FAMILY BURDEN (FB)

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

*SC3 OR *SC3a IS CHECKEDALL OTHERS	
*FB2. INTRO1	*FB2. INTRO2
The next few questions are about health problems of your close	The next few questions are about health problems of your
family members. How many close family members do you	family members, including your parents, brothers and sist

*FB2. INTROI	*FB2, INTRO2
The next few questions are about health problems of your close	The next few questions are about health problems of your close
family members. How many close family members do you	family members, including your parents, brothers and sisters,
have alive, including your parents, brothers and sisters,	and children. We went over this already, but remind me: How
children, and (spouse/partner)?	many close family members do you have alive?
NUMBER OF CLOSE RELATIVES ALIVE DON'T KNOW	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 *FB16
ONE	2	GO TO *FB6 INTRO1
TWO	3	GO TO *FB6 INTRO2
THREE OR MORE	4	GO TO *FB6 INTRO3

	INTRO1		*FB6 IN				*FB6 INTRO			
	our (RELATIVE/ clos the following health pr	roblems?	any of th	ner of your two or e following heal	th problems's		Do any of you of the following	r close relatives ng health proble	s have a	any
		(IF NEC: Wh		as that problem?)					
		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'	
ALL OTHERS3	GO TO *FB16

*FB8.	The next questions are about how <u>your</u> life is effected by the health pr Taking into consideration your time, energy, emotions, finances, and of (his/her/their) health problems effect your life a lot, some, a little, or n	daily activi			
	A LOT				
*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') *FB12			
*FB11.	Do you spend any time doing <u>other</u> things related to (his/her/their) heat YES	alth probler	ns?		
*FB12.	About how much time in an average week do you spend doing things problems? (IF: "IT VARIES," PROBE: What about on average?) HOURS PER WEEK DON'T KNOW	related to (his/her/the	eir) health	

	A LOT1
	SOME2
	A LITTLE3
	NOT AT ALL4
	DON'T KNOW8
	REFUSED9
*FB14.	How much do (his/her/their) health problems cause you to be <u>worried, anxious, or depressed</u> – a lot, some, a little, or not at all?
	A LOT1
	SOME2
	A LITTLE3
	NOT AT ALL4
	DON'T KNOW8
	REFUSED9
*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?
*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
*FB15.	YES
*FB15.	YES
*FB15.	YES
	YES