

**BRFSS Caregiver module
2015**

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

- 1 Yes
- 2 No [**Go to Question 9**]
- 7 Don't know/Not sure
- 8 Caregiving recipient died in the past 30 days [**Go to next module**]
- 9 Refused

IF NEEDED: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and skip to the next module.

2. What is his or her relationship to you? For example is he or she your (mother or daughter or father or son)?

[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]

- 1 Mother
- 2 Father
- 3 Mother-in-law
- 4 Father-in-law
- 5 Child
- 6 Husband
- 7 Wife
- 8 Same-sex partner
- 9 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 16 Unmarried partner [Note: option added in 2016]
- 77 Don't know/Not sure
- 99 Refused

3. For how long have you provided care for that person? Would you say...?

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
- 7 Don't know/Not sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance? Would you say...?

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
- 7 Don't know/Not sure
- 9 Refused

5. What is the main health problem, long-term illness, or disability that the person you care for has?

IF NECESSARY: Please tell me which one of these conditions would you say is the major problem?

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Other
- 77 Don't know/Not sure

99 Refused

6. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

7. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8. Of the following support services, which one do you MOST need, that you are not currently getting?

***[INTERVIEWER NOTE: IF RESPONDENT ASKS WHAT RESPITE CARE IS]:
Respite care means short-term or long-term breaks for people who provide care.***

[READ OPTIONS 1–6]

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

[DO NOT READ]

- 7 Don't Know/Not sure
- 9 Refused

[If Q1 = YES, GO TO NEXT MODULE]

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused