

**FAMILY BURDEN (FB)**

\*FB1. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SCREENING SECTION)

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

<p><b>*FB2 INTRO1.</b> The next few questions are about health problems of your close family members, including your parents, brothers and sisters, children, and (spouse/partner). How many of your parents are still alive?</p> <p>_____ NUMBER OF PARENTS ALIVE</p> <p>DON'T KNOW .....98                  REFUSED .....99</p>	<p><b>*FB2 INTRO2.</b> The next few questions are about health problems of your close family members, including your parents, brothers and sisters, and children. How many of your parents are still alive?</p> <p>_____ NUMBER OF PARENTS ALIVE</p> <p>DON'T KNOW ..... 98                  REFUSED..... 99</p>
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\*FB3. How many living brothers and sisters do you have, including half- and step- brothers and sisters?

\_\_\_\_\_ NUMBER OF SIBLINGS

DON'T KNOW ..... 98  
 REFUSED ..... 99

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\*FB4. How many living children do you have, including step-children and adopted children?

\_\_\_\_\_ NUMBER OF CHILDREN

DON'T KNOW ..... 98  
 REFUSED ..... 99

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

ZERO ..... 1      **GO TO \*FB19**  
 ONE ..... 2      **GO TO \*FB6 INTRO1**  
 TWO ..... 3      **GO TO \*FB6 INTRO2**  
 THREE OR MORE..... 4      **GO TO \*FB6 INTRO3**

<b>*FB6. INTRO1</b>	<b>*FB6 INTRO2</b>	<b>*FB6 INTRO3</b>						
Does your (RELATIVE RELATIONSHIP) have any of the following health problems?	Does either your (TWO RELATIVES) have any of the following health problems?	Do any of the close relatives I just mentioned [or your (spouse/partner)] have any of the following health problems?						
		(IF NEC: Which relative has that problem?) CHECK ALL MENTIONS						
		PARENT	SIBLING	CHILD	SPOUSE/ PARTNER	(NONE)	DK	RF
		(1)	(2)	(3)	(4)	(5)	(8)	(9)
FB6a. Cancer?		1	2	3	4	5	8	9
FB6b. Serious heart problems?		1	2	3	4	5	8	9
FB6c. A serious memory problem, like senility or dementia?		1	2	3	4	5	8	9
FB6d. Mental retardation?		1	2	3	4	5	8	9
FB6e. A permanent physical disability like blindness or paralysis?		1	2	3	4	5	8	9
FB6f. Any other serious chronic physical illness?		1	2	3	4	5	8	9
FB6g. Alcohol or drug problems?		1	2	3	4	5	8	9
FB6h. Serious depression?		1	2	3	4	5	8	9
FB6i. Serious anxiety?		1	2	3	4	5	8	9
FB6j. Schizophrenia or psychosis?		1	2	3	4	5	8	9
FB6k. Manic-depression?		1	2	3	4	5	8	9
FB6l. Any other serious chronic mental problem?		1	2	3	4	5	8	9

\*FB7. INTERVIEWER CHECKPOINT: (SEE \*FB6)

AT LEAST ONE RESPONSE CODED '1', '2', '3', OR '4' ..... 1

ALL OTHERS ..... 2 **GO TO \*FB19**

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

- A LOT.....1
- SOME.....2
- A LITTLE.....3 **GO TO \*FB19**
- NOT AT ALL.....4 **GO TO \*FB19**
- DON'T KNOW.....8 **GO TO \*FB19**
- REFUSED.....9 **GO TO \*FB19**

*FB9. Do you do any of the following things for (him/her/they) because of these health problems over and above what you normally would do:	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
*FB9a. Do you help (him/her/they) with washing, dressing, or eating?	1	5	8	9
*FB9b. Do you help (him/her/they) 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/they) company or giving emotional support, than you would if the health problems didn't exist?	1	5	8	9

\*FB10. INTERVIEWER CHECKPOINT: (SEE \*FB9a-\*FB9c)

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

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

- YES.....1
- NO.....5 **GO TO \*FB13**
- DON'T KNOW.....8 **GO TO \*FB13**
- REFUSED.....9 **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

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\*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

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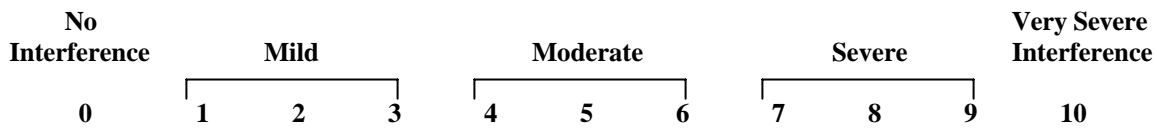
\*FB15. Do (his/her/their) health problems have any financial cost to you either in terms of money you spend because of the problems or earnings you lose?

- YES.....1
- NO.....5      **GO TO \*FB16**
- DON'T KNOW.....8      **GO TO \*FB16**
- REFUSED.....9      **GO TO \*FB16**

\*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..... 9999998
- REFUSED..... 9999999



**\*FB16.** (RB, PG 9) Think about the period lasting one month or longer in the past 12 months when (his/her/their) health problems were most severe. Using the 0 to 10 scale on page 9 in your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much (his/her/their) health problems interfered with each of the following activities during that period?

(IF NEC: How much did (his/her/their) health problems interfere with (ACTIVITY) during that period?)  
 (IF NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

\*FB16a. Your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard)? \_\_\_\_\_  
 DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

\*FB16b. Your ability to work? \_\_\_\_\_  
 DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

\*FB16c. Your ability to form and maintain close relationships with other people? \_\_\_\_\_  
 DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

\*FB16d. Your social life? \_\_\_\_\_  
 DOES NOT APPLY ..... 97  
 DON'T KNOW..... 98  
 REFUSED..... 99

**\*FB17. INTERVIEWER CHECKPOINT: (SEE \*FB16a - \*FB16d)**

ALL RESPONSES CODED '0' OR '97' .....	1	<b>GO TO *FB19</b>
ALL OTHERS.....	2	

\*FB18. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of (his/her/their) health problems?

(IF NEC: You can use any number between 0 and 365 to answer.)

\_\_\_\_\_ NUMBER OF DAYS

DON'T KNOW ..... 998

REFUSED ..... 999

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\*FB19. INTERVIEWER CHECKPOINT:

EXACT TIME NOW: \_\_\_\_\_

INTERVIEWER THANK THE RESPONDENT FOR HIS/HER TIME AND COLLECT THE RESPONDENT BOOKLET BEFORE LEAVING THE RESPONDENT.

**GO TO \* IO1, NEXT SECTION**