

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
HCDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?
HCRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?
HCMOFT	NUM	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCWEEK	NUM	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCMONTH	NUM	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?
TIMESMO	NUM	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK
SHCHRS	NUM	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?
HOURSMO	NUM	HOURS HELP HOUSEWORK PER MON
HCHM07	NUM	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?
SHCHM09	NUM	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?
HCARATE	NUM	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?
HCARATE2	NUM	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT
HCRREC	NUM	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?
HCSTAYHM	NUM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	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 OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?

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

Positional Listing of Variables

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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
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?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING AN AUTOMOBILE?
PFBUS	NUM	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO PROVIDED THE MOST HELP WITH THESE ACTIVITIES?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

Positional Listing of Variables

Name	Type	Description
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU SPANISH, HISPANIC, OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARSTRAT
VARUNIT	NUM	VARUNIT
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU SPANISH, HISPANIC, OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO PROVIDED THE MOST HELP WITH THESE ACTIVITIES?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HCARATE	NUM	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?
HCARATE2	NUM	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT
HCDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HCHM07	NUM	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?
HCMOFT	NUM	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCMONTH	NUM	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?
HCRREC	NUM	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?
HCSTAYHM	NUM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?
HCWEEK	NUM	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HOURSMO	NUM	HOURS HELP HOUSEWORK PER MON
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 AN AUTOMOBILE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
SHCHM09	NUM	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?
SHCHRS	NUM	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE 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?
TIMESMO	NUM	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK
URBAN	NUM	URBAN
VARSTRAT	NUM	VARSTRAT
VARUNIT	NUM	VARUNIT
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	459	162,343
				459	162,343
HCDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?	1	Today Or Yesterday	148	50,003
		2	More Than 1 Day To 1 Week Ago	189	71,421
		3	More Than 1 Week To 1 Month Ago	75	26,786
		4	More Than 1 Month Ago	47	14,133
				459	162,343
HCRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?	-8	Don't Know	17	3,866
		1	6 Months Or Less	77	29,747
		2	More Than 6 Months But Less Than 1 Year	72	28,780
		3	At Least 1 Year But Less Than 2 Years	113	32,637
		4	2 To 5 Years	125	43,599
		5	More Than 5 Years	55	23,714
				459	162,343
HCMOFT	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	4	837
		1	Number Of Clients Reporting Weekly	320	108,391
		2	Number Of Clients Reporting Monthly	135	53,115
				459	162,343
HCWEEK	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	1	138
		-1	Not Collected	139	53,952
		1	1 Time Per Week	205	58,545
		2	2 Times Per Week	60	21,935
		3	3 Times Per Week	26	13,324
		4	4 Times Per Week	5	525
		5	5 Times Per Week	13	9,277
		6	6 Times Per Week	4	1,195
		7	7 Times Per Week	6	3,452
				459	162,343
HCMONTH	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	1	301
		-1	Not Collected	324	109,228

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	0 Times Per Month	3	381
		1	1 Time Per Month	22	5,722
		2	2 Times Per Month	102	45,047
		3	3 Times Per Month	2	360
		4	4 Times Per Month	3	560
		8	8 Times Per Month	1	495
		24	24 Times Per Month	1	250
				459	162,343
TIMESMO	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK	.	Missing	1	301
		-8	Don't Know	5	975
		0	0 Times Per Month	3	381
		1	1 Time Per Month	22	5,722
		2	2 Times Per Month	102	45,047
		3	3 Times Per Month	2	360
		4	4 Times Per Month	208	59,105
		8	8 Times Per Month	61	22,430
		12	12 Times Per Month	26	13,324
		16	16 Times Per Month	5	525
		20	20 Times Per Month	13	9,277
		24	24 Times Per Month	5	1,444
		28	28 Times Per Month	6	3,452
				459	162,343
SHCHRS	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?	-8	Don't Know	16	3,791
		1	1 Hour Per Visit	86	27,511
		2	2 Hours Per Visit	241	83,292
		3	3 Hours Per Visit	69	17,183
		4	4 Hours Per Visit	35	24,184
		5	5 Hours Per Visit	7	1,183
		6	6 Hours Per Visit	2	1,105
		8	8 Hours Per Visit	2	860
		12	12 Hours Per Visit	1	3,234
				459	162,343
HOURSMO	HOURS HELP HOUSEWORK PER MON	.	Missing	17	4,092
		-8	Don't Know	5	975
		1	0 Hours	3	381
		2	1 - 2 Hours	37	12,088

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 - 4 Hours	109	45,006
		4	5 - 6 Hours	16	5,763
		5	7 - 8 Hours	124	36,501
		6	9 - 12 Hours	42	9,079
		7	13 - 16 Hours	43	14,813
		8	17 - 20 Hours	5	1,290
		9	21 - 40 Hours	34	12,029
		10	41 - 60 Hours	14	8,020
		11	61 - 100 Hours	8	8,865
		12	> 101 Hours	2	3,441
				459	162,343
HCHM07	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?	-8	Don't Know	5	920
		1	Yes	430	155,017
		2	No	24	6,406
				459	162,343
SHCHM09	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?	-8	Don't Know	5	1,476
		1	Yes	442	159,643
		2	No	12	1,224
				459	162,343
HCARATE	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?	-8	Don't Know	3	1,034
		1	Excellent	182	53,955
		2	Very Good	171	68,172
		3	Good	74	33,303
		4	Fair	20	4,076
		5	Poor	9	1,803
				459	162,343
HCARATE2	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT	.	Missing	3	1,034
		1	Rating of Good to Excellent	427	155,430
		2	Rating of Fair or Poor	29	5,880
				459	162,343
HCRREC	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?	-8	Don't Know	3	214
		1	Yes	442	158,576
		2	No	14	3,552
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HCSTAYHM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	2	332
		1	Yes	447	160,116
		2	No	10	1,895
				459	162,343
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	1	151
		1	Yes	79	25,633
		2	No	379	136,559
				459	162,343
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	1	Yes	167	68,089
		2	No	292	94,254
				459	162,343
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	20	4,283
		1	Yes	245	87,271
		2	No	194	70,789
				459	162,343
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	3	2,282
		1	Yes	111	48,581
		2	No	345	111,479
				459	162,343
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	3	202
		1	Yes	13	6,365
		2	No	443	155,776
				459	162,343
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	4	1,266
		1	Yes	117	53,475
		2	No	338	107,602
				459	162,343
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	3	852
		1	Yes	93	25,629
		2	No	363	135,862

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				459	162,343
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	344
		1	Yes	27	6,910
		2	No	430	155,088
				459	162,343
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	19	5,618
		1	Yes	105	41,748
		2	No	335	114,977
				459	162,343
SVCCOUNT	SERVICE COMBINATIONS	1	Homemaker only	70	18,221
		2	Homemaker and 1 add'l svc	121	46,823
		3	Homemaker and 2 add'l svcs	104	28,858
		4	Homemaker and 3 add'l svcs	82	32,909
		5	Homemaker and 4 add'l svcs	44	20,081
		6	Homemaker and 5 add'l svcs	25	12,839
		7	Homemaker and 6 add'l svcs	11	2,428
		8	Homemaker and 7 add'l svcs	1	128
		9	Homemaker and 8 add'l svcs	1	57
				459	162,343
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	4	841
		1	Yes	41	11,044
		2	No	414	150,458
				459	162,343
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	11	4,901
		1	Yes	144	47,568
		2	No	304	109,874
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	7	3,094
		1	Yes	78	19,910
		2	No	374	139,338
				459	162,343
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	4	853
		1	Yes	42	12,116
		2	No	413	149,374
				459	162,343
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	7	2,058
		1	Yes	27	8,594
		2	No	425	151,691
				459	162,343
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	4	2,256
		1	Yes	69	26,590
		2	No	386	133,497
				459	162,343
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	1	700
		-1	Not Collected	49	12,559
		1	Excellent	140	50,153
		2	Very Good	168	59,912
		3	Good	73	28,323
		4	Fair	17	8,333
		5	Poor	11	2,363
				459	162,343
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	8	1,949
		1	Yes	417	151,199
		2	No	34	9,195
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	16	5,570
		1	Yes	405	148,431
		2	No	38	8,342
				459	162,343
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	8	6,656
		1	Yes	400	141,143
		2	No	51	14,544
				459	162,343
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	20	7,625
		1	Yes	227	72,810
		2	No	212	81,908
				459	162,343
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	3	310
		1	Agree	450	160,317
		2	Disagree	6	1,716
				459	162,343
SVCSUPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	7	1,343
		1	Agree	442	159,091
		2	Disagree	10	1,909
				459	162,343
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	1	Yes	70	24,457
		2	No	389	137,886
				459	162,343
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	7	1,026
		1	Yes	98	35,251
		2	No	354	126,067
				459	162,343
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	9	2,270

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	124	51,561
		2	No	326	108,512
				459	162,343
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	12	2,648
		1	Yes	77	23,360
		2	No	370	136,335
				459	162,343
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	7	2,621
		1	Yes	169	53,278
		2	No	283	106,444
				459	162,343
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	3	1,147
		1	Yes	296	102,527
		2	No	160	58,669
				459	162,343
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	3	923
		1	Excellent	11	2,565
		2	Very Good	60	22,474
		3	Good	122	36,271
		4	Fair	173	68,721
		5	Poor	90	31,389
				459	162,343
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	16	5,898
		1	Yes, Limited A Lot	297	97,565
		2	Yes, Limited A Little	108	39,841
		3	No, Not Limited At All	38	19,039
				459	162,343
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	22	5,925
		1	Yes, Limited A Lot	318	112,050
		2	Yes, Limited A Little	80	25,802
		3	No, Not Limited At All	39	18,566

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				459	162,343
SFACCOMP	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	13	2,938
		-7	Refused	2	186
		1	All Of The Time	93	35,917
		2	Most Of The Time	148	56,384
		3	Some Of The Time	126	38,052
		4	A Little Of The Time	55	20,787
		5	None Of The Time	22	8,079
				459	162,343
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	3,629
		-7	Refused	1	71
		1	All Of The Time	98	32,048
		2	Most Of The Time	144	57,323
		3	Some Of The Time	123	36,493
		4	A Little Of The Time	55	19,308
		5	None Of The Time	29	13,470
				459	162,343
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	2,995
		-7	Refused	1	71
		1	All Of The Time	34	9,520
		2	Most Of The Time	70	32,042
		3	Some Of The Time	110	37,596
		4	A Little Of The Time	109	35,674
		5	None Of The Time	126	44,445
				459	162,343
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	9	3,360

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	71
		1	All Of The Time	27	7,554
		2	Most Of The Time	59	29,885
		3	Some Of The Time	107	34,550
		4	A Little Of The Time	83	25,439
		5	None Of The Time	173	61,483
				459	162,343
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	18	7,582
		-7	Refused	1	71
		1	All Of The Time	63	22,807
		2	Most Of The Time	73	25,018
		3	Some Of The Time	71	22,128
		4	A Little Of The Time	149	56,443
		5	None Of The Time	84	28,294
				459	162,343
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	6	1,808
		1	All Of The Time	46	19,175
		2	Most Of The Time	193	63,259
		3	Some Of The Time	134	43,155
		4	A Little Of The Time	63	29,360
		5	None Of The Time	17	5,586
				459	162,343
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	5	753
		-7	Refused	1	71
		1	All Of The Time	10	5,130
		2	Most Of The Time	50	15,790
		3	Some Of The Time	143	57,099
		4	A Little Of The Time	154	44,244
		5	None Of The Time	96	39,256
				459	162,343
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	5	3,458
		-7	Refused	1	483

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	All Of The Time	22	10,440
		2	Most Of The Time	45	14,226
		3	Some Of The Time	115	45,476
		4	A Little Of The Time	134	39,852
		5	None Of The Time	137	48,408
				459	162,343
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	15	7,464
		-7	Refused	1	71
		1	All Of The Time	68	20,631
		2	Most Of The Time	85	37,836
		3	Some Of The Time	107	37,262
		4	A Little Of The Time	73	19,411
		5	None Of The Time	110	39,667
				459	162,343
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE				
		.	Missing	69	26,312
		1	4 - <20	78	28,188
		2	20 - <25	73	23,100
		3	25 - <30	76	24,818
		4	30 - <35	59	19,839
		5	35 - <40	47	15,789
		6	40 - <45	26	10,410
		7	45 - <50	16	3,439
		8	50 - <55	11	3,853
		9	55 - <65	4	6,596
				459	162,343
MCS_12	SF-12V2 MENTAL SUMMARY SCORE				
		.	Missing	69	26,312
		1	8 - <35	63	26,742
		2	35 - <40	41	9,902
		3	40 - <45	44	22,057
		4	45 - <50	59	15,941
		5	50 - <53	29	6,515
		6	53 - <56	42	14,885
		7	56 - <59	27	8,875
		8	59 - <62	28	6,337

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	62 - <65	31	13,139
		10	65 - <80	26	11,637
				459	162,343
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	69	26,312
			22.1083	235	79,796
			30.6976	68	23,560
			39.287	48	13,598
			47.8763	25	8,835
			56.4656	14	10,242
				459	162,343
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	69	26,312
			20.3233	60	19,520
			24.9298	34	7,818
			29.5364	89	37,187
			34.1429	45	15,838
			38.7495	83	27,748
			43.356	31	10,034
			47.9626	28	9,420
			52.5691	8	2,175
			57.1757	12	6,291
				459	162,343
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN		Missing	69	26,312
			16.6777	75	22,442
			26.8693	139	52,860
			37.0608	62	19,089
			47.2523	55	19,530
			57.4438	59	22,109
				459	162,343
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH		Missing	69	26,312
			18.8673	84	26,140
			29.6476	145	55,830
			44.7401	99	31,705
			55.5204	52	20,273
			61.9886	10	2,082

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				459	162,343
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		69	26,312
		27.6238		81	29,397
		37.6867		134	36,780
		47.7496		127	52,956
		57.8125		39	12,127
		67.8753		9	4,771
				459	162,343
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		69	26,312
		11.347		17	4,595
		16.9385		14	3,590
		22.5299		33	13,585
		28.1214		22	12,719
		33.7129		56	15,293
		39.3044		52	17,067
		44.8959		49	13,445
		50.4873		51	20,371
		56.0788		96	35,366
				459	162,343
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		69	26,312
		16.1764		63	18,292
		26.2742		74	32,500
		36.3721		94	34,387
		46.4699		63	17,165
		56.5677		96	33,687
				459	162,343
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		69	26,312
		15.7748		4	1,581
		21.8705		12	6,136
		27.9663		16	3,178
		34.0621		34	15,807
		40.1579		77	27,365
		46.2537		73	23,796
		52.3495		64	16,800
		58.4453		81	26,173

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			64.541	29	15,195
				459	162,343
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	8	2,318
		1	Much Better Than One Year Ago	30	9,506
		2	A Little Better Than One Year Ago	47	21,490
		3	About The Same As One Year Ago	166	61,231
		4	A Little Worse Than One Year Ago	108	33,003
		5	Worse Than One Year Ago	100	34,795
				459	162,343
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...				
		-8	Don't Know	15	8,062
		-7	Refused	1	71
		1	About Enough	131	39,769
		2	Too Much	5	1,844
		3	Would Like To Be Doing More	307	112,598
				459	162,343
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	25	6,808
		-7	Refused	1	115
		1	Yes	131	51,710
		2	No	302	103,711
				459	162,343
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	2	459
		1	Yes	350	126,076
		2	No	107	35,808
				459	162,343
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	4	817
		1	Yes	343	115,053
		2	No	112	46,473
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	4	2,064
		1	Yes	213	73,225
		2	No	242	87,054
				459	162,343
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	15	6,019
		1	Yes	242	82,603
		2	No	202	73,721
				459	162,343
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	4	817
		1	Yes	163	61,870
		2	No	292	99,656
				459	162,343
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	3	652
		1	Yes	212	66,844
		2	No	243	94,221
		3	Does Not Apply	1	626
				459	162,343
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	2	459
		1	Yes	94	30,169
		2	No	363	131,715
				459	162,343
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	4	1,031
		1	Yes	94	34,871
		2	No	361	126,441
				459	162,343
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	5	1,996
		1	Yes	116	42,545
		2	No	338	117,802
				459	162,343
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	11	2,846
		1	Yes	161	64,707

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	287	94,791
				459	162,343
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	7	1,826
		1	Yes	64	18,351
		2	No	388	142,166
				459	162,343
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	2	459
		1	Yes	330	112,420
		2	No	127	49,464
				459	162,343
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	1	301
		1	Yes	187	61,689
		2	No	271	100,354
				459	162,343
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	3	680
		-7	Refused	1	359
		1	Yes	91	32,489
		2	No	364	128,815
				459	162,343
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	5	1,189
		1	Yes	39	10,433
		2	No	415	150,722
				459	162,343
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	44
		1	Yes	14	3,847
		2	No	444	158,453
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	2	181
		1	Yes	17	4,098
		2	No	439	157,689
		3	Does Not Apply	1	376
				459	162,343
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	5	1,570
		1	Yes	284	105,683
		2	No	170	55,090
				459	162,343
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	6	1,299
		1	Yes	13	4,186
		2	No	440	156,858
				459	162,343
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	6	1,996
		1	Yes	143	49,206
		2	No	310	111,141
				459	162,343
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	3	224
		1	Yes	42	11,796
		2	No	414	150,323
				459	162,343
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	5,060
		1	Yes	161	54,283
		2	No	289	103,000
				459	162,343
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	17	6,384
		1	0-2	41	17,417
		2	3-4	110	34,854

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	5-6	108	48,582
		4	7-8	77	25,691
		5	8+	106	29,415
				459	162,343
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	3	519
		1	Yes	161	58,790
		2	No	295	103,034
				459	162,343
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	1	Yes	55	24,199
		2	No	404	138,144
				459	162,343
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	1	Yes	191	62,895
		2	No	268	99,448
				459	162,343
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	261
		-1	Not Collected	268	99,448
		1	Yes	55	19,183
		2	No	134	43,452
				459	162,343
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	2	670
		1	Yes	268	105,187
		2	No	189	56,487
				459	162,343
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	534
		-1	Not Collected	191	57,156
		1	Yes	209	84,894
		2	No	57	19,759
				459	162,343
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	1	Yes	197	73,007
		2	No	262	89,336

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				459	162,343
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	28
		-1	Not Collected	262	89,336
		1	Yes	70	22,430
		2	No	126	50,549
				459	162,343
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	1	Yes	212	81,562
		2	No	247	80,781
				459	162,343
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	743
		-1	Not Collected	247	80,781
		1	Yes	138	59,224
		2	No	73	21,595
				459	162,343
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	3	2,779
		1	Yes	128	47,753
		2	No	328	111,811
		459	162,343		
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	331	114,590
		1	Yes	75	27,833
		2	No	53	19,919
		459	162,343		
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	6	1,389
		-7	Refused	1	40
		1	Yes	328	121,559
		2	No	124	39,355
				459	162,343
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	3	215
		-1	Not Collected	131	40,784
		1	Yes	110	43,201
		2	No	215	78,143
				459	162,343
PFEAT	DO YOU HAVE DIFFICULTY EATING?	1	Yes	52	14,982

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	407	147,361
				459	162,343
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	407	147,361
		1	Yes	13	3,551
		2	No	39	11,431
				459	162,343
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	2	680
		1	Yes	92	35,282
		2	No	365	126,381
				459	162,343
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	128
		-1	Not Collected	367	127,061
		1	Yes	41	17,718
		2	No	50	17,436
				459	162,343
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	66
		1	Yes	103	39,061
		2	No	354	123,216
				459	162,343
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	356	123,282
		1	Yes	86	31,365
		2	No	17	7,696
				459	162,343
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	5	821
		1	Yes	199	74,777
		2	No	255	86,745
				459	162,343
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	260	87,566
		1	Yes	149	57,156
		2	No	50	17,621
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	9	4,233
		1	Yes	247	81,581
		2	No	203	76,529
				459	162,343
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	212	80,762
		1	Yes	220	75,152
		2	No	27	6,429
				459	162,343
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	7	1,487
		1	Yes	411	145,720
		2	No	41	15,136
				459	162,343
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	2	314
		-1	Not Collected	48	16,623
		1	Yes	385	138,775
		2	No	24	6,631
				459	162,343
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	344
		1	Yes	91	25,148
		2	No	366	136,850
				459	162,343
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	368	137,195
		1	Yes	69	19,824
		2	No	22	5,325
				459	162,343
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	33	7,527
		2	No	426	154,816
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	324
		-1	Not Collected	426	154,816
		1	Yes	29	6,844
		2	No	3	359
				459	162,343
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING AN AUTOMOBILE?	-8	Don't Know	27	12,840
		1	Yes	224	72,861
		2	No	208	76,642
				459	162,343
PFBUS	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	24	8,274
		1	Yes	222	90,046
		2	No	213	64,023
				459	162,343
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	3,234
		-1	Not Collected	237	72,297
		1	Yes	48	17,181
		2	No	71	31,228
		3	Never Uses Bus	102	38,403
				459	162,343
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	2	347
		-1	Not Collected	411	145,162
		1	Yes	34	11,721
		2	No	12	5,112
				459	162,343
FAMFRND	WHO PROVIDED THE MOST HELP WITH THESE ACTIVITIES?	-8	Don't Know	16	2,908
		-1	Not Collected	43	14,170
		1	Family	180	68,825
		2	Someone Else Like Friend/Neighbor/Other	220	76,440
				459	162,343
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	1,036
		-1	Not Collected	279	93,518

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Husband	19	6,640
		2	Wife	11	2,710
		3	Son	39	15,132
		5	Daughter	73	20,374
		6	Daughter-In-Law	7	6,803
		9	Brother	2	225
		10	Sister	8	2,484
		11	Grandson	5	4,644
		12	Granddaughter	4	849
		13	Nephew	1	110
		14	Niece	5	7,351
		91	Other Relative	3	466
				459	162,343
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	12	4,888
		0	0 limitations	76	25,967
		1	1 limitation	100	33,866
		2	2 limitations	110	31,756
		3	3 limitations	50	21,380
		4	4 limitations	52	21,596
		5	5 limitations	44	18,500
		6	6 limitations	15	4,390
				459	162,343
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	78	26,096
		1	1 limitation	105	37,654
		2	2 limitations	112	31,891
		3	3 limitations	50	21,380
		4	4 limitations	55	22,432
		5	5 limitations	44	18,500
		6	6 limitations	15	4,390
				459	162,343
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	12	4,888
		1	Yes	161	65,866
		2	No	286	91,589
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	164	66,702
		2	No	295	95,641
				459	162,343
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	5	1,085
		0	0 limitations	261	81,869
		1	1 limitation	86	36,436
		2	2 limitations	40	17,786
		3	3 limitations	24	9,367
		4	4 limitations	18	8,389
		5	5 limitations	19	4,961
		6	6 limitations	6	2,450
				459	162,343
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	264	82,678
		1	1 limitation	87	36,584
		2	2 limitations	40	17,786
		3	3 limitations	24	9,367
		4	4 limitations	18	8,389
		5	5 limitations	20	5,089
		6	6 limitations	6	2,450
		459	162,343		
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	42	18,997
		0	0 limitations	58	20,876
		1	1 limitation	80	27,458
		2	2 limitations	75	25,366
		3	3 limitations	67	18,108
		4	4 limitations	69	29,935
		5	5 limitations	28	12,174
		6	6 limitations	22	5,043
		7	7 limitations	18	4,386

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				459	162,343
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		0	0 limitations	67	23,142
		1	1 limitation	88	32,198
		2	2 limitations	87	30,162
		3	3 limitations	75	23,040
		4	4 limitations	71	30,548
		5	5 limitations	30	12,861
		6	6 limitations	23	6,005
		7	7 limitations	18	4,386
				459	162,343
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.				
		.	Missing	31	14,012
		0	0 limitations	88	36,659
		1	1 limitation	100	26,480
		2	2 limitations	76	25,614
		3	3 limitations	64	22,030
		4	4 limitations	44	20,018
		5	5 limitations	21	8,530
		6	6 limitations	19	4,993
		7	7 limitations	16	4,007
				459	162,343
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION				
SSS		0	0 limitations	99	39,808
		1	1 limitation	107	27,852
		2	2 limitations	83	32,062
		3	3 limitations	66	23,327
		4	4 limitations	45	20,115
		5	5 limitations	23	9,217
		6	6 limitations	20	5,955
		7	7 limitations	16	4,007
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	44	19,501
		0	0 limitations	16	6,999
		1	1 limitation	49	14,220
		2	2 limitations	75	27,016
		3	3 limitations	76	25,931
		4	4 limitations	64	17,825
		5	5 limitations	69	30,396
		6	6 limitations	26	11,027
		7	7 limitations	22	5,043
		8	8 limitations	18	4,386
			459	162,343	
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	20	8,201
		1	1 limitation	58	19,271
		2	2 limitations	83	29,095
		3	3 limitations	88	29,965
		4	4 limitations	70	22,695
		5	5 limitations	71	31,010
		6	6 limitations	28	11,714
		7	7 limitations	23	6,005
		8	8 limitations	18	4,386
			459	162,343	
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.	.	Missing	33	14,325
		0	0 limitations	28	12,055
		1	1 limitation	74	25,732
		2	2 limitations	89	28,658
		3	3 limitations	81	24,583
		4	4 limitations	57	20,491

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	42	19,165
		6	6 limitations	20	8,333
		7	7 limitations	19	4,993
		8	8 limitations	16	4,007
				459	162,343
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	34	13,401
		1	1 limitation	83	28,237
		2	2 limitations	97	30,520
		3	3 limitations	85	30,152
		4	4 limitations	59	21,788
		5	5 limitations	43	19,263
		6	6 limitations	22	9,020
		7	7 limitations	20	5,955
		8	8 limitations	16	4,007
				459	162,343
AGEC	AGE CATEGORY	.	Missing	1	20
		2	60-64 years	19	3,590
		3	65-74 years	106	39,210
		4	75-84 years	184	60,325
		5	85+ years	149	59,198
				459	162,343
GENDER	GENDER	1	Male	80	20,092
		2	Female	379	142,251
				459	162,343
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	1	1,152
		-7	Refused	1	137
		1	Less Than High School	163	58,500
			Diploma		
		2	High School Diploma Or	161	60,201
			GED		
		3	Some	101	31,830
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	16	6,390
		5	Some Post-Graduate	16	4,133
			Work/Advanced Degree		
				459	162,343
DEHISP	ARE YOU SPANISH, HISPANIC, OR				
	LATINO?	-8	Don't Know	8	1,460

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	472
		1	Yes	19	6,915
		2	No	429	153,496
				459	162,343
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	3,591
		-7	Refused	4	487
		1	Yes	375	132,255
		2	No	78	26,010
				459	162,343
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	3,591
		-7	Refused	4	487
		1	Yes	66	25,814
		2	No	387	132,451
				459	162,343
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	3,591
		-7	Refused	4	487
		1	Yes	4	765
		2	No	449	157,500
				459	162,343
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	3,591
		-7	Refused	4	487
		1	Yes	12	4,078
		2	No	441	154,187
				459	162,343
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	3,591
		-7	Refused	4	487
		2	No	453	158,265
				459	162,343
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	3,591
		-7	Refused	4	487
		1	Yes	3	827
		2	No	450	157,438
				459	162,343
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	15	7,855
		-7	Refused	1	137

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	The City	240	77,882
		2	The Suburbs	81	31,247
		3	A Rural Area	122	45,222
				459	162,343
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	351
		-7	Refused	1	137
		1	Yes	325	112,717
		2	No	132	49,138
				459	162,343
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	1	137
		-1	Not Collected	325	112,717
		1	Yes	60	20,369
		2	No	73	29,120
				459	162,343
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	351
		-7	Refused	1	137
		-1	Not Collected	325	112,717
		1	Yes	53	20,501
		2	No	79	28,637
				459	162,343
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	1	137
		-1	Not Collected	325	112,717
		1	Yes	23	11,257
		2	No	110	38,232
				459	162,343
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	700
		-7	Refused	1	137
		-1	Not Collected	325	112,717
		1	Yes	14	6,206
		2	No	118	42,583
				459	162,343
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	1	137
		1	Alone	325	112,717
		2	With spouse only	48	16,428
		3	With children only	37	11,839
		4	With spouse and children	6	2,602

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	With others	42	18,621
				459	162,343
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	1,050
		-7	Refused	1	137
		1	1 Person	326	113,018
		2	2 People	106	37,626
		3	3 People	15	5,566
		4	4 People	4	3,792
		5	5 People	3	747
		6	6 People	1	239
		7	7 People	1	167
				459	162,343
DEMARST	WHAT IS YOUR MARITAL STATUS?	-7	Refused	2	438
		1	Married	67	21,376
		2	Widowed	291	112,187
		3	Divorced	69	20,933
		4	Separated	5	420
		5	Never Married	25	6,989
				459	162,343
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008 ABOVE OR BELOW \$20,000?	-8	Don't Know	33	9,277
		-7	Refused	11	2,792
		1	Below \$20,000 [1666 Per Month Or Less]	347	128,610
		2	Above \$20,000 [1667 Per Month Or More]	68	21,664
				459	162,343
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?	.	Missing	44	12,069
		-8	Don't Know	45	18,277
		-7	Refused	7	3,345
		1	\$5,000 or less	31	14,201
		2	\$5,001-\$10,000	77	24,727
		3	\$10,001-\$15,000	139	54,355
		4	\$15,001-\$20,000	55	15,437

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	\$20,001-\$25,000	28	9,606
		6	\$25,001-\$30,000	16	5,173
		7	\$30,001-\$35,000	6	905
		9	\$40,001-\$50,000	3	590
		10	ABOVE \$50,000	8	3,658
				459	162,343
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	25	8,896
		0	Rural (Not in Urbanized Area or Urban CI	256	79,777
		1	In Urbanized Area	144	63,052
		2	In Urban Cluster	34	10,618
				459	162,343
VARSTRAT	VARSTRAT	1.00 - 64.00	Varstrat range	459	162,343
				459	162,343
VARUNIT	VARUNIT	1	Variance unit 1	219	72,764
		2	Variance unit 2	238	89,446
		3	Variance unit 3	2	132
				459	162,343
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	5.85 - 3244.32	Weight range	459	162,343
				459	162,343
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.61 - 6961.17	Replicate weight range	459	162,343
				459	162,343
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.66 - 5437.54	Replicate weight range	459	162,343
				459	162,343
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	2.70 - 5305.10	Replicate weight range	459	162,343
				459	162,343
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	1.69 - 7388.47	Replicate weight range	459	162,343
				459	162,343
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	1.99 - 5574.94	Replicate weight range	459	162,343
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	2.45 - 7853.01	Replicate weight range	459	162,343
				459	162,343
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	3.12 - 6453.97	Replicate weight range	459	162,343
				459	162,343
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	1.75 - 5094.48	Replicate weight range	459	162,343
				459	162,343
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	0.78 - 6424.11	Replicate weight range	459	162,343
				459	162,343
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	0.62 - 5625.00	Replicate weight range	459	162,343
				459	162,343
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	0.69 - 5962.44	Replicate weight range	459	162,343
				459	162,343
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	0.48 - 6595.52	Replicate weight range	459	162,343
				459	162,343
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	0.62 - 6216.99	Replicate weight range	459	162,343
				459	162,343
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	0.76 - 7608.22	Replicate weight range	459	162,343
				459	162,343
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	0.80 - 5619.73	Replicate weight range	459	162,343
				459	162,343
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	0.73 - 6004.75	Replicate weight range	459	162,343
				459	162,343
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	2.24 - 6497.07	Replicate weight range	459	162,343
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	1.78 - 7126.14	Replicate weight range	459	162,343
				459	162,343
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	1.60 - 5907.65	Replicate weight range	459	162,343
				459	162,343
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	3.06 - 5712.19	Replicate weight range	459	162,343
				459	162,343
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	3.00 - 6319.70	Replicate weight range	459	162,343
				459	162,343
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	1.74 - 5747.50	Replicate weight range	459	162,343
				459	162,343
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	1.83 - 5851.44	Replicate weight range	459	162,343
				459	162,343
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	2.95 - 6761.21	Replicate weight range	459	162,343
				459	162,343
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	0.60 - 5332.21	Replicate weight range	459	162,343
				459	162,343
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	0.46 - 7778.45	Replicate weight range	459	162,343
				459	162,343
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	0.96 - 6396.34	Replicate weight range	459	162,343
				459	162,343
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	0.62 - 5316.56	Replicate weight range	459	162,343
				459	162,343
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	0.81 - 7097.33	Replicate weight range	459	162,343
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	0.98 - 5300.43	Replicate weight range	459	162,343
				459	162,343
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	0.58 - 5629.47	Replicate weight range	459	162,343
				459	162,343
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	0.57 - 7282.49	Replicate weight range	459	162,343
				459	162,343
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	0.67 - 4466.33	Replicate weight range	459	162,343
				459	162,343
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	0.86 - 6729.78	Replicate weight range	459	162,343
				459	162,343
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	0.56 - 5233.60	Replicate weight range	459	162,343
				459	162,343
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	0.74 - 5038.14	Replicate weight range	459	162,343
				459	162,343
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	0.56 - 5879.22	Replicate weight range	459	162,343
				459	162,343
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	0.51 - 4419.83	Replicate weight range	459	162,343
				459	162,343
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	0.77 - 5658.73	Replicate weight range	459	162,343
				459	162,343
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	0.82 - 5802.61	Replicate weight range	459	162,343
				459	162,343
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	1.78 - 4771.71	Replicate weight range	459	162,343
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	2.46 - 6642.20	Replicate weight range	459	162,343
				459	162,343
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	2.95 - 5521.56	Replicate weight range	459	162,343
				459	162,343
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	1.91 - 5271.87	Replicate weight range	459	162,343
				459	162,343
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	2.01 - 5738.91	Replicate weight range	459	162,343
				459	162,343
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	3.43 - 4622.10	Replicate weight range	459	162,343
				459	162,343
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	2.71 - 5232.07	Replicate weight range	459	162,343
				459	162,343
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.13 - 5947.83	Replicate weight range	459	162,343
				459	162,343
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	0.53 - 5901.90	Replicate weight range	459	162,343
				459	162,343
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	0.73 - 4479.38	Replicate weight range	459	162,343
				459	162,343
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	0.58 - 5384.91	Replicate weight range	459	162,343
				459	162,343
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	0.96 - 5741.22	Replicate weight range	459	162,343
				459	162,343
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	0.64 - 4662.44	Replicate weight range	459	162,343
				459	162,343

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	0.60 - 6963.50	Replicate weight range	459	162,343
				459	162,343
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	0.70 - 5336.87	Replicate weight range	459	162,343
				459	162,343
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	0.64 - 5429.88	Replicate weight range	459	162,343
				459	162,343
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	2.54 - 5714.36	Replicate weight range	459	162,343
				459	162,343
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	1.68 - 4583.75	Replicate weight range	459	162,343
				459	162,343
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.56 - 5397.92	Replicate weight range	459	162,343
				459	162,343
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.72 - 5925.34	Replicate weight range	459	162,343
				459	162,343
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	2.51 - 4582.71	Replicate weight range	459	162,343
				459	162,343
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	1.58 - 6930.36	Replicate weight range	459	162,343
				459	162,343
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	1.96 - 5179.34	Replicate weight range	459	162,343
				459	162,343
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.55 - 4930.95	Replicate weight range	459	162,343
				459	162,343
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	3	622
		1	1 Medical Condition	7	5,976

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
		2	2 Medical Conditions	7	1,372
		3	3 Medical Conditions	22	6,450
		4	4 Medical Conditions	41	15,673
		5	5 Medical Conditions	57	23,392
		6	6 Medical Conditions	66	24,545
		7	7 Medical Conditions	62	18,153
		8	8 Medical Conditions	69	26,427
		9	9 Medical Conditions	50	15,660
		10	10 Medical Conditions	32	6,919
		11	11 Medical Conditions	18	6,294
		12	12 Medical Conditions	11	6,563
		13	13 Medical Conditions	5	1,065
		14	14 Medical Conditions	6	1,774
		15	15 Medical Conditions	3	1,459
				459	162,343