

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
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY

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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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<i>Name</i>	<i>Type</i>	<i>Description</i>
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	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	TV/RADIO/NEWSPAPERS
PFREAD	NUM	READING PRINTED MATERIALS
PFCNF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
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?
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?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
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.

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<i>Name</i>	<i>Type</i>	<i>Description</i>
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 2012 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?
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

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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
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

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PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH

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 2012?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN

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	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A 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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PFDRIIVE	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	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	TV/RADIO/NEWSPAPERS
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	READING PRINTED MATERIALS
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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	497	145,690
				497	145,690
HCDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?	1	Today Or Yesterday	155	44,791
		2	More Than 1 Day To 1 Week Ago	222	59,016
		3	More Than 1 Week To 1 Month Ago	69	21,055
		4	More Than 1 Month Ago	51	20,827
				497	145,690
HCRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?	-8	Don't Know	12	2,464
		1	6 Months Or Less	78	25,667
		2	More Than 6 Months But Less Than 1 Year	64	19,936
		3	At Least 1 Year But Less Than 2 Years	125	36,514
		4	2 To 5 Years	167	48,007
		5	More Than 5 Years	51	13,101
				497	145,690
HCMOFT	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	4	305
		1	Number of Clients Reporting Weekly	361	102,470
		2	Number of Clients Reporting Monthly	132	42,915
				497	145,690
HCWEEK	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	1	10
		-1	Not Collected	136	43,220
		0	0 Times Per Week	1	122
		1	1 Time Per Week	217	64,880
		2	2 Times Per Week	79	21,214
		3	3 Times Per Week	37	9,100
		4	4 Times Per Week	4	500
		5	5 Times Per Week	19	6,331
		7	7 Times Per Week	3	313
				497	145,690
HCMONTH	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	1	229
		-1	Not Collected	365	102,775

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Time Per Month	12	6,039
		2	2 Times Per Month	113	35,855
		3	3 Times Per Month	2	472
		4	4 Times Per Month	3	240
		8	8 Times Per Month	1	80
				497	145,690
TIMESMO	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK	.	Missing	1	229
		-8	Don't Know	5	316
		0	0 Times Per Month	1	122
		1	1 Time Per Month	12	6,039
		2	2 Times Per Month	113	35,855
		3	3 Times Per Month	2	472
		4	4 Times Per Month	220	65,121
		8	8 Times Per Month	80	21,294
		12	12 Times Per Month	37	9,100
		16	16 Times Per Month	4	500
		20	20 Times Per Month	19	6,331
		28	28 Times Per Month	3	313
				497	145,690
SHCHRS	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?	-8	Don't Know	40	10,766
		1	1 Hour Per Visit	90	22,351
		2	2 Hours Per Visit	246	69,079
		3	3 Hours Per Visit	65	20,633
		4	4 Hours Per Visit	46	19,162
		5	5 Hours Per Visit	4	2,810
		6	6 Hours Per Visit	3	430
		10	10 Hours Per Visit	1	247
		12	12 Hours Per Visit	1	110
		24	24	1	104
				497	145,690
HOURSMO	HOURS HELP HOUSEWORK PER MON	.	Missing	40	10,970
		-8	Don't Know	5	316
		1	0 Hours	1	122
		2	1 - 2 Hours	28	8,704
		3	3 - 4 Hours	116	35,189
		4	5 - 6 Hours	13	4,205

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	7 - 8 Hours	129	38,330
		6	9 - 12 Hours	36	10,795
		7	13 - 16 Hours	54	12,792
		8	17 - 20 Hours	6	2,963
		9	21 - 40 Hours	48	10,455
		10	41 - 60 Hours	11	8,731
		11	61 - 100 Hours	6	1,634
		12	> 101 Hours	4	485
				497	145,690
HCHM07	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?	-8	Don't Know	6	1,840
		1	Yes	451	131,240
		2	No	40	12,610
				497	145,690
SHCHM09	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?	-8	Don't Know	4	1,633
		-7	Refused	1	61
		1	Yes	474	134,354
		2	No	18	9,642
				497	145,690
HCARATE	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?	-8	Don't Know	2	1,163
		1	Excellent	194	56,139
		2	Very Good	174	51,677
		3	Good	91	24,365
		4	Fair	24	4,366
		5	Poor	12	7,981
				497	145,690
HCARATE2	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT	.	Missing	2	1,163
		1	Rating of Good to Excellent	459	132,181
		2	Rating of Fair or Poor	36	12,347
				497	145,690
HCRREC	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?	-8	Don't Know	1	80
		-7	Refused	1	61
		1	Yes	476	137,676
		2	No	19	7,873
				497	145,690

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	1	407
		1	Yes	479	136,738
		2	No	17	8,546
				497	145,690
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	3	601
		1	Yes	68	20,256
		2	No	426	124,833
				497	145,690
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	2	228
		1	Yes	188	48,215
		2	No	307	97,247
				497	145,690
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	13	2,013
		1	Yes	300	90,989
		2	No	184	52,688
				497	145,690
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	2	74
		1	Yes	99	30,272
		2	No	396	115,344
				497	145,690
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	1	1,223
		1	Yes	12	1,645
		2	No	484	142,822
				497	145,690
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	294
		1	Yes	131	28,864
		2	No	364	116,532
				497	145,690
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	2	547
		1	Yes	84	25,646

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	411	119,497
				497	145,690
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	390
		1	Yes	25	11,912
		2	No	470	133,388
				497	145,690
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	17	4,437
		1	Yes	118	37,859
		2	No	362	103,394
				497	145,690
SVCCOUNT	SERVICE COMBINATIONS	1	Homemaker only	76	19,290
		2	Homemaker and 1 additional services	113	35,430
		3	Homemaker and 2 additional services	142	44,215
		4	Homemaker and 3 additional services	92	28,286
		5	Homemaker and 4 additional services	35	8,374
		6	Homemaker and 5 additional services	25	7,282
		7	Homemaker and 6 additional services	11	2,658
		8	Homemaker and 7 additional services	3	155
				497	145,690
HNREDUYN	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?	-8	Don't Know	7	2,712
		1	Yes	30	6,007
		2	No	460	136,972
				497	145,690
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	7	3,615
		1	Yes	123	29,955
		2	No	367	112,120
				497	145,690

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	3	801
		1	Yes	51	19,579
		2	No	443	125,310
				497	145,690
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	3	391
		1	Yes	29	6,436
		2	No	465	138,863
				497	145,690
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	5	1,150
		1	Yes	20	4,003
		2	No	472	140,537
				497	145,690
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	7	1,064
		1	Yes	88	31,354
		2	No	402	113,272
				497	145,690
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	1	1,036
		-1	Not Collected	60	15,774
		1	Excellent	149	43,326
		2	Very Good	168	50,401
		3	Good	87	25,214
		4	Fair	20	8,142
		5	Poor	12	1,796
				497	145,690
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	4	2,693
		1	Yes	438	128,338
		2	No	55	14,659
		497	145,690		

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	3,645
		1	Yes	425	129,669
		2	No	56	12,376
				497	145,690
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	11	3,006
		1	Yes	408	123,092
		2	No	78	19,592
				497	145,690
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	14	6,239
		1	Yes	233	72,285
		2	No	250	67,167
				497	145,690
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	519
		1	Agree	487	144,248
		2	Disagree	8	923
				497	145,690
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	10	1,186
		1	Agree	459	136,733
		2	Disagree	28	7,770
				497	145,690
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	1	10
		1	Yes	102	33,519
		2	No	394	112,161
				497	145,690
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	8	1,126
		1	Yes	89	34,902
		2	No	400	109,661
				497	145,690
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	18	7,683

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	102	26,333
		2	No	377	111,673
				497	145,690
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	6	602
		1	Yes	94	34,264
		2	No	397	110,824
				497	145,690
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	4	184
		1	Yes	192	49,908
		2	No	301	95,598
				497	145,690
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	2	70
		1	Yes	332	91,448
		2	No	163	54,173
				497	145,690
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	6	3,908
		1	Excellent	13	2,553
		2	Very Good	52	10,463
		3	Good	155	45,506
		4	Fair	163	46,246
		5	Poor	108	37,014
				497	145,690
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	7	413
		-7	Refused	2	1,204
		1	Yes, Limited A Lot	320	100,263
		2	Yes, Limited A Little	104	29,964
		3	No, Not Limited At All	64	13,846
				497	145,690
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	9	1,827
		1	Yes, Limited A Lot	348	105,403
		2	Yes, Limited A Little	93	28,092

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	No, Not Limited At All	47	10,368
				497	145,690
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	9	2,705
		1	All Of The Time	115	34,354
		2	Most Of The Time	149	50,919
		3	Some Of The Time	144	40,334
		4	A Little Of The Time	57	12,197
		5	None Of The Time	23	5,181
				497	145,690
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	6	2,037
		1	All Of The Time	121	37,290
		2	Most Of The Time	141	44,373
		3	Some Of The Time	138	40,008
		4	A Little Of The Time	59	15,299
		5	None Of The Time	32	6,683
				497	145,690
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	4	624
		1	All Of The Time	35	10,387
		2	Most Of The Time	57	21,726
		3	Some Of The Time	124	35,662
		4	A Little Of The Time	126	32,827
		5	None Of The Time	151	44,465
				497	145,690
SFCAREFL	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?	-8	Don't Know	8	5,816
		-7	Refused	1	34
		1	All Of The Time	26	5,798

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	57	16,876
		3	Some Of The Time	104	34,832
		4	A Little Of The Time	110	24,457
		5	None Of The Time	191	57,877
				497	145,690
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	7	5,195
		-7	Refused	1	42
		1	All Of The Time	64	20,622
		2	Most Of The Time	86	19,462
		3	Some Of The Time	83	26,558
		4	A Little Of The Time	159	41,058
		5	None Of The Time	97	32,753
				497	145,690
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		1	All Of The Time	54	19,010
		2	Most Of The Time	198	55,508
		3	Some Of The Time	159	45,380
		4	A Little Of The Time	64	18,797
		5	None Of The Time	22	6,995
				497	145,690
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	2	1,451
		-7	Refused	1	513
		1	All Of The Time	11	2,469
		2	Most Of The Time	51	13,833
		3	Some Of The Time	162	45,279
		4	A Little Of The Time	172	53,484
		5	None Of The Time	98	28,661
				497	145,690
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	1	557
		1	All Of The Time	19	4,641
		2	Most Of The Time	48	12,958
		3	Some Of The Time	121	33,703
		4	A Little Of The Time	151	42,922

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	None Of The Time	157	50,910
				497	145,690
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	14	5,752
		1	All Of The Time	83	22,916
		2	Most Of The Time	94	30,146
		3	Some Of The Time	97	25,134
		4	A Little Of The Time	78	19,777
		5	None Of The Time	131	41,965
				497	145,690
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	62	23,404
		1	4 - < 20	97	27,787
		2	20 - < 25	67	20,143
		3	25 - < 30	80	22,735
		4	30 - < 35	68	18,461
		5	35 - < 40	62	18,076
		6	40 - < 45	30	7,749
		7	45 - < 50	18	4,983
		8	50 - < 55	8	1,415
		9	55 - < 65	5	937
				497	145,690
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	62	23,404
		1	7 - < 35	63	17,961
		2	35 - < 40	41	11,149
		3	40 - < 45	62	16,836
		4	45 - < 50	68	19,323
		5	50 - < 53	36	10,492
		6	53 - < 56	35	8,362
		7	56 - < 59	44	9,844
		8	59 - < 62	36	11,754
		9	62 - < 65	24	7,725
		10	65 - < 80	26	8,840
				497	145,690
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	62	23,404

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		22.1083		247	69,896
		30.6976		77	21,883
		39.287		63	20,182
		47.8763		24	5,839
		56.4656		24	4,486
				497	145,690
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		62	23,404
		20.3233		76	25,535
		24.9298		38	8,970
		29.5364		83	22,862
		34.1429		53	14,512
		38.7495		108	33,114
		43.356		26	7,091
		47.9626		28	5,229
		52.5691		9	1,613
		57.1757		14	3,360
				497	145,690
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		62	23,404
		16.6777		86	25,718
		26.8693		150	37,408
		37.0608		72	22,677
		47.2523		75	17,624
		57.4438		52	18,859
				497	145,690
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		62	23,404
		18.8673		93	28,929
		29.6476		144	39,455
		44.7401		144	42,790
		55.5204		44	9,175
		61.9886		10	1,937
				497	145,690
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		62	23,404
		27.6238		82	21,161
		37.6867		154	46,639
		47.7496		147	40,479

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		57.8125		44	11,946
		67.8753		8	2,060
				497	145,690
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		62	23,404
		11.347		14	4,137
		16.9385		11	3,621
		22.5299		33	10,410
		28.1214		31	9,284
		33.7129		64	17,828
		39.3044		48	13,920
		44.8959		69	14,508
		50.4873		53	15,843
		56.0788		112	32,734
				497	145,690
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		62	23,404
		16.1764		72	20,677
		26.2742		84	24,036
		36.3721		92	22,972
		46.4699		76	19,660
		56.5677		111	34,940
				497	145,690
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		62	23,404
		15.7748		3	510
		21.8705		10	4,135
		27.9663		26	6,615
		34.0621		34	8,457
		40.1579		86	21,069
		46.2537		79	25,012
		52.3495		87	20,424
		58.4453		80	25,565
		64.541		30	10,500
				497	145,690
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	2	1,966
		1	Much Better Than One Year Ago	27	9,608

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	A Little Better Than One Year Ago	44	17,130
		3	About The Same As One Year Ago	181	46,833
		4	A Little Worse Than One Year Ago	134	39,630
		5	Worse Than One Year Ago	109	30,523
				497	145,690
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...				
		-8	Don't Know	16	5,106
		1	About Enough	137	38,505
		2	Too Much	2	960
		3	Would Like To Be Doing More	342	101,119
				497	145,690
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	21	6,174
		1	Yes	111	33,543
		2	No	365	105,973
				497	145,690
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	3	2,186
		-7	Refused	1	1,223
		1	Yes	365	103,511
		2	No	128	38,769
				497	145,690
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	1	172
		-7	Refused	1	1,223
		1	Yes	385	115,427
		2	No	110	28,869
				497	145,690
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?				
		-8	Don't Know	2	307
		-7	Refused	1	1,223
		1	Yes	223	58,479
		2	No	271	85,680
				497	145,690
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?				
		-8	Don't Know	11	4,104

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,223
		1	Yes	282	87,084
		2	No	203	53,279
				497	145,690
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	3	2,527
		-7	Refused	1	1,223
		1	Yes	201	51,010
		2	No	292	90,930
				497	145,690
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	3	264
		-7	Refused	1	1,223
		1	Yes	240	67,706
		2	No	253	76,496
				497	145,690
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	1	166
		-7	Refused	1	1,223
		1	Yes	97	19,327
		2	No	398	124,974
				497	145,690
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	2	346
		-7	Refused	1	1,223
		1	Yes	98	30,940
		2	No	396	113,182
				497	145,690
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	3	1,021
		-7	Refused	1	1,223
		1	Yes	114	33,933
		2	No	379	109,513
				497	145,690
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	12	3,330
		-7	Refused	1	1,223
		1	Yes	145	46,987
		2	No	339	94,150

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				497	145,690
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	5	631
		-7	Refused	1	1,223
		1	Yes	74	17,672
		2	No	417	126,164
				497	145,690
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-7	Refused	1	1,223
		1	Yes	358	101,230
		2	No	137	42,927
		3	Does Not Apply	1	310
				497	145,690
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	3	2,235
		-7	Refused	1	1,223
		1	Yes	200	59,356
		2	No	293	82,876
				497	145,690
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	1	485
		-7	Refused	1	1,223
		1	Yes	113	30,470
		2	No	382	113,512
				497	145,690
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	2	194
		-7	Refused	1	1,223
		1	Yes	42	11,324
		2	No	452	132,949
				497	145,690
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	233
		-7	Refused	1	1,223
		1	Yes	20	4,390

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	475	139,843
				497	145,690
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?				
		-8	Don't Know	2	512
		-7	Refused	1	1,223
		1	Yes	13	6,583
		2	No	481	137,373
				497	145,690
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?				
		-8	Don't Know	3	819
		-7	Refused	1	1,223
		1	Yes	314	95,250
		2	No	179	48,398
				497	145,690
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	3	612
		-7	Refused	1	1,223
		1	Yes	7	1,936
		2	No	486	141,919
				497	145,690
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	3	460
		-7	Refused	1	1,223
		1	Yes	145	45,651
		2	No	348	98,356
				497	145,690
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	3	932
		-7	Refused	1	1,223
		1	Yes	70	23,065
		2	No	423	120,470
				497	145,690
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	4	1,668
		1	1 Medical Condition	7	858
		2	2 Medical Conditions	14	1,801
		3	3 Medical Conditions	17	6,057

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Medical Conditions	51	16,863
		5	5 Medical Conditions	51	16,404
		6	6 Medical Conditions	68	22,480
		7	7 Medical Conditions	73	23,739
		8	8 Medical Conditions	73	19,773
		9	9 Medical Conditions	49	11,565
		10	10 Medical Conditions	33	8,752
		11	11 Medical Conditions	24	3,942
		12	12 Medical Conditions	16	9,371
		13	13 Medical Conditions	10	1,474
		14	14 Medical Conditions	5	827
		15	15 Medical Conditions	1	15
		16	16 Medical Conditions	1	99
				497	145,690
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	17	6,519
		-1	Not Collected	4	1,668
		1	Yes	317	97,143
		2	No	159	40,359
				497	145,690
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	2	762
		-1	Not Collected	180	48,547
		1	Yes	286	90,331
		2	No	29	6,051
				497	145,690
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	10	2,259
		-1	Not Collected	180	48,547
		1	Yes	97	20,944
		2	No	210	73,941

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				497	145,690
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	1	29
		-1	Not Collected	180	48,547
		1	Yes	76	19,104
		2	No	240	78,010
				497	145,690
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	1	36
		-1	Not Collected	180	48,547
		1	Yes	42	12,393
		2	No	274	84,715
				497	145,690
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	172
		-1	Not Collected	180	48,547
		1	Yes	16	3,250
		2	No	300	93,722
				497	145,690
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	3	815
		-1	Not Collected	180	48,547
		1	Yes	13	3,404
		2	No	301	92,924
				497	145,690
PFMEDF	SELF/FAMILY IN MEDICAL FIELD	-1	Not Collected	180	48,547
		1	Yes	23	4,508
		2	No	294	92,635
				497	145,690
PFMEDIA	TV/RADIO/NEWSPAPERS	-1	Not Collected	180	48,547
		1	Yes	19	4,180

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	298	92,963
				497	145,690
PFREAD	READING PRINTED MATERIALS	-1	Not Collected	180	48,547
		1	Yes	44	9,575
		2	No	273	87,568
				497	145,690
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	8	3,356
		-1	Not Collected	4	1,668
		1	Not At All Confident	50	11,802
		2	A Little Confident	85	24,222
		3	Moderately Confident	191	60,228
		4	Very Confident	159	44,414
				497	145,690
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	3	3,410
		1	Yes	177	37,845
		2	No	317	104,435
				497	145,690
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	14	3,549
		-7	Refused	2	1,858
		1	0-2 medications	52	15,989
		2	3-4 medications	86	20,390
		3	5-6 medications	119	38,492
		4	7-8 medications	79	28,143
		5	9+ medications	145	37,268
				497	145,690
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	7	1,062
		1	Yes	176	54,890
		2	No	314	89,738
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	29
		1	Yes	63	16,294
		2	No	433	129,367
				497	145,690
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	1	310
		1	Yes	220	60,631
		2	No	276	84,749
				497	145,690
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-1	Not Collected	277	85,059
		1	Yes	55	14,715
		2	No	165	45,917
				497	145,690
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	4	259
		1	Yes	310	92,645
		2	No	183	52,786
				497	145,690
PFDFFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	263
		-1	Not Collected	187	53,045
		1	Yes	246	74,363
		2	No	62	18,019
				497	145,690
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	333
		1	Yes	194	50,973
		2	No	302	94,384
				497	145,690
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	71
		-1	Not Collected	303	94,717
		1	Yes	69	16,573
		2	No	124	34,329
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	1	333
		1	Yes	218	63,999
		2	No	278	81,359
				497	145,690
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	279	81,691
		1	Yes	139	33,916
		2	No	79	30,082
				497	145,690
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	1	Yes	137	37,947
		2	No	360	107,743
				497	145,690
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	2	192
		-1	Not Collected	360	107,743
		1	Yes	91	19,802
		2	No	44	17,954
				497	145,690
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	2	29
		1	Yes	367	111,435
		2	No	128	34,227
				497	145,690
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-1	Not Collected	130	34,255
		1	Yes	112	27,176
		2	No	255	84,259
				497	145,690
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	333
		1	Yes	52	8,966
		2	No	444	136,392
		497	145,690		
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	445	136,724
		1	Yes	17	2,353
		2	No	35	6,613
				497	145,690
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	1	Yes	87	22,710

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	410	122,980
				497	145,690
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	410
		-1	Not Collected	410	122,980
		1	Yes	43	7,130
		2	No	43	15,170
				497	145,690
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	1	333
		1	Yes	128	30,970
		2	No	368	114,387
				497	145,690
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	2	301
		-1	Not Collected	369	114,720
		1	Yes	109	24,098
		2	No	17	6,571
				497	145,690
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	5	381
		-7	Refused	1	29
		1	Yes	215	63,565
		2	No	276	81,715
				497	145,690
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	174
		-1	Not Collected	282	82,125
		1	Yes	174	47,377
		2	No	40	16,014
				497	145,690
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	1	37
		1	Yes	288	83,127
		2	No	208	62,526
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	3,349
		-1	Not Collected	209	62,563
		1	Yes	268	76,566
		2	No	19	3,211
				497	145,690
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	3	681
		1	Yes	450	133,540
		2	No	44	11,469
				497	145,690
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	1	42
		-1	Not Collected	47	12,150
		1	Yes	436	129,148
		2	No	13	4,351
				497	145,690
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	1	Yes	109	26,069
		2	No	388	119,621
				497	145,690
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	389
		-1	Not Collected	388	119,621
		1	Yes	87	20,529
		2	No	20	5,151
				497	145,690
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	1	113
		1	Yes	36	8,102
		2	No	460	137,474
		497	145,690		
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-7	Refused	1	29
		-1	Not Collected	461	137,588
		1	Yes	31	5,456

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	4	2,617
				497	145,690
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	2	471
		1	Yes	290	78,147
		2	No	205	67,072
				497	145,690
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	1	3,349
		-1	Not Collected	207	67,543
		1	Yes	121	30,089
		2	No	168	44,709
				497	145,690
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	48	11,343
		1	Yes	184	69,039
		2	No	265	65,308
				497	145,690
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	313	76,651
		1	Yes	38	16,743
		2	No	50	19,247
		3	Never Uses Bus	96	33,049
				497	145,690
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	459	128,947
		1	Yes	31	10,649
		2	No	7	6,094
				497	145,690
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	7	1,208
		-1	Not Collected	41	10,645
		1	Family	235	65,003
		2	Someone Else Like Friend/Neighbor/Other	149	43,070
		3	Did Not Receive Help	65	25,764
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED		
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	453		
		-7	Refused	1	248		
		-1	Not Collected	262	80,687		
		1	Husband	22	6,482		
		2	Wife	7	1,052		
		3	Son	50	18,402		
		4	Son-In-Law	3	245		
		5	Daughter	94	24,903		
		6	Daughter-In-Law	7	1,213		
		9	Brother	2	711		
		10	Sister	13	4,801		
		11	Grandson	1	439		
		12	Granddaughter	10	1,225		
		13	Nephew	3	1,084		
		14	Niece	9	1,949		
91	Other Relative	10	1,795				
				497	145,690		
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	3	361		
		0	0 limitations	82	26,003		
		1	1 limitation	136	37,986		
		2	2 limitations	106	27,572		
		3	3 limitations	63	27,602		
		4	4 limitations	44	13,450		
		5	5 limitations	46	10,463		
		6	6 limitations	17	2,253		
						497	145,690
		ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	82	26,003
1	1 limitation			137	38,319		
2	2 limitations			106	27,572		
3	3 limitations			63	27,602		
4	4 limitations			45	13,463		
5	5 limitations			47	10,478		
6	6 limitations			17	2,253		
				497	145,690		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	3	361
		1	Yes	170	53,767
		2	No	324	91,561
				497	145,690
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	172	53,796
		2	No	325	91,894
				497	145,690
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	4	673
		0	0 limitations	293	96,344
		1	1 limitation	92	20,683
		2	2 limitations	36	13,233
		3	3 limitations	25	4,983
		4	4 limitations	19	6,490
		5	5 limitations	18	2,544
		6	6 limitations	10	739
				497	145,690
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	294	96,511
		1	1 limitation	94	20,780
		2	2 limitations	36	13,233
		3	3 limitations	25	4,983
		4	4 limitations	20	6,901
		5	5 limitations	18	2,544
		6	6 limitations	10	739
		497	145,690		
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	13	4,464
		0	0 limitations	78	22,958
		1	1 limitation	96	29,594
		2	2 limitations	85	24,748
		3	3 limitations	84	25,901

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	72	21,040
		5	5 limitations	34	9,636
		6	6 limitations	13	2,056
		7	7 limitations	22	5,292
				497	145,690
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		0	0 limitations	82	23,538
		1	1 limitation	97	29,631
		2	2 limitations	86	24,809
		3	3 limitations	86	29,325
		4	4 limitations	75	21,260
		5	5 limitations	36	9,779
		6	6 limitations	13	2,056
		7	7 limitations	22	5,292
				497	145,690
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	8	4,476
		0	0 limitations	115	34,046
		1	1 limitation	117	35,501
		2	2 limitations	77	19,344
		3	3 limitations	63	25,104
		4	4 limitations	54	12,957
		5	5 limitations	28	6,913
		6	6 limitations	15	4,535
		7	7 limitations	20	2,814
				497	145,690
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS, SSS VERSION	0	0 limitations	115	34,046
		1	1 limitation	120	39,151
		2	2 limitations	80	19,913
		3	3 limitations	65	25,361
		4	4 limitations	54	12,957
		5	5 limitations	28	6,913
		6	6 limitations	15	4,535
		7	7 limitations	20	2,814

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				497	145,690
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	14	5,011
		0	0 limitations	23	5,185
		1	1 limitation	68	20,905
		2	2 limitations	89	29,198
		3	3 limitations	79	22,012
		4	4 limitations	83	25,354
		5	5 limitations	72	21,040
		6	6 limitations	34	9,636
		7	7 limitations	13	2,056
		8	8 limitations	22	5,292
				497	145,690
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	26	5,652
		1	1 limitation	69	21,018
		2	2 limitations	90	29,235
		3	3 limitations	81	22,620
		4	4 limitations	86	28,861
		5	5 limitations	74	21,177
		6	6 limitations	36	9,779
		7	7 limitations	13	2,056
		8	8 limitations	22	5,292
				497	145,690
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	9	4,518
		0	0 limitations	39	10,153
		1	1 limitation	89	27,980
		2	2 limitations	107	32,933
		3	3 limitations	74	18,331

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	62	24,557
		5	5 limitations	54	12,957
		6	6 limitations	28	6,913
		7	7 limitations	15	4,535
		8	8 limitations	20	2,814
				497	145,690
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	40	10,195
		1	1 limitation	89	27,980
		2	2 limitations	111	36,612
		3	3 limitations	77	18,953
		4	4 limitations	63	24,731
		5	5 limitations	54	12,957
		6	6 limitations	28	6,913
		7	7 limitations	15	4,535
		8	8 limitations	20	2,814
				497	145,690
AGEC	AGE CATEGORY	2	60-64 years	24	8,732
		3	65-74 years	123	41,400
		4	75-84 years	173	44,490
		5	85+ years	177	51,068
				497	145,690
GENDER	GENDER	1	Male	93	22,811
		2	Female	404	122,879
				497	145,690
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	2	95
		1	Less Than High School	148	40,036
			Diploma		
		2	High School Diploma Or	186	52,579
			GED		
		3	Some	115	42,831
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	27	5,993
		5	Some Post-Graduate	19	4,156
			Work/Advanced Degree		
				497	145,690
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	4	1,301
		1	Yes	16	2,078

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	477	142,311
				497	145,690
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	1	71
		-7	Refused	1	44
		1	Yes	390	120,202
		2	No	105	25,373
				497	145,690
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	1	71
		-7	Refused	1	44
		1	Yes	91	22,015
		2	No	404	123,560
				497	145,690
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	1	71
		-7	Refused	1	44
		1	Yes	2	338
		2	No	493	145,237
				497	145,690
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	1	71
		-7	Refused	1	44
		1	Yes	15	4,237
		2	No	480	141,337
				497	145,690
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	1	71
		-7	Refused	1	44
		1	Yes	1	221
		2	No	494	145,354
				497	145,690
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	1	71
		-7	Refused	1	44
		1	Yes	7	1,592
		2	No	488	143,983
				497	145,690

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	11,667
		2	No	447	134,023
				497	145,690
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	15	2,761
		1	The City	251	78,824
		2	The Suburbs	93	31,733
		3	A Rural Area	138	32,372
				497	145,690
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	1	Yes	351	109,756
		2	No	146	35,934
				497	145,690
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-1	Not Collected	351	109,756
		1	Yes	75	17,955
		2	No	71	17,978
				497	145,690
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-1	Not Collected	351	109,756
		1	Yes	55	14,547
		2	No	91	21,387
				497	145,690
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-1	Not Collected	351	109,756
		1	Yes	26	4,866
		2	No	120	31,068
				497	145,690
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-1	Not Collected	351	109,756
		1	Yes	12	2,276
		2	No	134	33,658
				497	145,690
LIVARRC	WHO DO YOU LIVE WITH?	1	Alone	351	109,756
		2	With spouse only	66	16,567
		3	With children only	38	12,449
		4	With spouse and children	1	69
		5	With others	41	6,849
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	1	1 Person	353	110,122
		2	2 People	115	31,931
		3	3 People	18	1,861
		4	4 People	10	1,581
		5	5 People	1	196
					497
DEMARST	WHAT IS YOUR MARITAL STATUS?	1	Married	83	18,904
		2	Widowed	292	78,882
		3	Divorced	87	33,223
		4	Separated	5	1,489
		5	Never Married	30	13,192
			497	145,690	
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?	-8	Don't Know	31	8,125
		-7	Refused	9	2,903
		1	Below \$20,000 [1666 Per Month Or Less]	357	111,385
		2	Above \$20,000 [1667 Per Month Or More]	100	23,277
				497	145,690
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?	.	Missing	40	11,028
		-8	Don't Know	30	8,358
		-7	Refused	11	2,303
		1	\$5,000 or less	29	6,680
		2	\$5,001-\$10,000	70	19,381
		3	\$10,001-\$15,000	151	45,816
		4	\$15,001-\$20,000	76	32,557
		5	\$20,001-\$25,000	39	9,567
		6	\$25,001-\$30,000	21	3,965
		7	\$30,001-\$35,000	12	1,922
		8	\$35,001-\$40,000	8	2,497
9	\$40,001-\$50,000	4	814		
10	ABOVE \$50,000	6	801		
			497	145,690	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	17	5,097
		0	Rural (Not in Urbanized Area or Urban Cluster)	262	65,998
		1	In Urbanized Area	181	64,474
		2	In Urban Cluster	37	10,121
				497	145,690
VARSTRAT	VARSTRAT	1.00 - 64.00	Varstrat range	497	145,690
				497	145,690
VARUNIT	VARUNIT	1	Variance unit 1	255	65,728
		2	Variance unit 2	242	79,962
				497	145,690
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	8.08 - 3349.39	Weight range	497	145,690
				497	145,690
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.82 - 4353.30	Replicate weight range	497	145,690
				497	145,690
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.77 - 7247.52	Replicate weight range	497	145,690
				497	145,690
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	2.60 - 4525.75	Replicate weight range	497	145,690
				497	145,690
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	2.14 - 4057.33	Replicate weight range	497	145,690
				497	145,690
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	4.30 - 3908.28	Replicate weight range	497	145,690
				497	145,690
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	2.23 - 7561.80	Replicate weight range	497	145,690
				497	145,690
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	1.81 - 4318.31	Replicate weight range	497	145,690
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	4.05 - 3925.22	Replicate weight range	497	145,690
				497	145,690
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	4.14 - 4665.47	Replicate weight range	497	145,690
				497	145,690
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	2.21 - 4328.73	Replicate weight range	497	145,690
				497	145,690
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	1.82 - 4356.64	Replicate weight range	497	145,690
				497	145,690
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	4.02 - 4895.02	Replicate weight range	497	145,690
				497	145,690
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	2.42 - 4538.89	Replicate weight range	497	145,690
				497	145,690
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	2.83 - 3566.36	Replicate weight range	497	145,690
				497	145,690
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	2.99 - 4434.82	Replicate weight range	497	145,690
				497	145,690
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.88 - 5549.44	Replicate weight range	497	145,690
				497	145,690
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	2.15 - 3541.11	Replicate weight range	497	145,690
				497	145,690
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	3.32 - 4666.05	Replicate weight range	497	145,690
				497	145,690
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	3.02 - 6519.87	Replicate weight range	497	145,690
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	2.45 - 4722.47	Replicate weight range	497	145,690
				497	145,690
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	2.43 - 3587.14	Replicate weight range	497	145,690
				497	145,690
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	2.24 - 4939.64	Replicate weight range	497	145,690
				497	145,690
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	1.85 - 7023.93	Replicate weight range	497	145,690
				497	145,690
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	2.40 - 3923.13	Replicate weight range	497	145,690
				497	145,690
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	2.11 - 5367.12	Replicate weight range	497	145,690
				497	145,690
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	2.35 - 3902.83	Replicate weight range	497	145,690
				497	145,690
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	1.91 - 3874.88	Replicate weight range	497	145,690
				497	145,690
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	2.27 - 4428.07	Replicate weight range	497	145,690
				497	145,690
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.83 - 5276.93	Replicate weight range	497	145,690
				497	145,690
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	2.72 - 5434.19	Replicate weight range	497	145,690
				497	145,690
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	2.49 - 4377.51	Replicate weight range	497	145,690
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	2.19 - 4758.18	Replicate weight range	497	145,690
				497	145,690
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	1.80 - 3846.80	Replicate weight range	497	145,690
				497	145,690
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	2.76 - 6871.17	Replicate weight range	497	145,690
				497	145,690
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	2.55 - 4821.31	Replicate weight range	497	145,690
				497	145,690
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	2.15 - 4790.34	Replicate weight range	497	145,690
				497	145,690
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	4.31 - 4184.04	Replicate weight range	497	145,690
				497	145,690
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	2.20 - 6638.63	Replicate weight range	497	145,690
				497	145,690
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	1.85 - 4334.78	Replicate weight range	497	145,690
				497	145,690
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	4.04 - 3944.10	Replicate weight range	497	145,690
				497	145,690
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	4.19 - 4658.54	Replicate weight range	497	145,690
				497	145,690
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	2.16 - 3278.72	Replicate weight range	497	145,690
				497	145,690
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	1.78 - 3890.84	Replicate weight range	497	145,690
				497	145,690

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	4.16 - 5325.20	Replicate weight range	497	145,690
				497	145,690
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	2.47 - 4194.92	Replicate weight range	497	145,690
				497	145,690
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	2.90 - 4934.86	Replicate weight range	497	145,690
				497	145,690
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	3.02 - 4729.35	Replicate weight range	497	145,690
				497	145,690
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.92 - 5460.99	Replicate weight range	497	145,690
				497	145,690
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	2.20 - 4084.81	Replicate weight range	497	145,690
				497	145,690
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	3.27 - 4736.29	Replicate weight range	497	145,690
				497	145,690
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	2.92 - 7754.24	Replicate weight range	497	145,690
				497	145,690
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	2.49 - 3992.62	Replicate weight range	497	145,690
				497	145,690
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	2.62 - 3493.84	Replicate weight range	497	145,690
				497	145,690
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	2.25 - 4614.99	Replicate weight range	497	145,690
				497	145,690
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	1.83 - 7111.17	Replicate weight range	497	145,690
				497	145,690

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	2.52 - 4121.20	Replicate weight range	497	145,690
				497	145,690
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	2.17 - 5336.67	Replicate weight range	497	145,690
				497	145,690
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	2.39 - 4487.62	Replicate weight range	497	145,690
				497	145,690
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.97 - 3996.04	Replicate weight range	497	145,690
				497	145,690
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.31 - 4698.51	Replicate weight range	497	145,690
				497	145,690
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	1.83 - 4858.28	Replicate weight range	497	145,690
				497	145,690
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	2.79 - 3975.91	Replicate weight range	497	145,690
				497	145,690
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	2.52 - 4181.03	Replicate weight range	497	145,690
				497	145,690
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.15 - 4793.46	Replicate weight range	497	145,690
				497	145,690