

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
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?
HMDES	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?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?

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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 THE QUALITY OF FOOD 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?
SVCPGR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?

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SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	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?
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?

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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?
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?

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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/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDIFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?

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PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	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

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ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	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
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?
DEHBM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?

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DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PF_WMO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?

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 2013 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	WHAT IS YOUR GENDER?
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMONTIME	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 THE QUALITY OF FOOD 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, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
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 2013?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?

Alphabetical Listing of Variables

Name	Type	Description
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID
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?
PFCNF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
PF_WMO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	1,018	819,958
				1,018	819,958
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?				
		1	Today Or Yesterday	611	480,518
		2	More Than 1 Day To 1 Week Ago	233	206,426
		3	More Than 1 Week To 1 Month Ago	48	34,850
		4	More Than 1 Month Ago	126	98,164
				1,018	819,958
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?				
		-8	Don't Know	54	43,332
		1	6 Months Or Less	210	157,895
		2	More Than 6 Months But Less Than 1 Year	187	167,138
		3	At Least 1 Year But Less Than 2 Years	232	180,176
		4	2 To 5 Years	277	222,338
		5	More Than 5 Years	58	49,080
				1,018	819,958
HMATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	22	11,117
		-7	Refused	1	430
		1	1 Meal	691	561,826
		2	2 Meals	136	103,507
		3	3 Meals	16	18,930
		4	4 Meals	11	10,222
		5	5 Meals	72	52,766
		6	6 Meals	11	8,812
		7	7 Meals	55	51,514
		91	Other	3	833
				1,018	819,958
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	12	8,093
		0	0 Days	2	2,266
		1	1 Day	187	157,861
		2	2 Days	37	29,323
		3	3 Days	87	66,806
		4	4 Days	49	35,848
		5	5 Days	577	457,189

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 Days	18	25,832
		7	7 Days	49	36,740
				1,018	819,958
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	51	48,166
		1	Less Than One-Third	66	58,084
		2	Between One-Third And One-Half	277	222,868
		3	About One-Half	310	239,115
		4	More Than One-Half	309	249,956
		91	Other	5	1,769
				1,018	819,958
HMFRUIT	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	37	30,933
		-7	Refused	1	717
		0	0 Servings	65	53,329
		1	1 Serving	494	388,889
		2	2 Servings	236	192,563
		3	3 Servings	100	80,552
		4	4 Servings	25	25,290
		5	5 Servings	9	6,515
		6	6 Servings	3	2,986
		7	7 Servings	2	839
		8	8 Servings	1	189
		10	10 Servings	2	1,923
		99	Less than one serving	43	35,232
				1,018	819,958
HMEATFRT	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?	-8	Don't Know	10	8,688
		1	Yes	934	736,441
		2	No	74	74,830
				1,018	819,958
HMPOTATO	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	29	27,995
		0	0 Servings	144	117,735
		1	1 Serving	645	516,656
		2	2 Servings	73	57,077

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Servings	18	11,441
		4	4 Servings	1	368
		7	7 Servings	1	727
		99	Less than one serving	107	87,959
				1,018	819,958
HMEATPOT	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	15	10,415
		1	Yes	932	746,706
		2	No	71	62,837
				1,018	819,958
HMVEGS	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	32	29,654
		0	0 Servings	38	33,059
		1	1 Serving	532	427,377
		2	2 Servings	259	211,112
		3	3 Servings	73	52,444
		4	4 Servings	17	15,093
		5	5 Servings	2	1,679
		6	6 Servings	5	4,478
		8	8 Servings	2	2,118
		99	Less than one serving	58	42,944
				1,018	819,958
HMEATVEG	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?				
		-8	Don't Know	8	5,502
		1	Yes	930	748,217
		2	No	80	66,239
				1,018	819,958
HMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY				
		.	Missing	47	42,945
		1	1 Serving	124	107,958
		2	2 Servings	491	396,072
		3	3 Servings	208	155,873
		4	4 Servings	82	64,175
		5	5 Servings	21	13,600
		6	6 Servings	14	12,742
		7	7 Servings	2	3,592
		8	8 Servings	1	368
		9	9 Servings	3	2,294

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		10	10 Servings	1	727
		99	Less than one serving	24	19,613
				1,018	819,958
HMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	68	54,536
		1	1 Serving	37	39,259
		2	2 Servings	130	96,817
		3	3 Servings	319	261,300
		4	4 Servings	189	155,071
		5	5 Servings	124	85,121
		6	6 Servings	65	54,202
		7	7 Servings	34	31,363
		8	8 Servings	25	24,277
		9	9 Servings	7	6,560
		10	10 Servings	4	1,752
		11	11 Servings	2	2,118
		13	13 Servings	3	1,028
		15	15 Servings	3	2,457
		18	18 Servings	1	368
		99	Less than one serving	7	3,729
				1,018	819,958
HMBREAD	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	31	24,739
		0	0 Servings	35	26,159
		1	1 Serving	459	376,237
		2	2 Servings	277	217,618
		3	3 Servings	131	102,901
		4	4 Servings	46	38,731
		5	5 Servings	4	5,065
		6	6 Servings	6	2,735
		10	10 Servings	1	1,611
		99	Less than one serving	28	24,161
				1,018	819,958
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	21,787
		-7	Refused	1	1,516
		1	Yes	911	732,854

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	84	63,801
				1,018	819,958
HMDDES	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	24	23,039
		-7	Refused	1	735
		0	0 Servings	189	146,759
		1	1 Serving	516	413,639
		2	2 Servings	163	132,820
		3	3 Servings	32	25,592
		4	4 Servings	10	10,073
		5	5 Servings	4	2,045
		6	6 Servings	2	1,105
		99	Less than one serving	77	64,150
				1,018	819,958
HMEATDES	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	26	28,484
		1	Yes	872	690,754
		2	No	120	100,721
				1,018	819,958
HMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	75	64,943
		1	1 Serving	124	99,406
		2	2 Servings	333	266,135
		3	3 Servings	219	176,840
		4	4 Servings	134	109,840
		5	5 Servings	58	47,333
		6	6 Servings	31	23,307
		7	7 Servings	12	6,977
		8	8 Servings	2	2,968
		9	9 Servings	2	2,081
		10	10 Servings	1	175
		12	12 Servings	1	1,611
		99	Less than one serving	26	18,341
				1,018	819,958
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	28	23,047
		-7	Refused	1	735
		0	0 Servings	81	71,153

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Serving	524	420,789
		2	2 Servings	234	187,944
		3	3 Servings	89	73,440
		4	4 Servings	18	9,906
		5	5 Servings	10	7,387
		6	6 Servings	2	3,947
		99	Less than one serving	31	21,610
				1,018	819,958
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	7	7,249
		-7	Refused	1	2,980
		1	Yes	867	693,514
		2	No	143	116,215
				1,018	819,958
HMMEAT	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	26	25,078
		0	0 Servings	27	19,005
		1	1 Serving	557	461,263
		2	2 Servings	284	221,419
		3	3 Servings	73	53,878
		4	4 Servings	9	6,027
		5	5 Servings	2	1,195
		99	Less than one serving	40	32,092
				1,018	819,958
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	10	11,875
		1	Yes	969	774,657
		2	No	39	33,426
				1,018	819,958
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	39	36,868
		0	0 Servings	190	161,541
		1	1 Serving	554	440,479

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 Servings	117	92,535
		3	3 Servings	26	13,673
		4	4 Servings	5	4,886
		5	5 Servings	2	816
		6	6 Servings	2	1,743
		8	8 Servings	1	233
		99	Less than one serving	82	67,184
				1,018	819,958
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	23	21,426
		-7	Refused	1	2,352
		1	Yes	829	663,888
		2	No	165	132,292
				1,018	819,958
HMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY				
		.	Missing	51	48,570
		1	1 Serving	158	135,421
		2	2 Servings	437	343,453
		3	3 Servings	217	173,408
		4	4 Servings	89	76,192
		5	5 Servings	20	13,607
		6	6 Servings	18	6,473
		7	7 Servings	6	4,698
		8	8 Servings	2	1,753
		10	10 Servings	1	210
		11	11 Servings	1	233
		99	Less than one serving	18	15,941
				1,018	819,958
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?				
		-8	Don't Know	4	3,215
		-7	Refused	1	197
		1	Excellent	271	199,074
		2	Very Good	396	322,843
		3	Good	231	202,270
		4	Fair	92	76,377
		5	Poor	23	15,982
				1,018	819,958
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT				
		.	Missing	5	3,412

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Rating of Good to Excellent	898	724,187
		2	Rating of Fair or Poor	115	92,359
				1,018	819,958
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	17	13,251
		-7	Refused	1	430
		1	Always	304	238,833
		2	Usually	416	334,366
		3	Sometimes	240	193,570
		4	Seldom	33	32,086
		5	Never	7	7,422
				1,018	819,958
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	7	6,410
		1	Always	342	278,977
		2	Usually	421	316,826
		3	Sometimes	205	182,627
		4	Seldom	34	27,713
		5	Never	9	7,405
				1,018	819,958
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	27	23,878
		-7	Refused	2	1,036
		1	Yes	248	202,314
		2	No	741	592,730
				1,018	819,958
HNRFAQ1	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	81	68,575
		2	No	166	133,064
				1,018	819,958
HNRFAQ2	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	55	45,989
		2	No	192	155,650

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
HNRFAQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	2	1,270
		2	No	245	200,369
				1,018	819,958
HNRFAQ4	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	5	2,928
		2	No	242	198,711
				1,018	819,958
HNRFAQ5	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	23	20,072
		2	No	224	181,567
				1,018	819,958
HNRFAQ6	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	10	7,538
		2	No	237	194,101
				1,018	819,958
HNRFAQ7	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	9	8,872
		2	No	238	192,767
				1,018	819,958
HNRFAQ8	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	2	4,764
		2	No	245	196,875

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
HNRFQ9	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	2	2,405
		2	No	245	199,234
				1,018	819,958
HNRFQ10	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	1	606
		2	No	246	201,033
				1,018	819,958
HNRFQ11	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	89	69,011
		2	No	158	132,628
				1,018	819,958
HNRFQOT	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER?	-8	Don't Know	1	675
		-1	Not Collected	770	617,644
		1	Yes	21	16,297
		2	No	226	185,342
				1,018	819,958
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	9	6,348
		1	Always	648	525,384
		2	Usually	277	217,946
		3	Sometimes	69	59,533
		4	Seldom	7	3,526
		5	Never	8	7,221
				1,018	819,958
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	26	22,388
		-7	Refused	1	2,980
		1	Yes	933	745,510
		2	No	58	49,081
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	10	13,610
		1	Yes	968	773,206
		2	No	40	33,142
				1,018	819,958
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	40	33,392
		1	Yes	840	663,471
		2	No	138	123,095
				1,018	819,958
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	100	82,103
		-7	Refused	1	172
		1	Yes	776	618,670
		2	No	141	119,012
				1,018	819,958
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	16	10,968
		1	Yes	938	751,464
		2	No	64	57,527
				1,018	819,958
HMFLBR2	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?	-8	Don't Know	43	41,306
		-7	Refused	1	1,150
		1	Yes	872	698,758
		2	No	102	78,744
				1,018	819,958
HMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	22	14,848
		1	Yes	704	575,885
		2	No	292	229,226
				1,018	819,958
HMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	17	12,885
		-7	Refused	2	1,090
		1	Yes	187	148,153
		2	No	812	657,830
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	11	7,354
		-7	Refused	2	1,217
		1	Yes	166	128,880
		2	No	839	682,506
				1,018	819,958
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	2	3,313
		1	Yes	98	74,633
		2	No	918	742,012
				1,018	819,958
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	5	1,480
		1	Yes	81	64,195
		2	No	932	754,283
		1,018	819,958		
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	7	6,753
		1	Yes	319	249,055
		2	No	692	564,150
		1,018	819,958		
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	28	27,452
		1	Yes	296	229,066
		2	No	694	563,441
		1,018	819,958		
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	6	3,673
		1	Yes	215	172,517
		2	No	797	643,768
		1,018	819,958		
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	5	3,742
		1	Yes	39	30,252
		2	No	974	785,964
		1,018	819,958		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	5	6,295
		1	Yes	188	143,967
		2	No	825	669,696
				1,018	819,958
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	6	4,807
		1	Yes	113	85,938
		2	No	899	729,213
				1,018	819,958
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	4	4,010
		1	Yes	27	22,168
		2	No	987	793,780
				1,018	819,958
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	23	11,413
		1	Yes	179	150,912
		2	No	816	657,633
				1,018	819,958
SVCCOUNT	SERVICE COMBINATIONS	1	Home Delivered Meals only	405	329,138
		2	Home Delivered Meals and 1 additional service	228	179,546
		3	Home Delivered Meals and 2 additional services	154	131,095
		4	Home Delivered Meals and 3 additional services	105	82,483
		5	Home Delivered Meals and 4 additional services	62	53,590
		6	Home Delivered Meals and 5 additional services	41	26,416
		7	Home Delivered Meals and 6 additional services	14	13,290
		8	Home Delivered Meals and 7 additional services	4	2,708
		9	Home Delivered Meals and 8 additional services	4	1,483
		10	Home Delivered Meals and 9 additional services	1	210
			1,018	819,958	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	7	6,807
		1	Yes	80	63,843
		2	No	931	749,308
				1,018	819,958
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	12	11,686
		1	Yes	196	157,478
		2	No	810	650,794
				1,018	819,958
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	11	8,034
		1	Yes	123	99,892
		2	No	884	712,032
				1,018	819,958
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	2	757
		1	Yes	56	50,452
		2	No	960	768,748
				1,018	819,958
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	13	14,855
		1	Yes	48	40,074
		2	No	957	765,029
				1,018	819,958
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	16	9,456
		1	Yes	165	137,783
		2	No	837	672,719
				1,018	819,958
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	8	4,191
		-1	Not Collected	306	246,823
		1	Excellent	181	137,130

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Very Good	269	221,182
		3	Good	198	163,881
		4	Fair	42	39,132
		5	Poor	14	7,621
				1,018	819,958
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?				
		-8	Don't Know	13	11,662
		1	Yes	850	688,108
		2	No	155	120,188
				1,018	819,958
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?				
		-8	Don't Know	36	29,822
		-7	Refused	1	1,476
		1	Yes	881	717,076
		2	No	100	71,585
				1,018	819,958
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?				
		-8	Don't Know	26	23,193
		-7	Refused	1	1,476
		1	Yes	828	660,525
		2	No	163	134,764
				1,018	819,958
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	52	37,585
		-7	Refused	2	718
		1	Yes	455	381,084
		2	No	509	400,570
				1,018	819,958
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?				
		-8	Don't Know	16	10,351
		1	Agree	988	797,920
		2	Disagree	14	11,687
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5UPOS	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	30	22,345
		1	Agree	964	775,610
		2	Disagree	24	22,003
				1,018	819,958
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	3	1,863
		1	Yes	224	176,088
		2	No	791	642,007
		1,018	819,958		
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	19	18,276
		1	Yes	175	139,531
		2	No	824	662,151
		1,018	819,958		
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	34	24,426
		1	Yes	288	234,825
		2	No	696	560,708
		1,018	819,958		
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	9	9,043
		1	Yes	129	113,826
		2	No	880	697,089
		1,018	819,958		
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	15	13,617
		-7	Refused	1	1,404
		1	Yes	506	401,580
		2	No	496	403,358
		1,018	819,958		
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	8	5,737
		1	Yes	672	533,886
		2	No	338	280,335
		1,018	819,958		
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	6	7,140
		-7	Refused	1	1,020
		1	Excellent	38	32,238
		2	Very Good	120	102,990

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Good	319	268,202
		4	Fair	321	247,716
		5	Poor	213	160,652
				1,018	819,958
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	11	12,792
		-7	Refused	3	774
		1	Yes, Limited A Lot	540	407,147
		2	Yes, Limited A Little	303	255,111
		3	No, Not Limited At All	161	144,136
				1,018	819,958
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	22	23,154
		-7	Refused	2	622
		1	Yes, Limited A Lot	604	476,949
		2	Yes, Limited A Little	265	223,287
		3	No, Not Limited At All	125	95,947
				1,018	819,958
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	16	14,232
		-7	Refused	1	67
		1	All Of The Time	205	179,951
		2	Most Of The Time	322	244,286
		3	Some Of The Time	260	195,480
		4	A Little Of The Time	146	127,811
		5	None Of The Time	68	58,130
				1,018	819,958
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	9	5,834
		-7	Refused	1	555
		1	All Of The Time	259	203,358
		2	Most Of The Time	267	199,642
		3	Some Of The Time	270	210,259

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Of The Time	139	129,536
		5	None Of The Time	73	70,774
				1,018	819,958
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	9	10,475
		-7	Refused	1	439
		1	All Of The Time	77	56,407
		2	Most Of The Time	137	99,515
		3	Some Of The Time	286	221,315
		4	A Little Of The Time	210	170,196
		5	None Of The Time	298	261,611
				1,018	819,958
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	20	18,608
		1	All Of The Time	64	43,886
		2	Most Of The Time	119	81,804
		3	Some Of The Time	215	169,476
		4	A Little Of The Time	227	183,581
		5	None Of The Time	373	322,603
				1,018	819,958
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?				
		-8	Don't Know	17	15,683
		-7	Refused	1	899
		1	All Of The Time	193	165,579
		2	Most Of The Time	224	182,787
		3	Some Of The Time	150	118,607
		4	A Little Of The Time	258	199,507
		5	None Of The Time	175	136,898
				1,018	819,958
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	4	3,252
		1	All Of The Time	128	109,662

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	422	341,035
		3	Some Of The Time	277	228,646
		4	A Little Of The Time	153	115,691
		5	None Of The Time	34	21,673
				1,018	819,958
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	11	8,498
		-7	Refused	2	2,986
		1	All Of The Time	33	21,224
		2	Most Of The Time	134	125,069
		3	Some Of The Time	347	290,559
		4	A Little Of The Time	307	230,025
		5	None Of The Time	184	141,598
				1,018	819,958
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	8	7,414
		1	All Of The Time	29	17,781
		2	Most Of The Time	91	59,173
		3	Some Of The Time	294	236,041
		4	A Little Of The Time	278	217,970
		5	None Of The Time	318	281,580
				1,018	819,958
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?				
		-8	Don't Know	25	18,512
		-7	Refused	1	555
		1	All Of The Time	149	120,022
		2	Most Of The Time	172	125,676
		3	Some Of The Time	245	194,690
		4	A Little Of The Time	161	126,789
		5	None Of The Time	265	233,713
				1,018	819,958
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE				
		.	Missing	119	98,084
		1	4 - < 20	134	100,352
		2	20 - < 25	117	94,140
		3	25 - < 30	185	159,493
		4	30 - < 35	119	87,640

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	35 - < 40	137	106,296
		6	40 - < 45	99	89,551
		7	45 - < 50	55	38,309
		8	50 - < 55	36	28,002
		9	55 - < 65	17	18,091
				1,018	819,958
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	119	98,084
		1	7 - < 35	134	96,253
		2	35 - < 40	101	66,296
		3	40 - < 45	141	119,627
		4	45 - < 50	131	109,328
		5	50 - < 53	71	57,889
		6	53 - < 56	69	61,478
		7	56 - < 59	73	60,490
		8	59 - < 62	77	56,903
		9	62 - < 65	53	51,671
		10	65 - < 80	49	41,938
				1,018	819,958
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	119	98,084
			22.1083	395	307,341
			30.6976	177	132,107
			39.287	169	155,270
			47.8763	96	77,252
			56.4656	62	49,904
				1,018	819,958
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	119	98,084
			20.3233	136	117,825
			24.9298	79	53,823
			29.5364	178	140,030
			34.1429	114	81,755
			38.7495	202	155,916
			43.356	63	54,861
			47.9626	71	63,344
			52.5691	18	14,164
			57.1757	38	40,155
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		119	98,084
		16.6777		155	122,393
		26.8693		236	184,398
		37.0608		141	113,650
		47.2523		201	161,141
		57.4438		166	140,293
					1,018
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		119	98,084
		18.8673		186	143,350
		29.6476		287	221,125
		44.7401		285	236,101
		55.5204		110	94,931
		61.9886		31	26,367
					1,018
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		119	98,084
		27.6238		163	127,742
		37.6867		272	204,008
		47.7496		319	263,274
		57.8125		117	107,665
		67.8753		28	19,185
					1,018
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		119	98,084
		11.347		28	21,139
		16.9385		37	21,255
		22.5299		63	47,295
		28.1214		63	50,989
		33.7129		164	124,799
		39.3044		98	79,551
		44.8959		131	104,713
		50.4873		86	72,268
		56.0788		229	199,865
			1,018	819,958	
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		119	98,084
		16.1764		137	111,597
		26.2742		159	115,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			36.3721	222	176,780
			46.4699	144	113,666
			56.5677	237	204,141
				1,018	819,958
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN		Missing	119	98,084
			15.7748	6	4,735
			21.8705	24	13,705
			27.9663	38	30,630
			34.0621	82	56,718
			40.1579	175	131,535
			46.2537	159	132,462
			52.3495	165	135,494
			58.4453	165	139,967
			64.541	85	76,628
				1,018	819,958
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	6	6,082
		-7	Refused	1	766
		1	Much Better Than One Year Ago	62	55,516
		2	A Little Better Than One Year Ago	131	100,624
		3	About The Same As One Year Ago	376	305,383
		4	A Little Worse Than One Year Ago	241	206,380
		5	Worse Than One Year Ago	201	145,207
				1,018	819,958
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...				
		-8	Don't Know	31	26,794
		-7	Refused	2	2,172
		1	About Enough	295	241,292
		2	Too Much	15	13,383
		3	Would Like To Be Doing More	675	536,318
				1,018	819,958
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	62	51,829
		1	Yes	227	163,104
		2	No	729	605,025

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	9	3,195
		1	Yes	666	525,586
		2	No	343	291,177
				1,018	819,958
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	5	4,575
		1	Yes	758	603,100
		2	No	254	210,940
		3	Does Not Apply	1	1,343
				1,018	819,958
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	3	865
		1	Yes	472	372,013
		2	No	543	447,080
				1,018	819,958
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	27	20,876
		1	Yes	544	418,795
		2	No	447	380,287
				1,018	819,958
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	8	6,768
		1	Yes	362	287,582
		2	No	648	525,608
				1,018	819,958
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	6	5,683
		1	Yes	471	369,384
		2	No	540	444,697
		3	Does Not Apply	1	193
				1,018	819,958
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	4	2,806
		1	Yes	196	161,721
		2	No	818	655,431
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	3	1,737
		1	Yes	173	133,536
		2	No	842	684,685
				1,018	819,958
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	15	11,898
		1	Yes	177	130,482
		2	No	826	677,578
				1,018	819,958
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	24	15,594
		-7	Refused	1	1,565
		1	Yes	253	195,036
		2	No	737	603,336
		3	Does Not Apply	3	4,426
				1,018	819,958
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	15	7,556
		1	Yes	143	121,615
		2	No	860	690,787
				1,018	819,958
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	5	3,265
		1	Yes	653	499,549
		2	No	360	317,145
				1,018	819,958
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	2,717
		1	Yes	374	286,501
		2	No	638	530,588
		3	Does Not Apply	1	152
				1,018	819,958
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	4	4,014
		1	Yes	222	169,413
		2	No	792	646,531

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	11	9,263
		1	Yes	119	99,831
		2	No	888	710,864
				1,018	819,958
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	5	1,922
		1	Yes	27	20,283
		2	No	986	797,753
				1,018	819,958
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	7	4,606
		1	Yes	37	33,418
		2	No	974	781,934
				1,018	819,958
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	11	5,332
		1	Yes	556	412,322
		2	No	451	402,304
				1,018	819,958
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	10	7,511
		1	Yes	23	15,964
		2	No	985	796,483
				1,018	819,958
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	14	11,521
		1	Yes	238	178,000
		2	No	766	630,437
				1,018	819,958
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	9	10,490
		1	Yes	112	92,033
		2	No	896	717,283
		3	Does Not Apply	1	152

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				1,018	819,958
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	14	10,637
		1	1 Medical Condition	26	29,003
		2	2 Medical Conditions	48	44,783
		3	3 Medical Conditions	68	65,620
		4	4 Medical Conditions	97	84,682
		5	5 Medical Conditions	166	126,204
		6	6 Medical Conditions	116	90,347
		7	7 Medical Conditions	119	90,394
		8	8 Medical Conditions	103	89,593
		9	9 Medical Conditions	103	76,890
		10	10 Medical Conditions	62	39,037
		11	11 Medical Conditions	52	34,375
		12	12 Medical Conditions	24	23,944
		13	13 Medical Conditions	11	5,973
		14	14 Medical Conditions	7	5,809
		15	15 Medical Conditions	1	67
		16	16 Medical Conditions	1	2,600
				1,018	819,958
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	29,324
		-7	Refused	1	555
		-1	Not Collected	14	10,637
		1	Yes	718	583,501
		2	No	250	195,941
				1,018	819,958
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	3	830
		-1	Not Collected	300	236,457
		1	Yes	628	507,439
		2	No	87	75,232
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	14	9,938
		-1	Not Collected	300	236,457
		1	Yes	214	175,523
		2	No	490	398,040
				1,018	819,958
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	5	3,867
		-1	Not Collected	300	236,457
		1	Yes	191	147,075
		2	No	522	432,558
				1,018	819,958
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	2	723
		-1	Not Collected	300	236,457
		1	Yes	71	63,899
		2	No	645	518,878
				1,018	819,958
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	5	2,961
		-1	Not Collected	300	236,457
		1	Yes	38	35,947
		2	No	675	544,592
				1,018	819,958
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	10,178
		-1	Not Collected	300	236,457
		1	Yes	65	57,062
		2	No	638	516,261

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?	-1	Not Collected	300	236,457
		1	Yes	54	39,419
		2	No	664	544,082
				1,018	819,958
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?	-1	Not Collected	300	236,457
		1	Yes	39	38,746
		2	No	679	544,755
				1,018	819,958
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	300	236,457
		1	Yes	77	72,036
		2	No	641	511,465
				1,018	819,958
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	34	29,396
		-1	Not Collected	14	10,637
		1	Not At All Confident	92	69,924
		2	A Little Confident	201	138,280
		3	Moderately Confident	348	290,096
		4	Very Confident	329	281,625
				1,018	819,958
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	9	9,120
		1	Yes	412	323,643
		2	No	597	487,195

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	41	30,926
		-7	Refused	1	1,419
		1	0-2 medications	144	124,277
		2	3-4 medications	202	158,748
		3	5-6 medications	234	191,743
		4	7-8 medications	154	120,252
		5	9+ medications	242	192,593
				1,018	819,958
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	7	3,324
		1	Yes	366	299,584
		2	No	645	517,050
				1,018	819,958
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	3	1,260
		1	Yes	117	93,579
		2	No	898	725,119
				1,018	819,958
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	1,682
		1	Yes	359	276,133
		2	No	657	542,142
				1,018	819,958
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	1,861
		-1	Not Collected	659	543,825
		1	Yes	153	107,021
		2	No	205	167,252
				1,018	819,958
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	11	14,482
		-7	Refused	1	555
		1	Yes	530	409,123
		2	No	476	395,798
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	3	1,862
		-1	Not Collected	488	410,835
		1	Yes	437	337,395
		2	No	90	69,866
				1,018	819,958
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	4	3,501
		1	Yes	341	265,991
		2	No	673	550,467
		1,018	819,958		
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	5	3,790
		-1	Not Collected	677	553,967
		1	Yes	144	122,189
		2	No	192	140,011
		1,018	819,958		
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	4	3,281
		1	Yes	389	306,977
		2	No	625	509,700
		1,018	819,958		
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	629	512,981
		1	Yes	280	209,923
		2	No	109	97,054
		1,018	819,958		
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	3	1,474
		1	Yes	263	205,097
		2	No	752	613,387
		1,018	819,958		
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	755	614,861
		1	Yes	189	147,471
		2	No	74	57,626
		1,018	819,958		
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	4	4,753
		1	Yes	656	500,319

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	358	314,885
				1,018	819,958
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	9	5,094
		-1	Not Collected	362	319,639
		1	Yes	229	172,265
		2	No	418	322,961
				1,018	819,958
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	850
		1	Yes	97	73,992
		2	No	919	745,115
				1,018	819,958
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	921	745,966
		1	Yes	32	32,077
		2	No	65	41,915
				1,018	819,958
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	4	3,344
		1	Yes	162	123,298
		2	No	852	693,315
				1,018	819,958
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	3	1,143
		-1	Not Collected	856	696,660
		1	Yes	94	77,399
		2	No	65	44,757
				1,018	819,958
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	11	11,965
		-7	Refused	2	911
		1	Yes	250	181,951
		2	No	755	625,131
				1,018	819,958
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	768	638,007
		1	Yes	216	159,235
		2	No	34	22,717
				1,018	819,958
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	12	15,409

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	175
		1	Yes	445	343,071
		2	No	560	461,303
				1,018	819,958
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?				
		-8	Don't Know	6	8,462
		-1	Not Collected	573	476,887
		1	Yes	338	265,250
		2	No	101	69,359
				1,018	819,958
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?				
		-8	Don't Know	7	6,656
		1	Yes	468	366,694
		2	No	543	446,608
				1,018	819,958
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?				
		-8	Don't Know	1	233
		-1	Not Collected	550	453,264
		1	Yes	413	329,091
		2	No	54	37,371
				1,018	819,958
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	14	9,256
		-7	Refused	1	2,980
		1	Yes	821	649,519
		2	No	182	158,203
				1,018	819,958
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	1	172
		-1	Not Collected	197	170,439
		1	Yes	763	606,534
		2	No	57	42,813
				1,018	819,958
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	6	6,018
		-7	Refused	1	735

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	209	160,964
		2	No	802	652,241
				1,018	819,958
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	3	5,825
		-1	Not Collected	809	658,994
		1	Yes	169	123,190
		2	No	37	31,949
				1,018	819,958
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		-8	Don't Know	1	1,765
		1	Yes	92	73,894
		2	No	925	744,299
				1,018	819,958
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?				
		-1	Not Collected	926	746,064
		1	Yes	88	70,445
		2	No	4	3,449
				1,018	819,958
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?				
		-8	Don't Know	1	2,600
		-7	Refused	1	175
		1	Yes	615	492,750
		2	No	401	324,433
				1,018	819,958
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?				
		-8	Don't Know	13	10,227
		-1	Not Collected	403	327,208
		1	Yes	270	216,155
		2	No	332	266,368
				1,018	819,958
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?				
		-8	Don't Know	77	66,371
		-7	Refused	1	735
		1	Yes	447	402,735
		2	No	493	350,117
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	3	2,388
		-1	Not Collected	571	417,223
		1	Yes	109	104,260
		2	No	156	143,166
		3	Never Uses Bus	179	152,921
					1,018
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	4	2,899
		-1	Not Collected	909	715,698
		1	Yes	89	80,037
		2	No	16	21,323
					1,018
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	7	6,623
		-1	Not Collected	178	150,306
		1	Family	514	400,940
		2	Someone Else Like Friend/Neighbor/Other	217	178,878
		3	Did Not Receive Help	102	83,212
			1,018	819,958	
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	1,330
		-7	Refused	2	1,391
		-1	Not Collected	504	419,018
		1	Husband	33	24,524
		2	Wife	47	38,631
		3	Son	95	79,983
		4	Son-In-Law	7	2,479
		5	Daughter	199	151,679
		6	Daughter-In-Law	16	12,120
		8	Mother	3	2,079
		9	Brother	5	2,979
		10	Sister	28	21,697
		11	Grandson	11	7,411
		12	Granddaughter	27	23,583
		13	Nephew	6	6,650
14	Niece	20	16,440		
91	Other Relative	12	7,964		
			1,018	819,958	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	19	16,077
		0	0 limitations	250	223,417
		1	1 limitation	248	198,736
		2	2 limitations	188	143,679
		3	3 limitations	125	91,068
		4	4 limitations	93	70,987
		5	5 limitations	66	50,715
		6	6 limitations	29	25,280
				1,018	819,958
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	254	227,057
		1	1 limitation	254	202,987
		2	2 limitations	190	146,830
		3	3 limitations	130	94,585
		4	4 limitations	95	72,505
		5	5 limitations	66	50,715
		6	6 limitations	29	25,280
				1,018	819,958
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	19	16,077
		1	Yes	313	238,049
		2	No	686	565,832
				1,018	819,958
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	320	243,084
		2	No	698	576,874
				1,018	819,958
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	17	10,027
		0	0 limitations	601	503,711
		1	1 limitation	176	132,863
		2	2 limitations	81	59,892
		3	3 limitations	51	36,934
		4	4 limitations	38	26,416
		5	5 limitations	33	29,423

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	21	20,692
				1,018	819,958
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER	0	0 limitations	606	506,108
SSS	PERSON, SSS VERSION	1	1 limitation	177	133,383
		2	2 limitations	85	62,840
		3	3 limitations	54	39,052
		4	4 limitations	42	28,459
		5	5 limitations	33	29,423
		6	6 limitations	21	20,692
				1,018	819,958
IADLAOA7	PERSON COUNT BY # OF IADL	.	Missing	55	53,530
	DIFFICULTIES (AMONG 7 ACTIVITIES):	0	0 limitations	235	219,436
	GOING OUTSIDE HOME, MONEY	1	1 limitation	186	134,263
	MANAGEMENT, PREP MEALS, LIGHT	2	2 limitations	139	97,207
	HOUSEWORK, MEDICATION	3	3 limitations	143	112,174
	MANAGEMENT, USING THE PHONE, OR	4	4 limitations	111	86,337
	DRIVING CAR/PUBLIC	5	5 limitations	53	45,471
	TRANSPORTATION?	6	6 limitations	55	40,131
		7	7 limitations	41	31,407
				1,018	819,958
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	242	224,419
SSS		1	1 limitation	198	145,135
		2	2 limitations	152	110,571
		3	3 limitations	152	120,374
		4	4 limitations	123	100,689
		5	5 limitations	55	47,232
		6	6 limitations	55	40,131
		7	7 limitations	41	31,407
				1,018	819,958

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 PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	28	26,391
		0	0 limitations	334	293,255
		1	1 limitation	185	134,909
		2	2 limitations	139	101,528
		3	3 limitations	104	88,174
		4	4 limitations	97	75,787
		5	5 limitations	45	36,237
		6	6 limitations	45	32,271
		7	7 limitations	41	31,407
				1,018	819,958
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	343	299,261
		1	1 limitation	189	137,838
		2	2 limitations	146	110,080
		3	3 limitations	109	91,039
		4	4 limitations	99	79,225
		5	5 limitations	46	38,838
		6	6 limitations	45	32,271
		7	7 limitations	41	31,407
				1,018	819,958
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	63	59,030
		0	0 limitations	99	89,994
		1	1 limitation	173	151,754
		2	2 limitations	165	128,253
		3	3 limitations	124	81,924
		4	4 limitations	140	112,332
		5	5 limitations	106	81,065
		6	6 limitations	52	44,068
		7	7 limitations	55	40,131

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 limitations	41	31,407
				1,018	819,958
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	105	96,153
		1	1 limitation	188	162,909
		2	2 limitations	171	133,847
		3	3 limitations	137	94,866
		4	4 limitations	150	119,959
		5	5 limitations	117	94,857
		6	6 limitations	54	45,828
		7	7 limitations	55	40,131
		8	8 limitations	41	31,407
				1,018	819,958
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	28	26,391
		0	0 limitations	171	146,962
		1	1 limitation	210	176,857
		2	2 limitations	154	118,470
		3	3 limitations	131	94,473
		4	4 limitations	101	86,453
		5	5 limitations	94	74,464
		6	6 limitations	43	32,210
		7	7 limitations	45	32,271
		8	8 limitations	41	31,407
				1,018	819,958
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	175	150,272
		1	1 limitation	216	180,221
		2	2 limitations	158	122,075
		3	3 limitations	137	101,683
		4	4 limitations	106	89,318
		5	5 limitations	96	77,902
		6	6 limitations	44	34,810
		7	7 limitations	45	32,271
		8	8 limitations	41	31,407

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
AGEC	AGE CATEGORY	.	Missing	1	677
		2	60-64 years	64	52,989
		3	65-74 years	261	204,992
		4	75-84 years	373	290,276
		5	85+ years	319	271,024
				1,018	819,958
GENDER	WHAT IS YOUR GENDER?	1	Male	348	280,112
		2	Female	670	539,846
				1,018	819,958
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	10	10,046
		-7	Refused	2	3,032
		1	Less Than High School Diploma	306	228,728
		2	High School Diploma Or GED	338	277,055
		3	Some College(Business/Vocational/Techni)	259	216,293
		4	Bachelor's Degree	48	38,077
		5	Some Post-Graduate Work/Advanced Degree	55	46,728
				1,018	819,958
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	16	14,269
		-7	Refused	2	1,826
		1	Yes	59	56,188
		2	No	941	747,675
				1,018	819,958
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	4	2,937
		-7	Refused	7	6,694
		1	Yes	780	615,110
		2	No	227	195,216
				1,018	819,958
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	4	2,937
		-7	Refused	7	6,694
		1	Yes	185	159,799
		2	No	822	650,528
				1,018	819,958
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	4	2,937

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	7	6,694
		1	Yes	7	5,725
		2	No	1,000	804,601
				1,018	819,958
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	4	2,937
		-7	Refused	7	6,694
		1	Yes	31	24,935
		2	No	976	785,391
				1,018	819,958
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	4	2,937
		-7	Refused	7	6,694
		1	Yes	2	1,502
		2	No	1,005	808,824
				1,018	819,958
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	4	2,937
		-7	Refused	7	6,694
		1	Yes	16	15,951
		2	No	991	794,375
				1,018	819,958
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	1	316
		1	Yes	187	159,911
		2	No	830	659,732
				1,018	819,958
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	24	16,117
		1	The City	499	430,526
		2	The Suburbs	187	164,988
		3	A Rural Area	308	208,327
				1,018	819,958
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	610
		-7	Refused	3	2,651
		1	Yes	528	423,190
		2	No	486	393,506
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	1	601
		-1	Not Collected	528	423,190
		1	Yes	278	215,592
		2	No	211	180,575
				1,018	819,958
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	2	1,262
		-1	Not Collected	528	423,190
		1	Yes	169	147,046
		2	No	319	248,460
				1,018	819,958
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	1,343
		-7	Refused	2	1,262
		-1	Not Collected	528	423,190
		1	Yes	85	71,700
		2	No	402	322,463
		1,018	819,958		
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	3	1,969
		-1	Not Collected	528	423,190
		1	Yes	41	34,932
		2	No	446	359,867
				1,018	819,958
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	1	601
		1	Alone	528	423,190
		2	With spouse only	227	169,611
		3	With children only	104	92,870
		4	With spouse and children	29	23,489
		5	With others	129	110,197
		1,018	819,958		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	610
		-7	Refused	3	1,969
		1	1 Person	531	425,304
		2	2 People	373	300,891
		3	3 People	70	61,205
		4	4 People	26	17,155
		5	5 People	8	7,528
		6	6 People	2	997
7	7 People	3	3,533		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 People	1	766
				1,018	819,958
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	650
		-7	Refused	3	1,465
		1	Married	286	223,977
		2	Widowed	442	360,231
		3	Divorced	183	153,234
		4	Separated	26	20,817
		5	Never Married	76	59,584
				1,018	819,958
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013 ABOVE OR BELOW \$20,000?	-8	Don't Know	99	80,008
		-7	Refused	53	35,826
		1	Below \$20,000 [1666 Per Month Or Less]	608	463,128
		2	Above \$20,000 [1667 Per Month Or More]	258	240,995
				1,018	819,958
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?	.	Missing	152	115,834
		-8	Don't Know	85	63,998
		-7	Refused	30	32,644
		1	\$5,000 or less	54	42,765
		2	\$5,001-\$10,000	137	105,281
		3	\$10,001-\$15,000	212	157,264
		4	\$15,001-\$20,000	122	95,876
		5	\$20,001-\$25,000	99	88,530
		6	\$25,001-\$30,000	37	35,294
		7	\$30,001-\$35,000	33	31,681
		8	\$35,001-\$40,000	20	14,115
		9	\$40,001-\$50,000	11	13,983
		10	ABOVE \$50,000	26	22,691
				1,018	819,958
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	53	42,010
		0	Rural (Not in Urbanized Area or Urban Cluster)	340	224,430
		1	In Urbanized Area	448	422,574

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	In Urban Cluster	177	130,944
				1,018	819,958
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,018	819,958
				1,018	819,958
VARUNIT	VARIANCE UNIT	1	Variance unit 1	509	379,774
		2	Variance unit 2	503	437,066
		3	Variance unit 3	6	3,118
				1,018	819,958
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	46.79 - 2979.67	Weight range	1,018	819,958
				1,018	819,958
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	14.59 - 5141.56	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	13.44 - 6360.71	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	6.02 - 5374.39	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	6.51 - 6823.35	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	6.29 - 5577.05	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	5.30 - 5521.38	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	15.77 - 4783.28	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	12.80 - 5429.39	Replicate weight range	1,018	819,958
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	12.68 - 6611.56	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	13.52 - 5254.30	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	5.57 - 5594.66	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	4.93 - 4572.24	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	5.44 - 5802.12	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	5.97 - 5731.34	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	12.57 - 6196.54	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	13.86 - 4789.84	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	5.18 - 5277.02	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	5.69 - 5406.41	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	14.53 - 5822.00	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	12.76 - 4842.71	Replicate weight range	1,018	819,958
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	15.79 - 7140.56	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	12.94 - 5200.43	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	5.92 - 6027.05	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	5.17 - 4712.47	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	6.67 - 5766.16	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	5.54 - 5682.23	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	14.39 - 5131.27	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	14.93 - 5622.77	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	14.58 - 5328.26	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	15.04 - 6062.55	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	5.67 - 5919.56	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	6.13 - 6527.09	Replicate weight range	1,018	819,958
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	5.22 - 5139.61	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	6.23 - 4800.63	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	14.96 - 5940.28	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	14.35 - 5323.45	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	14.78 - 6376.95	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	14.68 - 4794.71	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	5.44 - 5541.55	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	5.12 - 5013.11	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	6.76 - 5003.90	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	5.20 - 5333.59	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	12.07 - 5137.91	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	14.29 - 5134.96	Replicate weight range	1,018	819,958
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	12.03 - 4928.15	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	14.24 - 6314.04	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	6.23 - 4815.06	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	6.03 - 6412.54	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	13.23 - 5028.95	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	13.66 - 5849.51	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	5.86 - 4530.53	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	5.70 - 5973.91	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	7.19 - 5269.70	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	5.43 - 5657.79	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	13.74 - 5054.46	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	12.36 - 5352.95	Replicate weight range	1,018	819,958
				1,018	819,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	13.27 - 6657.91	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	15.70 - 4649.40	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	5.76 - 5778.14	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	5.39 - 5174.78	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	4.98 - 4984.03	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	5.92 - 4521.49	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	13.81 - 5757.27	Replicate weight range	1,018	819,958
				1,018	819,958
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	13.85 - 4989.67	Replicate weight range	1,018	819,958
				1,018	819,958
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	.	Missing	1	300
		1	Yes	380	310,152
		2	No	637	509,506
				1,018	819,958
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	33	30,319
		-7	Refused	2	4,000
		1	6 Months Or Less	227	196,263
		2	More Than 6 Months, Not More Than 1 Yr	106	92,015
		3	More Than 1 Yr, Not More Than 2 Years	129	105,201

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	More Than 2 Yrs, Not More Than 3 Years	96	71,797
		5	More Than 3 Yrs, Not More Than 5 Years	83	67,055
		6	More Than 5 Years Ago	325	241,562
		7	Never Have Been To Dentist	17	11,746
				1,018	819,958
OHQ770	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?	-8	Don't Know	14	9,770
		1	Yes	207	161,021
		2	No	797	649,166
				1,018	819,958
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-8	Don't Know	2	1,959
		-1	Not Collected	811	658,937
		1	Yes	168	131,208
		2	No	37	27,854
				1,018	819,958
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?	-8	Don't Know	3	1,390
		-1	Not Collected	811	658,937
		1	Yes	47	35,639
		2	No	157	123,993
				1,018	819,958
OHQ78003	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?	-8	Don't Know	9	4,533
		-1	Not Collected	811	658,937
		1	Yes	110	87,140
		2	No	88	69,348
				1,018	819,958
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?	-8	Don't Know	4	4,446
		-1	Not Collected	811	658,937

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	38	28,167
		2	No	165	128,408
				1,018	819,958
OHQ78005	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?				
		-8	Don't Know	6	4,552
		-1	Not Collected	811	658,937
		1	Yes	17	14,364
		2	No	184	142,105
				1,018	819,958
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	4	2,814
		-1	Not Collected	811	658,937
		1	Yes	16	11,980
		2	No	187	146,228
				1,018	819,958
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?				
		-8	Don't Know	3	1,068
		-1	Not Collected	811	658,937
		1	Yes	39	35,194
		2	No	165	124,760
				1,018	819,958
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?				
		-8	Don't Know	2	839
		-1	Not Collected	811	658,937
		1	Yes	5	5,830
		2	No	200	154,352
				1,018	819,958
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?				
		-8	Don't Know	1	361
		-1	Not Collected	811	658,937
		1	Yes	15	16,001
		2	No	191	144,659

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,018	819,958
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?	-8	Don't Know	2	720
		-1	Not Collected	811	658,937
		1	Yes	33	31,278
		2	No	172	129,023
				1,018	819,958
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?	-8	Don't Know	1	361
		-1	Not Collected	811	658,937
		1	Yes	50	36,926
		2	No	156	123,735
				1,018	819,958
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-8	Don't Know	2	1,189
		-1	Not Collected	811	658,937
		1	Yes	30	18,591
		2	No	175	141,241
				1,018	819,958
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	17	14,766
		1	Excellent	83	80,424
		2	Very Good	180	138,440
		3	Good	351	273,732
		4	Fair	200	154,932
		5	Poor	187	157,663
				1,018	819,958
PF_WMO	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?	.	Missing	5	6,314
		1	Yes	776	590,148
		2	No	237	223,496
				1,018	819,958