

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 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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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 THE 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?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ11	NUM	QUALITY OF FOOD IMPROVED
CMFQOT	NUM	OTHER
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
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?
SVC DYCR	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?

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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?
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?

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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...
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?

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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?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?
PFMEDF	NUM	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	TV/RADIO/NEWSPAPERS
PFREAD	NUM	READING PRINTED MATERIALS
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?

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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?
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?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

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ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, 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 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
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
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?

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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 2012 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?
URBAN	NUM	URBAN
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
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

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?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
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 SENIOR CENTER OR MEAL SITE?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMDDES	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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ11	NUM	QUALITY OF FOOD IMPROVED
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQOT	NUM	OTHER
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
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?
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?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
CMSTAYHM	NUM	DO THE 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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 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 2012 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS 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.

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING 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
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?
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?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	TV/RADIO/NEWSPAPERS
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	READING PRINTED MATERIALS
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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	960	1,614,874
				960	1,614,874
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	342	513,777
		2	More Than 1 Day To 1 Week Ago	264	423,774
		3	More Than 1 Week To 1 Month Ago	141	271,894
		4	More Than 1 Month Ago	213	405,430
				960	1,614,874
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	6	5,820
		1	6 Months Or Less	109	175,431
		2	More Than 6 Months But Less Than 1 Year	87	142,316
		3	At Least 1 Year But Less Than 2 Years	147	289,481
		4	2 To 5 Years	333	609,802
		5	More Than 5 Years	278	392,024
				960	1,614,874
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	85	205,894
		0	0 Days	78	156,102
		1	1 Day	231	417,578
		2	2 Days	164	256,702
		3	3 Days	155	208,772
		4	4 Days	91	125,234
		5	5 Days	154	229,404
		6	6 Days	2	15,188
				960	1,614,874
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	22	19,332
		1	Less Than One-Third	85	103,334
		2	Between One-Third And One-Half	347	593,149
		3	About One-Half	306	561,389
		4	More Than One-Half	200	337,669
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	12	21,910
		-7	Refused	3	3,105
		0	0 Servings	55	67,611
		1	1 Serving	408	638,247
		2	2 Servings	274	528,704
		3	3 Servings	156	283,612
		4	4 Servings	28	29,503
		5	5 Servings	10	17,539
		6	6 Servings	2	982
		99	Less than one serving	12	23,661
			960	1,614,874	
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	7	10,382
		1	Yes	909	1,542,157
		2	No	44	62,334
				960	1,614,874
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	11	17,114
		-7	Refused	1	1,052
		0	0 Servings	234	383,055
		1	1 Serving	607	1,017,622
		2	2 Servings	54	93,535
		3	3 Servings	6	4,987
		99	Less than one serving	47	97,508
				960	1,614,874
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	12	11,986
		1	Yes	887	1,507,359
		2	No	61	95,529
				960	1,614,874
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	16	46,713
		-7	Refused	1	1,052

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	0 Servings	26	36,021
		1	1 Serving	420	809,252
		2	2 Servings	322	474,465
		3	3 Servings	109	173,647
		4	4 Servings	30	34,483
		5	5 Servings	10	13,959
		6	6 Servings	4	5,288
		8	8 Servings	1	274
		99	Less than one serving	21	19,719
				960	1,614,874
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	4	2,110
		1	Yes	918	1,567,627
		2	No	38	45,137
				960	1,614,874
CMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY				
		.	Missing	26	62,317
		1	1 Serving	103	230,882
		2	2 Servings	414	686,862
		3	3 Servings	258	403,645
		4	4 Servings	103	164,427
		5	5 Servings	22	30,108
		6	6 Servings	14	14,897
		7	7 Servings	3	3,232
		9	9 Servings	1	274
		99	Less than one serving	16	18,228
				960	1,614,874
CMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY				
		.	Missing	35	81,205
		1	1 Serving	18	18,972
		2	2 Servings	84	149,793
		3	3 Servings	255	452,285
		4	4 Servings	219	330,642
		5	5 Servings	157	291,965
		6	6 Servings	84	159,559
		7	7 Servings	59	75,173
		8	8 Servings	27	29,494
		9	9 Servings	9	15,983

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		10	10 Servings	5	2,632
		11	11 Servings	2	1,965
		99	Less than one serving	6	5,206
				960	1,614,874
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	13	18,471
		-7	Refused	2	1,960
		0	0 Servings	43	61,044
		1	1 Serving	390	698,394
		2	2 Servings	306	520,178
		3	3 Servings	142	213,311
		4	4 Servings	40	77,175
		5	5 Servings	10	7,653
		6	6 Servings	2	1,035
		8	8 Servings	2	1,075
		99	Less than one serving	10	14,578
				960	1,614,874
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	14	20,204
		1	Yes	853	1,459,543
		2	No	93	135,127
				960	1,614,874
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	15,693
		-7	Refused	1	1,052
		0	0 Servings	215	378,529
		1	1 Serving	471	804,279
		2	2 Servings	194	313,427
		3	3 Servings	34	43,922
		4	4 Servings	10	20,409
		5	5 Servings	2	808
		6	6 Servings	1	592
		99	Less than one serving	23	36,162
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	13,057
		1	Yes	810	1,404,212
		2	No	139	197,605
				960	1,614,874
CMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	21	34,003
		1	1 Serving	114	226,233
		2	2 Servings	311	515,336
		3	3 Servings	216	390,465
		4	4 Servings	151	273,232
		5	5 Servings	64	90,950
		6	6 Servings	34	31,582
		7	7 Servings	13	12,026
		8	8 Servings	4	11,772
		9	9 Servings	3	2,101
		10	10 Servings	2	1,126
99	Less than one serving	27	26,047		
		960	1,614,874		
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	6	9,514
		-7	Refused	1	1,052
		0	0 Servings	86	148,008
		1	1 Serving	449	755,464
		2	2 Servings	260	450,301
		3	3 Servings	106	178,373
		4	4 Servings	23	34,667
		5	5 Servings	7	7,724
		6	6 Servings	2	1,953
		8	8 Servings	2	1,790
		9	9 Servings	1	391
99	Less than one serving	17	25,637		
		960	1,614,874		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	7	27,035
		1	Yes	751	1,249,350
		2	No	202	338,488
				960	1,614,874
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	12	19,290
		-7	Refused	1	1,052
		0	0 Servings	30	53,305
		1	1 Serving	510	911,185
		2	2 Servings	304	477,930
		3	3 Servings	81	102,314
		4	4 Servings	9	15,584
		6	6 Servings	1	1,319
		99	Less than one serving	12	32,895
		960	1,614,874		
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	8	7,432
		1	Yes	923	1,575,472
		2	No	29	31,970
		960	1,614,874		
CMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	15	19,296
		-7	Refused	1	1,052
		0	0 Servings	177	321,787
		1	1 Serving	555	951,551
		2	2 Servings	147	213,831
		3	3 Servings	29	29,210
		4	4 Servings	3	7,513
		99	Less than one serving	33	70,633
		960	1,614,874		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	7	5,603
		-7	Refused	1	907
		1	Yes	839	1,429,500
		2	No	113	178,864
				960	1,614,874
CMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	24	36,397
		1	1 Serving	130	214,253
		2	2 Servings	404	746,861
		3	3 Servings	227	346,740
		4	4 Servings	103	150,432
		5	5 Servings	41	60,377
		6	6 Servings	13	10,733
		7	7 Servings	2	1,489
		8	8 Servings	1	537
		99	Less than one serving	15	47,056
		960	1,614,874		
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?	-8	Don't Know	5	3,496
		-7	Refused	1	274
		1	Excellent	297	590,635
		2	Very Good	354	626,430
		3	Good	216	302,969
		4	Fair	66	74,684
		5	Poor	21	16,386
		960	1,614,874		
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT	.	Missing	6	3,770
		1	Rating of Good to Excellent	867	1,520,034
		2	Rating of Fair or Poor	87	91,070
		960	1,614,874		
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	4	5,091
		1	Yes	913	1,560,221
		2	No	43	49,561
		960	1,614,874		
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	36	58,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	907
		1	Yes	702	1,171,063
		2	No	221	384,378
				960	1,614,874
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	87	142,368
		1	Yes	680	1,169,413
		2	No	193	303,093
				960	1,614,874
CMSTAYHM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	39	98,681
		1	Yes	609	1,037,473
		2	No	312	478,720
				960	1,614,874
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	27	32,497
		1	Yes	875	1,514,127
		2	No	58	68,250
				960	1,614,874
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	42	83,178
		1	Yes	760	1,273,594
		2	No	158	258,102
				960	1,614,874
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	11	16,206
		1	Yes	809	1,334,064
		2	No	140	264,604
				960	1,614,874
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	4	3,764
		1	Always	307	583,979
		2	Usually	447	790,280
		3	Sometimes	177	216,216
		4	Seldom	24	19,316
		5	Never	1	1,319
				960	1,614,874
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	4	2,532

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Always	326	560,756
		2	Usually	426	784,094
		3	Sometimes	172	231,079
		4	Seldom	26	28,023
		5	Never	6	8,390
				960	1,614,874
CMFQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?	-8	Don't Know	21	23,624
		-7	Refused	1	907
		1	Yes	265	404,036
		2	No	673	1,186,307
				960	1,614,874
CMFQ1	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	73	134,321
		2	No	190	269,259
				960	1,614,874
CMFQ2	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	55	57,410
		2	No	208	346,170
				960	1,614,874
CMFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	1	403
		2	No	262	403,177
				960	1,614,874
CMFQ4	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	6	3,798
		2	No	257	399,781

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				960	1,614,874
CMFQ5	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	30	43,460
		2	No	233	360,120
				960	1,614,874
CMFQ6	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	7	5,825
		2	No	256	397,755
				960	1,614,874
CMFQ7	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	5	7,804
		2	No	258	395,775
				960	1,614,874
CMFQ8	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	1	964
		2	No	262	402,615
				960	1,614,874
CMFQ9	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		2	No	263	403,580
				960	1,614,874
CMFQ10	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	2	2,011
		2	No	261	401,569
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFQ11	QUALITY OF FOOD IMPROVED	-1	Not Collected	695	1,210,838
		1	Yes	130	200,122
		2	No	135	203,914
				960	1,614,874
CMFQOT	OTHER	-8	Don't Know	2	456
		-1	Not Collected	695	1,210,838
		1	Yes	13	18,307
		2	No	250	385,273
		960	1,614,874		
CMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	5	22,932
		-7	Refused	2	2,673
		1	Yes	824	1,364,292
		2	No	129	224,976
		960	1,614,874		
CMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	8	5,881
		1	Yes	89	148,434
		2	No	863	1,460,559
		960	1,614,874		
CMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	4	4,978
		-7	Refused	1	908
		1	Yes	62	121,967
		2	No	893	1,487,021
		960	1,614,874		
CMSKP	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?	1	Yes	28	77,065
		2	No	932	1,537,809
		960	1,614,874		
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	1	Yes	80	146,338
		2	No	880	1,468,536
		960	1,614,874		
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	2	670

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	57	129,910
		2	No	901	1,484,293
				960	1,614,874
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	8	7,650
		1	Yes	68	120,360
		2	No	884	1,486,863
				960	1,614,874
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	3	5,662
		1	Yes	199	330,137
		2	No	758	1,279,076
				960	1,614,874
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	1	733
		1	Yes	30	47,810
		2	No	929	1,566,331
				960	1,614,874
SVCPGR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	1	1,216
		1	Yes	35	75,516
		2	No	924	1,538,142
				960	1,614,874
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	1	Yes	30	40,396
		2	No	930	1,574,478
				960	1,614,874
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	1,793
		1	Yes	33	87,876
		2	No	925	1,525,205
				960	1,614,874
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	8	6,217
		1	Yes	190	334,868
		2	No	762	1,273,789
				960	1,614,874
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals only	533	927,703

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Congregate Meals and 1 additional service	267	378,778
		3	Congregate Meals and 2 additional services	91	163,178
		4	Congregate Meals and 3 additional services	33	50,987
		5	Congregate Meals and 4 additional services	14	30,769
		6	Congregate Meals and 5 additional services	16	49,610
		7	Congregate Meals and 6 additional services	4	12,956
		8	Congregate Meals and 7 additional services	2	894
				960	1,614,874
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?				
		-8	Don't Know	5	8,332
		1	Yes	104	201,366
		2	No	851	1,405,176
				960	1,614,874
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	8	11,103
		1	Yes	377	588,053
		2	No	575	1,015,718
				960	1,614,874
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	5	19,873
		1	Yes	204	336,124
		2	No	751	1,258,878
				960	1,614,874
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	3	7,856
		1	Yes	332	494,755
		2	No	625	1,112,263
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	4	3,707
		1	Yes	75	163,130
		2	No	881	1,448,036
				960	1,614,874
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	6	4,833
		1	Yes	89	138,201
		2	No	865	1,471,840
				960	1,614,874
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	9	11,700
		-1	Not Collected	210	445,522
		1	Excellent	221	359,789
		2	Very Good	286	483,645
		3	Good	183	248,967
		4	Fair	39	48,872
		5	Poor	12	16,379
				960	1,614,874
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	18	28,436
		1	Yes	796	1,368,381
		2	No	146	218,057
				960	1,614,874
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	35	70,101
		-7	Refused	1	2,381
		1	Yes	741	1,228,769
		2	No	183	313,622
				960	1,614,874
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	22	42,216
		1	Yes	755	1,285,467
		2	No	183	287,191
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	33	72,595
		-7	Refused	1	2,381
		1	Yes	619	1,059,852
		2	No	307	480,046
				960	1,614,874
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	11	22,066
		1	Agree	935	1,563,123
		2	Disagree	14	29,685
				960	1,614,874
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	26	44,148
		-7	Refused	1	665
		1	Agree	910	1,511,924
		2	Disagree	23	58,137
				960	1,614,874
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?	-8	Don't Know	1	500
		1	Yes	122	181,937
		2	No	837	1,432,437
				960	1,614,874
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?	-8	Don't Know	2	3,051
		1	Yes	118	195,345
		2	No	840	1,416,478
				960	1,614,874
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	18	42,568
		1	Yes	158	252,343
		2	No	784	1,319,963
				960	1,614,874
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	5	10,686
		1	Yes	83	197,367
		2	No	872	1,406,821
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	5	3,625
		-7	Refused	2	1,572
		1	Yes	243	320,818
		2	No	710	1,288,858
				960	1,614,874
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	7	6,577
		-7	Refused	1	908
		1	Yes	408	623,823
		2	No	544	983,565
				960	1,614,874
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	3	3,010
		1	Excellent	93	151,988
		2	Very Good	273	509,543
		3	Good	343	587,048
		4	Fair	191	266,267
		5	Poor	57	97,019
		960	1,614,874		
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?	-8	Don't Know	14	28,606
		-7	Refused	1	171
		1	Yes, Limited A Lot	208	283,420
		2	Yes, Limited A Little	332	551,192
		3	No, Not Limited At All	405	751,486
				960	1,614,874
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	15	12,780
		1	Yes, Limited A Lot	261	409,443
		2	Yes, Limited A Little	382	629,866
		3	No, Not Limited At All	302	562,785
				960	1,614,874
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	15	28,063

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	All Of The Time	71	124,303
		2	Most Of The Time	187	287,889
		3	Some Of The Time	275	441,499
		4	A Little Of The Time	207	412,716
		5	None Of The Time	205	320,404
				960	1,614,874
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	5	2,901
		1	All Of The Time	63	88,911
		2	Most Of The Time	147	215,725
		3	Some Of The Time	279	423,681
		4	A Little Of The Time	206	406,934
		5	None Of The Time	260	476,723
				960	1,614,874
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	10,733
		1	All Of The Time	21	27,494
		2	Most Of The Time	51	86,213
		3	Some Of The Time	176	264,062
		4	A Little Of The Time	200	294,152
		5	None Of The Time	506	932,220
				960	1,614,874
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	8	9,876
		1	All Of The Time	17	41,119
		2	Most Of The Time	45	69,677
		3	Some Of The Time	134	201,873
		4	A Little Of The Time	201	311,344
		5	None Of The Time	555	980,985
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?	-8	Don't Know	6	6,779
		1	All Of The Time	297	483,108
		2	Most Of The Time	296	545,642
		3	Some Of The Time	182	269,452
		4	A Little Of The Time	136	250,600
		5	None Of The Time	43	59,292
				960	1,614,874
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	2	670
		1	All Of The Time	159	280,725
		2	Most Of The Time	527	918,385
		3	Some Of The Time	184	251,141
		4	A Little Of The Time	71	127,783
		5	None Of The Time	17	36,169
				960	1,614,874
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	6	4,167
		1	All Of The Time	52	103,358
		2	Most Of The Time	359	601,722
		3	Some Of The Time	328	537,081
		4	A Little Of The Time	161	297,430
		5	None Of The Time	54	71,116
				960	1,614,874
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	5	5,453
		-7	Refused	2	2,563
		1	All Of The Time	9	16,386
		2	Most Of The Time	47	51,985
		3	Some Of The Time	151	273,187
		4	A Little Of The Time	294	450,773
		5	None Of The Time	452	814,526
		960	1,614,874		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	9	9,544
		-7	Refused	1	1,655
		1	All Of The Time	32	77,551
		2	Most Of The Time	79	89,773
		3	Some Of The Time	160	240,502
		4	A Little Of The Time	181	288,115
		5	None Of The Time	498	907,733
					960
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	66	94,428
		1	4 - < 20	38	48,715
		2	20 - < 25	51	76,270
		3	25 - < 30	71	96,570
		4	30 - < 35	121	198,007
		5	35 - < 40	126	200,079
		6	40 - < 45	148	322,704
		7	45 - < 50	131	205,162
		8	50 - < 55	108	220,990
		9	55 - < 65	99	151,615
		10	65 - < 75	1	334
			960	1,614,874	
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	66	94,428
		1	7 - < 35	54	87,537
		2	35 - < 40	56	80,382
		3	40 - < 45	60	94,444
		4	45 - < 50	125	175,981
		5	50 - < 53	75	129,208
		6	53 - < 56	102	172,815
		7	56 - < 59	131	269,785
		8	59 - < 62	165	337,856
		9	62 - < 65	76	100,497
		10	65 - < 80	50	71,941
			960	1,614,874	
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	66	94,428

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		22.1083		129	194,194
		30.6976		139	202,317
		39.287		217	364,816
		47.8763		187	322,435
		56.4656		222	436,684
				960	1,614,874
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		66	94,428
		20.3233		33	59,834
		24.9298		30	33,759
		29.5364		95	162,359
		34.1429		78	103,640
		38.7495		191	307,783
		43.356		112	146,939
		47.9626		123	290,615
		52.5691		61	135,549
		57.1757		171	279,967
				960	1,614,874
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		66	94,428
		16.6777		41	44,244
		26.8693		131	244,696
		37.0608		171	247,653
		47.2523		279	531,224
		57.4438		272	452,628
				960	1,614,874
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		66	94,428
		18.8673		49	89,871
		29.6476		182	245,800
		44.7401		319	558,060
		55.5204		259	495,871
		61.9886		85	130,844
				960	1,614,874
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		66	94,428
		27.6238		49	53,692
		37.6867		154	287,510
		47.7496		303	498,645

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		57.8125		340	580,453
		67.8753		48	100,146
				960	1,614,874
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		66	94,428
		11.347		6	6,556
		16.9385		9	8,960
		22.5299		23	46,079
		28.1214		30	60,070
		33.7129		81	126,926
		39.3044		89	108,928
		44.8959		124	181,623
		50.4873		102	166,972
		56.0788		430	814,331
				960	1,614,874
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		66	94,428
		16.1764		26	58,662
		26.2742		71	83,662
		36.3721		152	220,423
		46.4699		174	280,119
		56.5677		471	877,580
				960	1,614,874
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		66	94,428
		15.7748		2	2,179
		21.8705		6	6,848
		27.9663		20	17,835
		34.0621		38	72,741
		40.1579		95	144,995
		46.2537		124	202,994
		52.3495		209	342,900
		58.4453		281	519,647
		64.541		119	210,308
				960	1,614,874
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	5	3,943
		-7	Refused	1	1,655
		1	Much Better Than One Year Ago	67	123,083

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	A Little Better Than One Year Ago	115	187,057
		3	About The Same As One Year Ago	487	868,636
		4	A Little Worse Than One Year Ago	203	291,727
		5	Worse Than One Year Ago	82	138,774
				960	1,614,874
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	18	14,646
		1	About Enough	509	891,483
		2	Too Much	31	47,940
		3	Would Like To Be Doing More	402	660,805
				960	1,614,874
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	20	32,894
		1	Yes	564	881,420
		2	No	376	700,561
				960	1,614,874
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?	-8	Don't Know	6	3,845
		-7	Refused	2	3,841
		1	Yes	591	949,105
		2	No	360	657,934
		3	Does Not Apply	1	149
				960	1,614,874
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	5	15,381
		-7	Refused	4	4,639
		1	Yes	679	1,128,885
		2	No	271	465,073
		3	Does Not Apply	1	896
				960	1,614,874
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	1	659
		-7	Refused	4	4,639
		1	Yes	310	510,828
		2	No	644	1,098,247
		3	Does Not Apply	1	501

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				960	1,614,874
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	7	5,509
		-7	Refused	4	4,639
		1	Yes	578	1,060,095
		2	No	371	544,631
				960	1,614,874
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	4	3,820
		-7	Refused	4	4,639
		1	Yes	291	475,545
		2	No	661	1,130,870
				960	1,614,874
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	1	393
		-7	Refused	5	4,788
		1	Yes	359	572,783
		2	No	595	1,036,910
				960	1,614,874
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	4	16,491
		-7	Refused	5	4,788
		1	Yes	155	242,921
		2	No	796	1,350,675
				960	1,614,874
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	1	1,240
		-7	Refused	5	4,788
		1	Yes	103	151,128
		2	No	851	1,457,718
				960	1,614,874
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	6	3,572
		-7	Refused	5	4,788
		1	Yes	117	201,760
		2	No	832	1,404,754
				960	1,614,874
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	13	13,658
		-7	Refused	5	4,788

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	200	318,583
		2	No	742	1,277,845
				960	1,614,874
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	4	2,912
		-7	Refused	5	4,788
		1	Yes	59	116,072
		2	No	890	1,487,537
		3	Does Not Apply	2	3,565
				960	1,614,874
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	6	3,323
		-7	Refused	5	4,788
		1	Yes	564	850,525
		2	No	383	754,296
		3	Does Not Apply	2	1,942
				960	1,614,874
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	2	2,766
		-7	Refused	5	4,788
		1	Yes	323	480,811
		2	No	630	1,126,509
				960	1,614,874
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	2	1,688
		-7	Refused	5	4,788
		1	Yes	123	200,138
		2	No	830	1,408,260
				960	1,614,874
PFDISO	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?	-8	Don't Know	4	4,998
		-7	Refused	5	4,788
		1	Yes	49	71,066
		2	No	902	1,534,022
				960	1,614,874
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	1,199
		-7	Refused	5	4,788

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	15	14,257
		2	No	939	1,594,631
				960	1,614,874
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-7	Refused	5	4,788
		1	Yes	13	14,456
		2	No	942	1,595,630
				960	1,614,874
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	4	1,610
		-7	Refused	5	4,788
		1	Yes	435	718,786
		2	No	516	889,691
				960	1,614,874
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	1	733
		-7	Refused	5	4,788
		1	Yes	5	4,534
		2	No	949	1,604,820
				960	1,614,874
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	6	12,036
		-7	Refused	6	4,908
		1	Yes	128	217,070
		2	No	820	1,380,860
				960	1,614,874
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	1	733
		-7	Refused	6	4,908
		1	Yes	114	181,311
		2	No	838	1,425,667
		3	Does Not Apply	1	2,255
				960	1,614,874
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	19	28,202
		1	1 Medical Condition	41	48,668
		2	2 Medical Conditions	65	155,450
		3	3 Medical Conditions	110	201,531
		4	4 Medical Conditions	116	176,661

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Medical Conditions	167	283,922
		6	6 Medical Conditions	141	260,483
		7	7 Medical Conditions	96	190,524
		8	8 Medical Conditions	82	115,368
		9	9 Medical Conditions	50	51,228
		10	10 Medical Conditions	43	50,972
		11	11 Medical Conditions	16	34,493
		12	12 Medical Conditions	4	8,164
		13	13 Medical Conditions	7	6,359
		14	14 Medical Conditions	3	2,851
				960	1,614,874
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?				
		-8	Don't Know	19	49,644
		-1	Not Collected	19	28,202
		1	Yes	679	1,165,553
		2	No	243	371,475
				960	1,614,874
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	4	14,484
		-1	Not Collected	281	449,321
		1	Yes	615	1,048,755
		2	No	60	102,314
				960	1,614,874
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	11	14,106
		-1	Not Collected	281	449,321
		1	Yes	220	380,848
		2	No	448	770,600
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	5	18,695
		-7	Refused	1	349
		-1	Not Collected	281	449,321
		1	Yes	153	296,621
		2	No	520	849,888
				960	1,614,874
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-1	Not Collected	281	449,321
		1	Yes	82	167,772
		2	No	597	997,781
				960	1,614,874
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	3	2,130
		-1	Not Collected	281	449,321
		1	Yes	88	168,294
		2	No	588	995,129
				960	1,614,874
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?	-8	Don't Know	4	2,907
		-1	Not Collected	281	449,321
		1	Yes	33	32,152
		2	No	642	1,130,494
				960	1,614,874
PFMEDF	SELF/FAMILY IN MEDICAL FIELD	-1	Not Collected	281	449,321
		1	Yes	47	89,921
		2	No	632	1,075,633
				960	1,614,874
PFMEDIA	TV/RADIO/NEWSPAPERS	-1	Not Collected	281	449,321
		1	Yes	50	126,485
		2	No	629	1,039,069
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFREAD	READING PRINTED MATERIALS	-1	Not Collected	281	449,321
		1	Yes	90	182,427
		2	No	589	983,127
				960	1,614,874
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	12	12,096
		-7	Refused	1	398
		-1	Not Collected	19	28,202
		1	Not At All Confident	28	35,516
		2	A Little Confident	95	138,483
		3	Moderately Confident	284	511,820
		4	Very Confident	521	888,360
				960	1,614,874
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	7	10,322
		1	Yes	232	374,908
		2	No	721	1,229,644
				960	1,614,874
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	9	8,015
		-7	Refused	5	5,037
		1	0-2 medications	264	445,161
		2	3-4 medications	249	442,868
		3	5-6 medications	227	438,799
		4	7-8 medications	97	127,768
		5	9+ medications	109	147,225
		960	1,614,874		
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	1	1,853
		1	Yes	194	281,333
		2	No	765	1,331,688
		960	1,614,874		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	323
		1	Yes	41	63,732
		2	No	918	1,550,819
				960	1,614,874
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	1	Yes	96	150,787
		2	No	864	1,464,087
				960	1,614,874
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-1	Not Collected	864	1,464,087
		1	Yes	17	23,025
		2	No	79	127,762
				960	1,614,874
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	-8	Don't Know	2	3,613
		1	Yes	177	275,516
		2	No	781	1,335,745
				960	1,614,874
PFDFFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	783	1,339,358
		1	Yes	114	140,591
		2	No	63	134,925
				960	1,614,874
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	1	Yes	120	205,422
		2	No	840	1,409,452
				960	1,614,874
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	1,445
		-1	Not Collected	840	1,409,452
		1	Yes	25	34,993
		2	No	93	168,983
				960	1,614,874
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	1	Yes	133	167,798
		2	No	827	1,447,076

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				960	1,614,874
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	2	3,306
		-1	Not Collected	827	1,447,076
		1	Yes	65	76,541
		2	No	66	87,950
				960	1,614,874
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	1	Yes	76	119,897
		2	No	884	1,494,977
				960	1,614,874
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	884	1,494,977
		1	Yes	45	55,417
		2	No	31	64,480
				960	1,614,874
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	1	356
		1	Yes	343	490,670
		2	No	616	1,123,848
				960	1,614,874
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-1	Not Collected	617	1,124,204
		1	Yes	54	67,269
		2	No	289	423,401
				960	1,614,874
PFEAT	DO YOU HAVE DIFFICULTY EATING?	1	Yes	31	63,358
		2	No	929	1,551,516
				960	1,614,874
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	929	1,551,516
		1	Yes	8	15,546
		2	No	23	47,812
				960	1,614,874
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	1	393
		1	Yes	51	71,197
		2	No	908	1,543,284
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	909	1,543,677
		1	Yes	10	17,991
		2	No	41	53,206
				960	1,614,874
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	1	Yes	88	144,848
		2	No	872	1,470,026
				960	1,614,874
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	872	1,470,026
		1	Yes	66	95,576
		2	No	22	49,272
				960	1,614,874
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	4	3,708
		1	Yes	121	163,236
		2	No	835	1,447,930
				960	1,614,874
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	839	1,451,638
		1	Yes	83	96,365
		2	No	38	66,872
				960	1,614,874
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	1	Yes	159	234,859
		2	No	801	1,380,015
				960	1,614,874
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	1,119
		-1	Not Collected	801	1,380,015
		1	Yes	126	175,202
		2	No	32	58,538
				960	1,614,874
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	2	1,377
		-7	Refused	2	1,826

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	468	756,885
		2	No	488	854,786
				960	1,614,874
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	2	13,652
		-1	Not Collected	492	857,989
		1	Yes	383	576,465
		2	No	83	166,768
				960	1,614,874
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	1	659
		1	Yes	87	117,549
		2	No	872	1,496,666
				960	1,614,874
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-1	Not Collected	873	1,497,325
		1	Yes	55	75,985
		2	No	32	41,563
				960	1,614,874
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		1	Yes	45	52,428
		2	No	915	1,562,446
				960	1,614,874
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?				
		-1	Not Collected	915	1,562,446
		1	Yes	39	46,718
		2	No	6	5,710
				960	1,614,874
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?				
		1	Yes	808	1,302,765
		2	No	152	312,109
				960	1,614,874
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?				
		-8	Don't Know	2	1,512
		-1	Not Collected	152	312,109
		1	Yes	118	137,767
		2	No	688	1,163,486

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				960	1,614,874
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	53	84,693
		1	Yes	386	809,506
		2	No	521	720,674
				960	1,614,874
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	3	1,019
		-1	Not Collected	574	805,368
		1	Yes	26	53,973
		2	No	172	414,688
		3	Never Uses Bus	185	339,825
				960	1,614,874
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	448
		-1	Not Collected	934	1,560,901
		1	Yes	13	9,678
		2	No	12	43,847
				960	1,614,874
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	1	307
		-7	Refused	1	398
		-1	Not Collected	528	964,394
		1	Family	275	351,463
		2	Someone Else Like Friend/Neighbor/Other	107	219,298
		3	Did Not Receive Help	48	79,013
				960	1,614,874
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	18,748
		-7	Refused	1	449
		-1	Not Collected	685	1,263,411
		1	Husband	30	36,273
		2	Wife	29	37,673
		3	Son	47	51,411
		5	Daughter	115	141,170
		6	Daughter-In-Law	10	18,234
		8	Mother	2	1,130

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	Brother	3	2,133
		10	Sister	10	11,582
		11	Grandson	4	12,676
		12	Granddaughter	7	4,691
		13	Nephew	1	1,655
		14	Niece	4	3,456
		91	Other Relative	9	10,183
				960	1,614,874
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	2	749
		0	0 limitations	543	980,031
		1	1 limitation	228	367,506
		2	2 limitations	99	137,805
		3	3 limitations	47	56,497
		4	4 limitations	26	59,759
		5	5 limitations	11	10,036
		6	6 limitations	4	2,491
				960	1,614,874
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	544	980,387
		1	1 limitation	228	367,506
		2	2 limitations	99	137,805
		3	3 limitations	47	56,497
		4	4 limitations	27	60,152
		5	5 limitations	11	10,036
		6	6 limitations	4	2,491
				960	1,614,874
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	2	749
		1	Yes	88	128,783
		2	No	870	1,485,342
				960	1,614,874
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	89	129,176
		2	No	871	1,485,698
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	4	4,752
		0	0 limitations	838	1,456,434
		1	1 limitation	68	94,491
		2	2 limitations	26	25,795
		3	3 limitations	16	17,139
		4	4 limitations	5	15,244
		5	5 limitations	2	427
		6	6 limitations	1	592
					960
ADLAOA6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	840	1,457,986
		1	1 limitation	69	97,298
		2	2 limitations	27	26,188
		3	3 limitations	16	17,139
		4	4 limitations	5	15,244
		5	5 limitations	2	427
		6	6 limitations	1	592
			960	1,614,874	
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	11	9,852
		0	0 limitations	597	1,054,853
		1	1 limitation	161	263,711
		2	2 limitations	83	130,237
		3	3 limitations	43	82,559
		4	4 limitations	22	27,282
		5	5 limitations	14	10,152
		6	6 limitations	18	19,405
		7	7 limitations	11	16,825
			960	1,614,874	
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	602	1,061,818
		1	1 limitation	163	265,129

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	85	130,883
		3	3 limitations	43	82,559
		4	4 limitations	24	28,103
		5	5 limitations	14	10,152
		6	6 limitations	18	19,405
		7	7 limitations	11	16,825
				960	1,614,874
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	4	3,079
		0	0 limitations	687	1,231,042
		1	1 limitation	136	220,174
		2	2 limitations	56	75,785
		3	3 limitations	27	33,076
		4	4 limitations	12	8,947
		5	5 limitations	11	7,759
		6	6 limitations	19	19,962
		7	7 limitations	8	15,050
				960	1,614,874
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	689	1,232,553
		1	1 limitation	136	220,174
		2	2 limitations	57	76,904
		3	3 limitations	27	33,076
		4	4 limitations	13	9,396
		5	5 limitations	11	7,759
		6	6 limitations	19	19,962
		7	7 limitations	8	15,050
				960	1,614,874
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	14	12,264

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	0 limitations	410	733,434
		1	1 limitation	238	420,872
		2	2 limitations	122	175,261
		3	3 limitations	70	117,528
		4	4 limitations	43	82,475
		5	5 limitations	20	26,658
		6	6 limitations	14	10,152
		7	7 limitations	19	19,712
		8	8 limitations	10	16,518
				960	1,614,874
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	416	739,960
		1	1 limitation	241	424,383
		2	2 limitations	123	176,020
		3	3 limitations	72	118,175
		4	4 limitations	44	82,924
		5	5 limitations	21	27,030
		6	6 limitations	14	10,152
		7	7 limitations	19	19,712
		8	8 limitations	10	16,518
				960	1,614,874
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	6	16,731
		0	0 limitations	514	940,845
		1	1 limitation	216	362,567
		2	2 limitations	103	143,514
		3	3 limitations	45	66,810
		4	4 limitations	28	33,263
		5	5 limitations	10	8,375
		6	6 limitations	12	8,066
		7	7 limitations	18	19,655
		8	8 limitations	8	15,050
				960	1,614,874
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	515	941,314

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	219	377,260
		2	2 limitations	103	143,514
		3	3 limitations	46	67,928
		4	4 limitations	29	33,712
		5	5 limitations	10	8,375
		6	6 limitations	12	8,066
		7	7 limitations	18	19,655
		8	8 limitations	8	15,050
				960	1,614,874
AGEC	AGE CATEGORY	2	60-64 years	71	111,443
		3	65-74 years	301	606,608
		4	75-84 years	394	612,322
		5	85+ years	194	284,501
				960	1,614,874
GENDER	GENDER	1	Male	261	448,401
		2	Female	699	1,166,473
				960	1,614,874
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	1	373
		1	Less Than High School Diploma	198	305,851
		2	High School Diploma Or GED	373	534,266
		3	Some College(Business/Vocational/Techni)	232	516,248
		4	Bachelor's Degree	64	68,802
		5	Some Post-Graduate Work/Advanced Degree	92	189,336
				960	1,614,874
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	7	5,454
		-7	Refused	1	767
		1	Yes	40	79,822
		2	No	912	1,528,831
				960	1,614,874
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	2,738
		-7	Refused	3	4,786
		1	Yes	774	1,338,252
		2	No	181	269,098
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	2,738
		-7	Refused	3	4,786
		1	Yes	151	181,304
		2	No	804	1,426,046
				960	1,614,874
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	2,738
		-7	Refused	3	4,786
		1	Yes	15	24,272
		2	No	940	1,583,078
				960	1,614,874
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	2,738
		-7	Refused	3	4,786
		1	Yes	22	43,770
		2	No	933	1,563,580
				960	1,614,874
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	2,738
		-7	Refused	3	4,786
		1	Yes	2	1,405
		2	No	953	1,605,945
				960	1,614,874
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	2,738
		-7	Refused	3	4,786
		1	Yes	10	43,544
		2	No	945	1,563,806
				960	1,614,874
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	1	Yes	146	232,759
		2	No	814	1,382,115
				960	1,614,874
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	19	33,314
		1	The City	418	777,688
		2	The Suburbs	178	351,228
		3	A Rural Area	345	452,645

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				960	1,614,874
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	2	2,628
		1	Yes	471	804,488
		2	No	487	807,758
				960	1,614,874
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	373
		-1	Not Collected	471	804,488
		1	Yes	329	549,595
		2	No	159	260,418
				960	1,614,874
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-1	Not Collected	471	804,488
		1	Yes	128	177,146
		2	No	361	633,240
				960	1,614,874
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-1	Not Collected	471	804,488
		1	Yes	57	101,675
		2	No	432	708,710
				960	1,614,874
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	1	1,586
		-1	Not Collected	471	804,488
		1	Yes	31	77,706
		2	No	457	731,093
				960	1,614,874
LIVARRC	WHO DO YOU LIVE WITH?	1	Alone	471	804,488
		2	With spouse only	293	497,488
		3	With children only	78	89,658
		4	With spouse and children	24	37,048
		5	With others	94	186,192
				960	1,614,874
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	2	2,628
		1	1 Person	473	806,291
		2	2 People	395	652,600
		3	3 People	57	102,808
		4	4 People	21	38,754
		5	5 People	6	3,247
		6	6 People	5	6,083

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 People	1	2,463
				960	1,614,874
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	1	13,488
		-7	Refused	2	1,376
		1	Married	330	552,383
		2	Widowed	431	660,650
		3	Divorced	136	263,720
		4	Separated	18	17,220
		5	Never Married	42	106,036
				960	1,614,874
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 2012 ABOVE OR BELOW \$20,000?	-8	Don't Know	54	64,757
		-7	Refused	53	80,568
		1	Below \$20,000 [1666 Per Month Or Less]	417	674,215
		2	Above \$20,000 [1667 Per Month Or More]	436	795,334
				960	1,614,874
INCOME6	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?	.	Missing	107	145,324
		-8	Don't Know	54	101,544
		-7	Refused	42	49,563
		1	\$5,000 or less	26	69,040
		2	\$5,001-\$10,000	84	109,832
		3	\$10,001-\$15,000	141	220,274
		4	\$15,001-\$20,000	125	210,147
		5	\$20,001-\$25,000	111	198,903
		6	\$25,001-\$30,000	79	133,828
		7	\$30,001-\$35,000	49	103,534
		8	\$35,001-\$40,000	36	54,110
		9	\$40,001-\$50,000	35	76,207
		10	ABOVE \$50,000	71	142,567
				960	1,614,874
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	23	22,693
		0	Rural (Not in Urbanized Area or Urban Cluster)	624	936,520

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	In Urbanized Area	246	563,749
		2	In Urban Cluster	67	91,911
				960	1,614,874
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	960	1,614,874
				960	1,614,874
VARUNIT	VARIANCE UNIT	1	Variance unit 1	494	868,516
		2	Variance unit 2	462	738,408
		3	Variance unit 3	4	7,951
				960	1,614,874
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	46.17 - 18940.38	Weight range	960	1,614,874
				960	1,614,874
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	37.37 - 33668.52	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	43.02 - 30922.87	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	13.83 - 36424.00	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	13.70 - 35223.63	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	29.69 - 34346.31	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	17.37 - 32591.36	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	11.52 - 43074.00	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	13.94 - 39872.03	Replicate weight range	960	1,614,874
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	36.63 - 41420.58	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	30.95 - 46978.38	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	13.40 - 28336.35	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	15.51 - 36166.10	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	32.52 - 32368.38	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	25.62 - 39718.32	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	14.16 - 29502.11	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	12.86 - 33617.05	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	18.10 - 38398.73	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	28.37 - 44917.70	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	12.89 - 30733.81	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	14.68 - 32116.17	Replicate weight range	960	1,614,874
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	32.30 - 35018.37	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	46.20 - 39691.90	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	12.22 - 31179.93	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	14.16 - 34991.24	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	18.88 - 35978.76	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	22.69 - 29002.77	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	13.06 - 39077.15	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	12.32 - 35181.46	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	37.70 - 32301.20	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	42.46 - 30720.13	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	13.35 - 51097.89	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	12.77 - 35782.39	Replicate weight range	960	1,614,874
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	15.86 - 33644.23	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	21.78 - 34492.37	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	13.73 - 42331.67	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	15.40 - 34235.46	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	33.17 - 36960.40	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	29.41 - 35420.30	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	12.02 - 37559.00	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	15.63 - 32330.11	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	18.49 - 35228.80	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	25.35 - 31608.29	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	13.16 - 32307.58	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	13.25 - 38947.23	Replicate weight range	960	1,614,874
				960	1,614,874

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	27.66 - 36439.42	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	28.61 - 40200.73	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	13.89 - 35483.96	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	11.70 - 33428.84	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	31.76 - 33076.72	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	31.27 - 33965.04	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	13.25 - 30472.46	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	13.77 - 37599.81	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	30.26 - 39063.40	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	22.65 - 42515.00	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	12.10 - 31419.53	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	13.17 - 36971.56	Replicate weight range	960	1,614,874
				960	1,614,874

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	33.99 - 35692.68	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	31.66 - 35694.70	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	12.86 - 37913.43	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	13.52 - 38922.36	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	29.51 - 34105.14	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	22.36 - 34654.85	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	13.34 - 35589.74	Replicate weight range	960	1,614,874
				960	1,614,874
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	13.21 - 31153.47	Replicate weight range	960	1,614,874
				960	1,614,874