

05/22/03

FAMILY BURDEN (FB)

*FB1. INTERVIEWER CHECKPOINT: (SEE *SC3, *SC3a)

*SC3 OR *SC3a IS CHECKED 1 **GO TO *FB2 INTRO1**
ALL OTHERS..... 2 **GO TO *FB2 INTRO2**

*FB2. INTRO1	*FB2. INTRO2
The next few questions are about health problems of your close family members. How many close family members do you have alive, including your parents, brothers and sisters, children, and (spouse/partner)? _____ NUMBER OF CLOSE RELATIVES ALIVE DON'T KNOW 98 REFUSED..... 99	The next few questions are about health problems of your close family members, including your parents, brothers and sisters, and children. We went over this already, but remind me: How many close family members do you have alive? _____ NUMBER OF CLOSE RELATIVES ALIVE DON'T KNOW98 REFUSED99

*FB5. INTERVIEWER QUERY: (SEE *FB1-*FB4, *SC3) HOW MANY CLOSE RELATIVES DOES R HAVE, INCLUDING SPOUSE/PARTNER?

ZERO 1 **GO TO RESPONDENT CONTACTS**
ONE 2 **GO TO *FB6 INTRO1**
TWO 3 **GO TO *FB6 INTRO2**
THREE OR MORE..... 4 **GO TO *FB6 INTRO3**

*FB6. INTRO1		*FB6 INTRO2					*FB6 INTRO3			
Does your (RELATIVE/ close relative) have any of the following health problems?		Does either of your two close relatives have any of the following health problems?					Do any of your close relatives have any of the following health problems?			
		(IF NEC: Which relative has that problem?) CHECK ALL MENTIONS								
		MOTHER (1)	FATHER (2)	BROTHER (3)	SISTER (4)	SON (5)	DAUGHTER (6)	SPOUSE/ PARTNER (7)	DK (8)	RF (9)
FB6a.	Cancer?	1	2	3	4	5	6	7	8	9
FB6b.	Serious heart problems?	1	2	3	4	5	6	7	8	9
FB6c.	A serious memory problem, like senility or dementia?	1	2	3	4	5	6	7	8	9
FB6d.	Mental retardation?	1	2	3	4	5	6	7	8	9
FB6e.	A permanent physical disability like blindness or paralysis?	1	2	3	4	5	6	7	8	9
FB6f.	Any other serious chronic physical illness?	1	2	3	4	5	6	7	8	9
FB6g.	Alcohol or drug problems?	1	2	3	4	5	6	7	8	9
FB6h.	Depression?	1	2	3	4	5	6	7	8	9
FB6i.	Anxiety?	1	2	3	4	5	6	7	8	9
FB6j.	Schizophrenia or psychosis?	1	2	3	4	5	6	7	8	9
FB6k.	Manic-depression?	1	2	3	4	5	6	7	8	9
FB6l.	Any other serious chronic mental problem?	1	2	3	4	5	6	7	8	9

*FB7. INTERVIEWER CHECKPOINT: (SEE *FB6a - *FB6l)

AT LEAST ONE RESPONSE CODED '1' 2

ALL OTHERS..... 3

GO TO RESPONDENT CONTACTS

*FB8. The next questions are about how your life is effected by the health problems of your [RELATIVE/relative(s)]. Taking into consideration your time, energy, emotions, finances, and daily activities, would you say that (his/her/their) health problems effect your life a lot, some, a little, or not at all?

- A LOT1
 - SOME2
 - A LITTLE.....3
 - NOT AT ALL.....4
 - DON'T KNOW8
 - REFUSED9
- GO TO RESPONDENT CONTACTS**
GO TO RESPONDENT CONTACTS
GO TO RESPONDENT CONTACTS
GO TO RESPONDENT CONTACTS

*FB9. Do you do any of the following things for (him/her/them) because of these health problems over and above what you normally would do:	YES (1)	NO (5)	DK (8)	RF (9)
*FB9a. Do you help (him/her/them) with washing, dressing, or eating?	1	5	8	9
*FB9b. Do you help (him/her/them) with practical things, like paper work, getting around, housework, or taking medications?	1	5	8	9
*FB9c. Do you spend more time keeping (him/her/them) company or giving emotional support, than you would if the health problems didn't exist?	1	5	8	9

*FB10. INTERVIEWER CHECKPOINT: (SEE *FB9a-c)

- AT LEAST ONE RESPONSE CODED '1' 1
 - ALL OTHERS..... 2
- GO TO *FB12**

*FB11. Do you spend any time doing other things related to (his/her/their) health problems?

- YES.....1
 - NO5
 - DON'T KNOW8
 - REFUSED9
- GO TO *FB13**
GO TO *FB13
GO TO *FB13

*FB12. About how much time in an average week do you spend doing things related to (his/her/their) health problems?

(IF: "IT VARIES," PROBE: What about on average?)

_____ HOURS PER WEEK

- DON'T KNOW 998
- REFUSED 999

*FB13. How much do (his/her/their) health problems cause you embarrassment – a lot, some, a little, or not at all?

- A LOT.....1
- SOME.....2
- A LITTLE.....3
- NOT AT ALL.....4
- DON'T KNOW.....8
- REFUSED.....9

*FB14. How much do (his/her/their) health problems cause you to be worried, anxious, or depressed – a lot, some, a little, or not at all?

- A LOT.....1
- SOME.....2
- A LITTLE.....3
- NOT AT ALL..... 4
- DON'T KNOW.....8
- REFUSED.....9

*FB15. Do (his/her/their) health problems have any financial cost to you either in terms of money you spend because of the problems or earnings you lose?

- YES.....1
 - NO.....5
 - DON'T KNOW.....8
 - REFUSED.....9
- GO TO RESPONDENT CONTACTS**
GO TO RESPONDENT CONTACTS
GO TO RESPONDENT CONTACTS

*FB15a. About how much money did (his/her/their) health problems cost you in an average month over the past year?

\$ _____ PER MONTH

- DON'T KNOW..... 998
- REFUSED..... 999

GO TO RESPONDENT CONTACTS, NEXT SECTION