

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMPOTATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMDDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?

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HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRFAQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ11	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED:HAS QUALITY IMPROVED?
HNRFAQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMSKP	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?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?

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SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?

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SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?

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PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY

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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?
PFDIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
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?

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PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, 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	WHAT IS YOUR 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

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DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
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

Positional Listing of Variables

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

Name	Type	Description
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
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 2011 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	WHAT IS YOUR GENDER?
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMDDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMONTHIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMPOTATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMSKP	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?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HNRFAQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ11	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED:HAS QUALITY IMPROVED?
HNRFAQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
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	PERSID
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
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 YOU ARE DOING...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
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	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	1,060	846,576
				1,060	846,576
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?				
		1	Today Or Yesterday	650	517,026
		2	More Than 1 Day To 1 Week Ago	246	193,154
		3	More Than 1 Week To 1 Month Ago	37	29,652
		4	More Than 1 Month Ago	127	106,745
				1,060	846,576
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?				
		-8	Don't Know	27	12,230
		1	6 Months Or Less	236	176,858
		2	More Than 6 Months But Less Than 1 Year	163	142,182
		3	At Least 1 Year But Less Than 2 Years	259	217,603
		4	2 To 5 Years	294	233,295
		5	More Than 5 Years	81	64,408
				1,060	846,576
HMATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	18	12,688
		0	0 Meals	1	853
		1	1 Meal	751	601,214
		2	2 Meals	132	112,895
		3	3 Meals	17	22,537
		4	4 Meals	17	9,006
		5	5 Meals	76	51,348
		6	6 Meals	7	3,902
		7	7 Meals	37	30,541
		91	Other	4	1,591
				1,060	846,576
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	11	10,353
		0	0 Days	5	2,942
		1	1 Day	177	128,041
		2	2 Days	23	22,663
		3	3 Days	70	58,793
		4	4 Days	44	34,545

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Days	651	525,269
		6	6 Days	14	11,803
		7	7 Days	65	52,167
				1,060	846,576
HMPORTN	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?				
		-8	Don't Know	84	70,140
		1	Less Than One-Third	92	88,760
		2	Between One-Third And One-Half	280	223,621
		3	About One-Half	341	273,640
		4	More Than One-Half	258	186,327
		91	Other	5	4,088
				1,060	846,576
HMFRUIT	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	34	30,334
		-7	Refused	1	386
		0	0 Servings	51	41,593
		1	1 Serving	477	364,887
		2	2 Servings	289	233,257
		3	3 Servings	131	108,587
		4	4 Servings	27	25,458
		5	5 Servings	14	17,633
		6	6 Servings	2	838
		7	7 Servings	1	228
		99	Less than one serving	33	23,376
				1,060	846,576
HMEATFRT	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	13	12,568
		1	Yes	994	784,234
		2	No	53	49,773
				1,060	846,576
HMPOTATO	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	38	24,971
		0	0 Servings	146	115,094
		1	1 Serving	682	555,079
		2	2 Servings	90	66,757

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Servings	17	15,856
		4	4 Servings	1	401
		9	9 Servings	1	434
		99	Less than one serving	85	67,985
				1,060	846,576
HMEATPOT	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	15	9,213
		1	Yes	962	755,776
		2	No	83	81,587
				1,060	846,576
HMVEGS	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	39	29,557
		0	0 Servings	33	26,754
		1	1 Serving	497	413,924
		2	2 Servings	356	281,913
		3	3 Servings	86	55,482
		4	4 Servings	12	7,784
		5	5 Servings	7	9,884
		6	6 Servings	2	1,038
		8	8 Servings	1	344
		99	Less than one serving	27	19,897
				1,060	846,576
HMEATVEG	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?				
		-8	Don't Know	16	11,941
		-7	Refused	1	1,744
		1	Yes	971	771,616
		2	No	72	61,275
				1,060	846,576
HMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY				
		.	Missing	68	49,447
		1	1 Serving	112	92,473
		2	2 Servings	443	365,427
		3	3 Servings	276	217,529
		4	4 Servings	93	67,432
		5	5 Servings	30	21,252
		6	6 Servings	10	7,122
		7	7 Servings	1	380

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 Servings	4	6,270
		10	10 Servings	2	778
		99	Less than one serving	21	18,465
				1,060	846,576
HMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	81	59,972
		1	1 Serving	31	20,018
		2	2 Servings	95	86,897
		3	3 Servings	281	218,032
		4	4 Servings	216	172,078
		5	5 Servings	164	137,304
		6	6 Servings	95	72,342
		7	7 Servings	46	37,198
		8	8 Servings	24	19,608
		9	9 Servings	10	7,509
		10	10 Servings	4	3,038
		11	11 Servings	2	1,289
		12	12 Servings	1	344
		13	13 Servings	2	4,578
		99	Less than one serving	8	6,367
				1,060	846,576
HMBREAD	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	38	29,528
		0	0 Servings	45	35,358
		1	1 Serving	429	342,655
		2	2 Servings	322	269,694
		3	3 Servings	148	106,322
		4	4 Servings	44	38,393
		5	5 Servings	7	2,949
		6	6 Servings	7	5,252
		7	7 Servings	1	310
		10	10 Servings	1	3,118
		99	Less than one serving	18	12,997
				1,060	846,576
HMEATBRD	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?	-8	Don't Know	22	14,101

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	922	731,035
		2	No	116	101,441
				1,060	846,576
HMDDES	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	22	15,368
		0	0 Servings	218	174,856
		1	1 Serving	504	404,638
		2	2 Servings	203	170,301
		3	3 Servings	38	33,581
		4	4 Servings	9	5,262
		5	5 Servings	2	770
		7	7 Servings	1	336
		8	8 Servings	1	674
		99	Less than one serving	62	40,789
				1,060	846,576
HMEATDES	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	22	16,790
		1	Yes	901	715,335
		2	No	137	114,450
				1,060	846,576
HMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	59	42,166
		1	1 Serving	138	110,533
		2	2 Servings	316	257,814
		3	3 Servings	248	198,103
		4	4 Servings	141	116,998
		5	5 Servings	73	52,550
		6	6 Servings	31	29,061
		7	7 Servings	14	10,052
		8	8 Servings	7	3,648
		12	12 Servings	2	3,454
		99	Less than one serving	31	22,196
				1,060	846,576
HMDAIRY	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?	-8	Don't Know	23	21,150
		0	0 Servings	70	55,013
		1	1 Serving	482	392,677

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 Servings	303	222,624
		3	3 Servings	113	96,389
		4	4 Servings	32	29,323
		5	5 Servings	2	856
		6	6 Servings	4	4,010
		8	8 Servings	1	853
		9	9 Servings	1	674
		99	Less than one serving	29	23,007
				1,060	846,576
HMEATDAR	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?				
		-8	Don't Know	15	8,390
		1	Yes	911	731,683
		2	No	134	106,503
				1,060	846,576
HMMEAT	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	28	21,818
		0	0 Servings	25	21,198
		1	1 Serving	577	468,683
		2	2 Servings	312	247,423
		3	3 Servings	81	55,609
		4	4 Servings	10	7,544
		6	6 Servings	1	855
		99	Less than one serving	26	23,446
				1,060	846,576
HMEATMET	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?				
		-8	Don't Know	9	12,283
		1	Yes	1,006	797,568
		2	No	45	36,725
				1,060	846,576
HMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	44	40,152
		0	0 Servings	199	173,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Serving	571	441,259
		2	2 Servings	137	110,181
		3	3 Servings	27	15,064
		4	4 Servings	7	6,170
		5	5 Servings	1	380
		99	Less than one serving	74	60,319
				1,060	846,576
HMEATBNS	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?				
		-8	Don't Know	22	12,558
		1	Yes	901	707,731
		2	No	137	126,287
				1,060	846,576
HMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY				
		.	Missing	64	55,541
		1	1 Serving	154	128,247
		2	2 Servings	450	353,400
		3	3 Servings	218	175,679
		4	4 Servings	109	80,539
		5	5 Servings	33	24,306
		6	6 Servings	10	6,772
		7	7 Servings	5	1,981
		8	8 Servings	3	2,696
		99	Less than one serving	14	17,415
				1,060	846,576
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?				
		-8	Don't Know	4	3,606
		1	Excellent	265	194,415
		2	Very Good	403	318,010
		3	Good	277	233,666
		4	Fair	86	67,405
		5	Poor	25	29,473
				1,060	846,576
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT				
		.	Missing	4	3,606
		1	Rating of Good to Excellent	945	746,092
		2	Rating of Fair or Poor	111	96,878
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	19	16,456
		1	Always	333	244,369
		2	Usually	414	338,822
		3	Sometimes	261	214,870
		4	Seldom	24	19,572
		5	Never	9	12,488
					1,060
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	15	10,898
		1	Always	384	286,496
		2	Usually	385	306,868
		3	Sometimes	235	196,949
		4	Seldom	35	38,604
		5	Never	6	6,761
					1,060
HNRFAQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?	-8	Don't Know	23	22,112
		1	Yes	254	213,225
		2	No	783	611,239
					1,060
HNRFAQ1	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	98	76,145
		2	No	155	136,319
					1,060
HNRFAQ2	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	43	37,750
		2	No	210	174,714
					1,060
HNRFAQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	3	2,709
		2	No	250	209,755
				1,060	846,576
HNRFAQ4	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	4	2,674
		2	No	249	209,790
				1,060	846,576
HNRFAQ5	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	26	26,016
		2	No	227	186,448
				1,060	846,576
HNRFAQ6	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	11	9,595
		2	No	242	202,870
				1,060	846,576
HNRFAQ7	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	6	4,418
		2	No	247	208,046
				1,060	846,576
HNRFAQ8	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		2	No	253	212,464
				1,060	846,576
HNRFAQ9	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	4	2,659

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	249	209,806
				1,060	846,576
HNRFAQ10	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	1	2,186
		2	No	252	210,279
				1,060	846,576
HNRFAQ11	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED:HAS QUALITY IMPROVED?	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	89	80,859
		2	No	164	131,606
				1,060	846,576
HNRFAQOT	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER	-8	Don't Know	1	761
		-1	Not Collected	806	633,351
		1	Yes	29	26,640
		2	No	224	185,824
				1,060	846,576
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	11	9,298
		1	Always	668	513,367
		2	Usually	290	242,214
		3	Sometimes	74	65,505
		4	Seldom	9	8,486
		5	Never	8	7,706
				1,060	846,576
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	29	28,739
		-7	Refused	1	366
		1	Yes	971	759,812
		2	No	59	57,659
				1,060	846,576
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	19	18,633
		1	Yes	1,000	788,448
		2	No	41	39,494
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	38	32,456
		1	Yes	863	674,997
		2	No	159	139,122
				1,060	846,576
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	98	82,472
		1	Yes	820	632,485
		2	No	142	131,619
				1,060	846,576
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	14	13,686
		1	Yes	964	759,174
		2	No	82	73,717
				1,060	846,576
HMFLBR2	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?	-8	Don't Know	44	33,787
		1	Yes	912	720,013
		2	No	104	92,776
				1,060	846,576
HMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	11	8,328
		1	Yes	772	621,965
		2	No	277	216,283
				1,060	846,576
HMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	24	19,106
		-7	Refused	1	1,928
		1	Yes	171	130,498
		2	No	864	695,044
				1,060	846,576
HMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	15	14,543
		-7	Refused	3	4,355
		1	Yes	127	106,977
		2	No	915	720,701
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMSKP	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?	-8	Don't Know	6	2,924
		-7	Refused	3	3,624
		1	Yes	99	80,956
		2	No	952	759,073
				1,060	846,576
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	6	6,521
		1	Yes	96	87,025
		2	No	958	753,030
				1,060	846,576
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	13	10,508
		1	Yes	290	245,510
		2	No	757	590,558
				1,060	846,576
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	29	21,431
		1	Yes	315	268,793
		2	No	716	556,352
				1,060	846,576
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	8	6,745
		1	Yes	197	164,078
		2	No	855	675,753
				1,060	846,576
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	3	4,052
		1	Yes	25	23,439
		2	No	1,032	819,085
				1,060	846,576
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	8	5,779
		1	Yes	174	135,145
		2	No	878	705,653
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	9	4,690
		-7	Refused	1	569
		1	Yes	123	107,270
		2	No	927	734,046
				1,060	846,576
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	5	3,754
		1	Yes	34	38,889
		2	No	1,021	803,933
				1,060	846,576
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	22	15,283
		1	Yes	172	135,259
		2	No	866	696,034
				1,060	846,576
SVCCOUNT	SERVICE COMBINATIONS	1	Home Delivered Meals only	445	352,373
		2	Home Delivered Meals and 1 additional service	245	174,137
		3	Home Delivered Meals and 2 additional services	138	126,181
		4	Home Delivered Meals and 3 additional services	105	77,957
		5	Home Delivered Meals and 4 additional services	67	61,250
		6	Home Delivered Meals and 5 additional services	44	38,277
		7	Home Delivered Meals and 6 additional services	12	10,386
		8	Home Delivered Meals and 7 additional services	3	3,899
		10	Home Delivered Meals and 9 additional services	1	2,116
				1,060	846,576
HNREDUYN	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?	-8	Don't Know	3	1,208
		1	Yes	85	73,440
		2	No	972	771,928
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	15	11,369
		1	Yes	217	186,332
		2	No	828	648,876
				1,060	846,576
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	18	15,437
		1	Yes	110	93,060
		2	No	932	738,079
				1,060	846,576
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	2,286
		1	Yes	61	50,368
		2	No	996	793,922
				1,060	846,576
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	11	9,617
		1	Yes	67	57,826
		2	No	982	779,133
				1,060	846,576
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	11	4,492
		1	Yes	150	108,989
		2	No	899	733,095
				1,060	846,576
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	4	6,012
		-1	Not Collected	338	267,111
		1	Excellent	216	158,074
		2	Very Good	251	199,539
		3	Good	207	177,485
		4	Fair	33	22,580
		5	Poor	11	15,775
		1,060	846,576		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	15	14,906
		1	Yes	875	697,897
		2	No	170	133,773
				1,060	846,576
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	28	23,318
		-7	Refused	1	344
		1	Yes	928	733,951
		2	No	103	88,963
		1,060	846,576		
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	24	15,399
		1	Yes	866	693,873
		2	No	170	137,303
				1,060	846,576
SVCIDEA	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?	-8	Don't Know	36	26,373
		1	Yes	460	364,558
		2	No	564	455,644
				1,060	846,576
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	13	14,666
		1	Agree	1,038	826,912
		2	Disagree	9	4,998
				1,060	846,576
SVC5A	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	25	21,170
		1	Agree	1,012	811,209
		2	Disagree	23	14,197
				1,060	846,576
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	1	Yes	226	143,635
		2	No	834	702,941
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	11	3,755
		1	Yes	231	168,682
		2	No	818	674,139
				1,060	846,576
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	31	15,799
		1	Yes	337	239,962
		2	No	692	590,815
				1,060	846,576
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	16	13,622
		1	Yes	123	99,160
		2	No	921	733,794
				1,060	846,576
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	10	5,332
		1	Yes	526	410,215
		2	No	524	431,029
				1,060	846,576
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	2	3,960
		1	Yes	729	580,392
		2	No	329	262,224
				1,060	846,576
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	7	2,654
		1	Excellent	34	26,511
		2	Very Good	154	127,061
		3	Good	293	248,902
		4	Fair	322	242,436
		5	Poor	250	199,012
		1,060	846,576		
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	27	19,596
		1	Yes, Limited A Lot	578	458,403
		2	Yes, Limited A Little	281	233,369
		3	No, Not Limited At All	174	135,207

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,060	846,576
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	18	18,535
		1	Yes, Limited A Lot	645	505,692
		2	Yes, Limited A Little	257	212,568
		3	No, Not Limited At All	140	109,781
				1,060	846,576
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	24	13,208
		-7	Refused	1	1,117
		1	All Of The Time	230	174,728
		2	Most Of The Time	253	202,930
		3	Some Of The Time	317	249,169
		4	A Little Of The Time	152	136,545
		5	None Of The Time	83	68,878
				1,060	846,576
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	21	13,001
		-7	Refused	1	723
		1	All Of The Time	245	194,749
		2	Most Of The Time	252	193,100
		3	Some Of The Time	283	243,607
		4	A Little Of The Time	145	116,569
		5	None Of The Time	113	84,826
				1,060	846,576
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	19	17,439
		1	All Of The Time	70	54,198
		2	Most Of The Time	140	112,075
		3	Some Of The Time	292	241,043
		4	A Little Of The Time	220	177,575
		5	None Of The Time	319	244,246

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,060	846,576
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	30	23,435
		-7	Refused	3	2,449
		1	All Of The Time	57	40,595
		2	Most Of The Time	110	85,482
		3	Some Of The Time	248	214,676
		4	A Little Of The Time	218	169,377
		5	None Of The Time	394	310,562
				1,060	846,576
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?	-9	Not Ascertained	1	69
		-8	Don't Know	22	21,904
		-7	Refused	2	3,207
		1	All Of The Time	211	163,237
		2	Most Of The Time	230	190,618
		3	Some Of The Time	175	153,986
		4	A Little Of The Time	259	199,782
		5	None Of The Time	160	113,773
				1,060	846,576
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-9	Not Ascertained	1	69
		-8	Don't Know	9	6,770
		1	All Of The Time	134	114,069
		2	Most Of The Time	422	324,585
		3	Some Of The Time	303	247,279
		4	A Little Of The Time	145	129,036
		5	None Of The Time	46	24,768
				1,060	846,576
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-9	Not Ascertained	1	69
		-8	Don't Know	18	11,960
		1	All Of The Time	51	45,327
		2	Most Of The Time	152	126,885

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	334	267,639
		4	A Little Of The Time	313	248,306
		5	None Of The Time	191	146,390
				1,060	846,576
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-9	Not Ascertained	1	69
		-8	Don't Know	13	12,147
		1	All Of The Time	27	24,648
		2	Most Of The Time	126	93,799
		3	Some Of The Time	253	218,922
		4	A Little Of The Time	309	243,033
		5	None Of The Time	331	253,958
				1,060	846,576
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.)?				
		-9	Not Ascertained	1	69
		-8	Don't Know	23	20,538
		-7	Refused	3	2,725
		1	All Of The Time	172	129,262
		2	Most Of The Time	181	149,541
		3	Some Of The Time	215	162,293
		4	A Little Of The Time	170	142,806
		5	None Of The Time	295	239,342
				1,060	846,576
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE				
		.	Missing	143	112,077
		1	4 - < 20	149	108,971
		2	20 - < 25	131	103,224
		3	25 - < 30	130	110,298
		4	30 - < 35	155	120,039
		5	35 - < 40	134	101,208
		6	40 - < 45	84	79,638
		7	45 - < 50	74	60,150
		8	50 - < 55	32	31,762
		9	55 - < 65	27	18,802
		10	65 - < 70	1	408
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	143	112,077
		1	7 - < 35	137	102,625
		2	35 - < 40	110	102,552
		3	40 - < 45	131	99,795
		4	45 - < 50	132	98,699
		5	50 - < 53	81	71,571
		6	53 - < 56	85	72,557
		7	56 - < 59	58	42,367
		8	59 - < 62	65	55,039
		9	62 - < 65	68	49,724
		10	65 - < 80	50	39,572
				1,060	846,576
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	143	112,077
			22.1083	442	343,740
			30.6976	156	138,657
			39.287	159	123,927
			47.8763	85	72,632
			56.4656	75	55,543
					1,060
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	143	112,077
			20.3233	153	116,874
			24.9298	60	49,563
			29.5364	146	110,706
			34.1429	103	81,901
			38.7495	221	184,033
			43.356	82	69,116
			47.9626	67	54,740
			52.5691	35	30,071
	57.1757	50	37,495		
			1,060	846,576	
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN		Missing	143	112,077
			16.6777	145	100,049
			26.8693	230	181,694
			37.0608	156	134,125
			47.2523	210	176,892

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		57.4438		176	141,740
				1,060	846,576
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		143	112,077
		18.8673		214	174,363
		29.6476		290	210,965
		44.7401		253	215,424
		55.5204		134	113,843
		61.9886		26	19,905
				1,060	846,576
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		143	112,077
		27.6238		168	127,066
		37.6867		278	221,991
		47.7496		301	239,544
		57.8125		131	112,091
		67.8753		39	33,806
				1,060	846,576
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		143	112,077
		11.347		29	22,484
		16.9385		18	10,587
		22.5299		72	56,965
		28.1214		63	50,433
		33.7129		163	146,425
		39.3044		111	89,778
		44.8959		145	110,113
		50.4873		90	70,478
		56.0788		226	177,236
				1,060	846,576
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		143	112,077
		16.1764		144	105,661
		26.2742		164	139,196
		36.3721		194	147,924
		46.4699		158	137,538
		56.5677		257	204,180
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN		Missing	143	112,077
			15.7748	9	5,985
			21.8705	12	8,286
			27.9663	52	36,825
			34.0621	72	60,401
			40.1579	185	160,876
			46.2537	175	128,369
			52.3495	171	142,924
			58.4453	149	122,565
			64.541	92	68,267
			1,060	846,576	
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-9	Not Ascertained	1	69
		-8	Don't Know	8	5,093
		1	Much Better Than One Year Ago	77	67,907
		2	A Little Better Than One Year Ago	141	119,252
		3	About The Same As One Year Ago	383	290,141
		4	A Little Worse Than One Year Ago	242	219,569
		5	Worse Than One Year Ago	208	144,546
			1,060	846,576	
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...	-9	Not Ascertained	1	69
		-8	Don't Know	26	21,212
		-7	Refused	1	247
		1	About Enough	360	300,349
		2	Too Much	14	11,501
		3	Would Like To Be Doing More	658	513,199
			1,060	846,576	
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-9	Not Ascertained	1	69
		-8	Don't Know	56	46,609
		-7	Refused	1	2,549
		1	Yes	242	177,063
		2	No	760	620,287

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,060	846,576
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	8	3,856
		1	Yes	733	576,266
		2	No	319	266,454
				1,060	846,576
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	12	9,268
		1	Yes	774	612,005
		2	No	274	225,304
				1,060	846,576
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	8	3,698
		1	Yes	496	393,356
		2	No	554	449,265
		3	Does Not Apply	2	257
				1,060	846,576
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	32	26,394
		1	Yes	539	404,738
		2	No	489	415,444
				1,060	846,576
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	6	9,783
		1	Yes	388	290,889
		2	No	666	545,905
				1,060	846,576
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	4	1,458
		1	Yes	477	359,075
		2	No	579	486,043
				1,060	846,576
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	11	6,029
		1	Yes	217	158,147
		2	No	832	682,400
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	8	2,970
		1	Yes	232	179,687
		2	No	820	663,920
				1,060	846,576
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	19	13,193
		1	Yes	211	163,748
		2	No	830	669,635
				1,060	846,576
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	34	24,549
		1	Yes	269	214,318
		2	No	757	607,710
				1,060	846,576
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	13	10,924
		1	Yes	148	112,962
		2	No	899	722,690
				1,060	846,576
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	4	3,174
		1	Yes	689	541,731
		2	No	367	301,671
				1,060	846,576
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	5,015
		1	Yes	448	331,269
		2	No	607	510,292
				1,060	846,576
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	7	6,220
		1	Yes	242	187,187
		2	No	811	653,170
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	13	7,991
		1	Yes	131	113,863
		2	No	916	724,721
				1,060	846,576
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	3	1,053
		1	Yes	40	28,908
		2	No	1,016	813,868
		3	Does Not Apply	1	2,747
		1,060	846,576		
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	7	2,262
		1	Yes	28	26,268
		2	No	1,025	818,046
		1,060	846,576		
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	4	1,812
		1	Yes	628	497,715
		2	No	428	347,049
		1,060	846,576		
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	9	3,065
		1	Yes	15	15,120
		2	No	1,035	827,718
		3	Does Not Apply	1	673
		1,060	846,576		
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	9	6,446
		1	Yes	264	196,487
		2	No	786	641,457
		3	Does Not Apply	1	2,186
		1,060	846,576		
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	6	3,862

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	90	76,751
		2	No	963	765,349
		3	Does Not Apply	1	614
				1,060	846,576
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	14	10,347
		1	1 Medical Condition	22	17,941
		2	2 Medical Conditions	45	34,878
		3	3 Medical Conditions	83	80,798
		4	4 Medical Conditions	98	83,980
		5	5 Medical Conditions	124	109,903
		6	6 Medical Conditions	123	100,562
		7	7 Medical Conditions	137	103,051
		8	8 Medical Conditions	125	92,440
		9	9 Medical Conditions	100	77,733
		10	10 Medical Conditions	89	59,157
		11	11 Medical Conditions	46	30,911
		12	12 Medical Conditions	26	23,123
		13	13 Medical Conditions	17	14,033
		14	14 Medical Conditions	7	6,683
		15	15 Medical Conditions	2	519
		16	16 Medical Conditions	2	517
				1,060	846,576
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	35	28,750
		-1	Not Collected	14	10,347
		1	Yes	678	542,225
		2	No	333	265,253
				1,060	846,576
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	5	3,232
		-1	Not Collected	382	304,351
		1	Yes	606	490,234
		2	No	67	48,759

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,060	846,576
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	17	21,870
		-1	Not Collected	382	304,351
		1	Yes	218	177,603
		2	No	443	342,753
				1,060	846,576
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	8	8,576
		-1	Not Collected	382	304,351
		1	Yes	146	131,687
		2	No	524	401,962
				1,060	846,576
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	382	304,351
		1	Yes	53	44,907
		2	No	625	497,318
				1,060	846,576
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	780
		-1	Not Collected	382	304,351
		1	Yes	40	37,921
		2	No	635	503,524
				1,060	846,576
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]	-8	Don't Know	15	10,756
		-1	Not Collected	382	304,351
		1	Yes	37	27,656
		2	No	626	503,813

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,060	846,576
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?	-1	Not Collected	382	304,351
		1	Yes	50	33,521
		2	No	628	508,704
				1,060	846,576
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?	-1	Not Collected	382	304,351
		1	Yes	32	23,740
		2	No	646	518,485
				1,060	846,576
PFREAD	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?	-1	Not Collected	382	304,351
		1	Yes	88	80,446
		2	No	590	461,779
				1,060	846,576
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	45	39,045
		-1	Not Collected	14	10,347
		1	Not At All Confident	109	76,443
		2	A Little Confident	198	161,712
		3	Moderately Confident	355	284,119
		4	Very Confident	339	274,910
				1,060	846,576
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	11	14,729
		1	Yes	409	298,362
		2	No	640	533,485

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,060	846,576
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	36	31,068
		1	0-2 medications	166	147,221
		2	3-4 medications	201	160,858
		3	5-6 medications	228	181,131
		4	7-8 medications	176	129,876
		5	9+ medications	253	196,421
				1,060	846,576
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	11	5,407
		1	Yes	389	312,507
		2	No	660	528,662
				1,060	846,576
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	6	3,310
		1	Yes	105	80,286
		2	No	949	762,980
				1,060	846,576
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	5,139
		1	Yes	382	283,535
		2	No	676	557,902
				1,060	846,576
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-1	Not Collected	678	563,041
		1	Yes	149	103,883
		2	No	233	179,652
				1,060	846,576
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	2	1,444
		-7	Refused	1	1,279
		1	Yes	615	487,770
		2	No	442	356,084
				1,060	846,576
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	1,933

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	445	358,806
		1	Yes	537	421,871
		2	No	76	63,966
				1,060	846,576
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	1	1,391
		-7	Refused	1	1,803
		1	Yes	344	265,029
		2	No	714	578,353
				1,060	846,576
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	1	879
		-1	Not Collected	716	581,547
		1	Yes	138	90,670
		2	No	205	173,480
				1,060	846,576
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?				
		-8	Don't Know	1	1,077
		1	Yes	413	323,849
		2	No	646	521,650
				1,060	846,576
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?				
		-8	Don't Know	2	975
		-1	Not Collected	647	522,727
		1	Yes	295	219,164
		2	No	116	103,709
				1,060	846,576
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?				
		-8	Don't Know	1	408
		1	Yes	275	198,701
		2	No	784	647,467
				1,060	846,576
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?				
		-1	Not Collected	785	647,875
		1	Yes	194	134,000
		2	No	81	64,702
				1,060	846,576
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?				
		-8	Don't Know	5	4,242
		-7	Refused	1	1,803

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	706	552,173
		2	No	348	288,358
				1,060	846,576
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	4	3,372
		-1	Not Collected	354	294,403
		1	Yes	238	186,604
		2	No	464	362,197
				1,060	846,576
PFEAT	DO YOU HAVE DIFFICULTY EATING?	1	Yes	89	56,871
		2	No	971	789,705
				1,060	846,576
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	3,336
		-1	Not Collected	971	789,705
		1	Yes	28	18,370
		2	No	60	35,166
				1,060	846,576
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-9	Not Ascertained	1	190
		-8	Don't Know	1	650
		1	Yes	148	106,028
		2	No	910	739,708
				1,060	846,576
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	912	740,548
		1	Yes	76	49,946
		2	No	72	56,083
				1,060	846,576
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	1	445
		1	Yes	305	250,197
		2	No	754	595,933
				1,060	846,576
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	1,646
		-1	Not Collected	755	596,379
		1	Yes	278	223,773
		2	No	26	24,779

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,060	846,576
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	1	236
		1	Yes	505	393,496
		2	No	554	452,844
				1,060	846,576
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	3	491
		-1	Not Collected	555	453,080
		1	Yes	405	313,735
		2	No	97	79,270
				1,060	846,576
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	4	1,544
		1	Yes	507	398,651
		2	No	549	446,381
				1,060	846,576
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	486
		-1	Not Collected	553	447,925
		1	Yes	460	356,247
		2	No	46	41,918
				1,060	846,576
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	8	4,240
		-7	Refused	1	1,463
		1	Yes	858	677,127
		2	No	193	163,746
				1,060	846,576
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	3	885
		-1	Not Collected	202	169,449
		1	Yes	799	636,979
		2	No	56	39,264
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	5	3,487
		1	Yes	234	189,727
		2	No	821	653,362
				1,060	846,576
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	826	656,849
		1	Yes	204	166,159
		2	No	30	23,568
				1,060	846,576
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	1	1,110
		1	Yes	129	102,331
		2	No	930	743,135
				1,060	846,576
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	931	744,245
		1	Yes	117	94,001
		2	No	12	8,330
				1,060	846,576
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	1	Yes	595	475,029
		2	No	465	371,547
				1,060	846,576
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	8	5,057
		-1	Not Collected	465	371,547
		1	Yes	301	237,997
		2	No	286	231,974
				1,060	846,576
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	117	89,123
		1	Yes	437	359,507
		2	No	506	397,946
				1,060	846,576
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	3	2,965

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,391
		-1	Not Collected	623	487,069
		1	Yes	61	44,707
		2	No	130	120,238
		3	Never Uses Bus	242	190,206
				1,060	846,576
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?				
		-8	Don't Know	1	243
		-1	Not Collected	999	801,869
		1	Yes	50	37,126
		2	No	10	7,338
				1,060	846,576
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?				
		-8	Don't Know	8	5,661
		-7	Refused	2	1,392
		-1	Not Collected	188	147,672
		1	Family	548	441,248
		2	Someone Else Like Friend/Neighbor/Other	237	191,243
		3	Did Not Receive Help	77	59,359
				1,060	846,576
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?				
		-8	Don't Know	10	12,191
		-1	Not Collected	512	405,328
		1	Husband	43	31,633
		2	Wife	36	30,424
		3	Son	103	80,183
		4	Son-In-Law	2	937
		5	Daughter	230	186,789
		6	Daughter-In-Law	11	6,262
		7	Father	1	1,538
		8	Mother	3	3,907
		9	Brother	5	5,150
		10	Sister	21	15,381
		11	Grandson	17	12,180
		12	Granddaughter	28	28,333
		13	Nephew	11	5,769
		14	Niece	19	15,971

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		91	Other Relative	8	4,600
				1,060	846,576
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	10	8,370
		0	0 limitations	266	226,234
		1	1 limitation	276	206,629
		2	2 limitations	174	163,578
		3	3 limitations	136	103,237
		4	4 limitations	98	70,231
		5	5 limitations	72	50,913
		6	6 limitations	28	17,385
				1,060	846,576
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	267	226,966
		1	1 limitation	278	208,492
		2	2 limitations	176	165,619
		3	3 limitations	139	104,760
		4	4 limitations	100	72,442
		5	5 limitations	72	50,913
		6	6 limitations	28	17,385
				1,060	846,576
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	10	8,370
		1	Yes	334	241,766
		2	No	716	596,440
				1,060	846,576
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	339	245,500
		2	No	721	601,076
				1,060	846,576
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	7	7,683
		0	0 limitations	646	523,778
		1	1 limitation	168	149,857
		2	2 limitations	91	71,171

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 limitations	56	29,345
		4	4 limitations	35	27,107
		5	5 limitations	43	29,118
		6	6 limitations	14	8,516
				1,060	846,576
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER	0	0 limitations	648	525,034
SSS	PERSON, SSS VERSION	1	1 limitation	169	153,193
		2	2 limitations	93	71,846
		3	3 limitations	57	30,296
		4	4 limitations	36	28,573
		5	5 limitations	43	29,118
		6	6 limitations	14	8,516
				1,060	846,576
IADLAOA7	PERSON COUNT BY # OF IADL	.	Missing	27	18,959
	DIFFICULTIES (AMONG 7 ACTIVITIES):	0	0 limitations	206	165,403
	GOING OUTSIDE HOME, MONEY	1	1 limitation	181	141,868
	MANAGEMENT, PREPARING MEALS,	2	2 limitations	166	138,929
	LIGHT HOUSEWORK, MEDICATION	3	3 limitations	186	156,360
	MANAGEMENT, USING THE PHONE, OR	4	4 limitations	113	87,150
	DRIVING CAR/PUBLIC	5	5 limitations	75	53,677
	TRANSPORTATION.	6	6 limitations	64	53,360
		7	7 limitations	42	30,869
				1,060	846,576
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	212	168,570
SSS		1	1 limitation	186	145,326
		2	2 limitations	171	141,969
		3	3 limitations	192	161,036
		4	4 limitations	116	89,592
		5	5 limitations	77	55,852
		6	6 limitations	64	53,360
		7	7 limitations	42	30,869
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	16	9,855
		0	0 limitations	291	239,014
		1	1 limitation	183	137,487
		2	2 limitations	156	141,647
		3	3 limitations	154	117,103
		4	4 limitations	95	70,132
		5	5 limitations	66	54,114
		6	6 limitations	58	46,689
		7	7 limitations	41	30,535
					1,060
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	296	242,671
		1	1 limitation	186	138,087
		2	2 limitations	157	142,340
		3	3 limitations	160	121,871
		4	4 limitations	96	70,269
		5	5 limitations	66	54,114
		6	6 limitations	58	46,689
		7	7 limitations	41	30,535
			1,060	846,576	
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	35	23,901
		0	0 limitations	115	98,400
		1	1 limitation	133	97,932
		2	2 limitations	146	118,333
		3	3 limitations	162	141,410
		4	4 limitations	179	144,401
		5	5 limitations	110	85,028
		6	6 limitations	74	52,940

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	64	53,360
		8	8 limitations	42	30,869
				1,060	846,576
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	121	102,798
		1	1 limitation	141	101,672
		2	2 limitations	151	121,763
		3	3 limitations	167	144,450
		4	4 limitations	185	149,078
		5	5 limitations	113	87,470
		6	6 limitations	76	55,115
		7	7 limitations	64	53,360
		8	8 limitations	42	30,869
				1,060	846,576
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	19	10,740
		0	0 limitations	173	141,671
		1	1 limitation	166	132,612
		2	2 limitations	150	122,422
		3	3 limitations	151	127,559
		4	4 limitations	143	111,264
		5	5 limitations	94	69,708
		6	6 limitations	65	53,377
		7	7 limitations	58	46,689
		8	8 limitations	41	30,535
				1,060	846,576
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	178	144,008
		1	1 limitation	168	134,541
		2	2 limitations	153	123,022
		3	3 limitations	153	128,526
		4	4 limitations	149	116,033
		5	5 limitations	95	69,845
		6	6 limitations	65	53,377

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	58	46,689
		8	8 limitations	41	30,535
				1,060	846,576
AGEC	AGE CATEGORY	2	60-64 years	74	52,234
		3	65-74 years	249	204,973
		4	75-84 years	370	289,830
		5	85+ years	367	299,538
				1,060	846,576
GENDER	WHAT IS YOUR GENDER?	1	Male	322	270,441
		2	Female	738	576,135
				1,060	846,576
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	6	2,227
		1	Less Than High School Diploma	398	291,110
		2	High School Diploma Or GED	355	295,370
		3	Some College(Business/Vocational/Techni)	209	174,330
		4	Bachelor's Degree	43	40,265
		5	Some Post-Graduate Work/Advanced Degree	49	43,274
				1,060	846,576
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	11	7,571
		-7	Refused	1	3,336
		1	Yes	59	51,080
		2	No	989	784,589
				1,060	846,576
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	1	129
		-7	Refused	8	8,378
		1	Yes	787	624,641
		2	No	264	213,429
				1,060	846,576
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	1	129
		-7	Refused	8	8,378
		1	Yes	210	156,159
		2	No	841	681,911
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	1	129
		-7	Refused	8	8,378
		1	Yes	5	7,504
		2	No	1,046	830,566
				1,060	846,576
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	1	129
		-7	Refused	8	8,378
		1	Yes	39	34,377
		2	No	1,012	803,692
				1,060	846,576
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	1	129
		-7	Refused	8	8,378
		1	Yes	6	7,106
		2	No	1,045	830,963
				1,060	846,576
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	1	129
		-7	Refused	8	8,378
		1	Yes	25	23,213
		2	No	1,026	814,857
				1,060	846,576
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.)	-8	Don't Know	3	847
		1	Yes	188	158,441
		2	No	869	687,287
				1,060	846,576
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	20	13,687
		1	The City	553	477,372
		2	The Suburbs	214	169,769
		3	A Rural Area	273	185,749
				1,060	846,576
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	1	Yes	612	490,905
		2	No	448	355,671
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-1	Not Collected	612	490,905
		1	Yes	239	180,592
		2	No	209	175,078
				1,060	846,576
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-1	Not Collected	612	490,905
		1	Yes	163	138,852
		2	No	285	216,818
				1,060	846,576
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-1	Not Collected	612	490,905
		1	Yes	101	88,660
		2	No	347	267,010
				1,060	846,576
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-1	Not Collected	612	490,905
		1	Yes	34	25,936
		2	No	414	329,735
				1,060	846,576
LIVARRC	WHO DO YOU LIVE WITH?	1	Alone	612	490,905
		2	With spouse only	194	140,627
		3	With children only	92	73,956
		4	With spouse and children	25	25,510
		5	With others	137	115,577
				1,060	846,576
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	1	1 Person	614	491,457
		2	2 People	329	245,783
		3	3 People	82	78,113
		4	4 People	20	18,056
		5	5 People	8	4,344
		6	6 People	5	6,251
		7	7 People	1	913
		8	8 People	1	1,659
		1,060	846,576		
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	3	832
		-7	Refused	2	1,212
		1	Married	254	192,123
		2	Widowed	552	442,351
		3	Divorced	162	140,075

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Separated	20	17,663
		5	Never Married	67	52,320
				1,060	846,576
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 2011 ABOVE OR BELOW \$20,000?				
		-8	Don't Know	102	79,949
		-7	Refused	21	24,590
		1	Below \$20,000 [1666 Per Month Or Less]	706	533,809
		2	Above \$20,000 [1667 Per Month Or More]	231	208,228
				1,060	846,576
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?				
		.	Missing	123	104,539
		-8	Don't Know	86	67,889
		-7	Refused	19	17,037
		1	\$5,000 or less	71	51,412
		2	\$5,001-\$10,000	167	115,375
		3	\$10,001-\$15,000	241	175,698
		4	\$15,001-\$20,000	151	126,414
		5	\$20,001-\$25,000	88	88,098
		6	\$25,001-\$30,000	45	34,058
		7	\$30,001-\$35,000	16	10,130
		8	\$35,001-\$40,000	25	24,450
		9	\$40,001-\$50,000	16	16,318
		10	ABOVE \$50,000	12	15,160
				1,060	846,576
URBAN	URBAN				
		-9	Invalid Zip Code, or Foreign Zip Code	18	21,337
		0	Rural (Not in Urbanized Area or Urban Cluster)	377	255,848
		1	In Urbanized Area	473	420,565
		2	In Urban Cluster	192	148,827
				1,060	846,576
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,060	846,576
				1,060	846,576
VARUNIT	VARIANCE UNIT	1	Variance unit 1	512	395,986

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Variance unit 2	548	450,590
				1,060	846,576
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	6.47 - 4003.51	Weight range	1,060	846,576
				1,060	846,576
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	3.16 - 6945.50	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	1.91 - 6571.01	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	8.62 - 6295.35	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	1.96 - 7717.31	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	2.05 - 6584.03	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	4.24 - 8485.58	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	2.09 - 6217.73	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	9.70 - 8431.27	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	1.90 - 6727.82	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	3.94 - 8241.62	Replicate weight range	1,060	846,576
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	2.58 - 6954.16	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	11.06 - 7632.77	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	3.36 - 6609.44	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	1.71 - 7286.59	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	10.48 - 6754.18	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.20 - 6652.79	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	1.70 - 6337.65	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	11.40 - 6444.33	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	2.16 - 6536.20	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	3.39 - 6500.03	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	10.95 - 6597.78	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	1.50 - 6989.47	Replicate weight range	1,060	846,576
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	3.56 - 5845.03	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	1.99 - 7024.37	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	11.36 - 6830.31	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	1.66 - 6657.19	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	3.97 - 6570.36	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	1.67 - 6441.67	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.79 - 6310.76	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	13.44 - 7015.93	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	1.84 - 6462.07	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	3.05 - 6533.00	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	1.66 - 7386.15	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	11.60 - 6656.59	Replicate weight range	1,060	846,576
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	2.11 - 6651.21	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	3.27 - 7648.59	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	11.74 - 5794.10	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	1.68 - 8317.75	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	4.09 - 6296.08	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	2.07 - 7779.84	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	12.81 - 6080.34	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	1.91 - 8085.85	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	3.69 - 6783.75	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	1.92 - 7541.13	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	1.90 - 6856.51	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	12.66 - 6516.91	Replicate weight range	1,060	846,576
				1,060	846,576

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	1.82 - 6665.75	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.98 - 7408.86	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	3.11 - 6818.98	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	2.12 - 5924.92	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	9.83 - 6902.51	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	1.92 - 6339.90	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	1.80 - 6235.61	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	4.00 - 6522.24	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	1.83 - 5800.72	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	8.05 - 7522.46	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	1.54 - 6978.83	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	3.88 - 6733.29	Replicate weight range	1,060	846,576
				1,060	846,576

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.96 - 6543.63	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	9.76 - 6620.48	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	3.66 - 6557.30	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	1.87 - 7191.78	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	10.85 - 6870.93	Replicate weight range	1,060	846,576
				1,060	846,576
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.52 - 6256.29	Replicate weight range	1,060	846,576
				1,060	846,576