

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
HOWLONG	NUM	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?
TRDAYS	NUM	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?
TROFTEN	NUM	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?
TRMONTH	NUM	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE
TRMONTHC	NUM	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?
TRPROP	NUM	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?
TRGTSON	NUM	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?
TRFRE08	NUM	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?
TRFRE12	NUM	HOW OFTEN ARE THE DRIVERS POLITE?
TRFRE06	NUM	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?
TRFRE05	NUM	HOW OFTEN ARE THE VEHICLES COMFORTABLE?
TRFRE07	NUM	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?
TRFRE10	NUM	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?
TRFRE16	NUM	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?
NEEDHLP	NUM	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?
GETHELP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?
NEEDBHLP	NUM	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?
GETBHLP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?
TRACTA	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?
TRACTB	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?
TRACTC	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?
TRACTD	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?
TRACTE	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?
TRACTF	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?
TRACTG	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?
TRACTH	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?
TRACTI	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?
TRACTJ	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?
TRACTK	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?
TRRATE	NUM	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?
TRRATE2	NUM	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT
AROUND	NUM	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?
TRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
TRSTAY	NUM	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
TRISCAR	NUM	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?

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TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVPCPR	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?
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	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?

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SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?

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PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A MEDICAL DOCTOR 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 OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?

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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?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?

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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 OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	WHAT IS YOUR GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE

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DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHBM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
MOB_IMP	NUM	MOBILITY IMPAIRED
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16

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PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54

**Positional Listing of Variables**

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

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Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
GETBHLP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?
GETHELP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
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?
HOWLONG	NUM	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
MOB_IMP	NUM	MOBILITY IMPAIRED
NEEDBHLP	NUM	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?
NEEDHLP	NUM	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISS	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFFHON	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?

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32

*Alphabetical Listing of Variables*

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9

Alphabetical Listing of Variables

Name	Type	Description
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS 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	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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
TRACTA	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?
TRACTB	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?
TRACTC	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?
TRACTD	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?
TRACTE	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?
TRACTF	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?
TRACTG	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?
TRACTH	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?
TRACTI	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?
TRACTJ	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?
TRACTK	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?
TRDAYS	NUM	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?
TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?
TRFRE05	NUM	HOW OFTEN ARE THE VEHICLES COMFORTABLE?
TRFRE06	NUM	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?
TRFRE07	NUM	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?
TRFRE08	NUM	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?
TRFRE10	NUM	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?
TRFRE12	NUM	HOW OFTEN ARE THE DRIVERS POLITE?
TRFRE16	NUM	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?
TRGTSON	NUM	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?
TRISCAR	NUM	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?
TRMONTH	NUM	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE
TRMONTHC	NUM	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?
TROFTEN	NUM	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?
TRPROP	NUM	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?

**Alphabetical Listing of Variables**

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<i>Name</i>	<i>Type</i>	<i>Description</i>
TRRATE	NUM	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?
TRRATE2	NUM	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT
TRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
TRSTAY	NUM	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
HOWLONG	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?				
		-8	Don't Know	15	3,106
		1	6 Months Or Less	114	26,554
		2	More Than 6 Months But Less Than 1 Year	135	31,506
		3	At Least 1 Year But Less Than 2 Years	195	42,900
		4	2 To 5 Years	358	73,443
		5	More Than 5 Years	236	49,241
				<b>1,053</b>	<b>226,750</b>
TRDAYS	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?				
		1	Today Or Yesterday	269	43,131
		2	More Than 1 Day To 1 Week Ago	245	46,024
		3	More Than 1 Week To 1 Month Ago	225	56,043
		4	More Than 1 Month Ago	314	81,552
				<b>1,053</b>	<b>226,750</b>
TROFTEN	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?				
		-8	Don't Know	45	9,091
		1	5 Or More Times Per Week	123	19,166
		2	2 To 4 Times Per Week	328	57,686
		3	Once Per Week	197	43,057
		4	Less Than Once Per Month	360	97,751
				<b>1,053</b>	<b>226,750</b>
TRMONTH	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE				
		-8	Don't Know	111	26,175
		1	0 Trips	87	24,605
		2	1 - 2 Trips	251	63,074
		3	3 - 4 Trips	116	25,490
		4	5 - 6 Trips	60	10,117
		5	7 - 8 Trips	97	21,798
		6	9 - 12 Trips	68	12,870
		7	13 - 16 Trips	65	12,412
		8	17 - 20 Trips	21	2,929
		9	21 - 40 Trips	167	24,909
		10	41 - 60 Trips	10	2,371
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRMONTHC	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?	.	Missing	111	26,175
		1	<= 2 trips	338	87,679
		2	> 2 <= 6 trips	176	35,607
		3	> 6 <= 12 trips	165	34,667
		4	> 12 trips	263	42,623
					<b>1,053</b>
TRPROP	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?	-8	Don't Know	50	10,561
		-7	Refused	1	166
		1	Just A Few Of All Local Trips	324	80,966
		2	About 1/4 Of All Local Trips	106	24,585
		3	About 1/2 Of All Local Trips	107	21,382
		4	About 3/4 Of All Local Trips	78	13,713
		5	Nearly All Local Trips	351	66,059
		91	Other	36	9,318
			<b>1,053</b>	<b>226,750</b>	
TRGTSON	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?	-8	Don't Know	9	1,126
		1	The Driver Comes To The Door	355	77,730
		2	Vehicle Stops In Front Of House	629	128,444
		3	The Vehicle Stops Down The Block	13	5,065
		4	Have To Walk Several Blocks For Vehicle	9	1,757
		5	Gets On At Senior Center	38	12,628
			<b>1,053</b>	<b>226,750</b>	
TRFRE08	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?	-8	Don't Know	10	2,616
		1	Always	794	165,464
		2	Usually	184	43,908
		3	Sometimes	51	10,509
		4	Seldom	7	2,833
		5	Never	7	1,421

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
TRFRE12	HOW OFTEN ARE THE DRIVERS POLITE?	-8	Don't Know	7	1,690
		1	Always	949	201,346
		2	Usually	65	15,592
		3	Sometimes	22	5,119
		4	Seldom	6	2,503
		5	Never	4	499
				<b>1,053</b>	<b>226,750</b>
TRFRE06	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?	-8	Don't Know	15	3,351
		-7	Refused	1	5
		1	Always	832	178,263
		2	Usually	137	31,544
		3	Sometimes	53	9,186
		4	Seldom	8	2,320
		5	Never	7	2,082
				<b>1,053</b>	<b>226,750</b>
TRFRE05	HOW OFTEN ARE THE VEHICLES COMFORTABLE?	-8	Don't Know	16	2,759
		1	Always	839	179,393
		2	Usually	133	27,502
		3	Sometimes	45	11,404
		4	Seldom	8	2,593
		5	Never	12	3,099
				<b>1,053</b>	<b>226,750</b>
TRFRE07	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?	-8	Don't Know	10	1,483
		1	Always	791	171,001
		2	Usually	189	41,698
		3	Sometimes	52	11,003
		4	Seldom	8	1,308
		5	Never	3	258
				<b>1,053</b>	<b>226,750</b>
TRFRE10	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?	-8	Don't Know	21	4,501
		-7	Refused	1	180
		1	Always	845	181,476
		2	Usually	116	22,331
		3	Sometimes	55	15,492

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Seldom	9	1,820
		5	Never	6	951
				<b>1,053</b>	<b>226,750</b>
TRFRE16	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?				
		-8	Don't Know	11	1,660
		-7	Refused	1	180
		1	Always	794	166,506
		2	Usually	159	36,887
		3	Sometimes	64	15,003
		4	Seldom	14	4,110
		5	Never	10	2,404
				<b>1,053</b>	<b>226,750</b>
NEEDHLP	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?				
		-8	Don't Know	4	1,347
		-7	Refused	1	21
		1	Yes	167	33,243
		2	No	881	192,140
				<b>1,053</b>	<b>226,750</b>
GETHELP	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?				
		-8	Don't Know	1	97
		-1	Not Collected	886	193,508
		1	Yes	123	21,840
		2	No	43	11,306
				<b>1,053</b>	<b>226,750</b>
NEEDBHLP	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?				
		-8	Don't Know	6	985
		-7	Refused	1	21
		1	Yes	361	78,750
		2	No	685	146,995
				<b>1,053</b>	<b>226,750</b>
GETBHLP	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?				
		-8	Don't Know	2	136
		-1	Not Collected	692	148,000
		1	Yes	337	73,186
		2	No	22	5,427
				<b>1,053</b>	<b>226,750</b>
TRACTA	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?				
		-8	Don't Know	4	1,283

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	684	159,542
		2	No	365	65,925
				<b>1,053</b>	<b>226,750</b>
TRACTB	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?	-8	Don't Know	1	311
		1	Yes	394	82,900
		2	No	658	143,540
				<b>1,053</b>	<b>226,750</b>
TRACTC	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?	-8	Don't Know	9	1,274
		1	Yes	168	33,070
		2	No	876	192,406
				<b>1,053</b>	<b>226,750</b>
TRACTD	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?	-8	Don't Know	1	221
		1	Yes	485	80,063
		2	No	567	146,466
				<b>1,053</b>	<b>226,750</b>
TRACTE	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?	-8	Don't Know	1	337
		1	Yes	359	55,919
		2	No	693	170,495
				<b>1,053</b>	<b>226,750</b>
TRACTF	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?	1	Yes	75	17,845
		2	No	978	208,905
				<b>1,053</b>	<b>226,750</b>
TRACTG	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?	-8	Don't Know	2	115
		1	Yes	266	50,607
		2	No	785	176,028
				<b>1,053</b>	<b>226,750</b>
TRACTH	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?	-8	Don't Know	7	900
		1	Yes	94	16,645
		2	No	952	209,205
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRACTI	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?	-8	Don't Know	2	271
		1	Yes	61	13,733
		2	No	990	212,746
				<b>1,053</b>	<b>226,750</b>
TRACTJ	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?	-8	Don't Know	1	219
		1	Yes	24	6,170
		2	No	1,028	220,360
				<b>1,053</b>	<b>226,750</b>
TRACTK	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?	-8	Don't Know	3	452
		-7	Refused	1	166
		1	Yes	10	1,737
		2	No	1,039	224,396
				<b>1,053</b>	<b>226,750</b>
TRRATE	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?	-8	Don't Know	2	84
		1	Excellent	563	121,109
		2	Very Good	319	69,621
		3	Good	134	28,334
		4	Fair	25	5,237
		5	Poor	10	2,365
				<b>1,053</b>	<b>226,750</b>
TRRATE2	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT	.	Missing	2	84
		1	Rating of Good to Excellent	1,016	219,064
		2	Rating of Fair or Poor	35	7,602
		<b>1,053</b>	<b>226,750</b>		
AROUND	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?	-8	Don't Know	34	7,903
		1	Yes	611	130,197
		2	No	408	88,650
				<b>1,053</b>	<b>226,750</b>
TRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	10	1,927
		1	Yes	1,019	220,273
		2	No	24	4,551

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
TRSTAY	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	18	4,294
		1	Yes	892	187,437
		2	No	143	35,019
				<b>1,053</b>	<b>226,750</b>
TRISCAR	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?	-8	Don't Know	2	183
		-7	Refused	1	21
		1	Yes	474	101,150
		2	No	576	125,397
				<b>1,053</b>	<b>226,750</b>
TRDRIVE	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?	-1	Not Collected	579	125,601
		1	Yes	255	61,592
		2	No	219	39,558
				<b>1,053</b>	<b>226,750</b>
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	2	279
		1	Yes	505	92,243
		2	No	546	134,229
				<b>1,053</b>	<b>226,750</b>
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	610
		1	Yes	157	33,195
		2	No	895	192,945
				<b>1,053</b>	<b>226,750</b>
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	5	823
		1	Yes	152	34,544
		2	No	896	191,384
				<b>1,053</b>	<b>226,750</b>
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	9	1,977
		1	Yes	178	39,267
		2	No	866	185,506
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	4	972
		1	Yes	50	9,426
		2	No	999	216,353
				<b>1,053</b>	<b>226,750</b>
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	105
		1	Yes	98	23,747
		2	No	953	202,898
				<b>1,053</b>	<b>226,750</b>
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	4	706
		1	Yes	58	13,011
		2	No	991	213,033
				<b>1,053</b>	<b>226,750</b>
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	3	431
		1	Yes	58	10,381
		2	No	992	215,938
				<b>1,053</b>	<b>226,750</b>
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	8	2,255
		1	Yes	233	49,865
		2	No	812	174,630
				<b>1,053</b>	<b>226,750</b>
SVCCOUNT	SERVICE COMBINATIONS	1	Transportation only	322	79,585
		2	Transportation and 1 additional service	355	72,254
		3	Transportation and 2 additional services	169	29,277
		4	Transportation and 3 additional services	103	23,853
		5	Transportation and 4 additional services	64	12,498
		6	Transportation and 5 additional services	20	4,241
		7	Transportation and 6 additional services	12	3,474
		8	Transportation and 7 additional services	6	1,362

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		9	Transportation and 8 additional services	1	121
		10	Transportation and 9 additional services	1	86
				<b>1,053</b>	<b>226,750</b>
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	12	1,696
		1	Yes	136	23,391
		2	No	905	201,663
				<b>1,053</b>	<b>226,750</b>
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-9	Not Ascertained	1	121
		-8	Don't Know	17	4,376
		1	Yes	345	67,491
		2	No	690	154,762
				<b>1,053</b>	<b>226,750</b>
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-9	Not Ascertained	1	121
		-8	Don't Know	8	2,527
		1	Yes	204	43,546
		2	No	840	180,557
				<b>1,053</b>	<b>226,750</b>
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?				
		-9	Not Ascertained	1	121
		-8	Don't Know	3	735
		-7	Refused	1	21
		1	Yes	289	52,778
		2	No	759	173,097
				<b>1,053</b>	<b>226,750</b>
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?				
		-9	Not Ascertained	1	121
		-8	Don't Know	11	2,573
		-7	Refused	1	21
		1	Yes	80	13,087

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	960	210,949
				<b>1,053</b>	<b>226,750</b>
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-9	Not Ascertained	1	121
		-8	Don't Know	9	1,722
		-7	Refused	1	21
		1	Yes	202	42,355
		2	No	840	182,533
				<b>1,053</b>	<b>226,750</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	11	2,156
		-1	Not Collected	214	55,203
		1	Excellent	355	75,835
		2	Very Good	291	57,478
		3	Good	152	30,162
		4	Fair	19	3,274
		5	Poor	11	2,642
				<b>1,053</b>	<b>226,750</b>
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	16	2,109
		1	Yes	905	197,710
		2	No	132	26,930
				<b>1,053</b>	<b>226,750</b>
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	28	5,196
		1	Yes	932	200,761
		2	No	93	20,793
				<b>1,053</b>	<b>226,750</b>
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	38	9,457
		1	Yes	547	111,636
		2	No	468	105,657
				<b>1,053</b>	<b>226,750</b>
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	8	815
		1	Agree	1,032	222,091

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Disagree	13	3,844
				<b>1,053</b>	<b>226,750</b>
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	21	3,422
		1	Agree	1,006	218,280
		2	Disagree	26	5,048
				<b>1,053</b>	<b>226,750</b>
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?	-8	Don't Know	1	51
		-7	Refused	2	306
		1	Yes	248	48,366
		2	No	802	178,027
				<b>1,053</b>	<b>226,750</b>
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?	-8	Don't Know	8	1,707
		-7	Refused	1	21
		1	Yes	182	40,641
		2	No	862	184,381
				<b>1,053</b>	<b>226,750</b>
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?	-8	Don't Know	24	5,280
		-7	Refused	1	21
		1	Yes	304	58,467
		2	No	724	162,983
				<b>1,053</b>	<b>226,750</b>
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?	-8	Don't Know	11	2,361
		-7	Refused	1	21
		1	Yes	168	40,238
		2	No	873	184,131
				<b>1,053</b>	<b>226,750</b>
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	4	601
		1	Yes	361	75,555
		2	No	688	150,595
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	9	1,857
		-7	Refused	1	21
		1	Yes	613	130,757
		2	No	430	94,116
				<b>1,053</b>	<b>226,750</b>
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	11	2,614
		-7	Refused	1	21
		1	Excellent	68	13,695
		2	Very Good	190	38,948
		3	Good	365	80,875
		4	Fair	296	61,020
		5	Poor	122	29,577
		<b>1,053</b>	<b>226,750</b>		
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	25	5,007
		-7	Refused	1	21
		1	Yes, Limited A Lot	393	83,724
		2	Yes, Limited A Little	347	72,708
		3	No, Not Limited At All	287	65,291
				<b>1,053</b>	<b>226,750</b>
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	20	3,380
		-7	Refused	1	21
		1	Yes, Limited A Lot	475	100,241
		2	Yes, Limited A Little	355	73,143
		3	No, Not Limited At All	202	49,965
		<b>1,053</b>	<b>226,750</b>		
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	22	3,737
		-7	Refused	1	21
		1	All Of The Time	134	27,444
		2	Most Of The Time	244	49,763
		3	Some Of The Time	339	76,441

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Of The Time	181	38,780
		5	None Of The Time	132	30,565
				<b>1,053</b>	<b>226,750</b>
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	22	3,940
		-7	Refused	1	21
		1	All Of The Time	121	27,030
		2	Most Of The Time	234	49,251
		3	Some Of The Time	341	70,694
		4	A Little Of The Time	173	39,194
		5	None Of The Time	161	36,620
				<b>1,053</b>	<b>226,750</b>
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	17	2,770
		-7	Refused	1	21
		1	All Of The Time	35	10,525
		2	Most Of The Time	89	17,750
		3	Some Of The Time	253	53,420
		4	A Little Of The Time	210	42,592
		5	None Of The Time	448	99,673
				<b>1,053</b>	<b>226,750</b>
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	15	2,474
		-7	Refused	3	323
		1	All Of The Time	27	5,920
		2	Most Of The Time	81	17,816
		3	Some Of The Time	189	35,639
		4	A Little Of The Time	234	49,255
		5	None Of The Time	504	115,323
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	12	2,273
		-7	Refused	2	52
		1	All Of The Time	261	54,550
		2	Most Of The Time	292	62,984
		3	Some Of The Time	211	50,200
		4	A Little Of The Time	186	40,039
		5	None Of The Time	89	16,651
					<b>1,053</b>
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	2	38
		-7	Refused	1	21
		1	All Of The Time	183	41,462
		2	Most Of The Time	474	102,050
		3	Some Of The Time	263	54,446
		4	A Little Of The Time	106	23,364
		5	None Of The Time	24	5,368
					<b>1,053</b>
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	10	1,697
		-7	Refused	1	21
		1	All Of The Time	56	15,596
		2	Most Of The Time	254	52,316
		3	Some Of The Time	388	84,527
		4	A Little Of The Time	254	52,530
		5	None Of The Time	90	20,064
					<b>1,053</b>
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	5	801
		-7	Refused	3	433
		1	All Of The Time	20	4,207
		2	Most Of The Time	70	15,943
		3	Some Of The Time	200	40,333
		4	A Little Of The Time	334	73,994
		5	None Of The Time	421	91,039
					<b>1,053</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	19	3,106
		-7	Refused	3	570
		1	All Of The Time	59	14,402
		2	Most Of The Time	121	26,741
		3	Some Of The Time	202	40,766
		4	A Little Of The Time	211	45,332
		5	None Of The Time	438	95,833
				<b>1,053</b>	<b>226,750</b>
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	108	21,127
		1	4 - < 20	76	16,059
		2	20 - < 25	110	24,223
		3	25 - < 30	122	27,676
		4	30 - < 35	149	33,521
		5	35 - < 40	142	26,523
		6	40 - < 45	139	28,376
		7	45 - < 50	94	23,010
		8	50 - < 55	62	13,742
		9	55 - < 65	51	12,495
				<b>1,053</b>	<b>226,750</b>
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	108	21,127
		1	7 - < 35	77	18,972
		2	35 - < 40	77	15,343
		3	40 - < 45	108	19,164
		4	45 - < 50	135	28,489
		5	50 - < 53	70	17,972
		6	53 - < 56	96	20,241
		7	56 - < 59	104	21,160
		8	59 - < 62	100	21,614
		9	62 - < 65	104	25,993
				<b>1,053</b>	<b>226,750</b>
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	108	21,127
			22.1083	279	57,881

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		30.6976		185	38,646
		39.287		205	43,511
		47.8763		139	31,677
		56.4656		137	33,908
				<b>1,053</b>	<b>226,750</b>
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		108	21,127
		20.3233		73	16,043
		24.9298		53	10,619
		29.5364		140	30,187
		34.1429		94	21,001
		38.7495		246	50,716
		43.356		101	21,734
		47.9626		103	25,148
		52.5691		41	6,503
		57.1757		94	23,673
				<b>1,053</b>	<b>226,750</b>
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		108	21,127
		16.6777		86	16,168
		26.8693		174	36,741
		37.0608		195	46,848
		47.2523		260	57,427
		57.4438		230	48,439
				<b>1,053</b>	<b>226,750</b>
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		108	21,127
		18.8673		116	29,026
		29.6476		270	57,013
		44.7401		325	70,950
		55.5204		171	35,545
		61.9886		63	13,090
				<b>1,053</b>	<b>226,750</b>
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		108	21,127
		27.6238		80	18,116
		37.6867		241	50,559
		47.7496		347	75,053
		57.8125		222	46,305

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		67.8753		55	15,591
				<b>1,053</b>	<b>226,750</b>
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		108	21,127
		11.347		9	2,495
		16.9385		17	5,412
		22.5299		43	8,715
		28.1214		41	7,142
		33.7129		130	26,968
		39.3044		113	20,256
		44.8959		150	35,720
		50.4873		68	13,717
		56.0788		374	85,199
				<b>1,053</b>	<b>226,750</b>
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		108	21,127
		16.1764		56	13,867
		26.2742		113	23,052
		36.3721		183	36,850
		46.4699		198	43,412
		56.5677		395	88,443
				<b>1,053</b>	<b>226,750</b>
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		108	21,127
		15.7748		6	1,686
		21.8705		9	1,760
		27.9663		26	6,318
		34.0621		49	10,023
		40.1579		146	29,799
		46.2537		148	32,827
		52.3495		221	47,321
		58.4453		199	42,336
		64.541		141	33,553
				<b>1,053</b>	<b>226,750</b>
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	5	1,578
		-7	Refused	1	21
		1	Much Better Than One Year Ago	92	21,393

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	A Little Better Than One Year Ago	149	28,714
		3	About The Same As One Year Ago	421	87,857
		4	A Little Worse Than One Year Ago	247	55,363
		5	Worse Than One Year Ago	138	31,825
				<b>1,053</b>	<b>226,750</b>
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	19	3,019
		-7	Refused	1	21
		1	About Enough	464	104,177
		2	Too Much	26	3,643
		3	Would Like To Be Doing More	543	115,892
				<b>1,053</b>	<b>226,750</b>
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	27	6,171
		-7	Refused	2	389
		1	Yes	496	96,382
		2	No	528	123,808
				<b>1,053</b>	<b>226,750</b>
PFDISA	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	7	1,543
		-7	Refused	2	201
		1	Yes	720	151,241
		2	No	323	73,644
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>
PFDISB	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	5	1,142
		-7	Refused	3	422
		1	Yes	780	168,783
		2	No	264	56,282
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>
PFDISC	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	3	665
		-7	Refused	3	422

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	406	86,265
		2	No	640	139,278
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>
PFDISD	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	11	2,112
		-7	Refused	4	473
		1	Yes	580	128,819
		2	No	457	95,226
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>
PFDISE	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	2	368
		-7	Refused	3	422
		1	Yes	391	77,488
		2	No	656	148,351
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>
PFDISF	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	1	201
		-7	Refused	3	422
		1	Yes	415	85,667
		2	No	633	140,340
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>
PFDISG	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	1	317
		-7	Refused	3	422
		1	Yes	194	45,123
		2	No	854	180,767
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	5	2,149
		-7	Refused	4	473
		1	Yes	169	34,964
		2	No	874	189,044
		3	Does Not Apply	1	121
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	9	1,313
		-7	Refused	3	422
		1	Yes	209	37,743
		2	No	831	187,151
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	20	4,470
		-7	Refused	3	422
		1	Yes	301	63,186
		2	No	728	158,551
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	10	2,053
		-7	Refused	3	422
		1	Yes	116	24,329
		2	No	922	199,284
		3	Does Not Apply	2	662
					<b>1,053</b>
PFDISL	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Don't Know	3	728
		-7	Refused	3	422
		1	Yes	693	149,157
		2	No	353	76,323
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDISM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	3	395
		-7	Refused	3	422
		1	Yes	352	73,251
		2	No	694	152,561
		3	Does Not Apply	1	121
					<b>1,053</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISN	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	3	862
		-7	Refused	4	791
		1	Yes	189	38,604
		2	No	856	186,373
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDISO	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	6	1,075
		-7	Refused	3	422
		1	Yes	81	12,896
		2	No	962	212,237
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDISP	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	3	360
		-7	Refused	3	422
		1	Yes	51	12,012
		2	No	994	213,365
		3	Does Not Apply	2	591
					<b>1,053</b>
PFDISQ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	1	94
		-7	Refused	3	422
		1	Yes	15	3,744
		2	No	1,033	222,370
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDISR	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	3	381
		-7	Refused	4	473
		1	Yes	554	117,907
		2	No	491	107,868
		3	Does Not Apply	1	121
					<b>1,053</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISS	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	5	1,155
		-7	Refused	3	422
		1	Yes	14	3,938
		2	No	1,030	221,114
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDIST	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	4	787
		-7	Refused	3	422
		1	Yes	179	36,011
		2	No	866	189,410
		3	Does Not Apply	1	121
					<b>1,053</b>
PFDISU	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-7	Refused	3	422
		1	Yes	79	16,927
		2	No	970	209,281
		3	Does Not Apply	1	121
					<b>1,053</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	15	1,634
		1	1 Medical Condition	25	4,884
		2	2 Medical Conditions	50	11,779
		3	3 Medical Conditions	89	22,033
		4	4 Medical Conditions	136	31,051
		5	5 Medical Conditions	152	37,543
		6	6 Medical Conditions	135	30,148
		7	7 Medical Conditions	122	24,125
		8	8 Medical Conditions	118	23,181
		9	9 Medical Conditions	86	12,704
		10	10 Medical Conditions	45	8,890
		11	11 Medical Conditions	37	9,816
		12	12 Medical Conditions	24	5,316
		13	13 Medical Conditions	7	1,210
		14	14 Medical Conditions	6	890
15	15 Medical Conditions	6	1,546		
			<b>1,053</b>	<b>226,750</b>	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	20	3,854
		-7	Refused	1	51
		-1	Not Collected	15	1,634
		1	Yes	746	161,036
		2	No	271	60,175
				<b>1,053</b>	<b>226,750</b>
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	4	530
		-1	Not Collected	307	65,714
		1	Yes	687	148,696
		2	No	55	11,810
				<b>1,053</b>	<b>226,750</b>
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	17	3,093
		-1	Not Collected	307	65,714
		1	Yes	206	45,639
		2	No	523	112,304
				<b>1,053</b>	<b>226,750</b>
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	8	1,336
		-1	Not Collected	307	65,714
		1	Yes	174	38,296
		2	No	564	121,404
				<b>1,053</b>	<b>226,750</b>
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	3	633
		-1	Not Collected	307	65,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	82	19,989
		2	No	661	140,414
				<b>1,053</b>	<b>226,750</b>
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?				
		-8	Don't Know	4	348
		-1	Not Collected	307	65,714
		1	Yes	76	15,475
		2	No	666	145,214
				<b>1,053</b>	<b>226,750</b>
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	1,502
		-7	Refused	1	233
		-1	Not Collected	307	65,714
		1	Yes	43	6,297
		2	No	695	153,004
				<b>1,053</b>	<b>226,750</b>
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?				
		-1	Not Collected	307	65,714
		1	Yes	42	7,999
		2	No	704	153,037
				<b>1,053</b>	<b>226,750</b>
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?				
		-1	Not Collected	307	65,714
		1	Yes	41	8,509
		2	No	705	152,528
				<b>1,053</b>	<b>226,750</b>
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	307	65,714
		1	Yes	123	28,590

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	623	132,446
				<b>1,053</b>	<b>226,750</b>
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	21	3,406
		-7	Refused	2	341
		-1	Not Collected	15	1,634
		1	Not At All Confident	63	13,247
		2	A Little Confident	131	25,470
		3	Moderately Confident	328	72,786
		4	Very Confident	493	109,865
				<b>1,053</b>	<b>226,750</b>
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	6	476
		-7	Refused	2	71
		1	Yes	296	58,729
		2	No	749	167,474
				<b>1,053</b>	<b>226,750</b>
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	23	4,432
		-7	Refused	5	724
		1	0-2 medications	204	44,304
		2	3-4 medications	256	54,635
		3	5-6 medications	229	51,670
		4	7-8 medications	155	30,548
		5	9+ medications	181	40,437
				<b>1,053</b>	<b>226,750</b>
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	2	146
		-7	Refused	2	71
		1	Yes	315	74,399
		2	No	734	152,134
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-7	Refused	2	71
		1	Yes	70	15,467
		2	No	981	211,212
				<b>1,053</b>	<b>226,750</b>
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-7	Refused	1	21
		1	Yes	190	36,794
		2	No	862	189,936
				<b>1,053</b>	<b>226,750</b>
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	257
		-1	Not Collected	863	189,956
		1	Yes	70	14,402
		2	No	119	22,135
				<b>1,053</b>	<b>226,750</b>
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	3	904
		-7	Refused	2	71
		1	Yes	348	72,173
		2	No	700	153,601
				<b>1,053</b>	<b>226,750</b>
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	432
		-1	Not Collected	705	154,577
		1	Yes	260	52,111
		2	No	86	19,630
				<b>1,053</b>	<b>226,750</b>
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-7	Refused	2	71
		1	Yes	204	40,773
		2	No	847	185,906
		<b>1,053</b>	<b>226,750</b>		
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	849	185,977
		1	Yes	65	14,109
		2	No	139	26,664

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	1	51
		-7	Refused	1	21
		1	Yes	254	53,061
		2	No	797	173,618
				<b>1,053</b>	<b>226,750</b>
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	39
		-1	Not Collected	799	173,689
		1	Yes	149	30,876
		2	No	104	22,146
				<b>1,053</b>	<b>226,750</b>
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-7	Refused	1	21
		1	Yes	145	28,644
		2	No	907	198,085
				<b>1,053</b>	<b>226,750</b>
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	908	198,106
		1	Yes	92	17,870
		2	No	53	10,774
				<b>1,053</b>	<b>226,750</b>
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	6	1,792
		-7	Refused	1	21
		1	Yes	531	108,829
		2	No	515	116,109
				<b>1,053</b>	<b>226,750</b>
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	3	636
		-1	Not Collected	522	117,921
		1	Yes	133	29,957
		2	No	395	78,236
				<b>1,053</b>	<b>226,750</b>
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	201
		-7	Refused	1	21
		1	Yes	65	16,817
		2	No	986	209,712
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	988	209,933
		1	Yes	14	4,220
		2	No	51	12,597
				<b>1,053</b>	<b>226,750</b>
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	1	417
		-7	Refused	1	21
		1	Yes	80	15,622
		2	No	971	210,691
		<b>1,053</b>	<b>226,750</b>		
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	973	211,128
		1	Yes	37	9,172
		2	No	43	6,450
		<b>1,053</b>	<b>226,750</b>		
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	1	285
		-7	Refused	1	21
		1	Yes	198	40,775
		2	No	853	185,669
		<b>1,053</b>	<b>226,750</b>		
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	855	185,975
		1	Yes	165	34,204
		2	No	33	6,571
		<b>1,053</b>	<b>226,750</b>		
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	3	482
		-7	Refused	1	21
		1	Yes	235	44,616
		2	No	814	181,632
		<b>1,053</b>	<b>226,750</b>		
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	248
		-1	Not Collected	818	182,134
		1	Yes	192	35,661
		2	No	42	8,707
		<b>1,053</b>	<b>226,750</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	2	732
		-7	Refused	1	21
		1	Yes	291	60,374
		2	No	759	165,623
				<b>1,053</b>	<b>226,750</b>
PFCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	762	166,376
		1	Yes	240	50,166
		2	No	51	10,208
				<b>1,053</b>	<b>226,750</b>
PFHCLN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	8	1,134
		-7	Refused	1	21
		1	Yes	705	151,390
		2	No	339	74,205
				<b>1,053</b>	<b>226,750</b>
PFHCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	1	343
		-1	Not Collected	348	75,360
		1	Yes	638	137,860
		2	No	66	13,187
				<b>1,053</b>	<b>226,750</b>
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	1	176
		-7	Refused	1	21
		1	Yes	149	28,976
		2	No	902	197,577
				<b>1,053</b>	<b>226,750</b>
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	904	197,774
		1	Yes	110	22,297
		2	No	39	6,679
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	68	14,716
		2	No	985	212,034
				<b>1,053</b>	<b>226,750</b>
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	985	212,034
		1	Yes	63	12,692
		2	No	5	2,024
				<b>1,053</b>	<b>226,750</b>
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-1	Not Collected	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	5	680
		-7	Refused	2	304
		-1	Not Collected	579	125,601
		1	Yes	192	34,408
		2	No	275	65,757
				<b>1,053</b>	<b>226,750</b>
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	72	18,029
		-7	Refused	1	21
		1	Yes	409	101,151
		2	No	571	107,550
				<b>1,053</b>	<b>226,750</b>
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	2	521
		-1	Not Collected	644	125,599
		1	Yes	82	18,926
		2	No	191	51,556
		3	Never Uses Bus	134	30,148
		<b>1,053</b>	<b>226,750</b>		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	2	949
		-1	Not Collected	971	207,825
		1	Yes	60	12,711
		2	No	20	5,266
		<b>1,053</b>	<b>226,750</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	5	2,011
		-1	Not Collected	358	78,359
		1	Family	412	82,114
		2	Someone Else Like Friend/Neighbor/Other	189	44,086
		3	Did Not Receive Help	89	20,179
				<b>1,053</b>	<b>226,750</b>
WHOHELPS	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	5	1,366
		-1	Not Collected	641	144,636
		1	Husband	20	3,774
		2	Wife	28	5,215
		3	Son	83	17,628
		4	Son-In-Law	2	534
		5	Daughter	166	33,279
		6	Daughter-In-Law	13	1,850
		9	Brother	6	886
		10	Sister	19	2,986
		11	Grandson	15	3,805
		12	Granddaughter	22	4,371
		13	Nephew	5	1,290
14	Niece	14	1,826		
91	Other Relative	14	3,304		
				<b>1,053</b>	<b>226,750</b>
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	10	2,115
		0	0 limitations	427	98,783
		1	1 limitation	287	59,073
		2	2 limitations	159	33,338
		3	3 limitations	81	13,991
		4	4 limitations	39	7,347
		5	5 limitations	35	7,661
		6	6 limitations	15	4,443
				<b>1,053</b>	<b>226,750</b>
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	21

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	0 limitations	431	99,783
		1	1 limitation	289	59,691
		2	2 limitations	161	33,763
		3	3 limitations	81	13,991
		4	4 limitations	40	7,398
		5	5 limitations	35	7,661
		6	6 limitations	15	4,443
				<b>1,053</b>	<b>226,750</b>
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	10	2,115
		1	Yes	170	33,442
		2	No	873	191,193
				<b>1,053</b>	<b>226,750</b>
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	21
		1	Yes	171	33,493
		2	No	881	193,236
				<b>1,053</b>	<b>226,750</b>
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	4	675
		0	0 limitations	817	178,533
		1	1 limitation	110	22,789
		2	2 limitations	59	10,927
		3	3 limitations	22	3,105
		4	4 limitations	19	4,495
		5	5 limitations	14	3,259
		6	6 limitations	8	2,969
				<b>1,053</b>	<b>226,750</b>
ADL6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	21
		0	0 limitations	818	179,024
		1	1 limitation	112	22,952
		2	2 limitations	59	10,927
		3	3 limitations	22	3,105
		4	4 limitations	19	4,495
		5	5 limitations	14	3,259
		6	6 limitations	8	2,969

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	21	4,157
		0	0 limitations	460	106,548
		1	1 limitation	197	43,415
		2	2 limitations	127	23,846
		3	3 limitations	97	19,294
		4	4 limitations	58	9,165
		5	5 limitations	43	9,616
		6	6 limitations	26	6,666
		7	7 limitations	24	4,043
				<b>1,053</b>	<b>226,750</b>
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	468	107,295
		1	1 limitation	203	44,942
		2	2 limitations	131	24,515
		3	3 limitations	98	19,989
		4	4 limitations	58	9,165
		5	5 limitations	45	10,135
		6	6 limitations	26	6,666
		7	7 limitations	24	4,043
				<b>1,053</b>	<b>226,750</b>
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.	.	Missing	12	2,614
		0	0 limitations	550	125,363
		1	1 limitation	197	42,740
		2	2 limitations	98	18,120
		3	3 limitations	70	13,129
		4	4 limitations	45	8,197
		5	5 limitations	35	6,390
		6	6 limitations	23	6,245

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	23	3,951
				<b>1,053</b>	<b>226,750</b>
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS, SSS VERSION	0	0 limitations	558	126,826
		1	1 limitation	200	43,659
		2	2 limitations	99	18,352
		3	3 limitations	70	13,129
		4	4 limitations	45	8,197
		5	5 limitations	35	6,390
		6	6 limitations	23	6,245
		7	7 limitations	23	3,951
				<b>1,053</b>	<b>226,750</b>
IADLAOA8	PERSON COUNT BY # OF IADL				
	DIFFICULTIES (AMONG 8 ACTIVITIES):				
	GOING OUTSIDE HOME, MONEY				
	MGMNT, PREPARING MEALS, LIGHT				
	HOUSEWORK, HEAVY HOUSEWORK,				
	MEDICATION MANAGEMENT, USING				
	THE TELEPHONE, OR DRIVING A				
	CAR/USING PUBLIC TRANSPORTATION.				
		.	Missing	28	5,254
		0	0 limitations	265	60,821
		1	1 limitation	233	52,728
		2	2 limitations	170	38,194
		3	3 limitations	116	22,742
		4	4 limitations	95	17,952
		5	5 limitations	54	8,900
		6	6 limitations	42	9,450
		7	7 limitations	26	6,666
		8	8 limitations	24	4,043
				<b>1,053</b>	<b>226,750</b>
IADLAOA8_	AOA IADL LIMITATIONS W/ HEAVY				
SSS	HOUSEWORK ADDED, SSS VERSION	0	0 limitations	273	61,890
		1	1 limitation	240	53,660
		2	2 limitations	175	39,532
		3	3 limitations	121	23,441
		4	4 limitations	96	18,647
		5	5 limitations	54	8,900
		6	6 limitations	44	9,970
		7	7 limitations	26	6,666
		8	8 limitations	24	4,043

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.	.	Missing	13	2,957
		0	0 limitations	341	75,954
		1	1 limitation	255	58,087
		2	2 limitations	163	34,908
		3	3 limitations	87	17,046
		4	4 limitations	72	13,444
		5	5 limitations	42	7,934
		6	6 limitations	34	6,225
		7	7 limitations	23	6,245
		8	8 limitations	23	3,951
				<b>1,053</b>	<b>226,750</b>
IADLAOA8P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	346	77,242
		1	1 limitation	261	59,336
		2	2 limitations	164	35,096
		3	3 limitations	88	17,277
		4	4 limitations	72	13,444
		5	5 limitations	42	7,934
		6	6 limitations	34	6,225
		7	7 limitations	23	6,245
		8	8 limitations	23	3,951
				<b>1,053</b>	<b>226,750</b>
AGEC	AGE CATEGORY	.	Missing	2	300
		2	60-64 years	104	21,865
		3	65-74 years	302	64,017
		4	75-84 years	346	75,164
		5	85+ years	299	65,404
				<b>1,053</b>	<b>226,750</b>
GENDER	WHAT IS YOUR GENDER?	1	Male	180	38,020
		2	Female	873	188,730
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	5	1,122
		-7	Refused	2	616
		1	Less Than High School Diploma	301	63,359
		2	High School Diploma Or GED	378	80,864
		3	Some College(Business/Vocational/Techni)	249	55,997
		4	Bachelor's Degree	61	12,475
		5	Some Post-Graduate Work/Advanced Degree	57	12,316
				<b>1,053</b>	<b>226,750</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	12	1,317
		-7	Refused	5	802
		1	Yes	53	10,740
		2	No	983	213,891
				<b>1,053</b>	<b>226,750</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	4	537
		-7	Refused	4	1,225
		1	Yes	729	166,819
		2	No	316	58,169
				<b>1,053</b>	<b>226,750</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	4	537
		-7	Refused	4	1,225
		1	Yes	271	43,662
		2	No	774	181,325
				<b>1,053</b>	<b>226,750</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	4	537
		-7	Refused	4	1,225
		1	Yes	19	7,335
		2	No	1,026	217,652
				<b>1,053</b>	<b>226,750</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	4	537
		-7	Refused	4	1,225
		1	Yes	32	7,058
		2	No	1,013	217,930
				<b>1,053</b>	<b>226,750</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	4	537
		-7	Refused	4	1,225
		1	Yes	4	3,741
		2	No	1,041	221,247
				<b>1,053</b>	<b>226,750</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	4	537
		-7	Refused	4	1,225
		1	Yes	14	1,961
		2	No	1,031	223,027
				<b>1,053</b>	<b>226,750</b>
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	2	318
		-7	Refused	1	21
		1	Yes	92	18,884
		2	No	958	207,527
				<b>1,053</b>	<b>226,750</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	23	4,476
		-7	Refused	2	243
		1	The City	541	119,218
		2	The Suburbs	202	44,142
		3	A Rural Area	285	58,672
		<b>1,053</b>	<b>226,750</b>		
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	131
		-7	Refused	6	1,801
		1	Yes	658	143,990
		2	No	388	80,829
				<b>1,053</b>	<b>226,750</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	3	746
		-1	Not Collected	658	143,990
		1	Yes	138	32,641
		2	No	254	49,373
				<b>1,053</b>	<b>226,750</b>
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	3	746
		-1	Not Collected	658	143,990

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	187	37,576
		2	No	205	44,438
				<b>1,053</b>	<b>226,750</b>
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	3	746
		-1	Not Collected	658	143,990
		1	Yes	129	22,134
		2	No	263	59,881
				<b>1,053</b>	<b>226,750</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	4	1,025
		-1	Not Collected	658	143,990
		1	Yes	21	3,739
		2	No	370	77,996
				<b>1,053</b>	<b>226,750</b>
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	3	746
		1	Alone	658	143,990
		2	With spouse only	113	27,519
		3	With children only	117	24,893
		4	With spouse and children	12	2,930
		5	With others	150	26,672
				<b>1,053</b>	<b>226,750</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	407
		-7	Refused	4	549
		1	1 Person	660	144,831
		2	2 People	260	57,735
		3	3 People	74	13,940
		4	4 People	30	5,246
		5	5 People	12	2,761
		6	6 People	7	437
		7	7 People	1	343
		8	8 People	3	495
		13	13 People	1	7
				<b>1,053</b>	<b>226,750</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	601
		-7	Refused	3	490
		1	Married	148	34,102
		2	Widowed	575	122,333

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Divorced	189	41,645
		4	Separated	31	4,675
		5	Never Married	105	22,904
				<b>1,053</b>	<b>226,750</b>
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?				
		-8	Don't Know	82	16,090
		-7	Refused	34	7,820
		1	Below \$20,000 [1666 Per Month Or Less]	687	143,574
		2	Above \$20,000 [1667 Per Month Or More]	250	59,266
				<b>1,053</b>	<b>226,750</b>
INCOME1	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?				
		.	Missing	116	23,910
		-8	Don't Know	64	16,163
		-7	Refused	19	4,932
		1	\$5,000 or less	75	14,538
		2	\$5,001-\$10,000	172	36,026
		3	\$10,001-\$15,000	243	50,914
		4	\$15,001-\$20,000	139	28,403
		5	\$20,001-\$25,000	92	23,248
		6	\$25,001-\$30,000	40	11,399
		7	\$30,001-\$35,000	29	4,731
		8	\$35,001-\$40,000	14	2,266
		9	\$40,001-\$50,000	14	3,061
		10	ABOVE \$50,000	36	7,159
				<b>1,053</b>	<b>226,750</b>
MOB_IMP	MOBILITY IMPAIRED				
		.	Missing	3	573
		1	Mobility Impaired	531	102,142
		2	Not Mobility Impaired	519	124,035
				<b>1,053</b>	<b>226,750</b>
URBAN	URBAN				
		-9	Invalid Zip Code, or Foreign Zip Code	10	1,178
		0	Rural (Not in Urbanized Area or Urban Cluster)	353	71,146
		1	In Urbanized Area	474	106,227
		2	In Urban Cluster	216	48,199

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
VARUNIT	VARIANCE UNIT	1	Variance unit 1	558	130,589
		2	Variance unit 2	495	96,161
				<b>1,053</b>	<b>226,750</b>
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	5.02 - 1427.52	Weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.39 - 2336.48	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	1.09 - 2425.05	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	1.44 - 1858.52	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	1.48 - 3548.45	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	1.33 - 2706.23	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	1.16 - 2116.21	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	1.63 - 2647.99	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	1.42 - 1949.95	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	1.33 - 3280.02	Replicate weight range	1,053	226,750

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	1.15 - 1988.59	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	1.39 - 2913.02	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	1.60 - 2354.48	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	1.40 - 2255.38	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	1.18 - 3935.92	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	1.58 - 2103.58	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	1.49 - 2360.99	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	1.07 - 2992.60	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	1.29 - 1855.33	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	1.56 - 3045.23	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	1.54 - 2332.44	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	1.15 - 2016.34	Replicate weight range	1,053	226,750

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	1.27 - 3577.15	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	1.74 - 2186.24	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	1.70 - 2118.25	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	1.12 - 2596.27	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	1.29 - 2486.58	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	1.30 - 2730.86	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	1.61 - 4145.99	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.08 - 3017.67	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	1.36 - 1947.56	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	1.62 - 2601.81	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	1.42 - 1773.21	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	1.22 - 2246.19	Replicate weight range	1,053	226,750

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	1.04 - 3549.95	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	1.25 - 2002.55	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	1.49 - 3062.13	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	1.19 - 2534.23	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	1.09 - 2026.63	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	1.49 - 3215.36	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	1.63 - 2236.59	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	1.19 - 3666.21	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	1.07 - 2751.74	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	1.63 - 2569.07	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	1.62 - 1904.12	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	1.29 - 2095.52	Replicate weight range	1,053	226,750

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,053</b>	<b>226,750</b>
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	1.10 - 2690.45	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	1.78 - 1658.89	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	1.39 - 2885.98	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	1.16 - 3411.10	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	1.42 - 2268.86	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	1.49 - 2711.85	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	1.60 - 1835.01	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	1.26 - 2284.96	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	1.36 - 2769.01	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	1.88 - 2283.49	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	1.93 - 3247.46	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	1.25 - 2234.53	Replicate weight range	1,053	226,750

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				<b>1,053</b>	<b>226,750</b>
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	1.38 - 3400.14	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.64 - 2746.40	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	1.59 - 2862.27	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	1.23 - 2635.94	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	1.45 - 1821.17	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	1.83 - 2945.12	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	1.47 - 2102.39	Replicate weight range	1,053	226,750
				<b>1,053</b>	<b>226,750</b>