

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMFRUIT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMPOTATO	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
CMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMMEAT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMSTAYHM	NUM	DO MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	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	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS 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?
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	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: 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
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 TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...

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<i>Name</i>	<i>Type</i>	<i>Description</i>
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY.
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
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 DOCTORS 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?

Positional 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?
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?
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?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING AN AUTOMOBILE?
PFBUS	NUM	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE 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 PROVIDES MOST OF THE HELP FOR ACTIVITIES FOR YOU?
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND 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.

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Name	Type	Description
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, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
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 THE 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, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE 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 SPANISH, 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?
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 2008 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?
URBAN	NUM	URBAN

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<i>Name</i>	<i>Type</i>	<i>Description</i>
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
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

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<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED

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
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMFRUIT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMMEAT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMPOTATO	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
CMSTAYHM	NUM	DO MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
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?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU SPANISH, HISPANIC, OR LATINO?
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 2008 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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
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 PROVIDES MOST OF THE HELP FOR 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 OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING 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 THE 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, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
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
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?
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
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
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?
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 DOCTORS OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY.
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR 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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING AN AUTOMOBILE?
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?
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
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?
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?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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 TO 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 ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	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?
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	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
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	903	1,643,052
				903	1,643,052
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	312	534,520
		2	More Than 1 Day To 1 Week Ago	229	428,816
		3	More Than 1 Week To 1 Month Ago	153	299,236
		4	More Than 1 Month Ago	209	380,479
				903	1,643,052
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	13	24,530
		-7	Refused	1	1,008
		1	6 Months Or Less	90	139,032
		2	More Than 6 Months But Less Than 1 Year	79	140,345
		3	At Least 1 Year But Less Than 2 Years	151	248,368
		4	2 To 5 Years	303	570,200
		5	More Than 5 Years	266	519,569
				903	1,643,052
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	94	215,388
		0	0 Days	54	99,895
		1	1 Day	230	470,956
		2	2 Days	159	296,063
		3	3 Days	110	160,078
		4	4 Days	90	145,667
		5	5 Days	160	249,471
		6	6 Days	3	2,676
		7	7 Days	3	2,858
				903	1,643,052
CMPORTN	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?	-8	Don't Know	32	62,075
		1	Less Than One-Third	101	169,797
		2	Between One-Third And One-Half	257	481,235
		3	About One-Half	259	482,906
		4	More Than One-Half	254	447,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				903	1,643,052
CMFRUIT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?	-8	Don't Know	10	19,574
		0	0 Servings	35	67,762
		1	1 Serving	331	496,107
		2	2 Servings	260	530,154
		3	3 Servings	167	318,568
		4	4 Servings	45	88,658
		5	5 Servings	20	44,149
		6	6 Servings	2	6,990
		7	7 Servings	1	521
		8	8 Servings	2	3,824
		10	10 Servings	4	12,123
		99	Less than one serving	26	54,620
				903	1,643,052
CMEATFRT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?	-8	Don't Know	9	16,050
		1	Yes	867	1,596,809
		2	No	27	30,193
				903	1,643,052
CMPOTATO	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?	-8	Don't Know	18	34,366
		0	0 Servings	213	375,561
		1	1 Serving	531	976,152
		2	2 Servings	67	107,706
		3	3 Servings	6	12,877
		4	4 Servings	1	242
		5	5 Servings	1	1,922
		99	Less than one serving	66	134,225
				903	1,643,052
CMEATPOT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?	-8	Don't Know	10	16,196
		1	Yes	825	1,507,783
		2	No	68	119,073
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMVEGS	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?	-8	Don't Know	11	15,801
		0	0 Servings	13	17,636
		1	1 Serving	349	652,099
		2	2 Servings	317	565,531
		3	3 Servings	119	219,710
		4	4 Servings	42	56,074
		5	5 Servings	14	40,023
		6	6 Servings	8	11,417
		7	7 Servings	1	2,873
		8	8 Servings	1	6,103
		18	18 Servings	1	1,802
		99	Less than one serving	27	53,983
			903	1,643,052	
CMEATVEG	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?	-8	Don't Know	14	19,219
		1	Yes	839	1,556,012
		2	No	50	67,821
			903	1,643,052	
CMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY	.	Missing	26	43,510
		1	1 Serving	92	182,036
		2	2 Servings	338	643,858
		3	3 Servings	254	424,032
		4	4 Servings	112	201,964
		5	5 Servings	43	85,207
		6	6 Servings	15	27,229
		7	7 Servings	5	4,760
		8	8 Servings	3	7,467
		9	9 Servings	1	6,103
		18	18 Servings	1	1,802
99	Less than one serving	13	15,085		
			903	1,643,052	
CMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	32	55,686
		1	1 Serving	14	27,718
		2	2 Servings	66	108,655

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Servings	207	360,739
		4	4 Servings	182	336,551
		5	5 Servings	157	297,740
		6	6 Servings	112	204,254
		7	7 Servings	57	118,527
		8	8 Servings	34	43,176
		9	9 Servings	13	21,961
		10	10 Servings	9	22,416
		11	11 Servings	6	14,934
		12	12 Servings	7	16,824
		14	14 Servings	1	1,759
		15	15 Servings	1	6,103
		18	18 Servings	1	2,873
		21	21 Servings	1	1,802
		99	Less than one serving	3	1,331
				903	1,643,052
CMBREAD	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	10	17,743
		0	0 Servings	31	53,731
		1	1 Serving	347	585,894
		2	2 Servings	274	512,445
		3	3 Servings	161	307,901
		4	4 Servings	40	85,022
		5	5 Servings	13	20,186
		6	6 Servings	7	21,451
		7	7 Servings	3	5,147
		8	8 Servings	1	642
		10	10 Servings	2	1,354
		99	Less than one serving	14	31,537
				903	1,643,052
CMEATBRD	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?				
		-8	Don't Know	15	25,002
		1	Yes	770	1,430,272
		2	No	118	187,778
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMDES	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?	-8	Don't Know	9	20,553
		0	0 Servings	184	340,340
		1	1 Serving	416	703,332
		2	2 Servings	206	420,802
		3	3 Servings	38	66,260
		4	4 Servings	8	17,972
		5	5 Servings	2	7,053
		6	6 Servings	1	360
		8	8 Servings	1	4,093
		99	Less than one serving	38	62,289
			903	1,643,052	
CMEATDES	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	11	12,167
		1	Yes	756	1,396,933
		2	No	136	233,953
			903	1,643,052	
CMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	18	32,192
		1	1 Serving	99	177,028
		2	2 Servings	271	458,744
		3	3 Servings	209	379,064
		4	4 Servings	141	276,364
		5	5 Servings	84	164,350
		6	6 Servings	33	58,238
		7	7 Servings	15	36,348
		8	8 Servings	8	18,000
		9	9 Servings	3	3,501
		10	10 Servings	2	6,085
11	11 Servings	3	6,287		
99	Less than one serving	17	26,851		
			903	1,643,052	
CMDAIRY	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	10	18,078
		0	0 Servings	63	108,388

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Serving	387	655,135
		2	2 Servings	244	506,086
		3	3 Servings	139	249,488
		4	4 Servings	25	56,139
		5	5 Servings	4	7,220
		6	6 Servings	3	4,926
		7	7 Servings	1	1,922
		99	Less than one serving	27	35,671
				903	1,643,052
CMEATDAR	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?	-8	Don't Know	18	25,050
		1	Yes	706	1,279,836
		2	No	179	338,165
				903	1,643,052
CMMEAT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	10	24,453
		0	0 Servings	23	40,963
		1	1 Serving	465	829,269
		2	2 Servings	296	562,840
		3	3 Servings	78	142,607
		4	4 Servings	8	13,040
		5	5 Servings	4	3,603
		99	Less than one serving	19	26,276
				903	1,643,052
CMEATMET	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?	-8	Don't Know	7	5,344
		1	Yes	851	1,583,217
		2	No	45	54,491
				903	1,643,052
CMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	13	31,525
		0	0 Servings	150	306,377
		1	1 Serving	499	891,853

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 Servings	148	246,895
		3	3 Servings	33	58,362
		4	4 Servings	11	19,106
		5	5 Servings	1	407
		99	Less than one serving	48	88,527
				903	1,643,052
CMEATBNS	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?				
		-8	Don't Know	17	16,177
		1	Yes	776	1,440,990
		2	No	110	185,886
				903	1,643,052
CMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY				
		.	Missing	20	45,279
		1	1 Serving	111	237,234
		2	2 Servings	351	612,816
		3	3 Servings	230	399,537
		4	4 Servings	111	202,524
		5	5 Servings	37	75,884
		6	6 Servings	19	31,893
		7	7 Servings	3	2,970
		8	8 Servings	1	407
		99	Less than one serving	20	34,509
				903	1,643,052
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?				
		-8	Don't Know	3	3,177
		1	Excellent	298	600,168
		2	Very Good	324	621,713
		3	Good	195	310,360
		4	Fair	60	81,733
		5	Poor	23	25,900
				903	1,643,052
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT				
		.	Missing	3	3,177
		1	Rating of Good to Excellent	817	1,532,242
		2	Rating of Fair or Poor	83	107,633
				903	1,643,052
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?				
		-8	Don't Know	6	4,673

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	857	1,594,082
		2	No	40	44,297
				903	1,643,052
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	32	49,345
		1	Yes	672	1,231,761
		2	No	199	361,946
				903	1,643,052
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	71	132,456
		1	Yes	660	1,207,092
		2	No	172	303,504
				903	1,643,052
CMSTAYHM	DO MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	44	80,746
		-7	Refused	2	6,916
		1	Yes	564	967,994
		2	No	293	587,396
				903	1,643,052
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	29	54,848
		-7	Refused	1	2,229
		1	Yes	818	1,510,429
		2	No	55	75,546
				903	1,643,052
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	43	78,921
		1	Yes	748	1,365,564
		2	No	112	198,567
				903	1,643,052
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	11	27,105
		1	Yes	787	1,421,418
		2	No	105	194,529
				903	1,643,052
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	3	6,745
		-7	Refused	2	2,396
		1	Always	277	569,769
		2	Usually	414	778,237

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Sometimes	185	251,584
		4	Seldom	15	26,958
		5	Never	7	7,362
				903	1,643,052
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	3	4,288
		1	Always	299	590,476
		2	Usually	390	731,483
		3	Sometimes	189	284,392
		4	Seldom	16	29,787
		5	Never	6	2,625
				903	1,643,052
CMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	4	3,290
		1	Yes	777	1,419,766
		2	No	122	219,996
				903	1,643,052
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	2	3,464
		1	Yes	79	130,119
		2	No	822	1,509,469
				903	1,643,052
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	1	582
		1	Yes	53	91,220
		2	No	849	1,551,249
				903	1,643,052
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	2	9,333
		1	Yes	51	91,774
		2	No	850	1,541,945
				903	1,643,052
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	2	3,322
		1	Yes	192	296,263
		2	No	709	1,343,467
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	1	874
		1	Yes	21	28,092
		2	No	881	1,614,086
				903	1,643,052
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	3,465
		1	Yes	35	55,875
		2	No	866	1,583,712
				903	1,643,052
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	3	5,461
		1	Yes	30	53,404
		2	No	870	1,584,187
				903	1,643,052
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	1	4,387
		1	Yes	27	42,744
		2	No	875	1,595,921
				903	1,643,052
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	10	10,695
		1	Yes	232	421,667
		2	No	661	1,210,690
				903	1,643,052
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals only	480	928,133
		2	Congregate Meals and 1 add'l svc	264	455,674
		3	Congregate Meals and 2 add'l svcs	87	132,285
		4	Congregate Meals and 3 add'l svcs	36	66,945
		5	Congregate Meals and 4 add'l svcs	17	25,762
		6	Congregate Meals and 5 add'l svcs	13	23,502
		7	Congregate Meals and 6 add'l svcs	3	8,124
		8	Congregate Meals and 7 add'l svcs	1	242

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	Congregate Meals and 8 add'l svcs	2	2,385
				903	1,643,052
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	13	15,335
		1	Yes	109	166,556
		2	No	781	1,461,161
				903	1,643,052
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	9	8,745
		1	Yes	381	644,413
		2	No	513	989,894
				903	1,643,052
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	8	13,290
		1	Yes	285	563,350
		2	No	610	1,066,412
				903	1,643,052
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	8	17,027
		1	Yes	279	431,351
		2	No	616	1,194,674
				903	1,643,052
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	7	3,871
		1	Yes	53	79,627
		2	No	843	1,559,553
				903	1,643,052
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	8,887
		1	Yes	89	143,659
		2	No	809	1,490,506
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	10	19,333
		-7	Refused	1	4,228
		-1	Not Collected	185	332,178
		1	Excellent	239	473,720
		2	Very Good	264	508,722
		3	Good	158	244,672
		4	Fair	35	43,886
		5	Poor	11	16,314
				903	1,643,052
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	25	36,484
		-7	Refused	1	6,103
		1	Yes	731	1,345,713
		2	No	146	254,752
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	37	61,967
		-7	Refused	1	581
		1	Yes	705	1,248,645
		2	No	160	331,859
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	28	59,010
		-7	Refused	1	749
		1	Yes	692	1,224,218
		2	No	182	359,075
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	36	64,475
		1	Yes	560	1,028,649
		2	No	307	549,928
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	10	30,053
		1	Agree	881	1,588,725

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Disagree	12	24,273
				903	1,643,052
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	19	39,121
		1	Agree	867	1,571,994
		2	Disagree	17	31,937
				903	1,643,052
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?	1	Yes	79	112,312
		2	No	824	1,530,740
				903	1,643,052
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?	-8	Don't Know	4	3,384
		1	Yes	115	184,795
		2	No	784	1,454,873
				903	1,643,052
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	20	31,260
		1	Yes	174	293,073
		2	No	709	1,318,718
				903	1,643,052
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	7	16,303
		1	Yes	77	131,106
		2	No	819	1,495,643
				903	1,643,052
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	10	28,248
		1	Yes	227	386,945
		2	No	666	1,227,859
				903	1,643,052
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	9	17,891
		1	Yes	394	682,231
		2	No	500	942,930
				903	1,643,052
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	1	887

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,008
		1	Excellent	99	176,886
		2	Very Good	218	391,002
		3	Good	334	611,208
		4	Fair	185	341,965
		5	Poor	65	120,096
				903	1,643,052
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	12	19,772
		1	Yes, Limited A Lot	212	376,660
		2	Yes, Limited A Little	301	510,200
		3	No, Not Limited At All	378	736,419
				903	1,643,052
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	18	32,087
		1	Yes, Limited A Lot	249	422,237
		2	Yes, Limited A Little	357	638,054
		3	No, Not Limited At All	279	550,674
				903	1,643,052
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	13	16,477
		-7	Refused	2	1,623
		1	All Of The Time	72	148,308
		2	Most Of The Time	184	323,338
		3	Some Of The Time	275	440,126
		4	A Little Of The Time	161	339,211
		5	None Of The Time	196	373,970
				903	1,643,052
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	12	15,732
		1	All Of The Time	64	108,233
		2	Most Of The Time	155	305,371

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	268	427,142
		4	A Little Of The Time	177	358,811
		5	None Of The Time	227	427,763
				903	1,643,052
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	6	8,514
		-7	Refused	2	1,390
		1	All Of The Time	22	31,229
		2	Most Of The Time	67	97,376
		3	Some Of The Time	159	276,010
		4	A Little Of The Time	191	335,636
		5	None Of The Time	456	892,897
				903	1,643,052
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	14	22,489
		-7	Refused	3	2,204
		1	All Of The Time	15	20,636
		2	Most Of The Time	47	92,357
		3	Some Of The Time	125	213,420
		4	A Little Of The Time	184	303,560
		5	None Of The Time	515	988,385
				903	1,643,052
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	12,710
		-7	Refused	1	874
		1	All Of The Time	271	485,264
		2	Most Of The Time	270	510,458
		3	Some Of The Time	157	282,950
		4	A Little Of The Time	138	252,715
		5	None Of The Time	57	98,081
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	4	4,302
		-7	Refused	1	813
		1	All Of The Time	140	230,090
		2	Most Of The Time	477	904,753
		3	Some Of The Time	187	332,988
		4	A Little Of The Time	76	142,085
		5	None Of The Time	18	28,021
				903	1,643,052
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	4	1,494
		1	All Of The Time	64	114,782
		2	Most Of The Time	281	578,709
		3	Some Of The Time	323	570,090
		4	A Little Of The Time	185	311,072
		5	None Of The Time	46	66,906
				903	1,643,052
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	6	5,499
		-7	Refused	2	1,687
		1	All Of The Time	12	20,991
		2	Most Of The Time	34	48,312
		3	Some Of The Time	164	285,833
		4	A Little Of The Time	277	514,168
		5	None Of The Time	408	766,561
				903	1,643,052
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	10	7,332
		-7	Refused	2	1,687
		1	All Of The Time	27	38,456
		2	Most Of The Time	76	138,332
		3	Some Of The Time	170	316,780
		4	A Little Of The Time	156	272,167
		5	None Of The Time	462	868,298
		903	1,643,052		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	76	110,535
		1	4 - <20	39	65,595
		2	20 - <25	55	120,085
		3	25 - <30	72	145,599
		4	30 - <35	90	138,291
		5	35 - <40	138	227,510
		6	40 - <45	128	236,316
		7	45 - <50	112	233,841
		8	50 - <55	104	195,605
		9	55 - <65	89	169,676
				903	1,643,052
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	76	110,535
		1	8 - <35	48	73,664
		2	35 - <40	53	90,506
		3	40 - <45	82	132,958
		4	45 - <50	122	226,666
		5	50 - <53	81	146,096
		6	53 - <56	76	155,345
		7	56 - <59	131	273,035
		8	59 - <62	103	201,679
		9	62 - <65	88	147,367
		10	65 - <80	43	85,200
				903	1,643,052
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB	.	Missing	76	110,535
			22.1083	127	233,799
			30.6976	122	197,673
			39.287	200	347,369
			47.8763	166	335,993
			56.4656	212	417,683
				903	1,643,052
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	.	Missing	76	110,535
			20.3233	29	52,186
			24.9298	33	67,416
			29.5364	100	203,662
			34.1429	71	127,010

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		38.7495		205	318,313
		43.356		77	125,975
		47.9626		106	234,063
		52.5691		51	93,852
		57.1757		155	310,040
				903	1,643,052
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		76	110,535
		16.6777		54	96,090
		26.8693		128	234,333
		37.0608		143	258,794
		47.2523		249	475,821
		57.4438		253	467,480
				903	1,643,052
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		76	110,535
		18.8673		61	107,276
		29.6476		168	315,811
		44.7401		312	580,060
		55.5204		198	368,875
		61.9886		88	160,495
				903	1,643,052
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		76	110,535
		27.6238		39	59,717
		37.6867		169	291,059
		47.7496		298	522,252
		57.8125		263	553,115
		67.8753		58	106,374
				903	1,643,052
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		76	110,535
		11.347		7	8,580
		16.9385		7	12,101
		22.5299		24	37,341
		28.1214		34	59,442
		33.7129		80	164,883
		39.3044		85	116,340
		44.8959		113	199,326

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		50.4873		85	154,763
		56.0788		392	779,741
				903	1,643,052
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		76	110,535
		16.1764		22	33,462
		26.2742		70	125,629
		36.3721		159	295,849
		46.4699		142	247,950
		56.5677		434	829,627
				903	1,643,052
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		76	110,535
		15.7748		1	237
		21.8705		8	18,382
		27.9663		18	34,793
		34.0621		36	53,594
		40.1579		99	187,909
		46.2537		139	230,648
		52.3495		181	352,909
		58.4453		237	466,763
		64.541		108	187,282
				903	1,643,052
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	6	12,403
		1	Much Better Than One Year Ago	61	123,231
		2	A Little Better Than One Year Ago	98	168,534
		3	About The Same As One Year Ago	477	843,085
		4	A Little Worse Than One Year Ago	173	344,572
		5	Worse Than One Year Ago	88	151,226
				903	1,643,052
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	17	21,406
		1	About Enough	493	923,457
		2	Too Much	25	43,877
		3	Would Like To Be Doing More	368	654,311

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				903	1,643,052
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	37	47,880
		-7	Refused	1	517
		1	Yes	520	909,551
		2	No	345	685,104
				903	1,643,052
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?	-8	Don't Know	3	6,867
		-7	Refused	4	19,885
		1	Yes	553	923,659
		2	No	343	692,641
				903	1,643,052
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	2	3,788
		-7	Refused	6	21,094
		1	Yes	621	1,106,233
		2	No	274	511,937
				903	1,643,052
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	8	16,676
		-7	Refused	6	21,094
		1	Yes	287	520,234
		2	No	601	1,083,165
		3	Does Not Apply	1	1,883
				903	1,643,052
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	9	10,916
		-7	Refused	7	24,449
		1	Yes	508	912,586
		2	No	379	695,101
				903	1,643,052
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	4	3,432
		-7	Refused	5	20,346
		1	Yes	249	426,987
		2	No	645	1,192,287
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	3	5,003
		-7	Refused	6	21,094
		1	Yes	304	561,740
		2	No	589	1,054,806
		3	Does Not Apply	1	409
				903	1,643,052
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	3	5,605
		-7	Refused	6	21,094
		1	Yes	132	256,001
		2	No	762	1,360,351
				903	1,643,052
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	2	4,001
		-7	Refused	6	21,094
		1	Yes	101	174,055
		2	No	794	1,443,902
				903	1,643,052
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	7	5,593
		-7	Refused	6	21,094
		1	Yes	122	225,869
		2	No	768	1,390,496
				903	1,643,052
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	14	20,207
		-7	Refused	6	21,094
		1	Yes	204	342,756
		2	No	679	1,258,995
				903	1,643,052
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	5	9,877
		-7	Refused	7	24,449
		1	Yes	56	71,930
		2	No	834	1,535,151
		3	Does Not Apply	1	1,645
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISL	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Don't Know	2	2,302
		-7	Refused	6	21,094
		1	Yes	541	952,907
		2	No	354	666,748
				903	1,643,052
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	1	207
		-7	Refused	6	21,094
		1	Yes	328	653,020
		2	No	568	968,730
				903	1,643,052
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	6	8,344
		-7	Refused	8	26,045
		1	Yes	108	201,311
		2	No	781	1,407,352
				903	1,643,052
PFDISO	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?	-8	Don't Know	4	3,745
		-7	Refused	6	21,094
		1	Yes	60	85,927
		2	No	833	1,532,286
				903	1,643,052
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY.	-8	Don't Know	1	887
		-7	Refused	6	21,094
		1	Yes	25	31,985
		2	No	871	1,589,085
				903	1,643,052
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	5	3,531
		-7	Refused	5	20,086
		1	Yes	12	10,515
		2	No	881	1,608,920
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	1	2,009
		-7	Refused	6	21,094
		1	Yes	392	660,817
		2	No	504	959,132
				903	1,643,052
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	7	6,794
		-7	Refused	6	21,094
		1	Yes	6	13,982
		2	No	884	1,601,182
				903	1,643,052
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	10	12,734
		-7	Refused	6	21,094
		1	Yes	123	179,108
		2	No	764	1,430,116
				903	1,643,052
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	1	1,244
		-7	Refused	6	21,094
		1	Yes	59	126,375
		2	No	837	1,494,339
				903	1,643,052
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	12	27,779
		-7	Refused	5	17,829
		1	Yes	223	392,488
		2	No	663	1,204,956
				903	1,643,052
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	6	7,913
		-7	Refused	5	18,599
		1	0-2	258	522,794
		2	3-4	256	460,938
		3	5-6	187	330,005
		4	7-8	95	155,711

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	8+	96	147,091
				903	1,643,052
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	1	1,270
		-7	Refused	4	18,139
		1	Yes	197	350,934
		2	No	701	1,272,709
				903	1,643,052
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-7	Refused	4	18,139
		1	Yes	35	74,388
		2	No	864	1,550,525
				903	1,643,052
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-7	Refused	1	10,942
		1	Yes	116	164,769
		2	No	786	1,467,342
				903	1,643,052
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	1,513
		-1	Not Collected	787	1,478,283
		1	Yes	45	63,444
		2	No	70	99,811
				903	1,643,052
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	-8	Don't Know	1	6,778
		-7	Refused	1	10,942
		1	Yes	170	278,905
		2	No	731	1,346,428
				903	1,643,052
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	733	1,364,147
		1	Yes	118	183,318
		2	No	52	95,587
				903	1,643,052
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	7,431

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	10,942
		1	Yes	131	225,420
		2	No	769	1,399,260
				903	1,643,052
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	772	1,417,632
		1	Yes	40	60,695
		2	No	91	164,725
				903	1,643,052
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	4	12,998
		-7	Refused	1	10,942
		1	Yes	109	168,924
		2	No	789	1,450,189
				903	1,643,052
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	1,986
		-1	Not Collected	794	1,474,128
		1	Yes	55	92,245
		2	No	53	74,693
				903	1,643,052
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	2	7,830
		-7	Refused	1	10,942
		1	Yes	74	112,223
		2	No	826	1,512,057
				903	1,643,052
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	829	1,530,829
		1	Yes	50	81,612
		2	No	24	30,611
				903	1,643,052
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	2	4,853
		-7	Refused	1	10,942
		1	Yes	314	508,588
		2	No	586	1,118,669
				903	1,643,052
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-1	Not Collected	589	1,134,464

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	71	128,218
		2	No	243	380,370
				903	1,643,052
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	272
		-7	Refused	1	10,942
		1	Yes	35	55,890
		2	No	866	1,575,948
				903	1,643,052
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	868	1,587,162
		1	Yes	11	9,668
		2	No	24	46,222
				903	1,643,052
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	1	3,889
		-7	Refused	1	10,942
		1	Yes	51	69,429
		2	No	850	1,558,793
				903	1,643,052
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	2	3,365
		-1	Not Collected	852	1,573,623
		1	Yes	18	17,746
		2	No	31	48,317
				903	1,643,052
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-7	Refused	1	10,942
		1	Yes	106	171,329
		2	No	796	1,460,782
				903	1,643,052
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	446
		-1	Not Collected	797	1,471,723
		1	Yes	76	113,688
		2	No	29	57,195
				903	1,643,052
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	6	7,753
		-7	Refused	1	10,942

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	115	178,992
		2	No	781	1,445,366
				903	1,643,052
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?				
		-8	Don't Know	1	1,922
		-1	Not Collected	788	1,464,060
		1	Yes	87	140,121
		2	No	27	36,948
				903	1,643,052
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?				
		-8	Don't Know	4	1,780
		-7	Refused	1	10,942
		1	Yes	143	226,482
		2	No	755	1,403,848
				903	1,643,052
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?				
		-1	Not Collected	760	1,416,570
		1	Yes	114	177,174
		2	No	29	49,308
				903	1,643,052
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	15	32,487
		-7	Refused	1	10,942
		1	Yes	393	649,144
		2	No	494	950,479
				903	1,643,052
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	5	6,447
		-1	Not Collected	510	993,908
		1	Yes	324	546,909
		2	No	64	95,787
				903	1,643,052
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	3	6,396
		-7	Refused	2	11,402
		1	Yes	106	157,492

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	792	1,467,762
				903	1,643,052
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	3	4,196
		-1	Not Collected	797	1,485,560
		1	Yes	74	96,143
		2	No	29	57,153
				903	1,643,052
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	58	92,764
		2	No	845	1,550,288
				903	1,643,052
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	10
		-1	Not Collected	845	1,550,288
		1	Yes	53	89,405
		2	No	4	3,349
				903	1,643,052
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING AN AUTOMOBILE?	-8	Don't Know	29	42,150
		-7	Refused	2	11,402
		1	Yes	168	263,764
		2	No	704	1,325,736
				903	1,643,052
PFBUS	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	47	58,770
		1	Yes	396	819,748
		2	No	460	764,534
				903	1,643,052
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	630
		-1	Not Collected	507	823,304
		1	Yes	22	48,709
		2	No	204	411,761
		3	Never Uses Bus	169	358,648
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	881	1,594,343
		1	Yes	20	44,679
		2	No	2	4,030
				903	1,643,052
FAMFRND	WHO PROVIDES MOST OF THE HELP FOR ACTIVITIES FOR YOU?	-8	Don't Know	18	30,338
		-1	Not Collected	541	1,031,680
		1	Family	242	402,203
		2	Someone Else Like Friend/Neighbor/Other	102	178,830
		903	1,643,052		
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	4,128
		-1	Not Collected	661	1,240,849
		1	Husband	27	44,357
		2	Wife	36	56,481
		3	Son	38	59,726
		4	Son-In-Law	4	3,553
		5	Daughter	95	168,223
		6	Daughter-In-Law	5	18,537
		8	Mother	2	6,745
		9	Brother	1	1,985
		10	Sister	9	10,184
		11	Grandson	1	342
		12	Granddaughter	11	14,030
		13	Nephew	3	3,864
14	Niece	5	8,168		
91	Other Relative	2	1,881		
		903	1,643,052		
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	10	38,155
		0	0 limitations	526	1,016,544
		1	1 limitation	199	317,532
		2	2 limitations	83	142,911
		3	3 limitations	36	53,292

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	27	51,647
		5	5 limitations	14	17,684
		6	6 limitations	8	5,287
				903	1,643,052
ADL6SS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	10,942
		0	0 limitations	528	1,021,396
		1	1 limitation	201	323,406
		2	2 limitations	87	155,509
		3	3 limitations	36	53,292
		4	4 limitations	27	51,647
		5	5 limitations	15	21,573
		6	6 limitations	8	5,287
				903	1,643,052
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	10	38,155
		1	Yes	85	127,910
		2	No	808	1,476,987
				903	1,643,052
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	10,942
		1	Yes	86	131,799
		2	No	816	1,500,312
				903	1,643,052
ADL6P	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	3	5,351
		0	0 limitations	787	1,441,276
		1	1 limitation	59	104,369
		2	2 limitations	22	46,114
		3	3 limitations	11	15,772
		4	4 limitations	7	16,271
		5	5 limitations	8	10,486
		6	6 limitations	6	3,413
				903	1,643,052
ADL6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	10,942
		0	0 limitations	787	1,432,321

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	59	104,369
		2	2 limitations	23	47,930
		3	3 limitations	12	17,320
		4	4 limitations	7	16,271
		5	5 limitations	8	10,486
		6	6 limitations	6	3,413
				903	1,643,052
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	41	70,216
		0	0 limitations	527	995,105
		1	1 limitation	146	266,180
		2	2 limitations	68	108,495
		3	3 limitations	41	82,272
		4	4 limitations	24	48,628
		5	5 limitations	22	28,168
		6	6 limitations	20	31,317
		7	7 limitations	14	12,671
				903	1,643,052
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	553	1,042,572
		1	1 limitation	150	274,637
		2	2 limitations	73	117,398
		3	3 limitations	42	85,176
		4	4 limitations	25	49,336
		5	5 limitations	24	29,112
		6	6 limitations	21	31,519
		7	7 limitations	15	13,301
				903	1,643,052
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 THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.	.	Missing	37	60,126
		0	0 limitations	596	1,128,147

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	122	209,636
		2	2 limitations	49	86,806
		3	3 limitations	33	62,917
		4	4 limitations	19	33,555
		5	5 limitations	17	21,508
		6	6 limitations	17	28,032
		7	7 limitations	13	12,326
				903	1,643,052
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	625	1,180,923
		1	1 limitation	124	211,228
		2	2 limitations	51	90,957
		3	3 limitations	34	64,104
		4	4 limitations	20	33,565
		5	5 limitations	18	21,716
		6	6 limitations	18	28,234
		7	7 limitations	13	12,326
				903	1,643,052
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	52	98,265
		0	0 limitations	392	770,088
		1	1 limitation	192	334,855
		2	2 limitations	95	154,775
		3	3 limitations	56	88,802
		4	4 limitations	40	85,175
		5	5 limitations	21	40,081
		6	6 limitations	22	28,168
		7	7 limitations	19	30,173
		8	8 limitations	14	12,671
				903	1,643,052
IADLAOA8_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	419	820,218
		1	1 limitation	203	358,974
		2	2 limitations	96	161,553

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 limitations	61	97,705
		4	4 limitations	42	89,880
		5	5 limitations	22	40,789
		6	6 limitations	25	30,256
		7	7 limitations	20	30,375
		8	8 limitations	15	13,301
				903	1,643,052
IADLAOA8P	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.	.	Missing	41	66,128
		0	0 limitations	474	914,027
		1	1 limitation	185	322,623
		2	2 limitations	61	107,489
		3	3 limitations	44	75,446
		4	4 limitations	35	70,467
		5	5 limitations	16	25,007
		6	6 limitations	18	22,652
		7	7 limitations	16	26,888
		8	8 limitations	13	12,326
				903	1,643,052
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	499	957,000
		1	1 limitation	195	340,020
		2	2 limitations	61	107,489
		3	3 limitations	46	79,596
		4	4 limitations	36	71,654
		5	5 limitations	17	25,017
		6	6 limitations	19	22,859
		7	7 limitations	17	27,090
		8	8 limitations	13	12,326
				903	1,643,052
AGEC	AGE CATEGORY	.	Missing	1	1,759
		2	60-64 years	79	164,399
		3	65-74 years	292	537,498
		4	75-84 years	364	635,972

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	85+ years	167	303,424
				903	1,643,052
GENDER	GENDER	1	Male	262	515,735
		2	Female	641	1,127,317
				903	1,643,052
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-7	Refused	2	6,564
		1	Less Than High School Diploma	207	304,767
		2	High School Diploma Or GED	347	621,008
		3	Some College(Business/ Vocational/Techni)	240	490,164
		4	Bachelor's Degree	53	87,198
		5	Some Post-Graduate Work/Advanced Degree	54	133,352
				903	1,643,052
DEHISP	ARE YOU SPANISH, HISPANIC, OR LATINO?	-8	Don't Know	14	11,054
		-7	Refused	4	14,305
		1	Yes	42	108,650
		2	No	843	1,509,043
				903	1,643,052
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	4	2,875
		-7	Refused	6	20,101
		1	Yes	741	1,401,382
		2	No	152	218,694
				903	1,643,052
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	4	2,875
		-7	Refused	6	20,101
		1	Yes	125	147,306
		2	No	768	1,472,770
				903	1,643,052
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	4	2,875
		-7	Refused	6	20,101
		1	Yes	6	19,956
		2	No	887	1,600,120
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	4	2,875
		-7	Refused	6	20,101
		1	Yes	25	66,124
		2	No	868	1,553,952
				903	1,643,052
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	4	2,875
		-7	Refused	6	20,101
		2	No	893	1,620,076
				903	1,643,052
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	4	2,875
		-7	Refused	6	20,101
		1	Yes	12	24,015
		2	No	881	1,596,062
		903	1,643,052		
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	20	23,156
		-7	Refused	2	2,220
		1	The City	355	716,732
		2	The Suburbs	202	323,627
		3	A Rural Area	324	577,317
		903	1,643,052		
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	5,202
		-7	Refused	6	5,762
		1	Yes	438	792,983
		2	No	458	839,105
		903	1,643,052		
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	2	6,667
		-7	Refused	7	16,703
		-1	Not Collected	438	792,983
		1	Yes	319	617,551
		2	No	137	209,147
		903	1,643,052		
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	6	16,061
		-1	Not Collected	438	792,983
		1	Yes	125	210,795
		2	No	334	623,213
		903	1,643,052		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	6	16,061
		-1	Not Collected	438	792,983
		1	Yes	73	113,748
		2	No	386	720,259
				903	1,643,052
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	5,118
		-7	Refused	6	16,061
		-1	Not Collected	438	792,983
		1	Yes	17	30,920
		2	No	441	797,969
		903	1,643,052		
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	6	16,061
		1	Alone	438	792,983
		2	With spouse only	275	541,149
		3	With children only	71	114,778
		4	With spouse and children	22	36,764
		5	With others	91	141,316
		903	1,643,052		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	997
		-7	Refused	8	17,774
		1	1 Person	439	795,212
		2	2 People	347	651,619
		3	3 People	50	78,616
		4	4 People	34	58,643
		5	5 People	18	31,221
		6	6 People	2	1,965
7	7 People	4	7,005		
		903	1,643,052		
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	1	5,118
		-7	Refused	5	15,913
		1	Married	325	628,007
		2	Widowed	422	725,934
		3	Divorced	92	179,029
		4	Separated	14	19,400
5	Never Married	44	69,651		
		903	1,643,052		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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 2008 ABOVE OR BELOW \$20,000?	-8	Don't Know	79	134,619
		-7	Refused	57	123,221
		1	Below \$20,000 [1666 Per Month Or Less]	418	679,451
		2	Above \$20,000 [1667 Per Month Or More]	349	705,761
				903	1,643,052
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?	.	Missing	136	257,840
		-8	Don't Know	62	91,128
		-7	Refused	40	80,508
		1	\$5,000 or less	34	47,489
		2	\$5,001-\$10,000	98	137,343
		3	\$10,001-\$15,000	135	247,213
		4	\$15,001-\$20,000	94	158,416
		5	\$20,001-\$25,000	89	171,365
		6	\$25,001-\$30,000	62	100,720
		7	\$30,001-\$35,000	40	62,932
		8	\$35,001-\$40,000	32	85,936
9	\$40,001-\$50,000	34	86,813		
10	ABOVE \$50,000	47	115,351		
		903	1,643,052		
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	42	74,473
		0	Rural (Not in Urbanized Area or Urban Cl	534	933,854
		1	In Urbanized Area	252	513,702
		2	In Urban Cluster	75	121,023
		903	1,643,052		
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	903	1,643,052
				903	1,643,052
VARUNIT	VARIANCE UNIT	1	Variance unit 1	476	902,337
		2	Variance unit 2	426	739,411
		3	Variance unit 3	1	1,303
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	10.02 - 10941.50	Weight range	903	1,643,052
				903	1,643,052
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	2.73 - 15734.41	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	12.65 - 16362.66	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	2.70 - 17858.92	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	12.36 - 15174.27	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	15.66 - 20245.00	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	3.14 - 20359.61	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	13.52 - 15150.35	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	2.71 - 22277.90	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	17.17 - 16403.55	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	3.00 - 16545.62	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	16.05 - 17455.50	Replicate weight range	903	1,643,052
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	2.73 - 16069.81	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	3.18 - 22116.02	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	16.02 - 18190.82	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	2.46 - 20311.94	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	15.46 - 22547.03	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	2.84 - 19833.23	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	17.07 - 18182.47	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	3.39 - 19049.99	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	18.89 - 20546.40	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	19.22 - 18016.41	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	2.92 - 16176.59	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	16.99 - 17058.39	Replicate weight range	903	1,643,052
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	4.09 - 15519.34	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	14.48 - 18718.89	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	2.94 - 22380.59	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	12.85 - 18776.57	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	3.35 - 19821.43	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	3.03 - 17127.38	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	11.08 - 14990.88	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	3.84 - 16551.50	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	11.12 - 17794.66	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	15.75 - 20366.26	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	3.04 - 19991.07	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	13.69 - 18970.88	Replicate weight range	903	1,643,052
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	3.33 - 21981.11	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	2.80 - 19007.48	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	12.95 - 16747.08	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	3.68 - 17429.77	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	11.47 - 18343.68	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	3.21 - 22013.81	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	17.12 - 18673.70	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	3.29 - 16957.40	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	21.77 - 22687.19	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	17.34 - 14929.39	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	2.88 - 17469.15	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	16.93 - 17698.72	Replicate weight range	903	1,643,052
				903	1,643,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	3.55 - 19936.25	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	17.26 - 18140.66	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	3.14 - 15342.76	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	15.93 - 17498.06	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	2.73 - 17899.98	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	3.13 - 17866.29	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	15.54 - 22200.92	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	2.48 - 18825.61	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	15.26 - 18798.28	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	3.26 - 16669.81	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	12.08 - 16358.54	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	2.83 - 16928.48	Replicate weight range	903	1,643,052
				903	1,643,052

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	9.64 - 16648.39	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	14.50 - 20758.21	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	3.12 - 18589.93	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	11.93 - 18749.63	Replicate weight range	903	1,643,052
				903	1,643,052
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.41 - 22169.15	Replicate weight range	903	1,643,052
				903	1,643,052
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	16	42,566
		1	1 Medical Condition	37	66,904
		2	2 Medical Conditions	77	147,323
		3	3 Medical Conditions	125	212,871
		4	4 Medical Conditions	108	230,599
		5	5 Medical Conditions	134	269,257
		6	6 Medical Conditions	125	203,652
		7	7 Medical Conditions	96	159,628
		8	8 Medical Conditions	79	149,028
		9	9 Medical Conditions	45	67,772
		10	10 Medical Conditions	29	36,477
		11	11 Medical Conditions	18	35,146
		12	12 Medical Conditions	8	9,068
		13	13 Medical Conditions	4	11,185
		14	14 Medical Conditions	2	1,577
				903	1,643,052