

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? |
| PFFLTH | 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.)? |
| 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? |

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|-------------|-------------|---|
| 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? |
| PFNCARE | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE? |
| PFPHON | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL? |
| PFWEB | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET? |
| PFCLASS | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS? |
| PFLRN | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE] |
| PFMEDF | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD? |

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|-------------|-------------|--|
| PFMEDIA | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS? |
| PFREAD | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS? |
| PFCONF | NUM | HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE... |
| PFLEARN | NUM | DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE? |
| HLMDRUGS | NUM | # DIFF MEDICINES YOU TAKE DAILY |
| HLMHOSP | NUM | IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL? |
| HLMNH | NUM | IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER? |
| PFDFIN | NUM | DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME? |
| PFDFINB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME? |
| PFDFOU | NUM | DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE? |
| PFDFOUB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME? |
| PFBED | NUM | DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR? |
| PFBEDB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR? |
| PFBATH | NUM | DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER? |
| PFBATHB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER? |
| PFDRES | NUM | DO YOU HAVE DIFFICULTY WHEN DRESSING? |
| PFDRESB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED? |
| PFWALK | NUM | DO YOU HAVE DIFFICULTY WHEN WALKING? |
| PFWALKB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK? |
| PFEAT | NUM | DO YOU HAVE DIFFICULTY EATING? |
| PFEATB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT? |
| PFWC | NUM | DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET? |
| PFWCB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET? |
| PFDLR | NUM | DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS? |
| PFDLRB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS? |
| PFMEAL | NUM | DO YOU HAVE DIFFICULTY PREPARING MEALS? |
| PFMEALB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS? |
| 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? |

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| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|---------------|-------------|---|
| 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, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION? |
| IADLAOA7_SSS | NUM | AOA IADL LIMITATIONS, SSS VERSION |
| IADLAOA7P | NUM | AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS? |
| IADLAOA7P_SSS | NUM | AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION |
| IADLAOA8 | NUM | PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION? |
| IADLAOA8_SSS | NUM | AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION |
| IADLAOA8P | NUM | AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS? |
| IADLAOA8P_SSS | NUM | AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION |
| AGEC | NUM | AGE CATEGORY |
| GENDER | NUM | 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 |

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|-------------|-------------|---|
| 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 2014 ABOVE OR BELOW \$20,000? |
| INCOMEC | NUM | WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2014? |
| URBAN | NUM | URBAN |
| VARSTRAT | NUM | VARSTRAT |
| VARUNIT | NUM | VARUNIT |
| PSTOTWGT | NUM | FINAL POST-STRATIFIED FULL SAMPLE WEIGHT |
| PSTOTWGT1 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1 |
| PSTOTWGT2 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2 |
| PSTOTWGT3 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3 |
| PSTOTWGT4 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4 |
| PSTOTWGT5 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5 |
| PSTOTWGT6 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6 |
| PSTOTWGT7 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7 |
| PSTOTWGT8 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8 |
| PSTOTWGT9 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9 |
| PSTOTWGT10 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10 |
| PSTOTWGT11 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11 |
| PSTOTWGT12 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12 |
| PSTOTWGT13 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13 |
| PSTOTWGT14 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14 |
| PSTOTWGT15 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15 |
| PSTOTWGT16 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16 |

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|-------------|-------------|--|
| PSTOTWGT17 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17 |
| PSTOTWGT18 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18 |
| PSTOTWGT19 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19 |
| PSTOTWGT20 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20 |
| PSTOTWGT21 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21 |
| PSTOTWGT22 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22 |
| PSTOTWGT23 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23 |
| PSTOTWGT24 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24 |
| PSTOTWGT25 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25 |
| PSTOTWGT26 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26 |
| PSTOTWGT27 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27 |
| PSTOTWGT28 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28 |
| PSTOTWGT29 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29 |
| PSTOTWGT30 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30 |
| PSTOTWGT31 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31 |
| PSTOTWGT32 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32 |
| PSTOTWGT33 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33 |
| PSTOTWGT34 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34 |
| PSTOTWGT35 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35 |
| PSTOTWGT36 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36 |
| PSTOTWGT37 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37 |
| PSTOTWGT38 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38 |
| PSTOTWGT39 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39 |
| PSTOTWGT40 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40 |
| PSTOTWGT41 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41 |
| PSTOTWGT42 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42 |
| PSTOTWGT43 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43 |
| PSTOTWGT44 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44 |
| PSTOTWGT45 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45 |
| PSTOTWGT46 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46 |
| PSTOTWGT47 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47 |
| PSTOTWGT48 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48 |
| PSTOTWGT49 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49 |
| PSTOTWGT50 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50 |
| PSTOTWGT51 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51 |
| PSTOTWGT52 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52 |
| PSTOTWGT53 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53 |
| PSTOTWGT54 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54 |
| PSTOTWGT55 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55 |

Positional Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|--|
| PSTOTWGT56 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56 |
| PSTOTWGT57 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57 |
| PSTOTWGT58 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58 |
| PSTOTWGT59 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59 |
| PSTOTWGT60 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60 |
| PSTOTWGT61 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61 |
| PSTOTWGT62 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62 |
| PSTOTWGT63 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63 |
| PSTOTWGT64 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64 |
| OHQ030 | NUM | ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST? |
| OHQ770 | NUM | DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME? |
| OHQ78001 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST? |
| OHQ78002 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY? |
| OHQ78003 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES? |
| OHQ78004 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY? |
| OHQ78005 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES? |
| OHQ78006 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT? |
| OHQ78007 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS? |
| OHQ78008 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK? |
| OHQ78009 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY? |
| OHQ78010 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY? |
| OHQ78011 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION? |
| OHQ78012 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)? |
| OHQ845 | NUM | OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS? |
| PF_WIO | NUM | DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME? |

Alphabetical Listing of Variables

| Name | Type | Description |
|--------------|------|---|
| ADL3PLUS | NUM | RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS |
| ADL3PLUS_SSS | NUM | RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION |
| ADLAOA6 | NUM | PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING. |
| ADLAOA6P | NUM | AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING. |
| ADLAOA6P_SSS | NUM | AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION |
| ADLAOA6_SSS | NUM | AOA ADL LIMITATIONS, SSS VERSION |
| AGEC | NUM | AGE CATEGORY |
| BENEFITS | NUM | HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE? |
| 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 2014 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 |
| HCARATE | NUM | HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE? |
| HCARATE2 | NUM | RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT |
| HCDAYS | NUM | WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE? |

Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|---------------|-------------|---|
| HCHM07 | NUM | DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE? |
| HCMOFT | NUM | HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK? |
| HCMONTH | NUM | HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK? |
| HCRECEV | NUM | HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES? |
| HCRREC | NUM | WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND? |
| HCSTAYHM | NUM | DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME? |
| HCWEEK | NUM | HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK? |
| HLMDRUGS | NUM | # DIFF MEDICINES YOU TAKE DAILY |
| HLMHOSP | NUM | IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL? |
| HLMNH | NUM | IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER? |
| HLTHSCRN | NUM | HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR? |
| HNREDUYN | NUM | DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES? |
| HOURSMO | NUM | HOURS HELP HOUSEWORK PER MON |
| IADLAOA7 | NUM | PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION? |
| IADLAOA7P | NUM | AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS? |
| IADLAOA7P_SSS | NUM | AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION |
| IADLAOA7_SSS | NUM | AOA IADL LIMITATIONS, SSS VERSION |
| IADLAOA8 | NUM | PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION? |
| IADLAOA8P | NUM | AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS? |
| IADLAOA8P_SSS | NUM | AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION |
| IADLAOA8_SSS | NUM | AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION |
| INCOME C | NUM | WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2014? |
| LIVARRC | NUM | WHO DO YOU LIVE WITH? |
| LIVEALONE | NUM | DO YOU LIVE ALONE? SSS CONSTRUCTED |
| MEDS | NUM | HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE? |
| NUM_COND | NUM | TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED |
| OHQ030 | NUM | ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST? |
| OHQ770 | NUM | DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME? |
| OHQ78001 | NUM | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST? |

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|---|
| PFLEARN | NUM | DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE? |
| PFLRN | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE] |
| PFMEAL | NUM | DO YOU HAVE DIFFICULTY PREPARING MEALS? |
| PFMEALB | NUM | DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS? |
| PFMEDF | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD? |
| PFMEDIA | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS? |
| PFNCARE | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE? |
| PFPCARE | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE? |
| PFPHON | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL? |
| PFREAD | NUM | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS? |
| PFTKCARE | NUM | DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? |
| PFTKDG | NUM | DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME? |
| PFTKDBG | 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_WIO | NUM | DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME? |
| PSTOTWGT | NUM | FINAL POST-STRATIFIED FULL SAMPLE WEIGHT |
| PSTOTWGT1 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1 |
| PSTOTWGT10 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10 |
| PSTOTWGT11 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11 |
| PSTOTWGT12 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12 |
| PSTOTWGT13 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13 |
| PSTOTWGT14 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14 |
| PSTOTWGT15 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15 |

Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|--|
| PSTOTWGT16 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16 |
| PSTOTWGT17 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17 |
| PSTOTWGT18 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18 |
| PSTOTWGT19 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19 |
| PSTOTWGT2 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2 |
| PSTOTWGT20 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20 |
| PSTOTWGT21 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21 |
| PSTOTWGT22 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22 |
| PSTOTWGT23 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23 |
| PSTOTWGT24 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24 |
| PSTOTWGT25 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25 |
| PSTOTWGT26 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26 |
| PSTOTWGT27 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27 |
| PSTOTWGT28 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28 |
| PSTOTWGT29 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29 |
| PSTOTWGT3 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3 |
| PSTOTWGT30 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30 |
| PSTOTWGT31 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31 |
| PSTOTWGT32 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32 |
| PSTOTWGT33 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33 |
| PSTOTWGT34 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34 |
| PSTOTWGT35 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35 |
| PSTOTWGT36 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36 |
| PSTOTWGT37 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37 |
| PSTOTWGT38 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38 |
| PSTOTWGT39 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39 |
| PSTOTWGT4 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4 |
| PSTOTWGT40 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40 |
| PSTOTWGT41 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41 |
| PSTOTWGT42 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42 |
| PSTOTWGT43 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43 |
| PSTOTWGT44 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44 |
| PSTOTWGT45 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45 |
| PSTOTWGT46 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46 |
| PSTOTWGT47 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47 |
| PSTOTWGT48 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48 |
| PSTOTWGT49 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49 |
| PSTOTWGT5 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5 |
| PSTOTWGT50 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50 |

Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|--|
| PSTOTWGT51 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51 |
| PSTOTWGT52 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52 |
| PSTOTWGT53 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53 |
| PSTOTWGT54 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54 |
| PSTOTWGT55 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55 |
| PSTOTWGT56 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56 |
| PSTOTWGT57 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57 |
| PSTOTWGT58 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58 |
| PSTOTWGT59 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59 |
| PSTOTWGT6 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6 |
| PSTOTWGT60 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60 |
| PSTOTWGT61 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61 |
| PSTOTWGT62 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62 |
| PSTOTWGT63 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63 |
| PSTOTWGT64 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64 |
| PSTOTWGT7 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7 |
| PSTOTWGT8 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8 |
| PSTOTWGT9 | NUM | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9 |
| SFACCOMP | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH? |
| SFACTIVE | NUM | REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING... |
| SFCALM | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL? |
| SFCAREFL | NUM | DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS? |
| SFCLIMB | NUM | DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS? |
| SFDOWN | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED? |
| SFEMOT | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS? |
| SFENERGY | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY? |
| SFHEALTH | NUM | COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW? |
| SFINTERF | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)? |
| SFLIMITD | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH? |
| SFMODACT | NUM | DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF? |
| SFPAIN | NUM | DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)? |

Alphabetical Listing of Variables

| <i>Name</i> | <i>Type</i> | <i>Description</i> |
|-------------|-------------|---|
| SFSOCIAL | NUM | HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES? |
| SHCHM09 | NUM | DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO? |
| SHCHRS | NUM | HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT? |
| SHOTS | NUM | HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR? |
| SVC5A | NUM | ARE YOU RECEIVING FOOD STAMPS? |
| SVC5B | NUM | ARE YOU RECEIVING ENERGY ASSISTANCE? |
| SVC5C | NUM | ARE YOU RECEIVING MEDICAID? |
| SVC5D | NUM | ARE YOU RECEIVING HOUSING ASSISTANCE? |
| SVCCM | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS? |
| SVCCOUNT | NUM | SERVICE COMBINATIONS |
| SVCCSEMG | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES? |
| SVCCURT | NUM | THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS? |
| SVCDYCR | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES? |
| SVCHDM | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS? |
| SVCHORE | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES? |
| SVCIAA | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES? |
| SVCIDEA | NUM | SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED? |
| SVCIND | NUM | AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY? |
| SVCLGL | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE? |
| SVCPCR | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES? |
| SVCRATE | NUM | OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE? |
| SVCSECUR | NUM | AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE? |
| SVCSELF | NUM | AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF? |
| SVCSUPOS | NUM | THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO? |
| SVCTRAN | NUM | IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES? |
| TIMESMO | NUM | CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK |
| URBAN | NUM | URBAN |
| VARSTRAT | NUM | VARSTRAT |
| VARUNIT | NUM | VARUNIT |
| WHOHELPS | NUM | WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES? |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|--|-------|---|------------|----------------|
| PERSID | PERSON ID | | Person ID | 504 | 156,596 |
| | | | | 504 | 156,596 |
| HCDAYS | WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE? | 1 | Today Or Yesterday | 156 | 46,874 |
| | | 2 | More Than 1 Day To 1 Week Ago | 195 | 55,118 |
| | | 3 | More Than 1 Week To 1 Month Ago | 93 | 32,921 |
| | | 4 | More Than 1 Month Ago | 60 | 21,683 |
| | | | | 504 | 156,596 |
| HCRECEV | HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES? | -8 | Don't Know | 16 | 8,025 |
| | | 1 | 6 Months Or Less | 105 | 27,023 |
| | | 2 | More Than 6 Months But Less Than 1 Year | 92 | 30,208 |
| | | 3 | At Least 1 Year But Less Than 2 Years | 112 | 39,552 |
| | | 4 | 2 To 5 Years | 141 | 43,687 |
| | | 5 | More Than 5 Years | 38 | 8,101 |
| | | | | 504 | 156,596 |
| HCMOFT | HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK? | -8 | Don't Know | 10 | 4,291 |
| | | -7 | Refused | 1 | 375 |
| | | 1 | Number of Clients Reporting Weekly | 356 | 99,780 |
| | | 2 | Number of Clients Reporting Monthly | 137 | 52,150 |
| | | | | 504 | 156,596 |
| HCWEEK | HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK? | -1 | Not Collected | 148 | 56,816 |
| | | 0 | 0 Times Per Week | 2 | 722 |
| | | 1 | 1 Time Per Week | 227 | 61,821 |
| | | 2 | 2 Times Per Week | 77 | 21,998 |
| | | 3 | 3 Times Per Week | 24 | 9,572 |
| | | 4 | 4 Times Per Week | 6 | 462 |
| | | 5 | 5 Times Per Week | 16 | 4,162 |
| | | 7 | 7 Times Per Week | 4 | 1,042 |
| | | | | 504 | 156,596 |
| HCMONTH | HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK? | -1 | Not Collected | 367 | 104,446 |
| | | 1 | 1 Time Per Month | 10 | 5,449 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|---|-------|--------------------|------------|----------------|
| | | 2 | 2 Times Per Month | 112 | 42,889 |
| | | 3 | 3 Times Per Month | 4 | 833 |
| | | 4 | 4 Times Per Month | 5 | 2,227 |
| | | 6 | 6 Times Per Month | 1 | 61 |
| | | 8 | 8 Times Per Month | 5 | 691 |
| | | | | 504 | 156,596 |
| TIMESMO | CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK | . | Missing | 1 | 375 |
| | | -8 | Don't Know | 10 | 4,291 |
| | | 0 | 0 Times Per Month | 2 | 722 |
| | | 1 | 1 Time Per Month | 10 | 5,449 |
| | | 2 | 2 Times Per Month | 112 | 42,889 |
| | | 3 | 3 Times Per Month | 4 | 833 |
| | | 4 | 4 Times Per Month | 232 | 64,048 |
| | | 6 | 6 Times Per Month | 1 | 61 |
| | | 8 | 8 Times Per Month | 82 | 22,689 |
| | | 12 | 12 Times Per Month | 24 | 9,572 |
| | | 16 | 16 Times Per Month | 6 | 462 |
| | | 20 | 20 Times Per Month | 16 | 4,162 |
| | | 28 | 28 Times Per Month | 4 | 1,042 |
| | | | | 504 | 156,596 |
| SHCHRS | HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT? | -8 | Don't Know | 17 | 7,078 |
| | | -7 | Refused | 2 | 1,532 |
| | | 1 | 1 Hour Per Visit | 93 | 26,211 |
| | | 2 | 2 Hours Per Visit | 257 | 70,457 |
| | | 3 | 3 Hours Per Visit | 73 | 28,285 |
| | | 4 | 4 Hours Per Visit | 46 | 20,541 |
| | | 5 | 5 Hours Per Visit | 6 | 579 |
| | | 6 | 6 Hours Per Visit | 6 | 947 |
| | | 7 | 7 Hours Per Visit | 1 | 13 |
| | | 8 | 8 Hours Per Visit | 2 | 206 |
| | | 14 | 14 Hours Per Visit | 1 | 748 |
| | | | | 504 | 156,596 |
| HOURSMO | HOURS HELP HOUSEWORK PER MON | . | Missing | 19 | 8,075 |
| | | -8 | Don't Know | 10 | 4,291 |
| | | 1 | 0 Hours | 2 | 722 |
| | | 2 | 1 - 2 Hours | 31 | 12,980 |
| | | 3 | 3 - 4 Hours | 119 | 32,775 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|-------|-----------------------------|------------|----------------|
| | | 4 | 5 - 6 Hours | 19 | 9,990 |
| | | 5 | 7 - 8 Hours | 133 | 34,113 |
| | | 6 | 9 - 12 Hours | 35 | 14,412 |
| | | 7 | 13 - 16 Hours | 62 | 21,357 |
| | | 8 | 17 - 20 Hours | 2 | 78 |
| | | 9 | 21 - 40 Hours | 44 | 6,835 |
| | | 10 | 41 - 60 Hours | 16 | 7,116 |
| | | 11 | 61 - 100 Hours | 9 | 2,946 |
| | | 12 | > 101 Hours | 3 | 907 |
| | | | | 504 | 156,596 |
| HCHM07 | DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE? | -8 | Don't Know | 4 | 619 |
| | | -7 | Refused | 2 | 1,140 |
| | | 1 | Yes | 467 | 146,018 |
| | | 2 | No | 31 | 8,819 |
| | | | | 504 | 156,596 |
| SHCHM09 | DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO? | -8 | Don't Know | 8 | 1,601 |
| | | -7 | Refused | 1 | 32 |
| | | 1 | Yes | 478 | 148,262 |
| | | 2 | No | 17 | 6,701 |
| | | | | 504 | 156,596 |
| HCARATE | HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE? | -8 | Don't Know | 3 | 1,189 |
| | | 1 | Excellent | 180 | 61,286 |
| | | 2 | Very Good | 190 | 52,625 |
| | | 3 | Good | 88 | 27,900 |
| | | 4 | Fair | 26 | 7,913 |
| | | 5 | Poor | 17 | 5,683 |
| | | | | 504 | 156,596 |
| HCARATE2 | RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT | . | Missing | 3 | 1,189 |
| | | 1 | Rating of Good to Excellent | 458 | 141,811 |
| | | 2 | Rating of Fair or Poor | 43 | 13,596 |
| | | | | 504 | 156,596 |
| HCRREC | WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND? | -8 | Don't Know | 1 | 115 |
| | | 1 | Yes | 475 | 146,750 |
| | | 2 | No | 28 | 9,730 |
| | | | | 504 | 156,596 |

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 | 3 | 153 |
| | | 1 | Yes | 478 | 151,681 |
| | | 2 | No | 23 | 4,762 |
| | | | | 504 | 156,596 |
| SVCCM | IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS? | -8 | Don't Know | 2 | 317 |
| | | 1 | Yes | 77 | 21,094 |
| | | 2 | No | 425 | 135,185 |
| | | | | 504 | 156,596 |
| SVCHDM | IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS? | 1 | Yes | 229 | 69,731 |
| | | 2 | No | 275 | 86,865 |
| | | | | 504 | 156,596 |
| SVCCSEMG | IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES? | -8 | Don't Know | 15 | 5,389 |
| | | 1 | Yes | 275 | 87,291 |
| | | 2 | No | 214 | 63,915 |
| | | | | 504 | 156,596 |
| SVCTRAN | IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES? | -8 | Don't Know | 3 | 435 |
| | | 1 | Yes | 117 | 37,801 |
| | | 2 | No | 384 | 118,359 |
| | | | | 504 | 156,596 |
| SVCDYCR | IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES? | -8 | Don't Know | 1 | 312 |
| | | 1 | Yes | 14 | 6,582 |
| | | 2 | No | 489 | 149,702 |
| | | | | 504 | 156,596 |
| SVCPCR | IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES? | -8 | Don't Know | 1 | 120 |
| | | 1 | Yes | 118 | 29,222 |
| | | 2 | No | 385 | 127,253 |
| | | | | 504 | 156,596 |
| SVCHORE | IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES? | -8 | Don't Know | 2 | 71 |
| | | 1 | Yes | 91 | 25,555 |
| | | 2 | No | 411 | 130,969 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|------------|-------------------------------------|------------|----------------|
| SVCLGL | IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE? | -8 | Don't Know | 5 | 1,279 |
| | | 1 | Yes | 17 | 6,631 |
| | | 2 | No | 482 | 148,686 |
| | | | | 504 | 156,596 |
| SVCIAA | IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES? | -8 | Don't Know | 11 | 4,402 |
| | | 1 | Yes | 98 | 33,556 |
| | | 2 | No | 395 | 118,638 |
| | | | | 504 | 156,596 |
| SVCCOUNT | SERVICE COMBINATIONS | 1 | Homemaker only | 73 | 25,125 |
| | | 2 | Homemaker and 1 additional service | 128 | 37,568 |
| | | 3 | Homemaker and 2 additional services | 139 | 44,819 |
| | | 4 | Homemaker and 3 additional services | 82 | 24,707 |
| | | 5 | Homemaker and 4 additional services | 47 | 12,463 |
| | | 6 | Homemaker and 5 additional services | 24 | 8,941 |
| | | 7 | Homemaker and 6 additional services | 4 | 892 |
| | | 8 | Homemaker and 7 additional services | 5 | 734 |
| | | 9 | Homemaker and 8 additional services | 1 | 1,035 |
| | | 10 | Homemaker and 9 additional services | 1 | 312 |
| | | 504 | 156,596 | | |
| 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 | 2 | 751 |
| | | 1 | Yes | 49 | 17,427 |
| | | 2 | No | 453 | 138,418 |
| | | | | 504 | 156,596 |
| HLTHSCRN | HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR? | -8 | Don't Know | 8 | 3,490 |
| | | 1 | Yes | 130 | 37,108 |
| | | 2 | No | 366 | 115,997 |
| | | | | 504 | 156,596 |

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 | 4 | 1,911 |
| | | 1 | Yes | 70 | 20,722 |
| | | 2 | No | 430 | 133,962 |
| | | | | 504 | 156,596 |
| 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 | 1,138 |
| | | 1 | Yes | 39 | 12,072 |
| | | 2 | No | 462 | 143,387 |
| | | | | 504 | 156,596 |
| MEDS | HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE? | -8 | Don't Know | 4 | 1,108 |
| | | 1 | Yes | 33 | 7,228 |
| | | 2 | No | 467 | 148,260 |
| | | | | 504 | 156,596 |
| BENEFITS | HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE? | -8 | Don't Know | 4 | 1,365 |
| | | 1 | Yes | 124 | 39,886 |
| | | 2 | No | 376 | 115,345 |
| | | | | 504 | 156,596 |
| SVCRATE | OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE? | -8 | Don't Know | 3 | 1,140 |
| | | -7 | Refused | 1 | 495 |
| | | -1 | Not Collected | 46 | 17,547 |
| | | 1 | Excellent | 145 | 44,108 |
| | | 2 | Very Good | 166 | 45,612 |
| | | 3 | Good | 111 | 39,094 |
| | | 4 | Fair | 21 | 5,050 |
| | | 5 | Poor | 11 | 3,550 |
| | | 504 | 156,596 | | |
| SVCIND | AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY? | -8 | Don't Know | 3 | 582 |
| | | 1 | Yes | 446 | 141,220 |
| | | 2 | No | 55 | 14,793 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---|------------|----------------|------------|----------------|
| SVCSECUR | AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE? | -8 | Don't Know | 16 | 5,325 |
| | | 1 | Yes | 435 | 136,775 |
| | | 2 | No | 53 | 14,496 |
| | | | | 504 | 156,596 |
| SVCSELF | AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF? | -8 | Don't Know | 10 | 3,462 |
| | | 1 | Yes | 441 | 136,907 |
| | | 2 | No | 53 | 16,226 |
| | | | | 504 | 156,596 |
| 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 | 15 | 2,256 |
| | | -7 | Refused | 1 | 416 |
| | | 1 | Yes | 227 | 73,738 |
| | | 2 | No | 261 | 80,185 |
| | | 504 | 156,596 | | |
| SVCCURT | THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS? | -8 | Don't Know | 3 | 705 |
| | | 1 | Agree | 487 | 151,859 |
| | | 2 | Disagree | 14 | 4,032 |
| | | | | 504 | 156,596 |
| 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 | 1,803 |
| | | 1 | Agree | 471 | 147,225 |
| | | 2 | Disagree | 23 | 7,569 |
| | | | | 504 | 156,596 |
| SVC5A | ARE YOU RECEIVING FOOD STAMPS? | 1 | Yes | 127 | 41,740 |
| | | 2 | No | 377 | 114,856 |
| | | | | 504 | 156,596 |
| SVC5B | ARE YOU RECEIVING ENERGY ASSISTANCE? | -8 | Don't Know | 4 | 1,065 |
| | | -7 | Refused | 1 | 43 |
| | | 1 | Yes | 112 | 37,898 |
| | | 2 | No | 387 | 117,590 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---|-------|------------------------|------------|----------------|
| SVC5C | ARE YOU RECEIVING MEDICAID? | -8 | Don't Know | 9 | 3,765 |
| | | -7 | Refused | 1 | 81 |
| | | 1 | Yes | 134 | 39,194 |
| | | 2 | No | 360 | 113,556 |
| | | | | 504 | 156,596 |
| SVC5D | ARE YOU RECEIVING HOUSING ASSISTANCE? | -8 | Don't Know | 4 | 1,775 |
| | | 1 | Yes | 89 | 36,384 |
| | | 2 | No | 411 | 118,437 |
| | | | | 504 | 156,596 |
| CSARRNG | DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE? | -8 | Don't Know | 4 | 521 |
| | | 1 | Yes | 185 | 58,619 |
| | | 2 | No | 315 | 97,456 |
| | | | | 504 | 156,596 |
| CSHOME | DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME? | -8 | Don't Know | 6 | 503 |
| | | -7 | Refused | 1 | 256 |
| | | 1 | Yes | 313 | 97,052 |
| | | 2 | No | 184 | 58,785 |
| | | | | 504 | 156,596 |
| PFHLTH | IN GENERAL, HOW IS YOUR HEALTH? | -8 | Don't Know | 3 | 271 |
| | | -7 | Refused | 2 | 287 |
| | | 1 | Excellent | 16 | 4,989 |
| | | 2 | Very Good | 61 | 18,060 |
| | | 3 | Good | 137 | 38,744 |
| | | 4 | Fair | 167 | 52,912 |
| | | 5 | Poor | 118 | 41,334 |
| | | | | 504 | 156,596 |
| 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 | 9 | 4,141 |
| | | -7 | Refused | 1 | 416 |
| | | 1 | Yes, Limited A Lot | 326 | 102,492 |
| | | 2 | Yes, Limited A Little | 116 | 32,439 |
| | | 3 | No, Not Limited At All | 52 | 17,108 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|-------|------------------------|----------------|------------|
| SFCLIMB | DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS? | -8 | Don't Know | 11 | 3,805 |
| | | -7 | Refused | 4 | 840 |
| | | 1 | Yes, Limited A Lot | 322 | 100,555 |
| | | 2 | Yes, Limited A Little | 123 | 38,232 |
| | | 3 | No, Not Limited At All | 44 | 13,164 |
| | | | | | 504 |
| 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 | 3,908 |
| | | 1 | All Of The Time | 98 | 26,702 |
| | | 2 | Most Of The Time | 156 | 47,843 |
| | | 3 | Some Of The Time | 147 | 46,446 |
| | | 4 | A Little Of The Time | 73 | 22,950 |
| | | 5 | None Of The Time | 21 | 8,747 |
| | | | 504 | 156,596 | |
| 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 | 3 | 1,037 |
| | | 1 | All Of The Time | 103 | 31,485 |
| | | 2 | Most Of The Time | 152 | 42,581 |
| | | 3 | Some Of The Time | 148 | 50,629 |
| | | 4 | A Little Of The Time | 64 | 19,252 |
| | | 5 | None Of The Time | 34 | 11,611 |
| | | | 504 | 156,596 | |
| 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 | 6 | 891 |
| | | 1 | All Of The Time | 35 | 8,431 |
| | | 2 | Most Of The Time | 66 | 25,522 |
| | | 3 | Some Of The Time | 142 | 44,124 |
| | | 4 | A Little Of The Time | 95 | 29,659 |
| | | 5 | None Of The Time | 160 | 47,969 |
| | | | 504 | 156,596 | |

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 | 14 | 3,654 |
| | | -7 | Refused | 1 | 159 |
| | | 1 | All Of The Time | 32 | 6,469 |
| | | 2 | Most Of The Time | 48 | 17,194 |
| | | 3 | Some Of The Time | 116 | 40,972 |
| | | 4 | A Little Of The Time | 103 | 33,604 |
| | | 5 | None Of The Time | 190 | 54,545 |
| | | | 504 | 156,596 | |
| 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 | 11 | 1,250 |
| | | -7 | Refused | 2 | 299 |
| | | 1 | All Of The Time | 62 | 18,791 |
| | | 2 | Most Of The Time | 100 | 28,200 |
| | | 3 | Some Of The Time | 86 | 27,659 |
| | | 4 | A Little Of The Time | 147 | 53,842 |
| | | 5 | None Of The Time | 96 | 26,554 |
| | | | 504 | 156,596 | |
| SFCALM | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL? | -7 | Refused | 1 | 68 |
| | | 1 | All Of The Time | 57 | 16,872 |
| | | 2 | Most Of The Time | 181 | 51,390 |
| | | 3 | Some Of The Time | 164 | 57,173 |
| | | 4 | A Little Of The Time | 74 | 21,415 |
| | | 5 | None Of The Time | 27 | 9,678 |
| | | | 504 | 156,596 | |
| SFENERGY | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY? | -8 | Don't Know | 7 | 1,787 |
| | | -7 | Refused | 1 | 32 |
| | | 1 | All Of The Time | 14 | 5,444 |
| | | 2 | Most Of The Time | 61 | 20,947 |
| | | 3 | Some Of The Time | 156 | 50,249 |
| | | 4 | A Little Of The Time | 175 | 47,468 |
| 5 | None Of The Time | 90 | 30,669 | | |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|-------|-----------------------------------|------------|----------------|
| | | | | 504 | 156,596 |
| SFDOWN | DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED? | -8 | Don't Know | 1 | 68 |
| | | -7 | Refused | 1 | 159 |
| | | 1 | All Of The Time | 16 | 6,389 |
| | | 2 | Most Of The Time | 46 | 15,423 |
| | | 3 | Some Of The Time | 140 | 47,510 |
| | | 4 | A Little Of The Time | 136 | 37,530 |
| | | 5 | None Of The Time | 164 | 49,517 |
| | | | | 504 | 156,596 |
| 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 | 7 | 1,161 |
| | | -7 | Refused | 2 | 113 |
| | | 1 | All Of The Time | 93 | 23,050 |
| | | 2 | Most Of The Time | 94 | 29,877 |
| | | 3 | Some Of The Time | 106 | 33,137 |
| | | 4 | A Little Of The Time | 71 | 19,760 |
| | | 5 | None Of The Time | 131 | 49,497 |
| | | | | 504 | 156,596 |
| SFHEALTH | COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW? | -8 | Don't Know | 6 | 1,323 |
| | | 1 | Much Better Than One Year Ago | 21 | 6,873 |
| | | 2 | A Little Better Than One Year Ago | 69 | 21,222 |
| | | 3 | About The Same As One Year Ago | 154 | 50,034 |
| | | 4 | A Little Worse Than One Year Ago | 142 | 45,322 |
| | | 5 | Worse Than One Year Ago | 112 | 31,822 |
| | | | | 504 | 156,596 |
| SFACTIVE | REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING... | -8 | Don't Know | 10 | 2,100 |
| | | -7 | Refused | 2 | 567 |
| | | 1 | About Enough | 142 | 50,158 |
| | | 2 | Too Much | 10 | 3,378 |
| | | 3 | Would Like To Be Doing More | 340 | 100,393 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---|-------|----------------|------------|----------------|
| | | | | 504 | 156,596 |
| SFSOCIAL | HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES? | -8 | Don't Know | 21 | 6,942 |
| | | 1 | Yes | 119 | 34,027 |
| | | 2 | No | 364 | 115,626 |
| | | | | 504 | 156,596 |
| PFDISA | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM? | -8 | Don't Know | 2 | 505 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 393 | 126,480 |
| | | 2 | No | 108 | 28,702 |
| | | | | 504 | 156,596 |
| PFDISB | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION? | -8 | Don't Know | 2 | 223 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 393 | 127,037 |
| | | 2 | No | 108 | 28,426 |
| | | | | 504 | 156,596 |
| PFDISC | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE? | -8 | Don't Know | 4 | 1,395 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 241 | 74,561 |
| | | 2 | No | 258 | 79,730 |
| | | | | 504 | 156,596 |
| PFDISD | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL? | -8 | Don't Know | 9 | 2,933 |
| | | -7 | Refused | 2 | 1,016 |
| | | 1 | Yes | 291 | 93,353 |
| | | 2 | No | 201 | 59,246 |
| | | 3 | Does Not Apply | 1 | 48 |
| | | | | 504 | 156,596 |
| PFDISE | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR? | -8 | Don't Know | 4 | 806 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 202 | 59,909 |
| | | 2 | No | 297 | 94,971 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|--------|--|-------|-------------|------------|----------------|
| PFDISF | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA? | -8 | Don't Know | 1 | 135 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 264 | 86,180 |
| | | 2 | No | 238 | 69,370 |
| | | | | 504 | 156,596 |
| PFDISG | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER? | -8 | Don't Know | 1 | 74 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 97 | 31,129 |
| | | 2 | No | 405 | 124,483 |
| | | | | 504 | 156,596 |
| PFDISH | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE? | -8 | Don't Know | 1 | 316 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 98 | 28,144 |
| | | 2 | No | 404 | 127,225 |
| | | | | 504 | 156,596 |
| PFDISI | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA? | -8 | Don't Know | 8 | 863 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 117 | 38,905 |
| | | 2 | No | 378 | 115,918 |
| | | | | 504 | 156,596 |
| PFDISJ | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS? | -8 | Don't Know | 18 | 5,007 |
| | | -7 | Refused | 3 | 1,421 |
| | | 1 | Yes | 172 | 58,638 |
| | | 2 | No | 311 | 91,531 |
| | | | | 504 | 156,596 |
| PFDISK | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE? | -8 | Don't Know | 4 | 1,021 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 88 | 33,057 |
| | | 2 | No | 411 | 121,607 |
| | | | | 504 | 156,596 |
| 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 | 1 | 28 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|--------|--|-------|----------------|------------|----------------|
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 362 | 112,694 |
| | | 2 | No | 140 | 42,964 |
| | | | | 504 | 156,596 |
| PFDISM | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS? | | | | |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 216 | 60,991 |
| | | 2 | No | 287 | 94,695 |
| | | | | 504 | 156,596 |
| PFDISN | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS? | | | | |
| | | -8 | Don't Know | 1 | 375 |
| | | -7 | Refused | 2 | 1,052 |
| | | 1 | Yes | 127 | 36,725 |
| | | 2 | No | 374 | 118,444 |
| | | | | 504 | 156,596 |
| 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 | 503 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 50 | 8,806 |
| | | 2 | No | 451 | 146,376 |
| | | | | 504 | 156,596 |
| PFDISP | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY? | | | | |
| | | -8 | Don't Know | 2 | 218 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 23 | 6,546 |
| | | 2 | No | 478 | 148,922 |
| | | | | 504 | 156,596 |
| PFDISQ | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE? | | | | |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 20 | 5,405 |
| | | 2 | No | 482 | 150,178 |
| | | 3 | Does Not Apply | 1 | 102 |
| | | | | 504 | 156,596 |
| PFDISR | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT? | | | | |
| | | -8 | Don't Know | 1 | 142 |
| | | -7 | Refused | 1 | 910 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---|-------|-----------------------|------------|----------------|
| | | 1 | Yes | 334 | 105,524 |
| | | 2 | No | 168 | 50,020 |
| | | | | 504 | 156,596 |
| PFDISS | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS? | | | | |
| | | -8 | Don't Know | 4 | 1,135 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 7 | 1,763 |
| | | 2 | No | 492 | 152,788 |
| | | | | 504 | 156,596 |
| PFDIST | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE? | | | | |
| | | -8 | Don't Know | 4 | 1,011 |
| | | -7 | Refused | 2 | 1,159 |
| | | 1 | Yes | 156 | 47,307 |
| | | 2 | No | 341 | 106,807 |
| | | 3 | Does Not Apply | 1 | 312 |
| | | | | 504 | 156,596 |
| PFDISU | HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE? | | | | |
| | | -8 | Don't Know | 2 | 382 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 50 | 16,762 |
| | | 2 | No | 451 | 138,542 |
| | | | | 504 | 156,596 |
| NUM_COND | TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED | | | | |
| | | 0 | 0 Medical Conditions | 2 | 1,166 |
| | | 1 | 1 Medical Condition | 6 | 1,073 |
| | | 2 | 2 Medical Conditions | 11 | 4,406 |
| | | 3 | 3 Medical Conditions | 25 | 5,794 |
| | | 4 | 4 Medical Conditions | 34 | 11,508 |
| | | 5 | 5 Medical Conditions | 55 | 17,902 |
| | | 6 | 6 Medical Conditions | 68 | 19,470 |
| | | 7 | 7 Medical Conditions | 63 | 19,480 |
| | | 8 | 8 Medical Conditions | 77 | 22,577 |
| | | 9 | 9 Medical Conditions | 59 | 21,351 |
| | | 10 | 10 Medical Conditions | 35 | 7,028 |
| | | 11 | 11 Medical Conditions | 29 | 10,572 |
| | | 12 | 12 Medical Conditions | 20 | 5,783 |
| | | 13 | 13 Medical Conditions | 9 | 5,978 |
| | | 14 | 14 Medical Conditions | 5 | 653 |
| | | 15 | 15 Medical Conditions | 3 | 1,580 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---|-------|-----------------------|------------|----------------|
| | | 16 | 16 Medical Conditions | 1 | 44 |
| | | 17 | 17 Medical Conditions | 2 | 232 |
| | | | | 504 | 156,596 |
| 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 | 18 | 4,816 |
| | | -1 | Not Collected | 2 | 1,166 |
| | | 1 | Yes | 376 | 115,160 |
| | | 2 | No | 108 | 35,453 |
| | | | | 504 | 156,596 |
| 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? | | | | |
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 337 | 105,037 |
| | | 2 | No | 39 | 10,123 |
| | | | | 504 | 156,596 |
| 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 | 4 | 1,235 |
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 126 | 39,682 |
| | | 2 | No | 246 | 74,244 |
| | | | | 504 | 156,596 |
| 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 | 13 |
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 82 | 23,689 |
| | | 2 | No | 293 | 91,458 |
| | | | | 504 | 156,596 |
| PFWEB | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET? | | | | |
| | | -8 | Don't Know | 2 | 1,676 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|---|-------|---------------|------------|----------------|
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 54 | 18,582 |
| | | 2 | No | 320 | 94,902 |
| | | | | 504 | 156,596 |
| 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? | | | | |
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 19 | 4,426 |
| | | 2 | No | 357 | 110,735 |
| | | | | 504 | 156,596 |
| 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 | 7 | 1,406 |
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 34 | 12,297 |
| | | 2 | No | 335 | 101,457 |
| | | | | 504 | 156,596 |
| PFMEDF | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD? | | | | |
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 24 | 9,708 |
| | | 2 | No | 352 | 105,453 |
| | | | | 504 | 156,596 |
| PFMEDIA | DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS? | | | | |
| | | -1 | Not Collected | 128 | 41,436 |
| | | 1 | Yes | 17 | 3,325 |
| | | 2 | No | 359 | 111,835 |
| | | | | 504 | 156,596 |
| 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 | 128 | 41,436 |
| | | 1 | Yes | 49 | 12,641 |
| | | 2 | No | 327 | 102,519 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|-------|----------------------|----------------|----------|
| 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 | 13 | 3,559 |
| | | -7 | Refused | 1 | 81 |
| | | -1 | Not Collected | 2 | 1,166 |
| | | 1 | Not At All Confident | 40 | 11,147 |
| | | 2 | A Little Confident | 94 | 29,819 |
| | | 3 | Moderately Confident | 173 | 54,174 |
| | | 4 | Very Confident | 181 | 56,650 |
| | | | 504 | 156,596 | |
| 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 | 7 | 1,354 |
| | | 1 | Yes | 184 | 54,452 |
| | | 2 | No | 313 | 100,790 |
| | | | 504 | 156,596 | |
| HLMDRUGS | # DIFF MEDICINES YOU TAKE DAILY | -8 | Don't Know | 16 | 7,735 |
| | | -7 | Refused | 3 | 1,338 |
| | | 1 | 0-2 medications | 48 | 15,680 |
| | | 2 | 3-4 medications | 100 | 31,132 |
| | | 3 | 5-6 medications | 108 | 26,615 |
| | | 4 | 7-8 medications | 81 | 22,336 |
| | | 5 | 9+ medications | 148 | 51,759 |
| | | | 504 | 156,596 | |
| HLMHOSP | IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL? | 1 | Yes | 182 | 52,424 |
| | | 2 | No | 322 | 104,172 |
| | | | 504 | 156,596 | |
| HLMNH | IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER? | 1 | Yes | 63 | 18,634 |
| | | 2 | No | 441 | 137,962 |
| | | | 504 | 156,596 | |
| PFDFIN | DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME? | -8 | Don't Know | 3 | 1,032 |
| | | 1 | Yes | 200 | 61,493 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|--|-------|---------------|------------|----------------|
| | | 2 | No | 301 | 94,072 |
| | | | | 504 | 156,596 |
| PFDFINB | DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME? | -8 | Don't Know | 2 | 261 |
| | | -1 | Not Collected | 304 | 95,103 |
| | | 1 | Yes | 69 | 19,803 |
| | | 2 | No | 129 | 41,428 |
| | | | | 504 | 156,596 |
| PFDFOU | DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE? | -8 | Don't Know | 7 | 1,098 |
| | | -7 | Refused | 1 | 485 |
| | | 1 | Yes | 286 | 87,374 |
| | | 2 | No | 210 | 67,639 |
| | | | | 504 | 156,596 |
| PFDFOUB | DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME? | -8 | Don't Know | 1 | 285 |
| | | -1 | Not Collected | 218 | 69,222 |
| | | 1 | Yes | 233 | 69,537 |
| | | 2 | No | 52 | 17,552 |
| | | | | 504 | 156,596 |
| PFBED | DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR? | -8 | Don't Know | 2 | 171 |
| | | -7 | Refused | 1 | 485 |
| | | 1 | Yes | 176 | 57,481 |
| | | 2 | No | 325 | 98,459 |
| | | | | 504 | 156,596 |
| PFBEDB | DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR? | -8 | Don't Know | 1 | 120 |
| | | -1 | Not Collected | 328 | 99,115 |
| | | 1 | Yes | 66 | 21,362 |
| | | 2 | No | 109 | 35,998 |
| | | | | 504 | 156,596 |
| PFBATH | DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER? | -8 | Don't Know | 3 | 313 |
| | | 1 | Yes | 189 | 54,277 |
| | | 2 | No | 312 | 102,006 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|--|------------|----------------|------------|----------------|
| PFBATHB | DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER? | -8 | Don't Know | 1 | 154 |
| | | -1 | Not Collected | 315 | 102,319 |
| | | 1 | Yes | 130 | 34,600 |
| | | 2 | No | 58 | 19,523 |
| | | | | 504 | 156,596 |
| PFDRES | DO YOU HAVE DIFFICULTY WHEN DRESSING? | -8 | Don't Know | 2 | 112 |
| | | 1 | Yes | 137 | 41,753 |
| | | 2 | No | 365 | 114,731 |
| | | | | 504 | 156,596 |
| PFDRESB | DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED? | -8 | Don't Know | 1 | 316 |
| | | -1 | Not Collected | 367 | 114,843 |
| | | 1 | Yes | 93 | 27,879 |
| | | 2 | No | 43 | 13,559 |
| | | | | 504 | 156,596 |
| PFWALK | DO YOU HAVE DIFFICULTY WHEN WALKING? | -8 | Don't Know | 4 | 1,546 |
| | | 1 | Yes | 360 | 111,794 |
| | | 2 | No | 140 | 43,255 |
| | | | | 504 | 156,596 |
| PFWALKB | DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK? | -8 | Don't Know | 2 | 220 |
| | | -7 | Refused | 2 | 872 |
| | | -1 | Not Collected | 144 | 44,802 |
| | | 1 | Yes | 126 | 38,707 |
| | | 2 | No | 230 | 71,996 |
| | | | | 504 | 156,596 |
| PFEAT | DO YOU HAVE DIFFICULTY EATING? | -8 | Don't Know | 1 | 28 |
| | | 1 | Yes | 59 | 17,957 |
| | | 2 | No | 444 | 138,612 |
| | | 504 | 156,596 | | |
| PFEATB | DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT? | -8 | Don't Know | 1 | 71 |
| | | -1 | Not Collected | 445 | 138,639 |
| | | 1 | Yes | 22 | 4,627 |
| | | 2 | No | 36 | 13,259 |
| | | | | 504 | 156,596 |
| PFWC | DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET? | -8 | Don't Know | 1 | 608 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|---|-------|---------------|------------|----------------|
| | | 1 | Yes | 80 | 22,251 |
| | | 2 | No | 423 | 133,737 |
| | | | | 504 | 156,596 |
| PFWCB | DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET? | -8 | Don't Know | 1 | 120 |
| | | -1 | Not Collected | 424 | 134,345 |
| | | 1 | Yes | 37 | 10,112 |
| | | 2 | No | 42 | 12,019 |
| | | | | 504 | 156,596 |
| PFDLR | DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS? | -7 | Refused | 1 | 249 |
| | | 1 | Yes | 105 | 34,734 |
| | | 2 | No | 398 | 121,613 |
| | | | | 504 | 156,596 |
| PFDLRB | DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS? | -1 | Not Collected | 399 | 121,862 |
| | | 1 | Yes | 86 | 27,854 |
| | | 2 | No | 19 | 6,880 |
| | | | | 504 | 156,596 |
| PFMEAL | DO YOU HAVE DIFFICULTY PREPARING MEALS? | -8 | Don't Know | 5 | 1,367 |
| | | -7 | Refused | 3 | 1,006 |
| | | 1 | Yes | 193 | 50,693 |
| | | 2 | No | 303 | 103,531 |
| | | | | 504 | 156,596 |
| PFMEALB | DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS? | -8 | Don't Know | 1 | 99 |
| | | -7 | Refused | 1 | 105 |
| | | -1 | Not Collected | 311 | 105,903 |
| | | 1 | Yes | 147 | 37,918 |
| | | 2 | No | 44 | 12,571 |
| | | | | 504 | 156,596 |
| PFCLEN | DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR? | -8 | Don't Know | 2 | 282 |
| | | -7 | Refused | 3 | 635 |
| | | 1 | Yes | 268 | 82,739 |
| | | 2 | No | 231 | 72,939 |
| | | | | 504 | 156,596 |

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 | 135 |
| | | -1 | Not Collected | 236 | 73,857 |
| | | 1 | Yes | 247 | 76,533 |
| | | 2 | No | 20 | 6,071 |
| | | | | 504 | 156,596 |
| PFHCLEN | DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS? | -8 | Don't Know | 8 | 1,524 |
| | | -7 | Refused | 1 | 111 |
| | | 1 | Yes | 442 | 133,064 |
| | | 2 | No | 53 | 21,897 |
| | | | | 504 | 156,596 |
| PFHCLENB | DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK? | -8 | Don't Know | 4 | 710 |
| | | -1 | Not Collected | 62 | 23,532 |
| | | 1 | Yes | 428 | 130,385 |
| | | 2 | No | 10 | 1,969 |
| | | | | 504 | 156,596 |
| PFTKDG | DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME? | -8 | Don't Know | 1 | 159 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 82 | 29,166 |
| | | 2 | No | 420 | 126,360 |
| | | | | 504 | 156,596 |
| PFTKDGB | DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME? | -1 | Not Collected | 422 | 127,430 |
| | | 1 | Yes | 63 | 23,216 |
| | | 2 | No | 19 | 5,951 |
| | | | | 504 | 156,596 |
| PFFONE | DO YOU HAVE DIFFICULTY USING THE TELEPHONE? | 1 | Yes | 26 | 5,007 |
| | | 2 | No | 478 | 151,589 |
| | | | | 504 | 156,596 |
| PFFONEB | DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE? | -1 | Not Collected | 478 | 151,589 |
| | | 1 | Yes | 24 | 4,619 |
| | | 2 | No | 2 | 388 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|-------|---|------------|----------------|
| | | | | 504 | 156,596 |
| PFISCAR | IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD? | -7 | Refused | 1 | 53 |
| | | 1 | Yes | 292 | 89,186 |
| | | 2 | No | 211 | 67,357 |
| | | | | 504 | 156,596 |
| PFDRIVE | DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE? | -8 | Don't Know | 1 | 100 |
| | | -7 | Refused | 2 | 150 |
| | | -1 | Not Collected | 212 | 67,410 |
| | | 1 | Yes | 104 | 31,635 |
| | | 2 | No | 185 | 57,302 |
| | | | | 504 | 156,596 |
| PFBUS | IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME? | -8 | Don't Know | 31 | 6,743 |
| | | -7 | Refused | 3 | 388 |
| | | 1 | Yes | 203 | 76,288 |
| | | 2 | No | 267 | 73,176 |
| | | | | 504 | 156,596 |
| PFUSEBUS | DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION? | -8 | Don't Know | 2 | 612 |
| | | -1 | Not Collected | 301 | 80,308 |
| | | 1 | Yes | 37 | 11,569 |
| | | 2 | No | 60 | 27,125 |
| | | 3 | Never Uses Bus | 104 | 36,982 |
| | | | | 504 | 156,596 |
| PFBUSEB | DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION? | -8 | Don't Know | 1 | 285 |
| | | -1 | Not Collected | 467 | 145,027 |
| | | 1 | Yes | 35 | 10,909 |
| | | 2 | No | 1 | 375 |
| | | | | 504 | 156,596 |
| FAMFRND | WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU? | -8 | Don't Know | 4 | 1,941 |
| | | -7 | Refused | 1 | 316 |
| | | -1 | Not Collected | 46 | 14,664 |
| | | 1 | Family | 214 | 67,252 |
| | | 2 | Someone Else Like Friend/Neighbor/Other | 157 | 48,394 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|-------------|--|-------|----------------------|------------|----------------|
| | | 3 | Did Not Receive Help | 82 | 24,029 |
| | | | | 504 | 156,596 |
| WHOHELPS | WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES? | -8 | Don't Know | 4 | 514 |
| | | -1 | Not Collected | 290 | 89,344 |
| | | 1 | Husband | 15 | 3,829 |
| | | 2 | Wife | 9 | 2,151 |
| | | 3 | Son | 55 | 19,175 |
| | | 4 | Son-In-Law | 2 | 330 |
| | | 5 | Daughter | 83 | 29,325 |
| | | 6 | Daughter-In-Law | 7 | 815 |
| | | 9 | Brother | 3 | 833 |
| | | 10 | Sister | 7 | 1,606 |
| | | 11 | Grandson | 6 | 1,716 |
| | | 12 | Granddaughter | 9 | 2,872 |
| | | 13 | Nephew | 1 | 186 |
| | | 14 | Niece | 5 | 1,038 |
| | | 91 | Other Relative | 8 | 2,862 |
| | | | | 504 | 156,596 |
| ADLAOA6 | PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING. | . | Missing | 10 | 3,009 |
| | | 0 | 0 limitations | 96 | 29,604 |
| | | 1 | 1 limitation | 135 | 43,502 |
| | | 2 | 2 limitations | 97 | 29,167 |
| | | 3 | 3 limitations | 67 | 19,376 |
| | | 4 | 4 limitations | 52 | 20,152 |
| | | 5 | 5 limitations | 30 | 7,543 |
| | | 6 | 6 limitations | 17 | 4,244 |
| | | | | 504 | 156,596 |
| ADLAOA6_SSS | AOA ADL LIMITATIONS, SSS VERSION | 0 | 0 limitations | 100 | 31,316 |
| | | 1 | 1 limitation | 138 | 44,529 |
| | | 2 | 2 limitations | 98 | 29,238 |
| | | 3 | 3 limitations | 69 | 19,574 |
| | | 4 | 4 limitations | 52 | 20,152 |
| | | 5 | 5 limitations | 30 | 7,543 |
| | | 6 | 6 limitations | 17 | 4,244 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------------|--|------------|----------------|------------|----------------|
| ADL3PLUS | RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS | . | Missing | 10 | 3,009 |
| | | 1 | Yes | 166 | 51,314 |
| | | 2 | No | 328 | 102,273 |
| | | | | 504 | 156,596 |
| ADL3PLUS_ SSS | RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION | 1 | Yes | 168 | 51,513 |
| | | 2 | No | 336 | 105,083 |
| | | | | 504 | 156,596 |
| ADL6P | AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING. | . | Missing | 7 | 1,632 |
| | | 0 | 0 limitations | 297 | 96,642 |
| | | 1 | 1 limitation | 82 | 23,409 |
| | | 2 | 2 limitations | 44 | 12,647 |
| | | 3 | 3 limitations | 30 | 10,410 |
| | | 4 | 4 limitations | 20 | 5,761 |
| | | 5 | 5 limitations | 16 | 4,575 |
| | | 6 | 6 limitations | 8 | 1,519 |
| | | | | 504 | 156,596 |
| ADL6P_ SSS | AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION | 0 | 0 limitations | 301 | 97,250 |
| | | 1 | 1 limitation | 83 | 23,725 |
| | | 2 | 2 limitations | 45 | 12,767 |
| | | 3 | 3 limitations | 31 | 10,998 |
| | | 4 | 4 limitations | 20 | 5,761 |
| | | 5 | 5 limitations | 16 | 4,575 |
| | | 6 | 6 limitations | 8 | 1,519 |
| | | 504 | 156,596 | | |
| IADL7 | PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION? | . | Missing | 23 | 6,039 |
| | | 0 | 0 limitations | 91 | 28,288 |
| | | 1 | 1 limitation | 107 | 37,042 |
| | | 2 | 2 limitations | 98 | 30,239 |
| | | 3 | 3 limitations | 77 | 23,294 |
| | | | | | |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--|-------|---------------|------------|----------------|
| | | 4 | 4 limitations | 46 | 14,746 |
| | | 5 | 5 limitations | 36 | 10,466 |
| | | 6 | 6 limitations | 19 | 5,224 |
| | | 7 | 7 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |
| IADLAOA7_ | AOA IADL LIMITATIONS, SSS VERSION | | | | |
| SSS | | 0 | 0 limitations | 101 | 30,331 |
| | | 1 | 1 limitation | 110 | 37,705 |
| | | 2 | 2 limitations | 103 | 31,648 |
| | | 3 | 3 limitations | 79 | 23,840 |
| | | 4 | 4 limitations | 47 | 14,906 |
| | | 5 | 5 limitations | 37 | 10,618 |
| | | 6 | 6 limitations | 20 | 6,291 |
| | | 7 | 7 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |
| IADLAOA7P | AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS? | . | Missing | 7 | 874 |
| | | 0 | 0 limitations | 136 | 41,685 |
| | | 1 | 1 limitation | 124 | 42,301 |
| | | 2 | 2 limitations | 84 | 28,350 |
| | | 3 | 3 limitations | 59 | 13,858 |
| | | 4 | 4 limitations | 41 | 14,669 |
| | | 5 | 5 limitations | 31 | 9,310 |
| | | 6 | 6 limitations | 15 | 4,291 |
| | | 7 | 7 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |
| IADLAOA7P_ | AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION | | | | |
| SSS | | 0 | 0 limitations | 138 | 41,920 |
| | | 1 | 1 limitation | 128 | 42,841 |
| | | 2 | 2 limitations | 85 | 28,450 |
| | | 3 | 3 limitations | 59 | 13,858 |
| | | 4 | 4 limitations | 41 | 14,669 |
| | | 5 | 5 limitations | 31 | 9,310 |
| | | 6 | 6 limitations | 15 | 4,291 |
| | | 7 | 7 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|--------------|---|-------|---------------|------------|----------------|
| IADLAOA8 | PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION? | . | Missing | 29 | 7,393 |
| | | 0 | 0 limitations | 22 | 8,509 |
| | | 1 | 1 limitation | 84 | 25,404 |
| | | 2 | 2 limitations | 97 | 33,913 |
| | | 3 | 3 limitations | 92 | 29,007 |
| | | 4 | 4 limitations | 73 | 21,297 |
| | | 5 | 5 limitations | 45 | 14,127 |
| | | 6 | 6 limitations | 36 | 10,466 |
| | | 7 | 7 limitations | 19 | 5,224 |
| | | 8 | 8 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |
| IADLAOA8_SSS | AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION | 0 | 0 limitations | 26 | 9,703 |
| | | 1 | 1 limitation | 93 | 27,267 |
| | | 2 | 2 limitations | 102 | 34,827 |
| | | 3 | 3 limitations | 99 | 30,533 |
| | | 4 | 4 limitations | 75 | 21,972 |
| | | 5 | 5 limitations | 45 | 14,127 |
| | | 6 | 6 limitations | 37 | 10,618 |
| | | 7 | 7 limitations | 20 | 6,291 |
| | | 8 | 8 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |
| IADLAOA8P | AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS? | . | Missing | 11 | 1,585 |
| | | 0 | 0 limitations | 43 | 15,165 |
| | | 1 | 1 limitation | 101 | 29,140 |
| | | 2 | 2 limitations | 123 | 44,698 |
| | | 3 | 3 limitations | 76 | 23,011 |
| | | 4 | 4 limitations | 58 | 14,249 |
| | | 5 | 5 limitations | 39 | 13,889 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|--------------------------------|-------|------------------------|------------|----------------|
| | | 6 | 6 limitations | 31 | 9,310 |
| | | 7 | 7 limitations | 15 | 4,291 |
| | | 8 | 8 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |
| IADL8P_ | AOA IADLS: PERSONAL ASSISTANCE | | | | |
| SSS | NEEDS W/ HEAVY HOUSEWORK | | | | |
| | ADDED, SSS VERSION | 0 | 0 limitations | 47 | 15,876 |
| | | 1 | 1 limitation | 104 | 29,485 |
| | | 2 | 2 limitations | 126 | 45,128 |
| | | 3 | 3 limitations | 77 | 23,111 |
| | | 4 | 4 limitations | 58 | 14,249 |
| | | 5 | 5 limitations | 39 | 13,889 |
| | | 6 | 6 limitations | 31 | 9,310 |
| | | 7 | 7 limitations | 15 | 4,291 |
| | | 8 | 8 limitations | 7 | 1,257 |
| | | | | 504 | 156,596 |
| AGEC | AGE CATEGORY | 2 | 60-64 years | 23 | 9,040 |
| | | 3 | 65-74 years | 131 | 47,583 |
| | | 4 | 75-84 years | 190 | 55,298 |
| | | 5 | 85+ years | 160 | 44,675 |
| | | | | 504 | 156,596 |
| GENDER | GENDER | 1 | Male | 101 | 31,341 |
| | | 2 | Female | 403 | 125,255 |
| | | | | 504 | 156,596 |
| DEEDUC | WHAT IS YOUR HIGHEST LEVEL OF | | | | |
| | EDUCATION? | -8 | Don't Know | 3 | 1,225 |
| | | 1 | Less Than High School | 141 | 39,684 |
| | | 2 | High School Diploma Or | 172 | 54,448 |
| | | 3 | GED | 132 | 41,779 |
| | | 4 | Some | 19 | 5,578 |
| | | 5 | College(Business/ | 37 | 13,881 |
| | | | Vocational/Techni) | | |
| | | | Bachelor's Degree | | |
| | | | Some Post-Graduate | | |
| | | | Work/Advanced Degree | | |
| | | | | 504 | 156,596 |
| DEHISP | ARE YOU HISPANIC OR LATINO? | -8 | Don't Know | 3 | 283 |
| | | 1 | Yes | 24 | 6,962 |
| | | 2 | No | 477 | 149,351 |
| | | | | 504 | 156,596 |
| DERAC01 | WHAT IS YOUR RACE? WHITE OR | | | | |
| | CAUCASIAN | -8 | Don't Know | 5 | 2,708 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|---------|---|-------|-------------|------------|----------------|
| | | -7 | Refused | 2 | 1,267 |
| | | 1 | Yes | 390 | 125,016 |
| | | 2 | No | 107 | 27,606 |
| | | | | 504 | 156,596 |
| DERAC02 | WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN | -8 | Don't Know | 5 | 2,708 |
| | | -7 | Refused | 2 | 1,267 |
| | | 1 | Yes | 86 | 20,878 |
| | | 2 | No | 411 | 131,743 |
| | | | | 504 | 156,596 |
| DERAC03 | WHAT IS YOUR RACE? ASIAN | -8 | Don't Know | 5 | 2,708 |
| | | -7 | Refused | 2 | 1,267 |
| | | 1 | Yes | 3 | 673 |
| | | 2 | No | 494 | 151,949 |
| | | | | 504 | 156,596 |
| DERAC04 | WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE | -8 | Don't Know | 5 | 2,708 |
| | | -7 | Refused | 2 | 1,267 |
| | | 1 | Yes | 18 | 4,861 |
| | | 2 | No | 479 | 147,761 |
| | | | | 504 | 156,596 |
| DERAC05 | WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | -8 | Don't Know | 5 | 2,708 |
| | | -7 | Refused | 2 | 1,267 |
| | | 2 | No | 497 | 152,621 |
| | | | | 504 | 156,596 |
| DERAC06 | WHAT IS YOUR RACE? OTHER | -8 | Don't Know | 5 | 2,708 |
| | | -7 | Refused | 2 | 1,267 |
| | | 1 | Yes | 12 | 4,270 |
| | | 2 | No | 485 | 148,351 |
| | | | | 504 | 156,596 |
| DEVET | HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.) | -8 | Don't Know | 1 | 71 |
| | | -7 | Refused | 1 | 159 |
| | | 1 | Yes | 46 | 13,642 |
| | | 2 | No | 456 | 142,723 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|-----------|---------------------------------------|-------|--------------------------|------------|----------------|
| DELOC | WHERE IS YOUR HOME LOCATED? | -8 | Don't Know | 16 | 3,608 |
| | | -7 | Refused | 3 | 732 |
| | | 1 | The City | 235 | 75,314 |
| | | 2 | The Suburbs | 114 | 38,380 |
| | | 3 | A Rural Area | 136 | 38,562 |
| | | | | 504 | 156,596 |
| LIVEALONE | DO YOU LIVE ALONE? SSS CONSTRUCTED | -7 | Refused | 1 | 71 |
| | | 1 | Yes | 381 | 121,361 |
| | | 2 | No | 122 | 35,164 |
| | | | | 504 | 156,596 |
| DELVSP1 | DO YOU LIVE WITH YOUR SPOUSE? | -7 | Refused | 1 | 71 |
| | | -1 | Not Collected | 381 | 121,361 |
| | | 1 | Yes | 60 | 18,089 |
| | | 2 | No | 62 | 17,074 |
| | | | | 504 | 156,596 |
| DELVKID2 | DO YOU LIVE WITH YOUR CHILDREN? | -7 | Refused | 1 | 71 |
| | | -1 | Not Collected | 381 | 121,361 |
| | | 1 | Yes | 44 | 12,704 |
| | | 2 | No | 78 | 22,460 |
| | | | | 504 | 156,596 |
| DELVREL3 | DO YOU LIVE WITH OTHER RELATIVES? | -7 | Refused | 1 | 71 |
| | | -1 | Not Collected | 381 | 121,361 |
| | | 1 | Yes | 21 | 5,191 |
| | | 2 | No | 101 | 29,973 |
| | | | | 504 | 156,596 |
| DELVNRL4 | DO YOU LIVE WITH NON-RELATIVES? | -8 | Don't Know | 1 | 620 |
| | | -7 | Refused | 3 | 239 |
| | | -1 | Not Collected | 381 | 121,361 |
| | | 1 | Yes | 10 | 2,688 |
| | | 2 | No | 109 | 31,688 |
| | | | | 504 | 156,596 |
| LIVARRC | WHO DO YOU LIVE WITH? | -7 | Refused | 1 | 71 |
| | | 1 | Alone | 381 | 121,361 |
| | | 2 | With spouse only | 51 | 16,021 |
| | | 3 | With children only | 33 | 10,489 |
| | | 4 | With spouse and children | 4 | 945 |
| | | 5 | With others | 34 | 7,709 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---|-------|---|------------|----------------|
| | | | | 504 | 156,596 |
| DEHHM | INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? | -7 | Refused | 2 | 230 |
| | | 1 | 1 Person | 384 | 122,016 |
| | | 2 | 2 People | 96 | 29,626 |
| | | 3 | 3 People | 13 | 2,889 |
| | | 4 | 4 People | 7 | 1,454 |
| | | 5 | 5 People | 2 | 380 |
| | | | | 504 | 156,596 |
| DEMARST | WHAT IS YOUR MARITAL STATUS? | -8 | Don't Know | 2 | 1,079 |
| | | -7 | Refused | 3 | 278 |
| | | 1 | Married | 70 | 21,876 |
| | | 2 | Widowed | 278 | 83,558 |
| | | 3 | Divorced | 105 | 35,982 |
| | | 4 | Separated | 11 | 3,355 |
| | | 5 | Never Married | 35 | 10,468 |
| | | | | 504 | 156,596 |
| 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 2014 ABOVE OR BELOW \$20,000? | -8 | Don't Know | 33 | 11,243 |
| | | -7 | Refused | 19 | 11,852 |
| | | 1 | Below \$20,000 [1666 Per Month Or Less] | 348 | 102,657 |
| | | 2 | Above \$20,000 [1667 Per Month Or More] | 104 | 30,844 |
| | | | | 504 | 156,596 |
| INCOME C | WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2014? | . | Missing | 52 | 23,095 |
| | | -8 | Don't Know | 32 | 10,683 |
| | | -7 | Refused | 17 | 5,684 |
| | | 1 | \$5,000 or less | 39 | 11,269 |
| | | 2 | \$5,001-\$10,000 | 67 | 19,309 |
| | | 3 | \$10,001-\$15,000 | 115 | 33,963 |
| | | 4 | \$15,001-\$20,000 | 89 | 24,681 |
| | | 5 | \$20,001-\$25,000 | 46 | 14,096 |
| | | 6 | \$25,001-\$30,000 | 21 | 7,496 |
| | | 7 | \$30,001-\$35,000 | 10 | 2,822 |
| | | 8 | \$35,001-\$40,000 | 9 | 3,000 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|-----------|---|----------------|--|------------|----------------|
| | | 9 | \$40,001-\$50,000 | 3 | 192 |
| | | 10 | ABOVE \$50,000 | 4 | 307 |
| | | | | 504 | 156,596 |
| URBAN | URBAN | -9 | Invalid Zip Code, or Foreign Zip Code | 16 | 4,726 |
| | | 0 | Rural (Not in Urbanized Area or Urban Cluster) | 209 | 64,210 |
| | | 1 | In Urbanized Area | 205 | 66,731 |
| | | 2 | In Urban Cluster | 74 | 20,929 |
| | | | | 504 | 156,596 |
| VARSTRAT | VARSTRAT | 1.00 - 64.00 | Varstrat range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| VARUNIT | VARUNIT | 1 | Variance unit 1 | 251 | 74,335 |
| | | 2 | Variance unit 2 | 253 | 82,261 |
| | | | | 504 | 156,596 |
| PSTOTWGT | FINAL POST-STRATIFIED FULL SAMPLE WEIGHT | 3.55 - 1844.33 | Weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT1 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1 | 1.10 - 2779.34 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT2 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2 | 3.78 - 3236.02 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT3 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3 | 3.05 - 3001.19 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT4 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4 | 1.21 - 2987.00 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT5 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5 | 2.78 - 3558.48 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT6 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6 | 1.18 - 3513.10 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--|----------------|------------------------|------------|----------------|
| PSTOTWGT7 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7 | 1.41 - 3793.06 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT8 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8 | 3.68 - 3144.27 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT9 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9 | 2.85 - 3482.48 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT10 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10 | 1.00 - 3107.67 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT11 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11 | 0.90 - 3706.25 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT12 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12 | 4.27 - 2785.28 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT13 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13 | 1.26 - 2827.39 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT14 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14 | 3.89 - 3580.32 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT15 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15 | 2.93 - 2995.87 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT16 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16 | 0.96 - 2992.91 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT17 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17 | 2.72 - 3320.12 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT18 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18 | 0.95 - 3085.15 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--|----------------|------------------------|------------|----------------|
| PSTOTWGT19 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19 | 0.97 - 2969.01 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT20 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20 | 3.67 - 3428.31 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT21 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21 | 0.96 - 3609.63 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT22 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22 | 3.45 - 3405.58 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT23 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23 | 3.06 - 3031.18 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT24 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24 | 1.17 - 3866.88 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT25 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25 | 1.07 - 3609.85 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT26 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26 | 3.87 - 3631.38 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT27 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27 | 2.97 - 3082.93 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT28 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28 | 1.02 - 4295.16 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT29 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29 | 2.76 - 3230.33 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT30 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30 | 1.24 - 2873.69 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--|----------------|------------------------|------------|----------------|
| PSTOTWGT31 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31 | 1.17 - 2968.59 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT32 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32 | 3.92 - 3182.29 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT33 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33 | 2.59 - 3277.70 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT34 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34 | 0.93 - 2949.60 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT35 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35 | 1.04 - 3516.60 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT36 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36 | 4.07 - 3239.01 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT37 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37 | 1.07 - 3216.99 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT38 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38 | 4.68 - 3569.97 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT39 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39 | 3.21 - 3119.01 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT40 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40 | 1.03 - 4189.26 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT41 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41 | 1.17 - 3197.13 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT42 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42 | 4.34 - 3645.62 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--|----------------|------------------------|------------|----------------|
| PSTOTWGT43 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43 | 3.34 - 3477.14 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT44 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44 | 0.89 - 4310.63 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT45 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45 | 2.45 - 2963.01 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT46 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46 | 1.19 - 2948.99 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT47 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47 | 1.27 - 3174.58 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT48 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48 | 3.94 - 3232.92 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT49 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49 | 0.98 - 3703.43 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT50 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50 | 3.91 - 3167.34 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT51 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51 | 2.70 - 2754.44 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT52 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52 | 1.40 - 3029.00 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT53 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53 | 2.92 - 4076.74 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT54 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54 | 1.21 - 3395.26 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|------------|--|----------------|--|------------|----------------|
| PSTOTWGT55 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55 | 1.30 - 3436.65 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT56 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56 | 4.41 - 3067.19 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT57 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57 | 3.10 - 3677.92 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT58 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58 | 1.03 - 3355.69 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT59 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59 | 0.84 - 3132.80 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT60 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60 | 3.60 - 3023.66 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT61 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61 | 1.14 - 3277.78 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT62 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62 | 3.68 - 3255.54 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT63 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63 | 2.78 - 2948.77 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| PSTOTWGT64 | FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64 | 1.12 - 3075.11 | Replicate weight range | 504 | 156,596 |
| | | | | 504 | 156,596 |
| OHQ030 | ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST? | -8 | Don't Know | 5 | 1,750 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | 6 Months Or Less | 136 | 43,455 |
| | | 2 | More Than 6 Months, Not More Than 1 Yr | 74 | 20,047 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|---|-------|--|------------|----------------|
| | | 3 | More Than 1 Yr, Not More Than 2 Years | 58 | 15,470 |
| | | 4 | More Than 2 Yrs, Not More Than 3 Years | 33 | 13,845 |
| | | 5 | More Than 3 Yrs, Not More Than 5 Years | 56 | 16,284 |
| | | 6 | More Than 5 Years Ago | 137 | 43,953 |
| | | 7 | Never Have Been To Dentist | 4 | 883 |
| | | | | 504 | 156,596 |
| OHQ770 | DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME? | | | | |
| | | -8 | Don't Know | 4 | 1,009 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Yes | 121 | 41,509 |
| | | 2 | No | 378 | 113,168 |
| | | | | 504 | 156,596 |
| OHQ78001 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST? | | | | |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 103 | 34,356 |
| | | 2 | No | 18 | 7,153 |
| | | | | 504 | 156,596 |
| OHQ78002 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY? | | | | |
| | | -8 | Don't Know | 6 | 2,163 |
| | | -7 | Refused | 1 | 588 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 18 | 6,875 |
| | | 2 | No | 96 | 31,883 |
| | | | | 504 | 156,596 |
| OHQ78003 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES? | | | | |
| | | -8 | Don't Know | 2 | 1,849 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 70 | 22,622 |
| | | 2 | No | 49 | 17,038 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|-------|---------------|------------|----------------|
| OHQ78004 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY? | -8 | Don't Know | 1 | 588 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 24 | 9,144 |
| | | 2 | No | 96 | 31,777 |
| | | | | 504 | 156,596 |
| OHQ78005 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES? | -8 | Don't Know | 7 | 3,262 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 14 | 5,334 |
| | | 2 | No | 100 | 32,912 |
| | | | | 504 | 156,596 |
| OHQ78006 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT? | -8 | Don't Know | 1 | 588 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 11 | 5,033 |
| | | 2 | No | 109 | 35,889 |
| | | | | 504 | 156,596 |
| OHQ78007 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS? | -8 | Don't Know | 1 | 285 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 14 | 5,412 |
| | | 2 | No | 106 | 35,812 |
| | | | | 504 | 156,596 |
| OHQ78008 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK? | -8 | Don't Know | 1 | 588 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 2 | 1,750 |
| | | 2 | No | 118 | 39,172 |
| | | | | 504 | 156,596 |

Frequencies

| NAME | LABEL | VALUE | DESCRIPTION | UNWEIGHTED | WEIGHTED |
|----------|--|------------|----------------|------------|----------------|
| OHQ78009 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY? | -8 | Don't Know | 1 | 588 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 5 | 1,829 |
| | | 2 | No | 115 | 39,092 |
| | | | | 504 | 156,596 |
| OHQ78010 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY? | -8 | Don't Know | 2 | 235 |
| | | -7 | Refused | 2 | 642 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 17 | 6,890 |
| | | 2 | No | 100 | 33,742 |
| | | 504 | 156,596 | | |
| OHQ78011 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION? | -8 | Don't Know | 2 | 713 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 30 | 10,052 |
| | | 2 | No | 89 | 30,744 |
| | | 504 | 156,596 | | |
| OHQ78012 | WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)? | -8 | Don't Know | 1 | 99 |
| | | -1 | Not Collected | 383 | 115,087 |
| | | 1 | Yes | 19 | 4,758 |
| | | 2 | No | 101 | 36,652 |
| | | 504 | 156,596 | | |
| OHQ845 | OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS? | -8 | Don't Know | 9 | 3,640 |
| | | -7 | Refused | 1 | 910 |
| | | 1 | Excellent | 37 | 11,326 |
| | | 2 | Very Good | 98 | 28,542 |
| | | 3 | Good | 175 | 51,657 |
| | | 4 | Fair | 86 | 24,574 |

Frequencies

| <i>NAME</i> | <i>LABEL</i> | <i>VALUE</i> | <i>DESCRIPTION</i> | <i>UNWEIGHTED</i> | <i>WEIGHTED</i> |
|-------------|--|--------------|--------------------|-------------------|-----------------|
| | | 5 | Poor | 98 | 35,946 |
| | | | | 504 | 156,596 |
| PF_WIO | DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME? | . | Missing | 2 | 543 |
| | | 1 | Yes | 396 | 122,649 |
| | | 2 | No | 106 | 33,404 |
| | | | | 504 | 156,596 |