

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
CSDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?
CSCONT	NUM	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?
CSFONEC	NUM	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?
CSEXPLN	NUM	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?
CSNEEDS	NUM	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?
CSRESPT	NUM	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?
CSINVOLV	NUM	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?
CSCARE	NUM	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?
CSGTMOR	NUM	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?
CSBETTR	NUM	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?
CSHOWLG	NUM	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?
CSSVCPLN	NUM	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?
CCOPY	NUM	DID YOU GET A COPY OF THE PLAN?
CSELSVC	NUM	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?
CSSELPRV	NUM	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?
CSRATE2	NUM	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT
CSSTAYHM	NUM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
CSKNOW	NUM	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?

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MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDfin	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDfinB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?

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PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION

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Name	Type	Description
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013 ABOVE OR BELOW \$20,000?
INCOMECEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?
URBAN	NUM	URBAN CODE
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?

**Positional Listing of Variables**

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<i>Name</i>	<i>Type</i>	<i>Description</i>
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CCOPY	NUM	DID YOU GET A COPY OF THE PLAN?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSBETTR	NUM	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?
CSCARE	NUM	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?
CSCONT	NUM	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?
CSDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?
CSELSVC	NUM	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?
CSEXPLN	NUM	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?
CSFONEC	NUM	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?
CSGTMOR	NUM	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
CSHOWLG	NUM	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?
CSINVOLV	NUM	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?
CSKNOW	NUM	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?
CSNEEDS	NUM	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?
CSRATE2	NUM	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT
CSRESPT	NUM	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?
CSELPRV	NUM	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?
CSSTAYHM	NUM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
CSSVCPLN	NUM	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?

Alphabetical Listing of Variables

Name	Type	Description
IADL8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADL8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADL8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?

**Alphabetical Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN CODE
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	539	407,606
				<b>539</b>	<b>407,606</b>
CSDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?	1	Today Or Yesterday	107	76,518
		2	More Than 1 Day To 1 Week Ago	138	93,691
		3	More Than 1 Week To 1 Month Ago	107	77,967
		4	More Than 1 Month Ago	187	159,429
				<b>539</b>	<b>407,606</b>
CSCONT	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?	-8	Don't Know	3	519
		1	Yes	455	344,012
		2	No	81	63,076
				<b>539</b>	<b>407,606</b>
CSFONEC	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?	-8	Don't Know	35	25,443
		-7	Refused	2	1,216
		1	Yes	470	348,738
		2	No	32	32,208
				<b>539</b>	<b>407,606</b>
CSEXPLN	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?	-8	Don't Know	7	6,005
		1	Yes	506	379,829
		2	No	26	21,773
				<b>539</b>	<b>407,606</b>
CSNEEDS	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?	-8	Don't Know	14	10,455
		1	Yes	463	359,014
		2	No	62	38,137
				<b>539</b>	<b>407,606</b>
CSRESPT	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?	-8	Don't Know	4	3,425
		1	Yes	526	398,544
		2	No	9	5,637
				<b>539</b>	<b>407,606</b>
CSINVOLV	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?	-8	Don't Know	9	8,067
		1	Yes	475	361,377

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	55	38,162
				<b>539</b>	<b>407,606</b>
CSCARE	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?	-8	Don't Know	19	12,560
		1	Yes	488	367,772
		2	No	32	27,274
				<b>539</b>	<b>407,606</b>
CSGTMOR	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?	-8	Don't Know	25	19,292
		-7	Refused	1	222
		1	Yes	420	314,411
		2	No	93	73,680
				<b>539</b>	<b>407,606</b>
CSBETTR	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?	-8	Don't Know	21	6,995
		-7	Refused	2	677
		1	Yes	440	351,699
		2	No	76	48,235
				<b>539</b>	<b>407,606</b>
CSHOWLG	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?	-8	Don't Know	19	13,123
		1	6 Months Or Less	95	79,658
		2	More Than 6 Months But Less Than 1 Year	80	64,717
		3	At Least 1 Year But Less Than 2 Years	123	81,339
		4	2 To 5 Years	150	120,658
		5	More Than 5 Years	72	48,111
				<b>539</b>	<b>407,606</b>
CSSVCPLN	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?	-8	Don't Know	45	41,040
		1	Yes	423	306,603
		2	No	71	59,963
				<b>539</b>	<b>407,606</b>
CCOPY	DID YOU GET A COPY OF THE PLAN?	-8	Don't Know	55	35,500
		-1	Not Collected	116	101,003
		1	Yes	312	228,994
		2	No	56	42,108
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSELSVC	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?	-8	Don't Know	26	10,066
		1	Yes	440	343,719
		2	No	73	53,820
				<b>539</b>	<b>407,606</b>
CSSELPRV	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?	-8	Don't Know	58	44,923
		1	Yes	322	249,856
		2	No	159	112,827
				<b>539</b>	<b>407,606</b>
CSRATE	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?	-8	Don't Know	5	1,107
		-7	Refused	1	335
		1	Excellent	222	172,827
		2	Very Good	182	129,029
		3	Good	99	83,443
		4	Fair	17	13,410
		5	Poor	13	7,455
		<b>539</b>	<b>407,606</b>		
CSRATE2	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT	.	Missing	6	1,442
		1	Rating of Good to Excellent	503	385,299
		2	Rating of Fair or Poor	30	20,865
		<b>539</b>	<b>407,606</b>		
CSSTAYHM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	10	8,408
		-7	Refused	1	335
		1	Yes	500	383,798
		2	No	28	15,065
		<b>539</b>	<b>407,606</b>		
CSKNOW	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?	-8	Don't Know	27	12,180
		-7	Refused	1	335
		1	Yes	361	285,372
		2	No	150	109,719
				<b>539</b>	<b>407,606</b>
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	1	222
		1	Yes	71	59,069

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	467	348,315
				<b>539</b>	<b>407,606</b>
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	321
		1	Yes	264	205,229
		2	No	274	202,056
				<b>539</b>	<b>407,606</b>
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	1	183
		1	Yes	337	223,868
		2	No	201	183,555
				<b>539</b>	<b>407,606</b>
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	2	503
		1	Yes	142	114,866
		2	No	395	292,237
				<b>539</b>	<b>407,606</b>
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	1	Yes	31	28,291
		2	No	508	379,315
				<b>539</b>	<b>407,606</b>
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	935
		1	Yes	204	113,506
		2	No	333	293,165
				<b>539</b>	<b>407,606</b>
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	5	8,874
		1	Yes	138	77,339
		2	No	396	321,393
				<b>539</b>	<b>407,606</b>
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	5	2,606
		1	Yes	49	27,559
		2	No	485	377,441
				<b>539</b>	<b>407,606</b>
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	17	8,510
		1	Yes	195	136,944

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	327	262,152
				<b>539</b>	<b>407,606</b>
SVCCOUNT	SERVICE COMBINATIONS	1	Case Management only	38	36,208
		2	Case Management and 1 additional service	122	112,433
		3	Case Management and 2 additional services	110	75,523
		4	Case Management and 3 additional services	113	86,402
		5	Case Management and 4 additional services	78	49,822
		6	Case Management and 5 additional services	43	29,118
		7	Case Management and 6 additional services	24	11,092
		8	Case Management and 7 additional services	9	3,507
		9	Case Management and 8 additional services	2	3,501
				<b>539</b>	<b>407,606</b>
HNREDUYN	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?	-8	Don't Know	5	3,641
		1	Yes	59	50,340
		2	No	475	353,625
				<b>539</b>	<b>407,606</b>
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	7	7,345
		1	Yes	173	127,464
		2	No	359	272,797
				<b>539</b>	<b>407,606</b>
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	3	2,128
		1	Yes	83	72,521
		2	No	453	332,957
				<b>539</b>	<b>407,606</b>
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	4	2,767

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	49	44,634
		2	No	486	360,205
				<b>539</b>	<b>407,606</b>
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	7	11,222
		-7	Refused	1	49
		1	Yes	60	41,408
		2	No	471	354,927
				<b>539</b>	<b>407,606</b>
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	7	4,442
		1	Yes	152	116,176
		2	No	380	286,988
				<b>539</b>	<b>407,606</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	2	85
		-1	Not Collected	26	21,789
		1	Excellent	174	132,824
		2	Very Good	167	115,052
		3	Good	126	99,911
		4	Fair	25	28,202
		5	Poor	19	9,742
				<b>539</b>	<b>407,606</b>
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	11	6,592
		-7	Refused	1	379
		1	Yes	436	336,376
		2	No	91	64,260
				<b>539</b>	<b>407,606</b>
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	16	10,150
		1	Yes	450	357,904
		2	No	73	39,552
				<b>539</b>	<b>407,606</b>
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	10	7,808
		1	Yes	427	322,912
		2	No	102	76,886

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>539</b>	<b>407,606</b>
SVCIDEA	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?	-8	Don't Know	8	5,887
		-7	Refused	1	719
		1	Yes	335	264,042
		2	No	195	136,958
				<b>539</b>	<b>407,606</b>
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	7	2,703
		1	Agree	522	391,050
		2	Disagree	10	13,854
				<b>539</b>	<b>407,606</b>
SVCSUPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	12	4,716
		-7	Refused	1	379
		1	Agree	495	390,733
		2	Disagree	31	11,778
				<b>539</b>	<b>407,606</b>
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	1	Yes	170	128,263
		2	No	369	279,343
				<b>539</b>	<b>407,606</b>
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	5	4,522
		1	Yes	141	90,157
		2	No	393	312,927
				<b>539</b>	<b>407,606</b>
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	17	13,205
		1	Yes	197	168,648
		2	No	325	225,753
				<b>539</b>	<b>407,606</b>
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	3	1,847
		1	Yes	89	70,946
		2	No	447	334,812
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	4	343
		1	Yes	237	173,361
		2	No	298	233,902
				<b>539</b>	<b>407,606</b>
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	3	2,349
		1	Yes	349	249,112
		2	No	187	156,145
				<b>539</b>	<b>407,606</b>
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	4	2,023
		1	Excellent	20	12,890
		2	Very Good	53	47,471
		3	Good	168	122,558
		4	Fair	176	142,170
		5	Poor	118	80,494
		<b>539</b>	<b>407,606</b>		
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?	-8	Don't Know	14	10,786
		1	Yes, Limited A Lot	358	261,665
		2	Yes, Limited A Little	109	83,909
		3	No, Not Limited At All	58	51,246
		<b>539</b>	<b>407,606</b>		
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	13	13,118
		1	Yes, Limited A Lot	365	275,133
		2	Yes, Limited A Little	97	69,740
		3	No, Not Limited At All	64	49,615
		<b>539</b>	<b>407,606</b>		
SFACCOMP	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?	-8	Don't Know	8	5,238
		-7	Refused	1	3,452
		1	All Of The Time	126	72,729
		2	Most Of The Time	155	135,453
		3	Some Of The Time	148	100,610

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Of The Time	58	55,417
		5	None Of The Time	43	34,707
				<b>539</b>	<b>407,606</b>
SFLIMITD	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	4	857
		-7	Refused	1	56
		1	All Of The Time	136	86,299
		2	Most Of The Time	159	125,206
		3	Some Of The Time	144	99,094
		4	A Little Of The Time	60	54,618
		5	None Of The Time	35	41,476
				<b>539</b>	<b>407,606</b>
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	7	1,129
		-7	Refused	1	64
		1	All Of The Time	38	32,688
		2	Most Of The Time	86	49,128
		3	Some Of The Time	147	126,251
		4	A Little Of The Time	111	81,655
		5	None Of The Time	149	116,690
				<b>539</b>	<b>407,606</b>
SFCAREFL	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	13	6,360
		-7	Refused	2	121
		1	All Of The Time	27	19,273
		2	Most Of The Time	67	44,505
		3	Some Of The Time	132	108,106
		4	A Little Of The Time	113	86,070
		5	None Of The Time	185	143,171
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?	-8	Don't Know	9	5,713
		1	All Of The Time	84	57,003
		2	Most Of The Time	89	74,169
		3	Some Of The Time	90	75,061
		4	A Little Of The Time	149	117,288
		5	None Of The Time	118	78,372
					<b>539</b>
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	1	110
		1	All Of The Time	53	42,650
		2	Most Of The Time	217	157,696
		3	Some Of The Time	164	132,507
		4	A Little Of The Time	79	58,639
		5	None Of The Time	25	16,004
					<b>539</b>
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	1	All Of The Time	10	6,933
		2	Most Of The Time	83	69,053
		3	Some Of The Time	156	123,575
		4	A Little Of The Time	174	131,850
		5	None Of The Time	116	76,196
					<b>539</b>
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	4	2,366
		-7	Refused	1	64
		1	All Of The Time	23	21,606
		2	Most Of The Time	60	38,979
		3	Some Of The Time	132	96,577
		4	A Little Of The Time	157	134,230
		5	None Of The Time	162	113,784
					<b>539</b>
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?	-8	Don't Know	11	7,886
		-7	Refused	1	275

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	All Of The Time	99	64,778
		2	Most Of The Time	93	67,481
		3	Some Of The Time	132	100,292
		4	A Little Of The Time	79	57,914
		5	None Of The Time	124	108,981
				<b>539</b>	<b>407,606</b>
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	67	41,324
		1	4 - < 20	93	62,195
		2	20 - < 25	88	65,382
		3	25 - < 30	86	79,270
		4	30 - < 35	62	40,411
		5	35 - < 40	56	59,032
		6	40 - < 45	35	18,272
		7	45 - < 50	20	9,966
		8	50 - < 55	21	17,524
		9	55 - < 65	11	14,232
				<b>539</b>	<b>407,606</b>
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	67	41,324
		1	7 - < 35	83	58,944
		2	35 - < 40	47	28,772
		3	40 - < 45	63	54,165
		4	45 - < 50	68	64,988
		5	50 - < 53	53	29,408
		6	53 - < 56	34	24,760
		7	56 - < 59	46	36,740
		8	59 - < 62	33	23,020
		9	62 - < 65	23	25,150
		10	65 - < 80	22	20,337
				<b>539</b>	<b>407,606</b>
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	67	41,324
			22.1083	272	206,936
			30.6976	80	65,599
			39.287	57	43,254
			47.8763	33	18,744
			56.4656	30	31,749
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		67	41,324
		20.3233		78	40,474
		24.9298		52	43,950
		29.5364		87	72,259
		34.1429		48	38,981
		38.7495		114	79,192
		43.356		34	34,415
		47.9626		23	20,623
		52.5691		15	11,462
		57.1757		21	24,926
			<b>539</b>	<b>407,606</b>	
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		67	41,324
		16.6777		104	68,826
		26.8693		134	108,297
		37.0608		81	68,391
		47.2523		82	68,458
		57.4438		71	52,309
				<b>539</b>	<b>407,606</b>
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		67	41,324
		18.8673		105	73,918
		29.6476		158	128,199
		44.7401		145	110,097
		55.5204		47	43,816
		61.9886		17	10,251
		<b>539</b>	<b>407,606</b>		
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		67	41,324
		27.6238		101	69,619
		37.6867		152	116,255
		47.7496		139	110,375
		57.8125		71	63,447
		67.8753		9	6,586
		<b>539</b>	<b>407,606</b>		
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		67	41,324
		11.347		15	9,377
		16.9385		11	6,381

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		22.5299		44	30,368
		28.1214		40	19,531
		33.7129		85	80,565
		39.3044		50	37,244
		44.8959		74	65,720
		50.4873		46	35,944
		56.0788		107	81,152
				<b>539</b>	<b>407,606</b>
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		67	41,324
		16.1764		85	58,053
		26.2742		86	61,638
		36.3721		123	93,563
		46.4699		70	52,760
		56.5677		108	100,268
				<b>539</b>	<b>407,606</b>
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		67	41,324
		15.7748		6	3,798
		21.8705		13	11,414
		27.9663		30	18,368
		34.0621		42	37,074
		40.1579		87	66,548
		46.2537		83	78,724
		52.3495		100	63,768
		58.4453		76	60,911
		64.541		35	25,677
				<b>539</b>	<b>407,606</b>
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	4	1,344
		1	Much Better Than One Year Ago	35	31,301
		2	A Little Better Than One Year Ago	58	47,032
		3	About The Same As One Year Ago	165	131,003
		4	A Little Worse Than One Year Ago	125	89,353
		5	Worse Than One Year Ago	152	107,574
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	18	6,512
		1	About Enough	167	142,321
		2	Too Much	3	5,731
		3	Would Like To Be Doing More	351	253,042
				<b>539</b>	<b>407,606</b>
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	18	18,031
		1	Yes	165	116,940
		2	No	356	272,636
				<b>539</b>	<b>407,606</b>
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	1	1,710
		1	Yes	407	295,285
		2	No	131	110,611
				<b>539</b>	<b>407,606</b>
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	1	78
		-7	Refused	1	1,966
		1	Yes	405	316,222
		2	No	132	89,340
				<b>539</b>	<b>407,606</b>
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	1	2,098
		-7	Refused	2	2,264
		1	Yes	263	198,839
		2	No	273	204,405
				<b>539</b>	<b>407,606</b>
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	12	6,858
		-7	Refused	1	1,966
		1	Yes	304	206,129
		2	No	222	192,654
				<b>539</b>	<b>407,606</b>
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	3	696
		-7	Refused	2	2,272
		1	Yes	205	151,855

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	329	252,783
				<b>539</b>	<b>407,606</b>
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	3	527
		-7	Refused	1	1,966
		1	Yes	250	173,317
		2	No	285	231,796
				<b>539</b>	<b>407,606</b>
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	4	2,021
		-7	Refused	1	1,966
		1	Yes	117	73,648
		2	No	417	329,971
				<b>539</b>	<b>407,606</b>
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	3	749
		-7	Refused	1	1,966
		1	Yes	111	74,079
		2	No	424	330,812
				<b>539</b>	<b>407,606</b>
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	4	1,191
		-7	Refused	1	1,966
		1	Yes	143	110,564
		2	No	391	293,885
				<b>539</b>	<b>407,606</b>
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	12	6,135
		-7	Refused	1	1,966
		1	Yes	176	123,179
		2	No	350	276,326
				<b>539</b>	<b>407,606</b>
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	2	3,664
		-7	Refused	2	2,264
		1	Yes	84	69,213
		2	No	450	332,120
		3	Does Not Apply	1	346
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	1	9
		-7	Refused	1	1,966
		1	Yes	357	283,365
		2	No	179	120,920
		3	Does Not Apply	1	1,347
				<b>539</b>	<b>407,606</b>
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-7	Refused	2	2,264
		1	Yes	234	180,982
		2	No	303	224,360
				<b>539</b>	<b>407,606</b>
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	2	236
		-7	Refused	3	3,377
		1	Yes	141	100,906
		2	No	393	303,087
				<b>539</b>	<b>407,606</b>
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	2	2,523
		-7	Refused	3	2,328
		1	Yes	83	61,276
		2	No	451	341,478
				<b>539</b>	<b>407,606</b>
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	222
		-7	Refused	2	2,264
		1	Yes	26	17,500
		2	No	510	387,620
				<b>539</b>	<b>407,606</b>
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	1	111
		-7	Refused	2	2,264
		1	Yes	18	8,157

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	518	397,074
				<b>539</b>	<b>407,606</b>
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?				
		-8	Don't Know	3	429
		-7	Refused	3	2,534
		1	Yes	327	238,733
		2	No	206	165,910
				<b>539</b>	<b>407,606</b>
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	6	4,925
		-7	Refused	1	1,966
		1	Yes	21	10,154
		2	No	511	390,561
				<b>539</b>	<b>407,606</b>
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	2	27
		-7	Refused	2	2,264
		1	Yes	163	120,367
		2	No	372	284,949
				<b>539</b>	<b>407,606</b>
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	3	2,620
		-7	Refused	1	1,966
		1	Yes	58	38,735
		2	No	477	364,286
				<b>539</b>	<b>407,606</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	3	5,936
		1	1 Medical Condition	5	2,147
		2	2 Medical Conditions	17	15,417
		3	3 Medical Conditions	21	14,808
		4	4 Medical Conditions	46	27,889
		5	5 Medical Conditions	66	57,653
		6	6 Medical Conditions	67	59,871
		7	7 Medical Conditions	74	56,501
		8	8 Medical Conditions	75	57,403
		9	9 Medical Conditions	49	32,496
		10	10 Medical Conditions	45	31,939

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		11	11 Medical Conditions	31	25,322
		12	12 Medical Conditions	18	7,352
		13	13 Medical Conditions	10	8,593
		14	14 Medical Conditions	8	2,074
		15	15 Medical Conditions	2	334
		17	17 Medical Conditions	1	160
		20	20 Medical Conditions	1	1,712
				<b>539</b>	<b>407,606</b>
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?				
		-8	Don't Know	17	6,604
		-7	Refused	1	298
		-1	Not Collected	3	5,936
		1	Yes	365	284,041
		2	No	153	110,727
				<b>539</b>	<b>407,606</b>
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	2	972
		-1	Not Collected	174	123,565
		1	Yes	340	255,525
		2	No	23	27,544
				<b>539</b>	<b>407,606</b>
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	8	8,530
		-1	Not Collected	174	123,565
		1	Yes	130	80,152
		2	No	227	195,359
				<b>539</b>	<b>407,606</b>
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?				
		-8	Don't Know	4	4,225

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	174	123,565
		1	Yes	112	77,386
		2	No	249	202,430
				<b>539</b>	<b>407,606</b>
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	1	301
		-1	Not Collected	174	123,565
		1	Yes	32	29,502
		2	No	332	254,238
				<b>539</b>	<b>407,606</b>
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-1	Not Collected	174	123,565
		1	Yes	28	22,188
		2	No	337	261,853
				<b>539</b>	<b>407,606</b>
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]	-8	Don't Know	4	10,508
		-1	Not Collected	174	123,565
		1	Yes	26	18,389
		2	No	335	255,145
				<b>539</b>	<b>407,606</b>
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?	-1	Not Collected	174	123,565
		1	Yes	20	18,424
		2	No	345	265,617
				<b>539</b>	<b>407,606</b>
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?	-1	Not Collected	174	123,565
		1	Yes	12	14,523
		2	No	353	269,518

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>539</b>	<b>407,606</b>
PFREAD	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?				
		-1	Not Collected	174	123,565
		1	Yes	44	23,350
		2	No	321	260,691
				<b>539</b>	<b>407,606</b>
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...				
		-8	Don't Know	11	7,335
		-7	Refused	1	298
		-1	Not Collected	3	5,936
		1	Not At All Confident	66	46,736
		2	A Little Confident	95	57,295
		3	Moderately Confident	175	146,133
		4	Very Confident	188	143,873
				<b>539</b>	<b>407,606</b>
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?				
		-8	Don't Know	10	1,501
		-7	Refused	1	298
		1	Yes	218	150,300
		2	No	310	255,506
				<b>539</b>	<b>407,606</b>
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY				
		-8	Don't Know	16	13,366
		-7	Refused	1	298
		1	0-2 medications	70	50,759
		2	3-4 medications	105	82,158
		3	5-6 medications	109	81,020
		4	7-8 medications	86	66,936
		5	9+ medications	152	113,069
				<b>539</b>	<b>407,606</b>
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?				
		-8	Don't Know	2	1,649
		1	Yes	210	161,204

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	327	244,753
				<b>539</b>	<b>407,606</b>
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	2	677
		-7	Refused	1	298
		1	Yes	96	68,274
		2	No	440	338,357
				<b>539</b>	<b>407,606</b>
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	1,046
		1	Yes	230	160,516
		2	No	307	246,045
				<b>539</b>	<b>407,606</b>
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-1	Not Collected	309	247,090
		1	Yes	101	68,177
		2	No	129	92,339
				<b>539</b>	<b>407,606</b>
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	2	1,759
		1	Yes	319	222,243
		2	No	218	183,604
				<b>539</b>	<b>407,606</b>
PFDFFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	2,531
		-1	Not Collected	220	185,363
		1	Yes	279	191,416
		2	No	38	28,296
				<b>539</b>	<b>407,606</b>
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	1	Yes	216	145,310
		2	No	323	262,296
				<b>539</b>	<b>407,606</b>
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	160
		-1	Not Collected	323	262,296
		1	Yes	108	75,507

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	107	69,643
				<b>539</b>	<b>407,606</b>
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	1	Yes	269	189,720
		2	No	270	217,886
				<b>539</b>	<b>407,606</b>
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	3	2,422
		-1	Not Collected	270	217,886
		1	Yes	202	131,860
		2	No	64	55,438
				<b>539</b>	<b>407,606</b>
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	3	651
		1	Yes	174	115,979
		2	No	362	290,976
				<b>539</b>	<b>407,606</b>
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	46
		-1	Not Collected	365	291,627
		1	Yes	137	88,163
		2	No	36	27,770
				<b>539</b>	<b>407,606</b>
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	3	1,863
		1	Yes	386	272,756
		2	No	150	132,987
				<b>539</b>	<b>407,606</b>
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	4	1,314
		-1	Not Collected	153	134,850
		1	Yes	148	105,980
		2	No	234	165,462
				<b>539</b>	<b>407,606</b>
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	1,649
		1	Yes	80	45,729
		2	No	457	360,228
				<b>539</b>	<b>407,606</b>
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	459	361,877
		1	Yes	33	12,316

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	47	33,413
				<b>539</b>	<b>407,606</b>
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	2	3,632
		1	Yes	121	84,178
		2	No	416	319,796
				<b>539</b>	<b>407,606</b>
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	160
		-1	Not Collected	418	323,428
		1	Yes	76	49,664
		2	No	44	34,355
				<b>539</b>	<b>407,606</b>
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	3,787
		-7	Refused	1	49
		1	Yes	173	111,713
		2	No	363	292,057
				<b>539</b>	<b>407,606</b>
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	366	295,893
		1	Yes	153	97,217
		2	No	20	14,496
				<b>539</b>	<b>407,606</b>
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	6	7,242
		-7	Refused	1	298
		1	Yes	259	169,574
		2	No	273	230,492
				<b>539</b>	<b>407,606</b>
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	301
		-1	Not Collected	280	238,032
		1	Yes	208	131,114
		2	No	50	38,159
				<b>539</b>	<b>407,606</b>
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	3	1,049
		-7	Refused	1	1,710

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	300	204,326
		2	No	235	200,521
				<b>539</b>	<b>407,606</b>
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?				
		-1	Not Collected	239	203,280
		1	Yes	272	186,187
		2	No	28	18,138
				<b>539</b>	<b>407,606</b>
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	8	4,952
		1	Yes	461	338,624
		2	No	70	64,030
				<b>539</b>	<b>407,606</b>
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	2	1,640
		-1	Not Collected	78	68,982
		1	Yes	441	327,754
		2	No	18	9,230
				<b>539</b>	<b>407,606</b>
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	1	91
		1	Yes	136	79,863
		2	No	402	327,652
				<b>539</b>	<b>407,606</b>
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-1	Not Collected	403	327,743
		1	Yes	116	70,865
		2	No	20	8,997
				<b>539</b>	<b>407,606</b>
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		-8	Don't Know	2	3,632
		1	Yes	64	55,621
		2	No	473	348,353
				<b>539</b>	<b>407,606</b>
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?				
		-1	Not Collected	475	351,985
		1	Yes	57	46,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	7	8,662
				<b>539</b>	<b>407,606</b>
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	1	379
		-7	Refused	1	298
		1	Yes	321	245,255
		2	No	216	161,674
				<b>539</b>	<b>407,606</b>
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	9	2,981
		-1	Not Collected	218	162,351
		1	Yes	143	118,287
		2	No	169	123,987
				<b>539</b>	<b>407,606</b>
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	40	19,515
		1	Yes	264	247,747
		2	No	235	140,344
				<b>539</b>	<b>407,606</b>
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	275	159,859
		1	Yes	68	77,573
		2	No	81	98,267
		3	Never Uses Bus	115	71,907
				<b>539</b>	<b>407,606</b>
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	471	330,033
		1	Yes	56	72,441
		2	No	12	5,132
				<b>539</b>	<b>407,606</b>
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	5	5,022
		-7	Refused	1	1,347
		-1	Not Collected	59	54,126
		1	Family	258	209,076
		2	Someone Else Like Friend/Neighbor/Other	153	92,836
		3	Did Not Receive Help	63	45,199
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	3,992
		-1	Not Collected	281	198,530
		1	Husband	19	10,417
		2	Wife	18	18,565
		3	Son	53	49,892
		4	Son-In-Law	3	1,742
		5	Daughter	112	86,442
		6	Daughter-In-Law	9	5,831
		9	Brother	2	715
		10	Sister	10	5,823
		11	Grandson	6	6,866
		12	Granddaughter	9	9,906
		13	Nephew	2	1,990
		14	Niece	10	5,790
		91	Other Relative	2	1,105
				<b>539</b>	<b>407,606</b>
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	9	6,909
		0	0 limitations	97	90,756
		1	1 limitation	119	87,695
		2	2 limitations	104	81,998
		3	3 limitations	73	51,075
		4	4 limitations	45	34,019
		5	5 limitations	59	40,265
		6	6 limitations	33	14,889
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	97	90,756
		1	1 limitation	120	87,763
		2	2 limitations	107	85,049
		3	3 limitations	75	52,184
		4	4 limitations	46	34,905
		5	5 limitations	61	42,061
		6	6 limitations	33	14,889
				<b>539</b>	<b>407,606</b>
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	9	6,909
		1	Yes	210	140,248

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	320	260,449
				<b>539</b>	<b>407,606</b>
ADL3PLUS_	RESPONDENT HAS 3 OR MORE AOA				
SSS	ADL LIMITATIONS, SSS VERSION	1	Yes	215	144,039
		2	No	324	263,567
				<b>539</b>	<b>407,606</b>
ADLAOA6P	AMONG THOSE WITH ANY ADL				
	DIFFICULTY, PERSON COUNTS BY				
	NUMBER OF ADL PERSONAL				
	ASSISTANCE NEEDS: BED/CHAIR				
	TRANSFER, BATHING, DRESSING,				
	WALKING, EATING (FEEDING SELF),				
	OR TOILETING.	.	Missing	6	3,576
		0	0 limitations	273	226,807
		1	1 limitation	100	70,305
		2	2 limitations	47	24,299
		3	3 limitations	32	27,085
		4	4 limitations	21	22,141
		5	5 limitations	38	29,932
		6	6 limitations	22	3,462
				<b>539</b>	<b>407,606</b>
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER				
SSS	PERSON, SSS VERSION	0	0 limitations	275	228,577
		1	1 limitation	101	70,464
		2	2 limitations	49	25,060
		3	3 limitations	33	27,971
		4	4 limitations	21	22,141
		5	5 limitations	38	29,932
		6	6 limitations	22	3,462
				<b>539</b>	<b>407,606</b>
IADLAOA7	PERSON COUNT BY # OF IADL				
	DIFFICULTIES (AMONG 7 ACTIVITIES):				
	GOING OUTSIDE HOME, MONEY				
	MANAGEMENT, PREP MEALS, LIGHT				
	HOUSEWORK, MEDICATION				
	MANAGEMENT, USING THE PHONE, OR				
	DRIVING CAR/PUBLIC				
	TRANSPORTATION?	.	Missing	21	19,632
		0	0 limitations	98	77,535
		1	1 limitation	80	69,021
		2	2 limitations	81	68,968
		3	3 limitations	86	58,664
		4	4 limitations	62	39,822
		5	5 limitations	42	32,922
		6	6 limitations	39	22,924

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	30	18,118
				<b>539</b>	<b>407,606</b>
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	103	81,616
SSS		1	1 limitation	87	76,686
		2	2 limitations	85	69,729
		3	3 limitations	88	62,271
		4	4 limitations	62	39,822
		5	5 limitations	45	36,441
		6	6 limitations	39	22,924
		7	7 limitations	30	18,118
				<b>539</b>	<b>407,606</b>
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	12	5,813
		0	0 limitations	139	106,437
		1	1 limitation	90	82,540
		2	2 limitations	80	75,963
		3	3 limitations	71	35,060
		4	4 limitations	45	27,539
		5	5 limitations	38	38,025
		6	6 limitations	36	20,135
		7	7 limitations	28	16,093
				<b>539</b>	<b>407,606</b>
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	143	107,100
SSS		1	1 limitation	94	84,296
		2	2 limitations	82	78,033
		3	3 limitations	72	35,946
		4	4 limitations	45	27,539
		5	5 limitations	39	38,464
		6	6 limitations	36	20,135
		7	7 limitations	28	16,093
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	24	19,914
		0	0 limitations	39	35,163
		1	1 limitation	71	58,951
		2	2 limitations	75	60,961
		3	3 limitations	72	60,376
		4	4 limitations	89	59,741
		5	5 limitations	58	38,535
		6	6 limitations	42	32,922
		7	7 limitations	39	22,924
		8	8 limitations	30	18,118
				<b>539</b>	<b>407,606</b>
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	44	37,223
		1	1 limitation	76	62,696
		2	2 limitations	80	67,183
		3	3 limitations	77	63,858
		4	4 limitations	90	60,627
		5	5 limitations	59	38,974
		6	6 limitations	44	36,002
		7	7 limitations	39	22,924
		8	8 limitations	30	18,118
				<b>539</b>	<b>407,606</b>
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	14	7,453
		0	0 limitations	62	53,424
		1	1 limitation	93	66,649
		2	2 limitations	78	72,470
		3	3 limitations	77	73,756
		4	4 limitations	71	32,586
		5	5 limitations	42	27,015

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	38	38,025
		7	7 limitations	36	20,135
		8	8 limitations	28	16,093
				<b>539</b>	<b>407,606</b>
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	66	55,315
		1	1 limitation	96	67,156
		2	2 limitations	81	74,131
		3	3 limitations	79	75,826
		4	4 limitations	72	33,472
		5	5 limitations	43	27,454
		6	6 limitations	38	38,025
		7	7 limitations	36	20,135
		8	8 limitations	28	16,093
				<b>539</b>	<b>407,606</b>
AGEC	AGE CATEGORY	2	60-64 years	42	41,603
		3	65-74 years	148	109,312
		4	75-84 years	193	133,094
		5	85+ years	156	123,597
				<b>539</b>	<b>407,606</b>
GENDER	GENDER	1	Male	133	118,876
		2	Female	406	288,730
				<b>539</b>	<b>407,606</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	3	6,742
		-7	Refused	1	110
		1	Less Than High School	165	137,042
			Diploma		
		2	High School Diploma Or	180	121,092
			GED		
		3	Some	129	91,893
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	22	16,101
		5	Some Post-Graduate	39	34,626
			Work/Advanced Degree		
				<b>539</b>	<b>407,606</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	3	5,358
		-7	Refused	2	1,766
		1	Yes	29	40,898
		2	No	505	359,584

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>539</b>	<b>407,606</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	5,461
		-7	Refused	3	2,307
		1	Yes	421	314,125
		2	No	113	85,712
				<b>539</b>	<b>407,606</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	5,461
		-7	Refused	3	2,307
		1	Yes	91	73,259
		2	No	443	326,578
				<b>539</b>	<b>407,606</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	5,461
		-7	Refused	3	2,307
		1	Yes	2	300
		2	No	532	399,537
				<b>539</b>	<b>407,606</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	5,461
		-7	Refused	3	2,307
		1	Yes	15	13,126
		2	No	519	386,711
				<b>539</b>	<b>407,606</b>
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	5,461
		-7	Refused	3	2,307
		1	Yes	3	563
		2	No	531	399,274
				<b>539</b>	<b>407,606</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	5,461
		-7	Refused	3	2,307
		1	Yes	12	7,887
		2	No	522	391,950
				<b>539</b>	<b>407,606</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	17	9,205
		-7	Refused	2	2,006
		1	The City	271	252,949
		2	The Suburbs	102	60,736
		3	A Rural Area	147	82,710

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>539</b>	<b>407,606</b>
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-7	Refused	1	1,708
		1	Yes	56	35,013
		2	No	482	370,885
				<b>539</b>	<b>407,606</b>
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	886
		-7	Refused	2	2,006
		1	Yes	327	228,682
		2	No	209	176,031
				<b>539</b>	<b>407,606</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-1	Not Collected	327	228,682
		1	Yes	97	92,728
		2	No	115	86,195
				<b>539</b>	<b>407,606</b>
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	3,661
		-7	Refused	1	298
		-1	Not Collected	327	228,682
		1	Yes	93	86,417
		2	No	117	88,548
				<b>539</b>	<b>407,606</b>
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	59
		-7	Refused	1	298
		-1	Not Collected	327	228,682
		1	Yes	40	26,669
		2	No	170	151,898
				<b>539</b>	<b>407,606</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	59
		-7	Refused	1	298
		-1	Not Collected	327	228,682
		1	Yes	24	19,345
		2	No	186	159,221
				<b>539</b>	<b>407,606</b>
LIVARRC	WHO DO YOU LIVE WITH?	1	Alone	327	228,682
		2	With spouse only	73	65,419

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	With children only	59	51,385
		4	With spouse and children	15	18,326
		5	With others	65	43,793
				<b>539</b>	<b>407,606</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	58
		-7	Refused	2	837
		1	1 Person	330	231,257
		2	2 People	152	119,051
		3	3 People	32	38,520
		4	4 People	8	6,187
		5	5 People	5	6,442
		6	6 People	4	4,071
		7	7 People	4	644
		8	8 People	1	539
				<b>539</b>	<b>407,606</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	4	5,172
		-7	Refused	4	2,504
		1	Married	102	94,127
		2	Widowed	283	193,551
		3	Divorced	98	76,149
		4	Separated	9	12,019
		5	Never Married	39	24,084
				<b>539</b>	<b>407,606</b>
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013 ABOVE OR BELOW \$20,000?	-8	Don't Know	37	24,733
		-7	Refused	23	21,193
		1	Below \$20,000 [1666 Per Month Or Less]	363	277,181
		2	Above \$20,000 [1667 Per Month Or More]	116	84,499
				<b>539</b>	<b>407,606</b>
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?	.	Missing	60	45,926
		-8	Don't Know	43	33,276
		-7	Refused	12	8,714
		1	\$5,000 or less	26	24,896

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	\$5,001-\$10,000	76	70,937
		3	\$10,001-\$15,000	136	83,340
		4	\$15,001-\$20,000	81	59,522
		5	\$20,001-\$25,000	50	29,245
		6	\$25,001-\$30,000	23	21,502
		7	\$30,001-\$35,000	11	8,619
		8	\$35,001-\$40,000	6	6,599
		9	\$40,001-\$50,000	7	7,121
		10	ABOVE \$50,000	8	7,909
				<b>539</b>	<b>407,606</b>
URBAN	URBAN CODE	-9	Invalid Zip Code, or Foreign Zip Code	24	25,660
		0	Rural (Not in Urbanized Area or Urban Cluster)	154	99,218
		1	In Urbanized Area	268	215,599
		2	In Urban Cluster	93	67,128
				<b>539</b>	<b>407,606</b>
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	539	407,606
				<b>539</b>	<b>407,606</b>
VARUNIT	VARIANCE UNIT	1	Variance unit 1	271	203,037
		2	Variance unit 2	268	204,569
				<b>539</b>	<b>407,606</b>
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	8.84 - 5335.38	Weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	3.16 - 8086.65	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.92 - 7810.10	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	6.42 - 7437.44	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	5.72 - 7250.21	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	5.46 - 7980.51	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	5.12 - 8088.24	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	2.42 - 7912.65	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	2.39 - 7798.30	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	3.28 - 9063.34	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	2.71 - 8830.80	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	4.44 - 7993.05	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	5.15 - 7582.54	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	5.28 - 7737.78	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	4.25 - 8410.40	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	2.64 - 6829.74	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.25 - 8091.00	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	5.39 - 7727.63	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	5.49 - 9948.18	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	2.45 - 9044.42	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	2.21 - 7544.06	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	3.00 - 7886.49	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	3.18 - 8326.60	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	4.79 - 8590.53	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	4.66 - 8373.12	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	4.39 - 8881.82	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	4.23 - 8087.94	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	2.36 - 9513.48	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	2.65 - 8832.65	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	2.78 - 8039.80	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	3.00 - 9953.35	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	4.34 - 9064.95	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	4.26 - 9396.19	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	3.35 - 7865.56	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	2.92 - 7994.07	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	6.23 - 7422.93	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	6.84 - 7794.40	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	5.26 - 8057.77	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	5.03 - 8102.31	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	2.47 - 7674.80	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	2.34 - 7700.98	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	3.40 - 8875.42	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	2.81 - 8305.42	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	4.57 - 7865.87	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	5.05 - 7433.19	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	5.25 - 7686.27	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	4.06 - 8476.67	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	2.72 - 6761.81	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.17 - 8156.06	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	4.66 - 7564.84	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	6.05 - 9756.11	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	2.46 - 9263.96	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	2.22 - 7781.14	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	3.11 - 7954.91	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	3.25 - 8256.46	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	4.69 - 8731.81	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	5.35 - 8295.57	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	4.78 - 9670.52	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	4.31 - 8256.11	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	2.38 - 9755.13	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.60 - 8738.68	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	2.82 - 8062.97	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	3.17 - 9376.37	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	4.29 - 8960.32	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	4.10 - 9043.97	Replicate weight range	539	407,606
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	14	10,013
		1	6 Months Or Less	144	109,079
		2	More Than 6 Months, Not More Than 1 Yr	58	37,751
		3	More Than 1 Yr, Not More Than 2 Years	62	48,515
		4	More Than 2 Yrs, Not More Than 3 Years	41	29,354
		5	More Than 3 Yrs, Not More Than 5 Years	55	53,428
		6	More Than 5 Years Ago	157	110,372
		7	Never Have Been To Dentist	8	9,095
				<b>539</b>	<b>407,606</b>
OHQ770	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?	-8	Don't Know	5	464
		-7	Refused	1	346
		1	Yes	139	91,077
		2	No	394	315,718
				<b>539</b>	<b>407,606</b>
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-8	Don't Know	1	210
		-1	Not Collected	400	316,529
		1	Yes	117	78,771
		2	No	21	12,097
				<b>539</b>	<b>407,606</b>
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?	-8	Don't Know	3	842
		-1	Not Collected	400	316,529
		1	Yes	27	16,593
		2	No	109	73,642
				<b>539</b>	<b>407,606</b>
OHQ78003	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?	-8	Don't Know	4	502
		-7	Refused	1	72

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	400	316,529
		1	Yes	72	47,079
		2	No	62	43,424
				<b>539</b>	<b>407,606</b>
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?				
		-8	Don't Know	5	1,272
		-1	Not Collected	400	316,529
		1	Yes	21	16,552
		2	No	113	73,253
				<b>539</b>	<b>407,606</b>
OHQ78005	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?				
		-8	Don't Know	6	2,163
		-1	Not Collected	400	316,529
		1	Yes	21	17,989
		2	No	112	70,925
				<b>539</b>	<b>407,606</b>
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	4	1,053
		-1	Not Collected	400	316,529
		1	Yes	3	478
		2	No	132	89,546
				<b>539</b>	<b>407,606</b>
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?				
		-1	Not Collected	400	316,529
		1	Yes	26	18,386
		2	No	113	72,692
				<b>539</b>	<b>407,606</b>
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?				
		-8	Don't Know	1	39
		-1	Not Collected	400	316,529
		2	No	138	91,039
				<b>539</b>	<b>407,606</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?	-8	Don't Know	2	373
		-1	Not Collected	400	316,529
		1	Yes	3	3,695
		2	No	134	87,009
				<b>539</b>	<b>407,606</b>
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?	-8	Don't Know	4	895
		-1	Not Collected	400	316,529
		1	Yes	25	15,800
		2	No	110	74,383
				<b>539</b>	<b>407,606</b>
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?	-8	Don't Know	1	39
		-1	Not Collected	400	316,529
		1	Yes	36	26,317
		2	No	102	64,722
				<b>539</b>	<b>407,606</b>
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-1	Not Collected	400	316,529
		1	Yes	24	15,165
		2	No	115	75,912
				<b>539</b>	<b>407,606</b>
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	11	6,397
		-7	Refused	1	547
		1	Excellent	43	47,335
		2	Very Good	93	45,668
		3	Good	172	126,383
		4	Fair	110	84,631
		5	Poor	109	96,645
		<b>539</b>	<b>407,606</b>		

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PF_WIO	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?	1	Yes	430	313,916
		2	No	109	93,690
				<b>539</b>	<b>407,606</b>