

BRFSS Caregiver Module (2024 Onward)

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 next module]
- 7 Don't Know/Not Sure [go to next module]
- 8 Caregiving recipient died in past 30 days [go to next module]
- 9 Refused [go to next module]

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 their relationship to you?

- 1 Parent, stepparent, or parent-in-law
- 2 Grandparent, step grandparent or grandparent-in-law
- 3 Spouse or partner
- 4 Child or stepchild
- 5 Grandchild or step grandchild
- 6 Sibling, stepsibling, or sibling-in-law
- 7 Other relative
- 8 Friend or non-relative
- 77 Don't know/Not sure
- 99 Refused

If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code.

3. What is the main health problem or disability that the person you care for has?

- 1 Alzheimer's disease, dementia, or other cognitive impairment
- 2 Heart disease, hypertension, or stroke
- 3 Cancer
- 4 Diabetes
- 5 Injuries including broken bones or traumatic brain injury
- 6 Mental illness such as depression, anxiety, or schizophrenia
- 7 Developmental disorders such as autism, Down syndrome, or spina bifida
- 8 Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease
- 9 Arthritis/rheumatism
- 10 Hearing or vision loss
- 11 Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy
- 12 Old age, infirmity, or frailty
- 13 Other
- 77 Don't know/Not sure
- 99 Refused

If MCARE.03 = 1 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.05. Otherwise, continue

4. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

5. In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

6. In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

7. In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

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

Please read:

- 1 Less than 20 hours per week (19 hours or less)
- 2 Less than 40 hours per week (more than 19 hours, but less than 40 hours)
- 3 40 hours or more per week

9. For how long have you provided regular care to this person?

Read if necessary:

- 1 Within the past 30 days (anytime less than 30 days ago)
- 2 Within the past 2 years (more than 30 days but less than 2 years ago)
- 3 Within the past 5 years (more than 2 years but less than 5 years ago)
- 4 5 years or more

Do not read:

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