

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
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?
SVC DYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
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

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<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?
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?

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PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A 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?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
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
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.

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IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
URBAN	NUM	URBAN
VARSTRAT	NUM	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

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PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
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

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

Alphabetical Listing of Variables

Name	Type	Description
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62

Alphabetical Listing of Variables

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

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?
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	PERSID		Person ID	524	141,796
				524	141,796
HCDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?	1	Today Or Yesterday	181	50,527
		2	More Than 1 Day To 1 Week Ago	235	62,327
		3	More Than 1 Week To 1 Month Ago	64	20,364
		4	More Than 1 Month Ago	44	8,577
				524	141,796
HCRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?	-8	Don't Know	10	3,148
		1	6 Months Or Less	94	22,009
		2	More Than 6 Months But Less Than 1 Year	78	25,105
		3	At Least 1 Year But Less Than 2 Years	120	34,126
		4	2 To 5 Years	160	38,961
		5	More Than 5 Years	62	18,447
				524	141,796
HCMOFT	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	4	588
		1	Number Of Clients Reporting Weekly	371	88,246
		2	Number Of Clients Reporting Monthly	149	52,963
				524	141,796
HCWEEK	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-1	Not Collected	153	53,550
		0	0 Times Per Week	2	271
		1	1 Time Per Week	225	56,814
		2	2 Times Per Week	82	15,540
		3	3 Times Per Week	32	7,651
		4	4 Times Per Week	5	416
		5	5 Times Per Week	19	5,491
		6	6 Times Per Week	1	62
		7	7 Times Per Week	5	2,001
				524	141,796
HCMONTH	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-1	Not Collected	375	88,833
		0	0 Times Per Month	2	479

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Time Per Month	11	3,102
		2	2 Times Per Month	127	46,639
		3	3 Times Per Month	3	592
		4	4 Times Per Month	2	205
		6	6 Times Per Month	1	1,620
		8	8 Times Per Month	3	326
				524	141,796
TIMESMO	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK	-8	Don't Know	4	588
		0	0 Times Per Month	4	750
		1	1 Time Per Month	11	3,102
		2	2 Times Per Month	127	46,639
		3	3 Times Per Month	3	592
		4	4 Times Per Month	227	57,019
		6	6 Times Per Month	1	1,620
		8	8 Times Per Month	85	15,866
		12	12 Times Per Month	32	7,651
		16	16 Times Per Month	5	416
		20	20 Times Per Month	19	5,491
		24	24 Times Per Month	1	62
		28	28 Times Per Month	5	2,001
				524	141,796
SHCHRS	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?	-8	Don't Know	19	5,288
		1	1 Hour Per Visit	87	20,899
		2	2 Hours Per Visit	263	75,276
		3	3 Hours Per Visit	107	26,247
		4	4 Hours Per Visit	36	9,543
		5	5 Hours Per Visit	5	1,465
		7	7 Hours Per Visit	1	1,735
		8	8 Hours Per Visit	2	120
		13	13 Hours Per Visit	1	11
		14	14 Hours Per Visit	1	71
		16	16 Hours Per Visit	1	569
		20	20 Hours Per Visit	1	569
				524	141,796
HOURSMO	HOURS HELP HOUSEWORK PER MON	.	Missing	18	5,183
		-8	Don't Know	4	588

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	0 Hours	4	750
		2	1 - 2 Hours	33	9,100
		3	3 - 4 Hours	110	37,819
		4	5 - 6 Hours	27	9,143
		5	7 - 8 Hours	138	34,251
		6	9 - 12 Hours	44	11,157
		7	13 - 16 Hours	55	12,015
		8	17 - 20 Hours	6	852
		9	21 - 40 Hours	59	13,622
		10	41 - 60 Hours	12	3,213
		11	61 - 100 Hours	10	3,380
		12	> 101 Hours	4	723
				524	141,796
HCHM07	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?	-8	Don't Know	7	1,046
		1	Yes	478	132,247
		2	No	39	8,503
				524	141,796
SHCHM09	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?	-8	Don't Know	3	1,267
		1	Yes	507	138,069
		2	No	14	2,460
				524	141,796
HCARATE	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?	-8	Don't Know	4	590
		1	Excellent	191	58,399
		2	Very Good	206	57,016
		3	Good	77	15,823
		4	Fair	36	7,391
		5	Poor	10	2,575
				524	141,796
HCARATE2	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT	.	Missing	4	590
		1	Rating of Good to Excellent	474	131,239
		2	Rating of Fair or Poor	46	9,967
				524	141,796
HCRREC	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?	-8	Don't Know	6	505
		1	Yes	506	138,509

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	12	2,781
				524	141,796
HCSTAYHM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	1	51
		1	Yes	507	137,987
		2	No	16	3,758
				524	141,796
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	3	1,000
		1	Yes	64	20,598
		2	No	457	120,198
				524	141,796
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	2	891
		1	Yes	204	54,363
		2	No	318	86,542
				524	141,796
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	16	2,394
		1	Yes	282	75,863
		2	No	226	63,539
				524	141,796
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	7	2,287
		1	Yes	88	26,982
		2	No	429	112,527
				524	141,796
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	1	87
		1	Yes	14	4,155
		2	No	509	137,554
				524	141,796
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	1	255
		1	Yes	117	30,185
		2	No	406	111,356
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	4	653
		1	Yes	77	18,173
		2	No	443	122,970
				524	141,796
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	4	1,428
		1	Yes	21	6,102
		2	No	499	134,266
				524	141,796
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	13	2,180
		1	Yes	122	33,794
		2	No	389	105,823
				524	141,796
SVCCOUNT	SERVICE COMBINATIONS	1	Homemaker only	95	23,422
		2	Homemaker and 1 additional services	147	41,933
		3	Homemaker and 2 additional services	122	33,299
		4	Homemaker and 3 additional services	87	23,211
		5	Homemaker and 4 additional services	40	10,464
		6	Homemaker and 5 additional services	23	7,301
		7	Homemaker and 6 additional services	8	1,472
		8	Homemaker and 7 additional services	2	694
		524	141,796		
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	973
		1	Yes	42	10,364
		2	No	478	130,459
				524	141,796
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	10	1,040
		1	Yes	129	34,324

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	385	106,432
				524	141,796
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	8	1,835
		1	Yes	59	14,231
		2	No	457	125,731
				524	141,796
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	5	1,433
		1	Yes	34	7,314
		2	No	485	133,049
				524	141,796
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	6	482
		1	Yes	25	3,705
		2	No	493	137,609
				524	141,796
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	636
		1	Yes	91	24,284
		2	No	428	116,876
				524	141,796
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	4	1,443
		-1	Not Collected	63	18,614
		1	Excellent	149	40,176
		2	Very Good	164	48,636
		3	Good	114	26,941
		4	Fair	18	3,933
		5	Poor	12	2,054
				524	141,796
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	1	345
		1	Yes	454	122,194
		2	No	69	19,257

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				524	141,796
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	14	4,214
		-7	Refused	1	74
		1	Yes	457	123,615
		2	No	52	13,893
				524	141,796
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	14	3,927
		1	Yes	446	119,196
		2	No	64	18,673
				524	141,796
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	21	8,646
		1	Yes	240	68,994
		2	No	263	64,156
				524	141,796
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	2	398
		1	Agree	514	139,918
		2	Disagree	8	1,480
				524	141,796
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	16	4,399
		1	Agree	486	131,696
		2	Disagree	22	5,701
				524	141,796
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	1	12
		1	Yes	108	30,218
		2	No	415	111,566
				524	141,796
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	6	2,212
		1	Yes	117	36,648

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	401	102,936
				524	141,796
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	19	7,090
		1	Yes	110	25,613
		2	No	395	109,094
				524	141,796
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	11	5,488
		1	Yes	102	26,578
		2	No	411	109,731
				524	141,796
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	4	891
		1	Yes	217	57,896
		2	No	303	83,009
				524	141,796
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	4	1,945
		1	Yes	338	97,193
		2	No	182	42,658
				524	141,796
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	4	469
		-7	Refused	1	157
		1	Excellent	17	7,383
		2	Very Good	52	16,903
		3	Good	133	39,110
		4	Fair	182	47,280
		5	Poor	135	30,494
				524	141,796
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	2,465
		1	Yes, Limited A Lot	358	90,653
		2	Yes, Limited A Little	99	31,745
		3	No, Not Limited At All	56	16,933
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	8	1,808
		1	Yes, Limited A Lot	353	91,798
		2	Yes, Limited A Little	117	32,511
		3	No, Not Limited At All	46	15,679
				524	141,796
SFACCOMP	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?	-8	Don't Know	15	3,012
		-7	Refused	1	157
		1	All Of The Time	128	34,609
		2	Most Of The Time	155	40,694
		3	Some Of The Time	141	40,179
		4	A Little Of The Time	54	16,342
		5	None Of The Time	30	6,803
				524	141,796
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	10	2,452
		1	All Of The Time	131	35,113
		2	Most Of The Time	150	38,785
		3	Some Of The Time	148	43,715
		4	A Little Of The Time	63	18,882
		5	None Of The Time	22	2,848
		524	141,796		
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	7	2,560
		-7	Refused	2	549
		1	All Of The Time	38	7,755
		2	Most Of The Time	84	23,647
		3	Some Of The Time	132	35,704
		4	A Little Of The Time	104	25,007
		5	None Of The Time	157	46,574
		524	141,796		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	2,987
		-7	Refused	1	569
		1	All Of The Time	33	6,784
		2	Most Of The Time	65	15,229
		3	Some Of The Time	110	29,264
		4	A Little Of The Time	107	29,743
		5	None Of The Time	197	57,220
			524	141,796	
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?	-8	Don't Know	9	1,572
		-7	Refused	3	801
		1	All Of The Time	69	17,569
		2	Most Of The Time	71	15,071
		3	Some Of The Time	87	24,255
		4	A Little Of The Time	182	55,960
		5	None Of The Time	103	26,568
			524	141,796	
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	4	1,078
		1	All Of The Time	58	16,006
		2	Most Of The Time	201	56,477
		3	Some Of The Time	160	43,870
		4	A Little Of The Time	81	19,814
		5	None Of The Time	20	4,550
			524	141,796	
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	2	405
		1	All Of The Time	10	4,107
		2	Most Of The Time	47	15,649
		3	Some Of The Time	144	42,660
		4	A Little Of The Time	194	47,374
		5	None Of The Time	127	31,601
			524	141,796	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	4	662
		1	All Of The Time	21	3,993
		2	Most Of The Time	57	15,377
		3	Some Of The Time	138	38,975
		4	A Little Of The Time	162	43,530
		5	None Of The Time	142	39,258
					524
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?	-9	Not Ascertained	1	46
		-8	Don't Know	12	2,803
		-7	Refused	1	569
		1	All Of The Time	80	22,835
		2	Most Of The Time	106	25,355
		3	Some Of The Time	114	33,850
		4	A Little Of The Time	85	20,601
		5	None Of The Time	125	35,737
			524	141,796	
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	67	16,418
		1	4 - < 20	98	25,433
		2	20 - < 25	79	20,268
		3	25 - < 30	86	24,373
		4	30 - < 35	75	20,917
		5	35 - < 40	41	9,194
		6	40 - < 45	45	15,974
		7	45 - < 50	22	5,529
		8	50 - < 55	8	3,412
		9	55 - < 65	3	278
			524	141,796	
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	67	16,418
		1	7 - < 35	75	18,014
		2	35 - < 40	44	11,526
		3	40 - < 45	70	18,264
		4	45 - < 50	69	19,715
		5	50 - < 53	42	13,721

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	53 - < 56	31	8,090
		7	56 - < 59	34	9,823
		8	59 - < 62	32	7,004
		9	62 - < 65	32	10,456
		10	65 - < 80	28	8,766
				524	141,796
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	67	16,418
			22.1083	256	63,476
			30.6976	85	28,872
			39.287	64	15,208
			47.8763	26	7,507
			56.4656	26	10,316
				524	141,796
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	67	16,418
			20.3233	80	21,406
			24.9298	47	11,814
			29.5364	82	25,035
			34.1429	60	14,835
			38.7495	107	28,461
			43.356	29	10,407
			47.9626	33	10,098
			52.5691	7	1,636
			57.1757	12	1,686
				524	141,796
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN		Missing	67	16,418
			16.6777	91	23,906
			26.8693	167	50,639
			37.0608	80	22,159
			47.2523	61	13,227
			57.4438	58	15,449
				524	141,796
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH		Missing	67	16,418
			18.8673	113	23,267
			29.6476	165	44,992

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		44.7401		119	35,254
		55.5204		46	14,801
		61.9886		14	7,064
				524	141,796
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		67	16,418
		27.6238		103	25,364
		37.6867		175	42,082
		47.7496		132	41,265
		57.8125		39	12,644
		67.8753		8	4,023
				524	141,796
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		67	16,418
		11.347		17	3,170
		16.9385		13	1,237
		22.5299		41	15,367
		28.1214		32	6,631
		33.7129		69	18,671
		39.3044		55	14,784
		44.8959		68	17,864
		50.4873		45	11,442
		56.0788		117	36,212
				524	141,796
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		67	16,418
		16.1764		70	20,372
		26.2742		98	23,980
		36.3721		105	29,552
		46.4699		81	20,139
		56.5677		103	31,335
				524	141,796
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		67	16,418
		15.7748		4	1,398
		21.8705		16	2,628
		27.9663		27	3,936
		34.0621		38	13,723
		40.1579		86	23,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			46.2537	87	23,835
			52.3495	90	24,357
			58.4453	71	21,828
			64.541	38	10,635
				524	141,796
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-9	Not Ascertained	1	46
		-8	Don't Know	1	74
		1	Much Better Than One Year Ago	20	4,443
		2	A Little Better Than One Year Ago	58	14,408
		3	About The Same As One Year Ago	200	59,142
		4	A Little Worse Than One Year Ago	129	31,857
		5	Worse Than One Year Ago	115	31,826
				524	141,796
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...				
		-9	Not Ascertained	1	46
		-8	Don't Know	11	2,960
		-7	Refused	2	371
		1	About Enough	132	36,739
		2	Too Much	4	1,194
		3	Would Like To Be Doing More	374	100,486
				524	141,796
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-9	Not Ascertained	1	46
		-8	Don't Know	17	3,520
		-7	Refused	1	157
		1	Yes	138	34,158
		2	No	367	103,915
				524	141,796
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	1	106
		1	Yes	405	113,974
		2	No	118	27,716
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	1	569
		1	Yes	423	115,324
		2	No	100	25,902
				524	141,796
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	4	746
		1	Yes	266	68,422
		2	No	254	72,629
				524	141,796
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	16	5,492
		1	Yes	304	88,300
		2	No	204	48,004
				524	141,796
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	4	1,063
		1	Yes	207	50,660
		2	No	313	90,073
				524	141,796
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	4	427
		1	Yes	273	72,183
		2	No	247	69,186
				524	141,796
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	4	1,875
		1	Yes	98	30,312
		2	No	422	109,610
				524	141,796
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	2	1,725
		1	Yes	121	26,147
		2	No	401	113,924
				524	141,796
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	4	2,426
		1	Yes	141	38,246
		2	No	379	101,124

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				524	141,796
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	25	8,292
		1	Yes	172	46,837
		2	No	326	86,369
		3	Does Not Apply	1	297
				524	141,796
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	4	1,905
		1	Yes	84	19,475
		2	No	436	120,417
				524	141,796
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	4	238
		1	Yes	387	107,099
		2	No	133	34,460
				524	141,796
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	1	Yes	207	55,046
		2	No	317	86,750
				524	141,796
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	3	358
		1	Yes	131	28,066
		2	No	390	113,372
				524	141,796
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	4	380
		1	Yes	55	14,192
		2	No	465	127,225
				524	141,796
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	87
		1	Yes	17	2,223
		2	No	506	139,486

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				524	141,796
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?				
		-8	Don't Know	3	329
		1	Yes	16	2,583
		2	No	505	138,884
				524	141,796
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?				
		-8	Don't Know	1	46
		1	Yes	364	97,790
		2	No	159	43,959
				524	141,796
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	4	2,607
		1	Yes	11	6,527
		2	No	509	132,662
				524	141,796
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	2	318
		1	Yes	151	34,351
		2	No	370	107,056
		3	Does Not Apply	1	70
				524	141,796
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	2	118
		1	Yes	50	14,319
		2	No	471	127,311
		3	Does Not Apply	1	48
				524	141,796
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	4	964
		1	1 Medical Condition	7	1,660
		2	2 Medical Conditions	13	3,425
		3	3 Medical Conditions	19	6,087
		4	4 Medical Conditions	41	12,016
		5	5 Medical Conditions	43	11,267
		6	6 Medical Conditions	61	17,914
		7	7 Medical Conditions	74	21,152

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 Medical Conditions	77	22,926
		9	9 Medical Conditions	70	12,997
		10	10 Medical Conditions	48	12,361
		11	11 Medical Conditions	34	9,822
		12	12 Medical Conditions	19	7,866
		13	13 Medical Conditions	5	318
		14	14 Medical Conditions	4	813
		15	15 Medical Conditions	2	23
		16	16 Medical Conditions	1	115
		17	17 Medical Conditions	1	16
		18	18 Medical Conditions	1	53
				524	141,796
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	22	6,781
		-7	Refused	1	113
		-1	Not Collected	4	964
		1	Yes	347	94,045
		2	No	150	39,893
				524	141,796
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	1	67
		-1	Not Collected	177	47,751
		1	Yes	315	85,989
		2	No	31	7,989
				524	141,796
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	5	2,123
		-1	Not Collected	177	47,751
		1	Yes	107	25,571
		2	No	235	66,351
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	5	556
		-1	Not Collected	177	47,751
		1	Yes	92	25,667
		2	No	250	67,823
				524	141,796
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-1	Not Collected	177	47,751
		1	Yes	37	10,468
		2	No	310	83,577
				524	141,796
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	1	12
		-1	Not Collected	177	47,751
		1	Yes	24	6,347
		2	No	322	87,686
				524	141,796
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	2	309
		-1	Not Collected	177	47,751
		1	Yes	27	6,560
		2	No	318	87,176
				524	141,796
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?	-1	Not Collected	177	47,751
		1	Yes	19	6,060
		2	No	328	87,985
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?	-1	Not Collected	177	47,751
		1	Yes	19	4,987
		2	No	328	89,058
				524	141,796
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	177	47,751
		1	Yes	45	13,139
		2	No	302	80,906
				524	141,796
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	12	3,404
		-1	Not Collected	4	964
		1	Not At All Confident	50	11,165
		2	A Little Confident	92	18,967
		3	Moderately Confident	185	51,399
		4	Very Confident	181	55,897
				524	141,796
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	2	126
		1	Yes	206	51,882
		2	No	316	89,788
				524	141,796
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	13	4,641
		-7	Refused	1	152
		1	0-2 medications	49	12,227
		2	3-4 medications	90	24,322
		3	5-6 medications	126	32,771
		4	7-8 medications	89	26,994

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	9+ medications	156	40,689
				524	141,796
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	2	270
		1	Yes	193	49,662
		2	No	329	91,863
				524	141,796
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	1	Yes	65	12,368
		2	No	459	129,428
				524	141,796
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	1	91
		1	Yes	220	53,103
		2	No	303	88,601
				524	141,796
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	19
		-1	Not Collected	304	88,693
		1	Yes	76	14,671
		2	No	143	38,413
				524	141,796
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	4	843
		1	Yes	315	81,551
		2	No	205	59,402
				524	141,796
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	209	60,245
		1	Yes	252	63,465
		2	No	63	18,085
				524	141,796
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	1	Yes	215	56,051
		2	No	309	85,745
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	309	85,745
		1	Yes	80	18,816
		2	No	135	37,235
				524	141,796
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	1	Yes	226	59,521
		2	No	298	82,275
				524	141,796
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	298	82,275
		1	Yes	158	38,966
		2	No	68	20,555
				524	141,796
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	1	Yes	141	33,107
		2	No	383	108,689
				524	141,796
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	383	108,689
		1	Yes	102	22,194
		2	No	39	10,914
				524	141,796
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	1	211
		1	Yes	382	107,289
		2	No	141	34,296
				524	141,796
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	1	240
		-1	Not Collected	142	34,507
		1	Yes	121	29,455
		2	No	260	77,593
				524	141,796
PFEAT	DO YOU HAVE DIFFICULTY EATING?	1	Yes	50	11,520
		2	No	474	130,276
				524	141,796
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	474	130,276
		1	Yes	22	3,148

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	28	8,372
				524	141,796
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	4	636
		1	Yes	90	22,558
		2	No	430	118,603
				524	141,796
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	434	119,238
		1	Yes	43	6,752
		2	No	47	15,805
				524	141,796
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	1	Yes	145	33,313
		2	No	379	108,483
				524	141,796
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	379	108,483
		1	Yes	126	30,187
		2	No	19	3,126
				524	141,796
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	3	803
		1	Yes	226	51,392
		2	No	295	89,601
				524	141,796
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	298	90,404
		1	Yes	179	40,541
		2	No	47	10,851
				524	141,796
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	1	297
		1	Yes	312	81,776
		2	No	211	59,724
				524	141,796
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	2	752

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	212	60,020
		1	Yes	284	73,654
		2	No	26	7,370
				524	141,796
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	1	11
		1	Yes	479	128,782
		2	No	44	13,003
				524	141,796
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	1	297
		-1	Not Collected	45	13,014
		1	Yes	462	122,550
		2	No	16	5,935
				524	141,796
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	391
		1	Yes	108	24,076
		2	No	414	117,329
				524	141,796
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	416	117,720
		1	Yes	82	13,563
		2	No	26	10,513
				524	141,796
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	44	10,025
		2	No	480	131,771
				524	141,796
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	480	131,771
		1	Yes	41	8,803
		2	No	3	1,222
				524	141,796
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	2	229

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	312	78,244
		2	No	210	63,323
				524	141,796
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	2	404
		-1	Not Collected	212	63,552
		1	Yes	121	27,468
		2	No	189	50,372
				524	141,796
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	40	13,961
		1	Yes	216	60,695
		2	No	268	67,140
				524	141,796
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	308	81,101
		1	Yes	39	11,193
		2	No	57	13,425
		3	Never Uses Bus	120	36,077
				524	141,796
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	485	130,603
		1	Yes	32	9,855
		2	No	7	1,339
				524	141,796
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	7	1,692
		-1	Not Collected	42	13,528
		1	Family	230	64,014
		2	Someone Else Like Friend/Neighbor/Other	171	43,397
		3	Did Not Receive Help	74	19,164
				524	141,796
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	1	18
		-1	Not Collected	294	77,782
		1	Husband	21	4,683
		2	Wife	9	1,109

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Son	46	10,125
		4	Son-In-Law	2	58
		5	Daughter	109	35,421
		6	Daughter-In-Law	7	1,973
		9	Brother	1	156
		10	Sister	5	733
		11	Grandson	4	291
		12	Granddaughter	13	4,222
		13	Nephew	5	2,766
		14	Niece	3	793
		91	Other Relative	4	1,666
				524	141,796
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	5	847
		0	0 limitations	96	23,769
		1	1 limitation	127	35,866
		2	2 limitations	105	28,682
		3	3 limitations	84	28,607
		4	4 limitations	49	12,620
		5	5 limitations	39	9,319
		6	6 limitations	19	2,087
				524	141,796
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	97	23,980
		1	1 limitation	128	35,984
		2	2 limitations	106	29,019
		3	3 limitations	85	28,722
		4	4 limitations	50	12,686
		5	5 limitations	39	9,319
		6	6 limitations	19	2,087
				524	141,796
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	5	847
		1	Yes	191	52,632
		2	No	328	88,317
				524	141,796
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	193	52,813

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	331	88,983
				524	141,796
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	1	240
		0	0 limitations	306	85,841
		1	1 limitation	88	25,757
		2	2 limitations	50	12,385
		3	3 limitations	26	9,012
		4	4 limitations	21	3,197
		5	5 limitations	18	3,683
		6	6 limitations	14	1,681
				524	141,796
ADLAOA6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	306	85,841
		1	1 limitation	88	25,757
		2	2 limitations	51	12,626
		3	3 limitations	26	9,012
		4	4 limitations	21	3,197
		5	5 limitations	18	3,683
		6	6 limitations	14	1,681
				524	141,796
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	10	2,117
		0	0 limitations	94	30,869
		1	1 limitation	91	21,813
		2	2 limitations	83	26,746
		3	3 limitations	106	27,474
		4	4 limitations	60	18,025
		5	5 limitations	35	5,394
		6	6 limitations	21	6,383
		7	7 limitations	24	2,975
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	95	31,214
		1	1 limitation	94	22,226
		2	2 limitations	86	27,544
		3	3 limitations	108	27,878
		4	4 limitations	61	18,183
		5	5 limitations	35	5,394
		6	6 limitations	21	6,383
		7	7 limitations	24	2,975
				524	141,796
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.	.	Missing	4	1,156
		0	0 limitations	131	39,999
		1	1 limitation	107	28,156
		2	2 limitations	92	28,260
		3	3 limitations	73	17,761
		4	4 limitations	53	15,569
		5	5 limitations	24	2,924
		6	6 limitations	17	5,071
		7	7 limitations	23	2,901
				524	141,796
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	132	40,344
		1	1 limitation	109	28,908
		2	2 limitations	92	28,260
		3	3 limitations	74	17,821
		4	4 limitations	53	15,569
		5	5 limitations	24	2,924
		6	6 limitations	17	5,071
		7	7 limitations	23	2,901
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	11	2,128
		0	0 limitations	25	7,767
		1	1 limitation	81	26,440
		2	2 limitations	79	18,846
		3	3 limitations	86	27,420
		4	4 limitations	103	26,534
		5	5 limitations	59	17,909
		6	6 limitations	35	5,394
		7	7 limitations	21	6,383
		8	8 limitations	24	2,975
				524	141,796
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	26	8,111
		1	1 limitation	82	26,451
		2	2 limitations	82	19,260
		3	3 limitations	89	28,218
		4	4 limitations	105	26,938
		5	5 limitations	60	18,066
		6	6 limitations	35	5,394
		7	7 limitations	21	6,383
		8	8 limitations	24	2,975
				524	141,796
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	5	1,452
		0	0 limitations	43	13,311
		1	1 limitation	98	30,741
		2	2 limitations	99	24,035
		3	3 limitations	91	28,786
		4	4 limitations	72	17,081

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	52	15,494
		6	6 limitations	24	2,924
		7	7 limitations	17	5,071
		8	8 limitations	23	2,901
				524	141,796
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	44	13,656
		1	1 limitation	100	31,220
		2	2 limitations	100	24,605
		3	3 limitations	91	28,786
		4	4 limitations	73	17,140
		5	5 limitations	52	15,494
		6	6 limitations	24	2,924
		7	7 limitations	17	5,071
		8	8 limitations	23	2,901
				524	141,796
AGEC	AGE CATEGORY	.	Missing	1	382
		2	60-64 years	31	8,477
		3	65-74 years	123	30,117
		4	75-84 years	198	51,008
		5	85+ years	171	51,812
				524	141,796
GENDER	GENDER	1	Male	100	22,604
		2	Female	424	119,192
				524	141,796
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	5	380
		1	Less Than High School	166	38,081
			Diploma		
		2	High School Diploma Or	179	61,845
			GED		
		3	Some	122	33,959
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	23	3,199
		5	Some Post-Graduate	29	4,332
			Work/Advanced Degree		
				524	141,796
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	5	1,824
		-7	Refused	2	941

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	22	4,907
		2	No	495	134,124
				524	141,796
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	80
		-7	Refused	1	689
		1	Yes	419	121,182
		2	No	102	19,846
				524	141,796
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	80
		-7	Refused	1	689
		1	Yes	94	18,715
		2	No	427	122,312
				524	141,796
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	80
		-7	Refused	1	689
		1	Yes	4	424
		2	No	517	140,604
				524	141,796
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	80
		-7	Refused	1	689
		1	Yes	14	3,555
		2	No	507	137,473
				524	141,796
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	80
		-7	Refused	1	689
		1	Yes	1	10
		2	No	520	141,018
				524	141,796
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	80
		-7	Refused	1	689
		1	Yes	4	927
		2	No	517	140,100
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	1	Yes	50	13,116
		2	No	474	128,680
				524	141,796
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	19	3,166
		1	The City	268	67,594
		2	The Suburbs	86	28,702
		3	A Rural Area	151	42,334
			524	141,796	
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	1	Yes	375	109,480
		2	No	149	32,316
				524	141,796
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-1	Not Collected	375	109,480
		1	Yes	82	16,857
		2	No	67	15,459
				524	141,796
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-1	Not Collected	375	109,480
		1	Yes	50	10,037
		2	No	99	22,279
				524	141,796
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-1	Not Collected	375	109,480
		1	Yes	26	6,776
		2	No	123	25,541
				524	141,796
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-1	Not Collected	375	109,480
		1	Yes	14	3,264
		2	No	135	29,053
				524	141,796
LIVARRC	WHO DO YOU LIVE WITH?	1	Alone	375	109,480
		2	With spouse only	73	15,769
		3	With children only	32	6,898
		4	With spouse and children	4	241
		5	With others	40	9,409
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	1	1 Person	375	109,480
		2	2 People	123	27,779
		3	3 People	19	2,744
		4	4 People	2	260
		5	5 People	2	35
		6	6 People	1	569
		7	7 People	1	182
		8	8 People	1	748
				524	141,796
DEMARST	WHAT IS YOUR MARITAL STATUS?	1	Married	91	18,973
		2	Widowed	283	79,167
		3	Divorced	116	32,980
		4	Separated	6	1,578
		5	Never Married	28	9,097
				524	141,796
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?	-8	Don't Know	37	12,725
		-7	Refused	8	1,883
		1	Below \$20,000 [1666 Per Month Or Less]	385	106,193
		2	Above \$20,000 [1667 Per Month Or More]	94	20,996
				524	141,796
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?	.	Missing	45	14,608
		-8	Don't Know	43	12,875
		-7	Refused	10	2,102
		1	\$5,000 or less	27	5,988
		2	\$5,001-\$10,000	84	19,560
		3	\$10,001-\$15,000	145	41,839
		4	\$15,001-\$20,000	87	24,946
		5	\$20,001-\$25,000	42	11,704
		6	\$25,001-\$30,000	22	5,264
7	\$30,001-\$35,000	9	1,195		
8	\$35,001-\$40,000	2	193		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	\$40,001-\$50,000	4	888
		10	ABOVE \$50,000	4	632
				524	141,796
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	8	1,003
		0	Rural (Not in Urbanized Area or Urban Cluster)	180	53,974
		1	In Urbanized Area	240	65,494
		2	In Urban Cluster	96	21,325
				524	141,796
VARSTRAT	VARSTRAT	1.00 - 64.00	Varstrat range	524	141,796
				524	141,796
VARUNIT	VARUNIT	1	Variance unit 1	250	78,115
		2	Variance unit 2	272	63,175
		3	Variance unit 3	2	506
				524	141,796
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	4.18 - 1735.12	Weight range	524	141,796
				524	141,796
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.16 - 5094.36	Replicate weight range	524	141,796
				524	141,796
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.27 - 3246.44	Replicate weight range	524	141,796
				524	141,796
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	2.54 - 3779.67	Replicate weight range	524	141,796
				524	141,796
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	1.02 - 4048.42	Replicate weight range	524	141,796
				524	141,796
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	1.19 - 2622.85	Replicate weight range	524	141,796
				524	141,796
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	2.98 - 3936.25	Replicate weight range	524	141,796
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	2.80 - 3159.90	Replicate weight range	524	141,796
				524	141,796
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	1.33 - 3276.23	Replicate weight range	524	141,796
				524	141,796
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	2.47 - 4117.94	Replicate weight range	524	141,796
				524	141,796
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	1.30 - 3365.79	Replicate weight range	524	141,796
				524	141,796
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	1.30 - 3253.10	Replicate weight range	524	141,796
				524	141,796
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	2.86 - 2988.14	Replicate weight range	524	141,796
				524	141,796
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	2.29 - 2931.66	Replicate weight range	524	141,796
				524	141,796
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	1.17 - 3153.06	Replicate weight range	524	141,796
				524	141,796
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	1.06 - 3200.68	Replicate weight range	524	141,796
				524	141,796
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.34 - 3431.65	Replicate weight range	524	141,796
				524	141,796
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	1.08 - 2823.68	Replicate weight range	524	141,796
				524	141,796
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	1.92 - 3453.88	Replicate weight range	524	141,796
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	2.43 - 3019.87	Replicate weight range	524	141,796
				524	141,796
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	1.16 - 3401.14	Replicate weight range	524	141,796
				524	141,796
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	1.17 - 3978.74	Replicate weight range	524	141,796
				524	141,796
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	2.47 - 3117.93	Replicate weight range	524	141,796
				524	141,796
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	2.36 - 3387.35	Replicate weight range	524	141,796
				524	141,796
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	1.46 - 3190.96	Replicate weight range	524	141,796
				524	141,796
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	2.79 - 2664.48	Replicate weight range	524	141,796
				524	141,796
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	1.09 - 3571.62	Replicate weight range	524	141,796
				524	141,796
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	1.02 - 3566.63	Replicate weight range	524	141,796
				524	141,796
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	2.69 - 3132.61	Replicate weight range	524	141,796
				524	141,796
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.94 - 5302.20	Replicate weight range	524	141,796
				524	141,796
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	1.03 - 3522.84	Replicate weight range	524	141,796
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	0.98 - 3373.57	Replicate weight range	524	141,796
				524	141,796
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	2.95 - 4031.50	Replicate weight range	524	141,796
				524	141,796
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	1.24 - 3684.34	Replicate weight range	524	141,796
				524	141,796
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	3.00 - 3263.94	Replicate weight range	524	141,796
				524	141,796
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	2.89 - 3134.60	Replicate weight range	524	141,796
				524	141,796
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	0.97 - 4573.59	Replicate weight range	524	141,796
				524	141,796
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	1.22 - 3085.51	Replicate weight range	524	141,796
				524	141,796
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	2.07 - 3283.96	Replicate weight range	524	141,796
				524	141,796
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	2.63 - 3260.34	Replicate weight range	524	141,796
				524	141,796
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	1.26 - 2603.05	Replicate weight range	524	141,796
				524	141,796
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	1.87 - 3514.21	Replicate weight range	524	141,796
				524	141,796
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	1.28 - 4031.39	Replicate weight range	524	141,796
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	1.41 - 3153.05	Replicate weight range	524	141,796
				524	141,796
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	2.85 - 3963.68	Replicate weight range	524	141,796
				524	141,796
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	2.35 - 3887.26	Replicate weight range	524	141,796
				524	141,796
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	1.11 - 3133.53	Replicate weight range	524	141,796
				524	141,796
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	1.14 - 3859.13	Replicate weight range	524	141,796
				524	141,796
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.55 - 3052.21	Replicate weight range	524	141,796
				524	141,796
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	1.15 - 3791.86	Replicate weight range	524	141,796
				524	141,796
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	1.92 - 3455.78	Replicate weight range	524	141,796
				524	141,796
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	2.37 - 3405.14	Replicate weight range	524	141,796
				524	141,796
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	1.13 - 3212.33	Replicate weight range	524	141,796
				524	141,796
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	1.23 - 3375.81	Replicate weight range	524	141,796
				524	141,796
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	2.02 - 3724.03	Replicate weight range	524	141,796
				524	141,796

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	3.02 - 3512.74	Replicate weight range	524	141,796
				524	141,796
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	1.40 - 3973.71	Replicate weight range	524	141,796
				524	141,796
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	2.40 - 3128.27	Replicate weight range	524	141,796
				524	141,796
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	1.08 - 2990.96	Replicate weight range	524	141,796
				524	141,796
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.13 - 3438.95	Replicate weight range	524	141,796
				524	141,796
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.08 - 2599.05	Replicate weight range	524	141,796
				524	141,796
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	2.89 - 3793.97	Replicate weight range	524	141,796
				524	141,796
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	0.99 - 3521.46	Replicate weight range	524	141,796
				524	141,796
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	1.05 - 2990.99	Replicate weight range	524	141,796
				524	141,796
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.71 - 4249.37	Replicate weight range	524	141,796
				524	141,796