Caregiver (CG) Section

BOX_01
=====

----------------------------------------------------
| IF ANY CURRENT OR INSTITUTIONALIZED (NOT DECEASED) |
| RU MEMBER MEETS AT LEAST ONE OF THE FOLLOWING     |
| CONDITIONS:                                       |
| (LC43 WAS ASKED (NOT CODED ‘-1’ MISSING) FOR     |
| PERSON AND PERSON IS FLAGGED FOR:                |
| - LTC SUPPLEMENT:  ADL SECTION (DURING ROUNDS    |
| 1, 2, 3, OR 4)                                   |
| AND/OR                                           |
| - LTC SUPPLEMENT:  IADL SECTION (DURING ROUNDS   |
| 1, 2, 3, OR 4)                                   |
| AND/OR                                           |
| - LTC SUPPLEMENT:  CHILD <=4 LIMITED ACTIVITIES   |
| SECTION (DURING ROUNDS 2 OR 4)                   |
| AND/OR                                           |
| - LTC SUPPLEMENT:  SCHOOL ATTENDANCE LIMITED     |
| SECTION (DURING ROUNDS 2 OR 4))                  |
| OR                                              |
| PERSON IS FLAGGED FOR THE LTC SUPPLEMENT:        |
| COGNITIVE LIMITATIONS SECTION (DURING ROUNDS 1 OR |
| 3)                                              |
| OR                                              |
| PERSON HAS A HOME HEALTH EVENT IN THE CURRENT    |
| ROUND,                                           |
| CONTINUE WITH LOOP_01                           |

----------------------------------------------------
| OTHERWISE, GO TO BOX_10                          |

----------------------------------------------------

NOTE: CAPI WILL ONLY LOOK AT LTC SUPPLEMENT FLAGS |
| THAT HAVE NOT YET BEEN CONSIDERED. FOR EXAMPLE,  |
| FOR PANEL 1, ROUND 4, CAPI WILL LOOK AT ALL LTC |
| SUPPLEMENT FLAGS SET IN ROUNDS 1-4. FOR PANEL 2, |
| ROUND 2, CAPI WILL LOOK AT ALL LTC SUPPLEMENT    |
| FLAGS SET IN ROUNDS 1 AND 2. FOR PANEL 2, ROUND  |
| 4, CAPI WILL LOOK AT ALL LTC SUPPLEMENT FLAGS SET|
| IN ROUNDS 3 AND 4.                               |

----------------------------------------------------

NOTE: THIS SECTION IS NOT ASKED FOR RU MEMBERS |
| WHO ARE DECEASED.                              |

----------------------------------------------------
LOOP_01

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK BOX_02 - END_LP01                        |

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ON POTENTIAL CAREGIVERS BOTH IN AND OUTSIDE OF THE RU. THIS LOOP CYCLES ON EACH CURRENT OR INSTITUTIONALIZED (NOT DECEASED) PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS AT LEAST ONE OF THE FOLLOWING CONDITIONS:

(LC43 WAS ASKED FOR PERSON (NOT CODED ‘-1’ (MISSING) AND PERSON IS FLAGGED FOR:
- LTC SUPPLEMENT: ADL SECTION (DURING ROUNDS 1, 2, 3, OR 4)
  AND/OR
- LTC SUPPLEMENT: IADL SECTION (DURING ROUNDS 1, 2, 3, OR 4)
  AND/OR
- LTC SUPPLEMENT: CHILD <=4 LIMITED ACTIVITIES SECTION (DURING ROUNDS 2 OR 4)
  AND/OR
- LTC SUPPLEMENT: SCHOOL ATTENDANCE LIMITED SECTION (DURING ROUNDS 2 OR 4))
OR
PERSON IS FLAGGED FOR LTC SUPPLEMENT: COGNITIVE LIMITATIONS SECTION (DURING ROUNDS 1 OR 3)
OR
PERSON HAS A HOME HEALTH EVENT IN THE CURRENT ROUND

NOTE: CAPI WILL ONLY LOOK AT LTC SUPPLEMENT FLAGS THAT HAVE NOT YET BEEN CONSIDERED. FOR EXAMPLE, FOR PANEL 1, ROUND 4, CAPI WILL LOOK AT ALL LTC SUPPLEMENT FLAGS SET IN ROUNDS 1-4. FOR PANEL 2, ROUND 2, CAPI WILL LOOK AT ALL LTC SUPPLEMENT FLAGS SET IN ROUNDS 1 AND 2. FOR PANEL 2, ROUND 4, CAPI WILL LOOK AT ALL LTC SUPPLEMENT FLAGS SET IN ROUNDS 3 AND 4.
BOX_02

<table>
<thead>
<tr>
<th>IF MULTI-PERSON RU, CONTINUE WITH CG01</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_03</td>
</tr>
</tbody>
</table>

CG01

{PERSON'S FIRST MIDDLE AND LAST NAME}

Now we would like to talk about the help or assistance (PERSON) (receive/receives) from other household members due to an impairment or a physical or mental health problem.

During the past month, (have/has) (PERSON) received any help or assistance from a household member due to (PERSON)’s impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2  {BOX_03}
REF ........................................... -7 {BOX_03}
DK ..................................... -8 {BOX_03}

PRESS F1 FOR DEFINITION OF HELP AND ASSISTANCE.
{PERSON'S FIRST MIDDLE AND LAST NAME}

Who was that?

PROBE: Who else helped or assisted (PERSON) because of (PERSON)’s impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

[Code All That Apply]
Did anyone move or change their residence so that care could be more easily given to (PERSON)?

YES .................................... 1  
NO ..................................... 2  {LOOP_02}  
REF ................................... -7  {LOOP_02}  
DK .................................... -8  {LOOP_02}  

Who was that?

PROBE: Who else moved so that care could be more easily given to (PERSON)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

1. First Name,[Middle Name],Last Name-65
2. First Name,[Middle Name],Last Name-65
3. First Name,[Middle Name],Last Name-65

[Code All That Apply]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|  
| ON THE RU-MEMBERS-ROSTER WHO MEET ONE OF THE |  
| FOLLOWING CONDITIONS: |  
| |  
| - PERSON PROVIDES CARE, THAT IS PERSON WAS |  
| SELECTED AT CG02 (FLAGGED AS 'RU CAREGIVER' FOR |  
| THIS PERSON) |  
| OR |  
| - PERSON IS THE RU MEMBER BEING LOOPED ON |  

19-5
LOOP_02
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
CG05 - END_LP02

LOOP DEFINITION: LOOP_02 DETERMINES WHICH
ACTIVITIES PERSON BEING LOOPED ON IN LOOP_01 HAS
HAD HELP WITH DURING THE PAST MONTH FROM RU
MEMBERS WHO HAVE PROVIDED CARE. THIS LOOP CYCLES
ON EACH PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS
THE FOLLOWING CONDITIONS:

- PERSON IS FLAGGED AS AN ‘RU CAREGIVER’ FOR THE
  PERSON CURRENTLY BEING ASKED ABOUT (I.E.,
  SELECTED AT CG02)
(PERSON'S FIRST MIDDLE AND LAST NAME)

CAREGIVER: (CAREGIVER'S FIRST AND LAST NAME....)

SHOW CARD CG-1.

During the past month, which of the activities listed on this card did (CAREGIVER) help (PERSON) with because of (PERSON)'s impairment or a physical or mental health problem?

PROBE: Any other activities?

CODE ALL THAT APPLY.

- MEDICAL TREATMENTS ..................... 1
- HELP WITH DAILY ACTIVITIES ............. 2
- HELP WITH PERSONAL CARE ............... 3
- HELP WITH OTHER ACTIVITY............... 4
- REF ................................... -7
- DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF RESPONSE CATEGORIES.

--------------------------------------------------------------------------------
| FOR 'CAREGIVER'S FIRST AND LAST NAME....', DISPLAY |
| THE FIRST AND LAST NAME OF THE RU-CAREGIVER BEING |
| LOOPED ON FOR LOOP_02 (I.E., SELECTED AT CG02). |
--------------------------------------------------------------------------------
How long (have/has) (PERSON) been receiving help from (CAREGIVER)?

Would you say ...

- a month or less; ......................... 1
- more than a month, but less than 3 months; ......................... 2
- more than 3 months, but less than a year; ......................... 3
- about a year; or ....................... 4
- more than a year? ...................... 5
- REF ................................... -7
- DK .................................... -8

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}

CAREGIVER: {CAREGIVER'S FIRST AND LAST NAME...}

During the past month, how much extra time did (CAREGIVER) spend helping (PERSON) because of an impairment or a physical or mental health problem? Please tell me the number of hours in a typical week.

ENTER THE NUMBER OF EXTRA HOURS IN A TYPICAL WEEK:

IF LESS THAN 1 HOUR PER WEEK, CODE ‘995’.

[Enter Number of Hours Per Week-3] ....
LESS THAN 1 HOUR PER WEEK ........... 995
REF ...................................... -7
DK .................................... -8

----------------------------------------------------
| FOR ‘CAREGIVER'S FIRST AND LAST NAME...’, DISPLAY |  |
| THE FIRST AND LAST NAME OF THE RU-CAREGIVER BEING |  |
| LOOPED ON FOR LOOP_02 (I.E., SELECTED AT CG02).    |  |
|---------------------------------------------------|

----------------------------------------------------
<p>| RANGE CHECK: 1-168 FOR THE NUMBER OF HOURS PER   |</p>
<table>
<thead>
<tr>
<th>WEEK.</th>
</tr>
</thead>
</table>

END_LP02

--------

---------------------------------------------
<p>| CYCLE ON NEXT RU-CAREGIVER IN THE RU-MEMBERS-|
| ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP|</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

---------------------------------------------
| IF NO OTHER RU-CAREGIVERS MEET THE STATED   |
| CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_03 |
BOX_03
======

----------------------------------------------------
| IF PERSON IS \( \geq \) 50 YEARS OF AGE OR IN AGE |
| CATEGORIES 8 OR 9, CONTINUE WITH CG08             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_04                           |
----------------------------------------------------

CG08
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Now we’d like to talk about other family members outside the household that (PERSON) could rely on for help or assistance if needed.

(Do/Does) (PERSON) have any children, 18 years of age or older, living elsewhere?

YES ............................................. 1
NO ............................................. 2 {CG10}
REF ............................................ -7 {CG10}
DK ............................................. -8 {CG10}

PRESS F1 FOR DEFINITION OF HELP AND ASSISTANCE.
{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the first and last name of all (PERSON)’s children, 18 years of age or older, who live elsewhere.

PROBE: (Do/Does) (PERSON) have any other children, 18 years of age or older, who live elsewhere?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Name of Caregiver] .................
[2. Name of Caregiver] .................
[3. Name of Caregiver] .................

-----------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-POTENTIAL-CAREGIVER-ROSTER. |
-----------------------------

-----------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
-----------------------------

1. INTERVIEWER MAY SELECT A CAREGIVER(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CAREGIVERS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CAREGIVERS). AS CAREGIVERS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NAME OF THE PERSON WHO THEY POTENTIALLY PROVIDE CARE TO.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CAREGIVER THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CAREGIVER ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CAREGIVER IS FIRST ENTERED.’
-----------------------------

-----------------------------
| FLAG ADDED OR SELECTED PERSONS AS ‘NON-RU |
| POTENTIAL CAREGIVER’. |
-----------------------------
CG10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How many living sisters (do/does) (PERSON) have?

[Number-2] ............................
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF SISTER.

----------------------------------------------------
|  SOFT RANGE CHECK:  0-10                           |
----------------------------------------------------

CG11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How many living brothers (do/does) (PERSON) have?

[Number-2] ............................
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF BROTHER.

----------------------------------------------------
|  SOFT RANGE CHECK:  0-10                           |
----------------------------------------------------
CG12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON)’s mother living?

YES ................................. 1
NO ...................................... 2
REF ...................................... -7
DK ....................................... -8

PRESS F1 FOR DEFINITION OF MOTHER.

CG13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON)’s father living?

YES ................................. 1 {BOX_08}
NO ...................................... 2 {BOX_08}
REF ...................................... -7 {BOX_08}
DK ....................................... -8 {BOX_08}

PRESS F1 FOR DEFINITION OF FATHER.

----------------------------------------------------
| NOTE: THE DEFINITION OF MOTHER AND FATHER WILL   |
| BE THE SAME AS THAT USED IN OTHER SECTIONS OF THE |
| QUESTIONNAIRE FOR PURPOSES OF THE F1 SCREEN.       |
----------------------------------------------------

BOX_04
=====

----------------------------------------------------
| IF PERSON IS BETWEEN THE AGES OF 35-49, INCLUSIVE |
| OR IN AGE CATEGORIES 6 OR 7, CONTINUE WITH CG14   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_05                           |
----------------------------------------------------
Now we’d like to talk about other family members outside the household that (PERSON) could rely on for help or assistance if needed.

(Do/Does) (PERSON) have any children, 18 years of age or older, living elsewhere?

YES ........................................ 1
NO ........................................... 2 {BOX_05}
REF .......................................... -7 {BOX_05}
DK ............................................ -8 {BOX_05}

PRESS F1 FOR DEFINITION OF HELP AND ASSISTANCE.
{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the first and last name of all (PERSON)’s children, 18 years of age or older, who live elsewhere.

PROBE: (Do/Does) (PERSON) have any other children, 18 years of age or older, who live elsewhere?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Name of Caregiver] .................
[2. Name of Caregiver] .................
[3. Name of Caregiver] .................

---

ROSTER DEFINITION: THIS ITEM DISPLAYS THE
RU-POTENTIAL-CAREGIVER-ROSTER.
---

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CAREGIVER(S) ALREADY
   LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF
   CAREGIVERS AT THE ROSTER QUESTIONS (I.E., NO
   LIMIT TO THE NUMBER OF CAREGIVERS). AS
   CAREGIVERS ARE ENTERED, THEY SHOULD BE
   FLAGGED WITH THE NAME OF THE PERSON WHO THEY
   POTENTIALLY PROVIDE CARE TO.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CAREGIVER
   THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS
   USED. THAT IS, AS LONG AS THE INTERVIEWER HAS
   NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO
   DELETE A CAREGIVER ENTERED IN ERROR. IF DELETE
   IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED
   (I.E., AFTER THE-link IS ESTABLISHED), DISPLAY
   THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED
   ONLY WHEN CAREGIVER IS FIRST ENTERED.’

---

FLAG ADDED OR SELECTED PERSONS AS ‘NON-RU
POTENTIAL CAREGIVER’.
Box_05

-------------------------------
| IF PERSON IS < 50 YEARS OF AGE OR IN AGE |
| CATEGORIES 1 THROUGH 7, CONTINUE WITH CG16 |
-------------------------------

-------------------------------
| OTHERWISE, GO TO BOX_08 |
-------------------------------

CG16

---------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}

{Now we'd like to talk about other family members outside the household that (PERSON) could rely on for help or assistance if needed.}

(Do/Does) (PERSON) have any brothers or sisters, 18 years of age or older, living elsewhere?

YES .................................... 1
NO ........................................ 2 {CG18}
REF ........................................ -7 {CG18}
DK ........................................ -8 {CG18}

{PRESS F1 FOR DEFINITION OF HELP AND ASSISTANCE.}

---------------------
| DISPLAY 'Now we'd ... if needed.' AND 'PRESS |
| F1 ... ASSISTANCE.' IF PERSON BEING ASKED ABOUT |
| IS < 35 YEARS OF AGE OR IN AGE CATEGORIES 1-5. |
| OTHERWISE, USE A NULL DISPLAY. |
---------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the first and last name of all (PERSON)’s brothers and sisters, 18 years of age or older, who live elsewhere.

PROBE: (Do/Does) (PERSON) have any other brothers or sisters, 18 years of age or older, who live elsewhere?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Name of Caregiver] ..................
[2. Name of Caregiver] ..................
[3. Name of Caregiver] ..................

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-POTENTIAL-CAREGIVER-ROSTER. |
---

---

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT A CAREGIVER(S) ALREADY</td>
</tr>
<tr>
<td>LISTED ON THE ROSTER.</td>
</tr>
<tr>
<td>2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF</td>
</tr>
<tr>
<td>CAREGIVERS AT THE ROSTER QUESTIONS (I.E., NO</td>
</tr>
<tr>
<td>LIMIT TO THE NUMBER OF CAREGIVERS). AS</td>
</tr>
<tr>
<td>CAREGIVERS ARE ENTERED, THEY SHOULD BE FLAGGED</td>
</tr>
<tr>
<td>WITH THE NAME OF THE PERSON WHO THEY</td>
</tr>
<tr>
<td>POTENTIALLY PROVIDE CARE TO.</td>
</tr>
<tr>
<td>3. INTERVIEWER SHOULD BE ABLE TO DELETE CAREGIVER</td>
</tr>
<tr>
<td>THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS</td>
</tr>
<tr>
<td>USED. THAT IS, AS LONG AS THE INTERVIEWER HAS</td>
</tr>
<tr>
<td>NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO</td>
</tr>
<tr>
<td>DELETE A CAREGIVER ENTERED IN ERROR. IF DELETE</td>
</tr>
<tr>
<td>IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED</td>
</tr>
<tr>
<td>(I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY</td>
</tr>
<tr>
<td>THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED</td>
</tr>
<tr>
<td>ONLY WHEN CAREGIVER IS FIRST ENTERED.’</td>
</tr>
</tbody>
</table>
---

---

| FLAG ADDED OR SELECTED PERSONS AS ‘NON-RU |
| POTENTIAL CAREGIVER’. |
---

19-17
CG18
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) have a mother or father living elsewhere?

CODE ‘95’ IF RESPONDENT VOLUNTEERS THAT PERSON LIVES WITH BOTH PARENTS.

YES .................................... 1
NO ..................................... 2 {BOX_06}
LIVES WITH BOTH PARENTS ............... 95 {BOX_06}
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

PRESS F1 FOR DEFINITIONS OF MOTHER AND FATHER.

[Code One]

----------------------------------------------------
| NOTE: THE DEFINITION OF MOTHER AND FATHER WILL   |
| BE THE SAME AS THAT USED IN OTHER SECTIONS OF THE |
| QUESTIONNAIRE FOR PURPOSES OF THE F1 SCREEN.      |
----------------------------------------------------

19-18
(PERSON'S FIRST MIDDLE AND LAST NAME)

Please give me the first and last name of (PERSON)'s mother and/or father who live elsewhere.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Name of Caregiver] .................
[2. Name of Caregiver] .................
[3. Name of Caregiver] .................

--------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE 
| RU-POTENTIAL-CAREGIVER-ROSTER. |
--------------------------------------------------------------------

--------------------------------------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
--------------------------------------------------------------------

1. INTERVIEWER MAY SELECT A CAREGIVER(S) ALREADY LISTED ON THE ROSTER.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CAREGIVERS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CAREGIVERS). AS CAREGIVERS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NAME OF THE PERSON WHO THEY POTENTIALLY PROVIDE CARE TO.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CAREGIVER THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CAREGIVER ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CAREGIVER IS FIRST ENTERED.'

--------------------------------------------------------------------

FLAG ADDED OR SELECTED PERSONS AS ‘NON-RU POTENTIAL CAREGIVER’.
IF PERSON IS MARRIED (RE97=1 (MARRIED) FOR THIS PERSON FOR THE CURRENT ROUND), CONTINUE WITH CG20

OTHERWISE, GO TO BOX_07

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON)’s mother-in-law living?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MOTHER-IN-LAW.

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON)’s father-in-law living?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FATHER-IN-LAW.
BOX_07

| IF PERSON IS < OR = 35 YEARS OF AGE OR IN AGE CATEGORIES 1-5, CONTINUE WITH CG22 |
| OTHERWISE, GO TO BOX_08 |

CG22

| {PERSON'S FIRST MIDDLE AND LAST NAME} |
| How many living grandparents (do/does) (PERSON) have? |
| [Number-2] ...................................... |
| REF ............................................. -7 |
| DK ............................................. -8 |

PRESS F1 FOR DEFINITION OF GRANDPARENT.

| SOFT RANGE CHECK: 0-10 |

BOX_08

| IF AT LEAST ONE NON-RU POTENTIAL CAREGIVER ENUMERATED FOR PERSON, CONTINUE WITH LOOP_03 |
| OTHERWISE, GO TO END_LP01 |
LOOP_03
=======

| FOR EACH ELEMENT IN THE RU-POTENTIAL-CAREGIVER- | ROSTER, ASK BOX_09 - END_LP03 |
|----------------------------------------------------|

LOOP DEFINITION: LOOP_03 ASKS THE CAREGIVER ROSTER DETAIL (CR) SECTION FOR EACH NON-RU POTENTIAL CAREGIVER ENUMERATED FOR THE PERSON BEING LOOPED ON. THIS LOOP CYCLES ON EACH NON-RU POTENTIAL CAREGIVER IN THE RU-POTENTIAL-CAREGIVER-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- NON-RU POTENTIAL CAREGIVER ADDED OR SELECTED FOR PERSON BEING ASKED ABOUT

BOX_09
======

<table>
<thead>
<tr>
<th>ASK THE CAREGIVER ROSTER DETAIL (CR) SECTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AT COMPLETION OF THE CR SECTION, CONTINUE WITH END_LP03</th>
</tr>
</thead>
</table>

END_LP03
========

<table>
<thead>
<tr>
<th>CYCLE ON NEXT NON-RU POTENTIAL CAREGIVER IN THE RU-POTENTIAL-CAREGIVER-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NO OTHER NON-RU POTENTIAL CAREGIVERS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH END_LP01</th>
</tr>
</thead>
</table>
END_LP01

--------------
<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH BOX_10           |

--------------

BOX_10

--------------
| GO TO NEXT QUESTIONNAIRE SECTION                |

--------------