the help for your CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Respondent is the primary caregiver | 42 | 63 | 61 | 80 |
| Someone else is the primary caregiver | 42 | 25 | 25 | 6 |
| Care is equally shared | 16 | 12 | 14 | 14 |

QSE15. To what extent would you say that you and the other caregiver(s) experience conflict or disagreement over coordinating care for the CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|----------------------|---------------------------------|--------------------------|---------------------------|------------------------------|
| To a great extent | 2 | 2 | 3 | 1 |
| To a moderate extent | 6 | 7 | 11 | 15 |
| Only a little | 33 | 27 | 24 | 27 |
| Not at all | 59 | 63 | 62 | 57 |

QSE16. Overall, how satisfied or dissatisfied are you with the care coordination between you and your family / friends?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very satisfied | 70 | 68 | 59 | 67 |
| Moderately satisfied | 23 | 26 | 29 | 27 |
| Moderately dissatisfied | 5 | 4 | 9 | 5 |
| Very dissatisfied | 2 | 2 | 3 | 1 |

PARTICIPATION

QPP1PRE. Now let's talk about other activities you may have done in the last month.

QPP1. In the last month, did you ever visit in person with friends or family NOT living with you, either at your home or theirs?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 88 | 87 | 83 | 77 |
| No | 12 | 13 | 17 | 24 |

QPP2. In the last month, did helping CR ever keep you from doing this [visiting in person with friends or family NOT living with you]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 19 | 30 | 43 | 49 |
| No | 81 | 71 | 57 | 51 |

QPP3. How important is it to you to visit in person with friends or family NOT living with you?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very important | 57 | 51 | 53 | 46 |
| Somewhat important | 32 | 34 | 35 | 31 |
| Not so important | 11 | 15 | 12 | 23 |

QPP4. In the last month, did you ever attend religious services?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 63 | 61 | 55 | 58 |
| No | 37 | 39 | 45 | 42 |

QPP5. In the last month, did helping CR ever keep you from doing this [attending religious services]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 5 | 11 | 21 | 27 |
| No | 95 | 89 | 79 | 73 |

QPP6. How important is it to you to attend religious services?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very important | 48 | 47 | 38 | 49 |
| Somewhat important | 20 | 23 | 34 | 23 |
| Not so important | 32 | 30 | 29 | 28 |

QPP7. In the last month, [besides religious services,] did you ever participate in club meetings or group activities? [IF NEEDED: These could be any ongoing group activity including dinner or bridge clubs, neighborhood or political organizations, knitting or regular exercise groups.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 55 | 47 | 44 | 37 |
| No | 45 | 53 | 56 | 64 |

QPP8. In the last month, did helping CR ever keep you from doing this [participating in club meetings or group activities [other than religious services]]? [IF NEEDED: These could be any ongoing group activity including dinner or bridge clubs, neighborhood or political organizations, knitting or regular exercise groups.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 12 | 17 | 32 | 37 |
| No | 88 | 83 | 68 | 63 |

QPP9. How important is it to you to participate in club meetings or group activities [other than religious services]? [IF NEEDED: These could be any ongoing group activity including dinner or bridge clubs, neighborhood or political organizations, knitting or regular exercise groups.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very important | 36 | 27 | 24 | 28 |
| Somewhat important | 28 | 34 | 41 | 25 |
| Not so important | 35 | 39 | 35 | 47 |

QPP10. In the last month, [besides for club or group activities,] did you ever go out for enjoyment? This includes things like going out to dinner, a movie, to gamble, or to hear music or see a play.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 91 | 85 | 80 | 68 |
| No | 9 | 15 | 20 | 32 |

QPP11. In the last month, did helping CR ever keep you from doing this [going out for enjoyment]? [IF NEEDED: This includes things like going out to dinner, a movie, to gamble, or to hear music or see a play.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 14 | 20 | 37 | 46 |
| No | 86 | 80 | 63 | 54 |

QPP12. How important is it to you to go out for enjoyment? [IF NEEDED: This includes things like going out to dinner, a movie, to gamble, or to hear music or see a play.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Very important | 53 | 48 | 42 | 41 |
| Somewhat important | 36 | 38 | 43 | 38 |
| Not so important | 12 | 14 | 15 | 21 |

QPP13. In the last month, did you ever do volunteer work?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 41 | 39 | 27 | 32 |
| No | 59 | 61 | 73 | 68 |

QPP14. In the last month, did helping CR ever keep you from doing this [volunteer work]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 7 | 15 | 24 | 31 |
| No | 93 | 85 | 76 | 69 |

QPP15. In the last month, [besides as a job or volunteer work,] did you ever provide care to or look after a child or adult who cannot care for themselves? We mean someone besides CR.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 42 | 39 | 43 | 39 |
| No | 58 | 61 | 57 | 61 |

QPP16. In the last month, did helping CR ever keep you from doing this [caring for a child or other adult]?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 4 | 7 | 12 | 15 |
| No | 96 | 93 | 88 | 85 |

HEALTH

QHE1. Would you say that in general, your health is excellent, very good, good, fair, or poor?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Excellent | 17 | 19 | 12 | 9 |
| Very good | 34 | 32 | 31 | 26 |
| Good | 29 | 28 | 33 | 36 |
| Fair | 17 | 17 | 20 | 25 |
| Poor | 3 | 4 | 5 | 3 |

QHE2. Has a doctor ever told you that you had a heart attack or myocardial infarction?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 6 | 7 | 9 | 8 |
| No | 94 | 93 | 91 | 92 |

QHE3. Has a doctor ever told you that you had any other heart disease including angina or congestive heart failure?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 8 | 7 | 10 | 13 |
| No | 93 | 93 | 90 | 87 |

QHE4. [Has a doctor ever told you that you had] high blood pressure or hypertension?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 39 | 40 | 39 | 49 |
| No | 61 | 60 | 61 | 51 |

QHE5. [Has a doctor ever told you that you had] arthritis?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 43 | 45 | 44 | 64 |
| No | 57 | 55 | 56 | 36 |

QHE6. [Has a doctor ever told you that you had] osteoporosis or thinning of the bones?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 16 | 20 | 19 | 28 |
| No | 84 | 80 | 81 | 72 |

QHE7. [Has a doctor ever told you that you had] diabetes?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 13 | 14 | 14 | 19 |
| No | 87 | 86 | 86 | 81 |

QHE8. [Has a doctor ever told you that you had] lung disease, such as emphysema, asthma, or chronic bronchitis?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 14 | 16 | 17 | 21 |
| No | 87 | 84 | 83 | 79 |

QHE9. [Has a doctor ever told you that you had] cancer?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 13 | 15 | 11 | 17 |
| No | 87 | 85 | 89 | 83 |

QHE10PRE. Now I have a few questions about health problems.

QHE10. In the last month, have you been bothered by pain?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 61 | 58 | 62 | 69 |
| No | 40 | 42 | 38 | 31 |

QHE12. In the last month, did you have any breathing problems, including shortness of breath or difficulty breathing?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 14 | 15 | 20 | 22 |
| No | 86 | 85 | 80 | 78 |

QHE14. In the last month, did you have limited strength or movement in your shoulders, arms, or hands?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 25 | 28 | 35 | 42 |
| No | 75 | 72 | 65 | 58 |

QHE16. In the last month, did you have limited strength in your hips, legs, knees, or feet?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 36 | 37 | 40 | 47 |
| No | 64 | 63 | 60 | 53 |

QHE18. In the last month, did you have low energy or were you easily exhausted?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 46 | 51 | 62 | 58 |
| No | 54 | 49 | 38 | 42 |

QHE20. In the last month, on nights when you woke up before you wanted to, how often did you have trouble falling back asleep?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every night | 7 | 10 | 9 | 14 |
| Most nights | 14 | 11 | 19 | 19 |
| Some nights | 32 | 35 | 36 | 29 |
| Rarely | 29 | 27 | 21 | 22 |
| Never | 18 | 17 | 15 | 17 |

QHE21. In the last month, how often did helping CR cause your sleep to be interrupted?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every night | 1 | 1 | 2 | 10 |
| Most nights | 2 | 5 | 7 | 10 |
| Some nights | 11 | 19 | 27 | 31 |
| Rarely | 20 | 30 | 24 | 22 |
| Never | 68 | 45 | 40 | 27 |

QHE23a. How tall are you? (*see BMI below*)

QHE23b. How tall are you? (*see BMI below*)

QHE22. How much do you currently weigh? (*see BMI below*)

BMI categories:

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| < 18.5 (underweight) | 1 | 1 | 1 | 1 |
| 18.5 – 24.9 (normal) | 25 | 27 | 31 | 28 |
| 25.0 – 29.9 (overweight) | 38 | 39 | 29 | 36 |
| 30.0 – 34.9 (moderately obese) | 25 | 21 | 21 | 19 |
| 35.0 – 39.9 (severely obese) | 6 | 8 | 11 | 7 |
| 40.0 + (very severely obese) | 6 | 4 | 7 | 10 |

QHE24. Have you lost 10 or more pounds in the last 12 months?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 29 | 28 | 33 | 34 |
| No → QHE25A | 71 | 72 | 68 | 67 |

QHE24a. Were you trying to lose weight?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 74 | 73 | 63 | 55 |
| No | 26 | 27 | 37 | 45 |

QHE25a. Thinking about the last month, how often did you feel cheerful?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 17 | 14 | 11 | 15 |
| Most days | 49 | 48 | 42 | 38 |
| Some days | 27 | 26 | 36 | 34 |
| Rarely | 6 | 11 | 11 | 12 |
| Never | 1 | 2 | 1 | 1 |

QHE25b. Thinking about the last month, how often did you feel calm and peaceful?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 15 | 9 | 9 | 13 |
| Most days | 42 | 41 | 34 | 33 |
| Some days | 32 | 34 | 36 | 30 |
| Rarely | 10 | 15 | 18 | 17 |
| Never | 1 | 2 | 3 | 7 |

QHE25c. [Thinking about the last month,] how often did you feel full of life?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 18 | 15 | 10 | 17 |
| Most days | 36 | 37 | 27 | 24 |
| Some days | 32 | 27 | 38 | 30 |
| Rarely | 12 | 16 | 23 | 21 |
| Never | 2 | 5 | 2 | 8 |

QHE25d. [Thinking about the last month,] how often did you feel bored?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 2 | 3 | 2 | 4 |
| Most days | 5 | 7 | 5 | 7 |
| Some days | 19 | 19 | 26 | 25 |
| Rarely | 36 | 28 | 34 | 24 |
| Never | 37 | 43 | 34 | 41 |

QHE25e. [Thinking about the last month,] how often did you feel lonely?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 1 | 2 | 5 | 5 |
| Most days | 5 | 9 | 7 | 11 |
| Some days | 18 | 16 | 26 | 28 |
| Rarely | 31 | 29 | 28 | 20 |
| Never | 45 | 44 | 34 | 35 |

QHE25f. [Thinking about the last month,] how often did you feel upset?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Every day | 3 | 2 | 4 | 7 |
| Most days | 8 | 10 | 6 | 12 |
| Some days | 42 | 47 | 58 | 50 |
| Rarely | 41 | 34 | 26 | 28 |
| Never | 7 | 8 | 6 | 3 |

QHE26a. Over the last month, how often have you had little interest or pleasure doing things?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Not at all | 59 | 56 | 50 | 51 |
| Several days | 34 | 30 | 35 | 28 |
| More than half the days | 5 | 8 | 9 | 14 |
| Nearly every day | 2 | 6 | 6 | 8 |

QHE26b. [Over the last month, how often have you] felt down, depressed, or hopeless?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Not at all | 62 | 61 | 48 | 48 |
| Several days | 31 | 28 | 42 | 32 |
| More than half the days | 5 | 6 | 6 | 14 |
| Nearly every day | 2 | 5 | 4 | 7 |

QHE26c. [Over the last month, how often have you] felt nervous, anxious, or on edge?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Not at all | 44 | 38 | 36 | 44 |
| Several days | 45 | 48 | 46 | 34 |
| More than half the days | 8 | 7 | 11 | 10 |
| Nearly every day | 4 | 8 | 7 | 12 |

QHE26d. [Over the last month, how often have you] been unable to stop or control worrying?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Not at all | 57 | 51 | 45 | 43 |
| Several days | 28 | 31 | 35 | 32 |
| More than half the days | 7 | 9 | 10 | 10 |
| Nearly every day | 7 | 10 | 10 | 15 |

HEALTH LITERACY AND NUMERACY

QLN1PRE. The next few questions are about your abilities and skills in understanding medical information when you have a health problem.

QLN1. How confident are you filling out medical forms by yourself?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Not at all | 3 | 2 | 2 | 5 |
| A little bit | 4 | 4 | 3 | 6 |
| Somewhat | 8 | 9 | 7 | 12 |
| Quite a bit | 31 | 25 | 33 | 22 |
| Extremely | 54 | 61 | 55 | 55 |

QLN2. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from a doctor or pharmacy?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Never | 69 | 70 | 68 | 62 |
| Rarely | 23 | 22 | 24 | 25 |
| Sometimes | 8 | 8 | 5 | 12 |
| Often | 1 | 0 | 3 | 0 |
| Always | 0 | 0 | 1 | 1 |

QLN3. How often do you have problems learning about a medical condition because of difficulty understanding written information?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Never | 66 | 67 | 65 | 61 |
| Rarely | 26 | 22 | 27 | 24 |
| Sometimes | 7 | 10 | 8 | 13 |
| Often | 1 | 0 | 0 | 1 |
| Always | 0 | 0 | 1 | 2 |

QLN4PRE. As a caregiver, you might be asked to help CR understand medical information like test results, diagnoses, or the likelihood of side effects of various medications. This can sometimes involve working with and understanding numbers. The next few questions are designed to measure your ability to work with numbers. Many people have trouble with some of these questions, so don't worry if you find any of them difficult. Just do the best you can.

QLN4. Which of the following numbers represents the biggest risk of getting a disease (1 in 100; 1 in 1,000; or 1 in 10)?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Correct | 69 | 72 | 62 | 59 |
| Incorrect | 31 | 28 | 38 | 41 |

QLN5. If the chance of getting a disease is 10%, how many people out of 1000 would be expected to get the disease? (*open-ended question; responses categorized for presentation*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Correct | 83 | 84 | 85 | 75 |
| Incorrect | 17 | 16 | 15 | 25 |

QLN6. If the chance of getting a disease is 20 out of 100, this would be the same as having a what percent chance of getting the disease? (*open-ended question; responses categorized for presentation*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Correct | 80 | 75 | 76 | 71 |
| Incorrect | 20 | 25 | 24 | 29 |

EMPLOYMENT AND CAREGIVING

QEC1PRE. Now I'd like to ask you some questions about work and jobs you may have had.

QEC1. Did you do any work for pay in the last week? By the last week, I mean the last full week beginning on a Sunday and ending on a Saturday.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes → QEC4 | 53 | 51 | 45 | 29 |
| No | 19 | 21 | 26 | 28 |
| Retired / don't work anymore → QEC16 | 28 | 28 | 29 | 43 |

QEC2. Do you have a job from which you were absent last week because of illness, vacation, or some other reason?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes → QEC4 | 6 | 19 | 2 | 0 |
| No | 68 | 57 | 83 | 70 |
| Retired / don't work anymore → QEC16 | 25 | 24 | 15 | 30 |

QEC3. In the last week, were you looking for a job or were you on layoff from a job?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes, looking for a job → QEC16 | 9 | 10 | 27 | 18 |
| Yes, on layoff → QEC16 | 6 | 0 | 6 | 9 |
| No → QEC16 | 76 | 84 | 62 | 70 |
| Retired / don't work anymore → QEC16 | 9 | 7 | 6 | 3 |

QEC4. Last week, did you have more than one job, including part-time, evening, or weekend work?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 22 | 21 | 21 | 24 |
| No | 78 | 79 | 79 | 76 |

QEC5. How many total hours per week do you usually work? (*open-ended question; categorized for display*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 20 or fewer | 20 | 23 | 19 | 29 |
| 21 – 39 | 18 | 20 | 24 | 16 |
| 40 or more | 62 | 57 | 57 | 55 |

QEC6. [On your main job do / Do] you have flexible work hours that allow you to vary or make changes in the time you begin and end work?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 60 | 60 | 51 | 66 |
| No | 40 | 40 | 49 | 34 |

QEC7. [On your main job do / Do] you usually work a daytime schedule or some other schedule?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Daytime | 84 | 78 | 85 | 78 |
| Some other schedule | 17 | 23 | 16 | 22 |

If response to QEC2 was yes, skip to QEC9A

QEC8. Now thinking back over the last month, were you ever absent from work for any reason?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 43 | 47 | 44 | 40 |
| No → QEC12 | 57 | 53 | 56 | 60 |

QEC9A. I will read a few reasons people miss work. For each one, please say “yes” if this was a reason you missed work over the last month, and say “no” if you did not miss work for this reason.

You were on vacation.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 38 | 30 | 13 | 40 |
| No | 62 | 70 | 88 | 60 |

QEC9B. You were sick.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 36 | 40 | 53 | 40 |
| No | 64 | 60 | 47 | 60 |

QEC9C. You took time off to help CR.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 36 | 47 | 59 | 60 |
| No | 64 | 54 | 41 | 40 |

QEC9D. Other family members were sick.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 20 | 24 | 10 | 25 |
| No | 80 | 76 | 90 | 75 |

QEC9E. You took personal time for other reasons. [IF NEEDED: For example, a school visit for a child, looking for a job, taking classes.]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 44 | 32 | 31 | 25 |
| No | 56 | 68 | 69 | 75 |

If response to QEC9C was yes, ask QEC10; otherwise, skip to QEC12

QEC10. You said one of the reasons you were absent from work last month was because you were helping CR. About how many days of work did you miss last month to do this?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---------------|------------------------------|--------------------------|---------------------------|------------------------------|
| One | 63 | 47 | 37 | 50 |
| Two | 23 | 25 | 16 | 25 |
| Three or more | 14 | 28 | 47 | 25 |

QEC12. We are interested in whether helping CR affects you at work. In the last month, did helping [him/her] make it harder for you to get your work done?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 19 | 27 | 34 | 40 |
| No → QEC14 | 81 | 73 | 66 | 60 |

QEC13. Please tell me how much helping CR affected you at work by picking a number from 1 to 10. The number 10 means helping [him/her] made your work a lot harder and the number 1 means helping [him/her] made your work a little harder.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1 A little harder | 19 | 16 | 0 | 15 |
| 2 | 17 | 8 | 13 | 0 |
| 3 | 21 | 21 | 21 | 10 |
| 4 | 14 | 11 | 17 | 15 |
| 5 | 5 | 24 | 17 | 25 |
| 6 | 7 | 8 | 8 | 10 |
| 7 | 10 | 3 | 4 | 10 |
| 8 | 7 | 5 | 17 | 10 |
| 10 A lot harder | 0 | 5 | 4 | 5 |

QEC14. [On your main job does / Does] your supervisor know that you are caring for CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 72 | 82 | 80 | 92 |
| No | 28 | 19 | 20 | 8 |

QEC15. For employees in your position, which of the following does your employer offer? (*multiple responses accepted*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Telecommuting or working from home | 36 | 29 | 25 | 26 |
| Programs like information, referrals, counseling, or an employee assistance program, to help caregivers like yourself | 41 | 39 | 24 | 20 |
| Paid leave, where you could take paid time off from work for several weeks to care for a family member | 36 | 35 | 30 | 26 |
| Paid sick days | 57 | 52 | 58 | 40 |
| None of the above | 22 | 32 | 27 | 42 |

QEC16. As a result of caregiving, did you ever experience any of the following things at work? (*multiple responses accepted*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|------------------------------|--------------------------|---------------------------|------------------------------|
| Went in late, left early, or took time off during the day to provide care | 40 | 50 | 39 | 41 |
| Took a leave of absence | 8 | 17 | 14 | 17 |
| Went from working full-time to part-time, or cut back your hours | 11 | 19 | 13 | 19 |
| Turned down a promotion | 2 | 5 | 4 | 5 |
| Lost any of your job benefits | 3 | 4 | 5 | 8 |
| Gave up working entirely | 7 | 13 | 16 | 28 |
| Retired early | 10 | 12 | 10 | 24 |
| Received a warning about your performance or attendance at work | 3 | 5 | 3 | 4 |
| None of the above | 51 | 35 | 40 | 38 |

DEMOGRAPHICS

QDE1. INTERVIEWER: RECORD PERSON'S SEX

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------|------------------------------|--------------------------|---------------------------|------------------------------|
| Male | 31 | 23 | 21 | 21 |
| Female | 69 | 77 | 79 | 79 |

QDE2. What is your age now? (*categorized for display*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 44 or under | 13 | 9 | 17 | 8 |
| 45 – 54 | 19 | 21 | 22 | 12 |
| 55 – 64 | 41 | 41 | 33 | 36 |
| 65 or older | 27 | 29 | 29 | 45 |

QDE3. What is your current marital status? Are you:

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Married | 64 | 54 | 51 | 60 |
| Living with a partner in a marital- like relationship | 4 | 5 | 3 | 8 |
| Divorced or separated | 10 | 16 | 19 | 14 |
| Widowed | 6 | 4 | 3 | 5 |
| Single/never married | 16 | 21 | 24 | 14 |

QDE4. Are you of Hispanic or Latino descent?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 2 | 1 | 3 | 1 |
| No | 98 | 99 | 98 | 99 |

QDE5. How would you describe your race or ethnicity? (*multiple responses accepted*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------------------------------|---------------------------------|-----------------------------|------------------------------|---------------------------------|
| Caucasian/White | 83 | 86 | 78 | 78 |
| Asian/Pacific Islander | 1 | 0 | 1 | 0 |
| American Indian or Alaskan Native | 1 | 1 | 1 | 2 |
| Black or African-American | 16 | 12 | 18 | 21 |
| None of the above | 1 | 0 | 2 | 0 |

QDE6. What is the highest level of education you have completed?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|----------------------------------|---------------------------------|-----------------------------|------------------------------|---------------------------------|
| Eighth grade or less | 0 | 0 | 0 | 0 |
| Some high school | 1 | 0 | 2 | 2 |
| High school graduate or GED | 16 | 17 | 20 | 28 |
| Some college, no degree | 20 | 22 | 23 | 17 |
| Associate's degree, occupational | 6 | 6 | 8 | 11 |
| Associate's degree, academic | 6 | 6 | 8 | 5 |
| Bachelor's degree | 28 | 29 | 20 | 25 |
| Master's degree | 18 | 15 | 16 | 8 |
| Professional degree | 2 | 2 | 2 | 5 |
| Doctoral degree | 3 | 3 | 1 | 1 |

QDE7. What are your current living arrangements? Do you ...

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Live alone → QDE11PRE | 17 | 16 | 19 | 4 |
| Live in a household with family or others | 82 | 83 | 81 | 94 |
| Have some other living arrangements | 1 | 1 | 1 | 2 |

QDE8. Including you, how many adults, age 18 and older, currently live in your household?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------|------------------------------|--------------------------|---------------------------|------------------------------|
| One | 5 | 5 | 6 | 3 |
| Two | 65 | 64 | 67 | 63 |
| Three | 21 | 22 | 20 | 26 |
| Four | 7 | 8 | 6 | 7 |
| Five | 2 | 1 | 1 | 2 |
| Six | 0 | 1 | 0 | 0 |

QDE9. How many children under age 18 currently live in your household?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------|------------------------------|--------------------------|---------------------------|------------------------------|
| Zero | 76 | 81 | 78 | 89 |
| One | 12 | 8 | 16 | 4 |
| Two | 8 | 7 | 5 | 4 |
| Three | 4 | 2 | 1 | 1 |
| Four | 0 | 1 | 0 | 2 |
| Five | 1 | 1 | 0 | 0 |
| Six | 0 | 0 | 1 | 0 |

QDE10. What is the relationship of each of these people to you? *(multiple responses accepted)*

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Your spouse / partner | 84 | 71 | 67 | 71 |
| Your child(ren) | 39 | 32 | 31 | 23 |
| Your grandchild(ren) | 4 | 4 | 5 | 7 |
| Your parent(s) | 8 | 20 | 24 | 32 |
| Other relatives of yours | 8 | 13 | 9 | 13 |
| Non-relatives | 4 | 4 | 2 | 2 |

QDE11PRE. And now just a couple questions about CR.

QDE11. What is the highest level of education [he/she] completed?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|----------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Eighth grade or less | 5 | 6 | 7 | 7 |
| Some high school | 7 | 5 | 8 | 7 |
| High school graduate or GED | 46 | 47 | 43 | 48 |
| Some college, no degree | 9 | 7 | 9 | 7 |
| Associate's degree, occupational | 6 | 8 | 7 | 6 |
| Associate's degree, academic | 3 | 3 | 1 | 6 |
| Bachelor's degree | 14 | 14 | 14 | 12 |
| Master's degree | 6 | 6 | 6 | 5 |
| Professional degree | 2 | 1 | 3 | 2 |
| Doctoral degree | 2 | 3 | 2 | 2 |

QDE12. Is [he/she] of Hispanic or Latino descent?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 1 | 0 | 1 | 0 |
| No | 100 | 100 | 99 | 100 |

QDE13. How would you describe [his/her] race or ethnicity? *(multiple responses accepted)*

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------------------------------|---------------------------------|-----------------------------|------------------------------|---------------------------------|
| Caucasian/White | 83 | 86 | 80 | 79 |
| Asian/Pacific Islander | 1 | 0 | 1 | 0 |
| American Indian or Alaskan Native | 1 | 0 | 2 | 2 |
| Black or African-American | 16 | 13 | 19 | 21 |
| None of the above | 1 | 0 | 1 | 0 |

INFORMATION / SERVICES / POLICY

QIN1. In your experience as a caregiver, have you ever had a doctor, nurse, or social worker ask you about what you need to help care for CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 27 | 42 | 39 | 56 |
| No | 74 | 59 | 61 | 44 |

QIN2. In your experience as a caregiver, have you ever had a doctor, nurse, or social worker ask you what you need to take care of yourself?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 12 | 19 | 19 | 31 |
| No | 88 | 82 | 81 | 69 |

QIN2b. How difficult is it for you to communicate when necessary with healthcare professional such as doctors, nurses, social workers, pharmacists, and rehabilitation therapists about CR’s needs for care? Please answer by using a number between 1 and 5, where 1 means not at all difficult and 5 means very difficult.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. Not at all difficult | 71 | 77 | 76 | 75 |
| 2 | 15 | 10 | 12 | 10 |
| 3 | 8 | 8 | 7 | 8 |
| 4 | 3 | 3 | 3 | 2 |
| 5. Very difficult | 4 | 2 | 2 | 5 |

QIN2c. How difficult is it for you to communicate when necessary with healthcare professional such as doctors, nurses, social workers, pharmacists, and rehabilitation therapists about your own needs for information and support as a caregiver? Please answer by using a number between 1 and 5, where 1 means not at all difficult and 5 means very difficult.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. Not at all difficult | 73 | 68 | 67 | 70 |
| 2 | 14 | 13 | 10 | 9 |
| 3 | 8 | 9 | 13 | 10 |
| 4 | 4 | 6 | 8 | 2 |
| 5. Very difficult | 2 | 5 | 3 | 9 |

QIN3. How difficult is it to locate and arrange for affordable community-based services in CR’s local area that could help you care for CR, such as like delivered meals and transportation? Please answer by using a number between 1 and 5, where 1 means not at all difficult and 5 means very difficult.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. Not at all difficult | 41 | 38 | 37 | 41 |
| 2 | 11 | 9 | 8 | 7 |
| 3 | 10 | 14 | 14 | 8 |
| 4 | 7 | 7 | 8 | 8 |
| 5. Very difficult | 6 | 10 | 7 | 14 |
| Not applicable | 26 | 22 | 26 | 24 |

QIN3a. How difficult is it to locate and arrange for affordable paid in-home personal care such as helping with bathing, dressing, and meals? Please answer by using a number between 1 and 5, where 1 means not at all difficult and 5 means very difficult.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. Not at all difficult | 33 | 31 | 34 | 34 |
| 2 | 10 | 10 | 8 | 9 |
| 3 | 9 | 16 | 8 | 10 |
| 4 | 6 | 5 | 6 | 8 |
| 5. Very difficult | 10 | 12 | 20 | 17 |
| Not applicable | 33 | 26 | 24 | 21 |

QIN3b. How difficult is it to locate and arrange for affordable community-based service providers that you can trust to provide good care for CR? Please answer by using a number between 1 and 5, where 1 means not at all difficult and 5 means very difficult.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 1. Not at all difficult | 27 | 29 | 24 | 31 |
| 2 | 11 | 8 | 6 | 2 |
| 3 | 12 | 15 | 12 | 15 |
| 4 | 10 | 9 | 12 | 8 |
| 5. Very difficult | 9 | 14 | 23 | 22 |
| Not applicable | 31 | 26 | 23 | 23 |

QIN4. Various organizations are thinking about ways to help caregivers like you. Which of the following do you think would be helpful to you? (*multiple responses accepted*)

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--|------------------------------|--------------------------|---------------------------|------------------------------|
| Requiring health care providers to include your name on CR’s medical chart, so you are part of conversations or decisions about [his/her] care | 81 | 88 | 85 | 84 |
| Requiring hospitals to keep you informed about major decisions, like transferring or discharging CR | 83 | 91 | 87 | 87 |
| Requiring hospitals or facilities to instruct or demonstrate any medical or nursing tasks you might need to do | 84 | 90 | 89 | 87 |
| Having respite services available, where someone would take care of CR to give you a break | 64 | 73 | 76 | 79 |
| Requiring a doctor, nurse, or social worker ask you about what you need to help care for CR | 75 | 83 | 82 | 80 |
| Requiring a doctor, nurse, or social worker ask you about what you need to take care of yourself | 56 | 69 | 70 | 69 |
| None of the above | 8 | 4 | 3 | 3 |

QIN5. Next I’ll read three ways that people are proposing to help caregivers financially. Please tell me which ONE you would find most helpful.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|---|---------------------------------|-----------------------------|------------------------------|---------------------------------|
| An income tax credit to caregivers, to help offset the cost of care | 38 | 30 | 27 | 37 |
| A partially paid leave of absence from work for caregivers who are employed | 24 | 19 | 13 | 9 |
| A program where caregivers could be paid for at least some of the hours they provide care | 38 | 51 | 60 | 54 |

HEALTH INSURANCE AND INCOME

QHI1pre. We have a few last questions.

QHI1. Are you currently covered by Medicare, a health insurance program for person 65 years and over and persons with disabilities?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----------|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 36 | 39 | 43 | 56 |
| No → QHI3 | 64 | 61 | 57 | 44 |

QHI2. Some people with Medicare also have a Medigap or Medicare Supplement plan. Do you have this type of health insurance coverage?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 66 | 77 | 55 | 69 |
| No | 34 | 23 | 46 | 31 |

QHI3. Medicaid is a state program for low-income persons or for persons on public assistance. Are you now covered by Medicaid?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 9 | 12 | 18 | 15 |
| No | 91 | 88 | 82 | 85 |

QHI4. Are you currently covered by a private health insurance plan? IF NEEDED: This may be a policy you [or your {spouse/partner}] have through a job, a labor union, or an association or organization you belong to. It may also be bought directly from an insurance agent or company.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 82 | 78 | 70 | 62 |
| No | 18 | 22 | 30 | 38 |

QHI5. TRICARE and CHAMPVA are health care programs for active duty and retired members of the uniformed Armed Forces, their families, and survivors. Are you now covered by either one of these programs?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 2 | 4 | 5 | 4 |
| No | 98 | 97 | 96 | 96 |

QHI7C. What kind of health insurance does the CR have? *(multiple responses accepted)*

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| Medicare | 75 | 77 | 74 | 78 |
| Medicaid | 15 | 17 | 24 | 21 |
| Private Health Insurance | 51 | 65 | 47 | 59 |
| Tricare/CHAMPVA | 3 | 5 | 1 | 5 |

QHI8. Do you own your home? *(select “yes” if owned with spouse/partner)*

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 80 | 78 | 68 | 73 |
| No | 21 | 22 | 32 | 27 |

QHI9A. Do you [and your {spouse/partner}] have any checking accounts?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 99 | 95 | 95 | 92 |
| No | 1 | 5 | 5 | 8 |

QHI9B. Do you [and your {spouse/partner}] have any savings or money market accounts?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 80 | 78 | 69 | 65 |
| No | 20 | 22 | 31 | 35 |

QHI9C. Do you [and your {spouse/partner}] have any certificates of deposit?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 21 | 18 | 17 | 17 |
| No | 79 | 82 | 83 | 83 |

QHI9D. Do you [and your {spouse/partner}] retirement plans such as IRAs, SEPs, 401K, or 403b plans?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 78 | 74 | 62 | 59 |
| No | 22 | 26 | 38 | 41 |

QHI9E. Do you [and your {spouse/partner}] stocks or mutual funds that are not in retirement accounts?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 42 | 34 | 28 | 28 |
| No | 58 | 66 | 73 | 72 |

QHI10. Now thinking about the income that you [and your {spouse/partner}] have from [work and] all other sources, about how much was your [and your {spouse/partner's}] total income for the last year (in the last 12 months ending in December 2016) before taxes?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|----------------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| 0 – less than \$10,000 | 5 | 5 | 11 | 11 |
| \$10,000 to less than \$20,000 | 8 | 10 | 13 | 11 |
| \$20,000 to less than \$30,000 | 7 | 10 | 13 | 14 |
| \$30,000 to less than \$40,000 | 9 | 14 | 15 | 17 |
| \$40,000 to less than \$50,000 | 8 | 11 | 10 | 14 |
| \$50,000 to less than \$60,000 | 11 | 9 | 10 | 8 |
| \$60,000 to less than \$70,000 | 10 | 8 | 8 | 6 |
| \$70,000 to less than \$80,000 | 7 | 7 | 3 | 5 |
| \$80,000 to less than \$90,000 | 6 | 5 | 2 | 6 |
| \$90,000 to less than \$100,000 | 6 | 7 | 4 | 1 |
| \$100,000 to less than \$110,000 | 7 | 5 | 2 | 1 |
| \$110,000 to less than \$120,000 | 2 | 1 | 2 | 1 |
| \$120,000 to less than \$130,000 | 1 | 3 | 2 | 0 |
| \$130,000 to less than \$140,000 | 0 | 1 | 0 | 0 |
| \$140,000 to less than \$150,000 | 3 | 2 | 1 | 2 |
| More than \$150,000 | 12 | 5 | 4 | 3 |

QHI14A. Family members often help each other out financially. In the last year have you used your own money to pay for CR's medications or medical care?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 30 | 40 | 43 | 58 |
| No | 70 | 60 | 57 | 43 |

QHI14B. In the last year have you used your own money to pay for CR's Medicare premiums or copayments or other insurance premiums and copayments?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 14 | 20 | 24 | 38 |
| No | 86 | 80 | 76 | 62 |

QHI14C. In the last year have you used your own money to pay for mobility devices for CR such as walkers, canes, or wheelchairs?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 10 | 14 | 15 | 20 |
| No | 90 | 86 | 85 | 80 |

QHI14D. In the last year have you used your own money to pay for features that made CR's home safer such as a railing or a ramp, grab bars in the bathroom, a seat for the shower or tub, or an emergency call system?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 18 | 32 | 33 | 38 |
| No | 82 | 68 | 67 | 62 |

QHI14E. In the last year have you used your own money to pay for any other assistive devices for CR that make it easier or safer for [him/her] to do activities or do them on [his/her] own? This includes devices to help [him/her] see, hear, reach, hold things, or pick things up.

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 13 | 22 | 21 | 34 |
| No | 87 | 78 | 80 | 66 |

QHI14f. In the last year have you used your own money to pay for a paid in-home helper for CR?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 3 | 10 | 12 | 24 |
| No | 97 | 90 | 88 | 76 |

If QHI14A through QHI14F are all no, don't know, or refused skip to next section.

QHI15. Altogether last year, would you say you paid more or less than \$1,000 for CR's [medications or medical care,]

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|--------------------------|------------------------------|--------------------------|---------------------------|------------------------------|
| More than \$1,000 → QHI6 | 32 | 42 | 37 | 62 |
| Less than \$1,000 → QHI7 | 68 | 58 | 63 | 38 |

QHI16. Was it more than \$2,000?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 59 | 66 | 54 | 68 |
| No | 42 | 34 | 46 | 32 |

(skip to next section)

QHI17. Was it less than \$500?

| | 8 or fewer hours per week | 9 – 19 hours per week | 20 – 39 hours per week | 40 or more hours per week |
|-----|------------------------------|--------------------------|---------------------------|------------------------------|
| Yes | 67 | 78 | 72 | 73 |
| No | 31 | 22 | 28 | 27 |