

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
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?
TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?

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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?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
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?
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?

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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?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?

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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/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?

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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?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDIFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDIFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?

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

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DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?
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
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

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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
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
TRAPLUSB	NUM	DO YOU USE THE TRANSPORTATION SERVICE FOR HEALTH CARE AND/OR SHOPPING?
TRCOND	NUM	CLIENT HAS AT LEAST ONE OF STROKE, VISION PROBLEM, ALZHEIMER'S/DEMENTIA, SEIZURES/EPILEPSY, PARKINSON'S, OR MULTIPLE SCLEROSIS
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?

Alphabetical Listing of Variables

Name	Type	Description
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
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 2013 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?
GETBHLP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?

Alphabetical Listing of Variables

Name	Type	Description
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, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?
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
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCNF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
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?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
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
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?
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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
TRAPLUSB	NUM	DO YOU USE THE TRANSPORTATION SERVICE FOR HEALTH CARE AND/OR SHOPPING?
TRCOND	NUM	CLIENT HAS AT LEAST ONE OF STROKE, VISION PROBLEM, ALZHEIMER'S/DEMENTIA, SEIZURES/EPILEPSY, PARKINSON'S, OR MULTIPLE SCLEROSIS
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?
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?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	989	259,976
				989	259,976
HOWLONG	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?	-8	Don't Know	20	5,350
		1	6 Months Or Less	125	33,766
		2	More Than 6 Months But Less Than 1 Year	134	36,156
		3	At Least 1 Year But Less Than 2 Years	190	55,831
		4	2 To 5 Years	317	82,280
		5	More Than 5 Years	203	46,594
				989	259,976
TRDAYS	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?	1	Today Or Yesterday	207	51,145
		2	More Than 1 Day To 1 Week Ago	227	57,505
		3	More Than 1 Week To 1 Month Ago	210	60,543
		4	More Than 1 Month Ago	345	90,783
				989	259,976
TROFTEN	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?	-8	Don't Know	51	10,975
		-7	Refused	2	1,232
		1	5 Or More Times Per Week	101	21,499
		2	2 To 4 Times Per Week	256	58,669
		3	Once Per Week	182	52,261
		4	Less Than Once Per Month	397	115,339
				989	259,976
TRMONTH	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE	-8	Don't Know	113	35,261
		1	0 Trips	100	20,863
		2	1 - 2 Trips	241	71,690
		3	3 - 4 Trips	144	39,633
		4	5 - 6 Trips	73	18,117
		5	7 - 8 Trips	91	24,083
		6	9 - 12 Trips	53	14,951
		7	13 - 16 Trips	45	10,373
		8	17 - 20 Trips	20	2,927
		9	21 - 40 Trips	104	20,977
		10	41 - 60 Trips	4	356
		11	61 - 80 Trips	1	744

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
TRMONTHC	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?	.	Missing	113	35,261
		1	<= 2 trips	341	92,553
		2	> 2 <= 6 trips	217	57,749
		3	> 6 <= 12 trips	144	39,035
		4	> 12 trips	174	35,378
				989	259,976
TRPROP	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?	-8	Don't Know	60	16,731
		1	Just A Few Of All Local Trips	311	88,830
		2	About 1/4 Of All Local Trips	89	21,410
		3	About 1/2 Of All Local Trips	111	28,664
		4	About 3/4 Of All Local Trips	69	18,024
		5	Nearly All Local Trips	311	79,162
		91	Other	38	7,155
				989	259,976
TRGTSON	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?	-8	Don't Know	4	768
		1	The Driver Comes To The Door	320	84,123
		2	Vehicle Stops In Front Of House	589	155,612
		3	The Vehicle Stops Down The Block	20	6,098
		4	Have To Walk Several Blocks For Vehicle	6	1,111
		5	Gets On At Senior Center	50	12,265
				989	259,976
TRFRE08	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?	-8	Don't Know	11	2,591
		1	Always	743	196,693
		2	Usually	174	45,484
		3	Sometimes	37	9,359
		4	Seldom	14	3,615
		5	Never	10	2,234
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRFRE12	HOW OFTEN ARE THE DRIVERS POLITE?	-8	Don't Know	1	20
		1	Always	915	240,281
		2	Usually	60	17,115
		3	Sometimes	10	2,219
		4	Seldom	2	281
		5	Never	1	60
				989	259,976
TRFRE06	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?	-8	Don't Know	11	3,202
		1	Always	789	197,889
		2	Usually	116	37,258
		3	Sometimes	55	17,159
		4	Seldom	12	2,777
		5	Never	6	1,691
				989	259,976
TRFRE05	HOW OFTEN ARE THE VEHICLES COMFORTABLE?	-8	Don't Know	11	1,794
		-7	Refused	2	594
		1	Always	789	196,401
		2	Usually	136	44,284
		3	Sometimes	40	12,081
		4	Seldom	8	4,292
5	Never	3	529		
				989	259,976
TRFRE07	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?	-8	Don't Know	6	993
		-7	Refused	1	198
		1	Always	772	199,941
		2	Usually	157	45,816
		3	Sometimes	48	12,114
		4	Seldom	4	812
5	Never	1	102		
				989	259,976
TRFRE10	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?	-8	Don't Know	17	2,302
		1	Always	782	199,883
		2	Usually	125	43,315
		3	Sometimes	45	10,888
		4	Seldom	9	1,955
5	Never	11	1,633		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
TRFRE16	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?	-8	Don't Know	16	3,519
		-7	Refused	1	324
		1	Always	757	194,190
		2	Usually	143	44,781
		3	Sometimes	51	11,993
		4	Seldom	13	3,470
		5	Never	8	1,699
				989	259,976
NEEDHLP	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?	-8	Don't Know	4	872
		1	Yes	151	35,834
		2	No	834	223,270
				989	259,976
GETHELP	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?	-8	Don't Know	1	7
		-1	Not Collected	838	224,142
		1	Yes	114	25,322
		2	No	36	10,505
				989	259,976
NEEDBHLP	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	11	4,861
		1	Yes	285	71,921
		2	No	693	183,194
				989	259,976
GETBHLP	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?	-8	Don't Know	3	578
		-1	Not Collected	704	188,055
		1	Yes	265	68,689
		2	No	17	2,654
				989	259,976
TRACTA	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?	-8	Don't Know	1	263
		1	Yes	683	189,540
		2	No	305	70,173
				989	259,976
TRACTB	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?	-8	Don't Know	3	847

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	360	95,511
		2	No	626	163,618
				989	259,976
TRACTC	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?	-8	Don't Know	7	1,181
		1	Yes	173	38,337
		2	No	809	220,457
				989	259,976
TRACTD	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?	-8	Don't Know	5	1,069
		1	Yes	386	80,361
		2	No	598	178,546
				989	259,976
TRACTE	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?	-8	Don't Know	5	1,084
		1	Yes	277	57,307
		2	No	707	201,585
				989	259,976
TRACTF	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?	-8	Don't Know	5	895
		1	Yes	83	24,983
		2	No	901	234,098
				989	259,976
TRACTG	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?	-8	Don't Know	4	335
		1	Yes	281	68,485
		2	No	704	191,155
				989	259,976
TRACTH	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?	-8	Don't Know	1	88
		1	Yes	104	28,495
		2	No	884	231,393
				989	259,976
TRACTI	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?	-8	Don't Know	3	1,594
		1	Yes	57	15,314
		2	No	929	243,068

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
TRACTJ	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?	-8	Don't Know	2	261
		1	Yes	9	1,887
		2	No	978	257,829
				989	259,976
TRACTK	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?	-8	Don't Know	5	748
		-7	Refused	1	249
		1	Yes	7	1,197
		2	No	976	257,782
				989	259,976
TRRATE	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?	1	Excellent	537	145,367
		2	Very Good	312	71,970
		3	Good	112	34,765
		4	Fair	21	6,645
		5	Poor	7	1,229
				989	259,976
TRRATE2	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT	1	Rating of Good to Excellent	961	252,102
		2	Rating of Fair or Poor	28	7,873
				989	259,976
AROUND	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?	-8	Don't Know	53	14,310
		1	Yes	578	141,639
		2	No	358	104,027
				989	259,976
TRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	4	1,531
		1	Yes	965	253,887
		2	No	20	4,558
				989	259,976
TRSTAY	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	18	4,222
		-7	Refused	1	57
		1	Yes	838	227,101
		2	No	132	28,596
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRISCAR	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?	-8	Don't Know	2	1,255
		1	Yes	452	108,020
		2	No	535	150,701
				989	259,976
TRDRIVE	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?	-8	Don't Know	2	562
		-7	Refused	1	198
		-1	Not Collected	537	151,956
		1	Yes	259	64,357
		2	No	190	42,903
		989	259,976		
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	7	1,096
		-7	Refused	1	198
		1	Yes	440	103,381
		2	No	541	155,301
		989	259,976		
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	2	412
		1	Yes	181	43,862
		2	No	806	215,703
		989	259,976		
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	1	Yes	171	36,450
		2	No	818	223,526
		989	259,976		
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	15	3,530
		1	Yes	168	35,779
		2	No	806	220,666
		989	259,976		
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	151
		1	Yes	42	9,950
		2	No	945	249,875
		989	259,976		
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	1	744

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	92	18,041
		2	No	896	241,190
				989	259,976
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	1	147
		1	Yes	80	19,843
		2	No	908	239,986
				989	259,976
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	3	473
		1	Yes	51	12,451
		2	No	935	247,052
				989	259,976
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	16	4,108
		1	Yes	211	48,966
		2	No	762	206,902
				989	259,976
SVCCOUNT	SERVICE COMBINATIONS	1	Transportation only	310	91,800
		2	Transportation and 1 additional service	318	89,775
		3	Transportation and 2 additional services	165	36,940
		4	Transportation and 3 additional services	91	20,498
		5	Transportation and 4 additional services	50	9,599
		6	Transportation and 5 additional services	31	5,597
		7	Transportation and 6 additional services	14	4,028
		8	Transportation and 7 additional services	5	1,019
		9	Transportation and 8 additional services	4	595
		10	Transportation and 9 additional services	1	125
				989	259,976
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	9	2,452
		1	Yes	137	27,820

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	843	229,704
				989	259,976
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	15	3,700
		1	Yes	300	69,318
		2	No	674	186,958
				989	259,976
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	5	1,220
		1	Yes	206	51,141
		2	No	778	207,614
				989	259,976
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	6	1,990
		1	Yes	271	59,637
		2	No	712	198,349
				989	259,976
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	13	2,771
		1	Yes	82	17,560
		2	No	894	239,645
				989	259,976
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	11	2,668
		-7	Refused	1	409
		1	Yes	197	49,497
		2	No	780	207,402
				989	259,976
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	7	2,927
		-7	Refused	1	391
		-1	Not Collected	208	62,739
		1	Excellent	340	83,133
		2	Very Good	245	57,166

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Good	144	41,933
		4	Fair	30	7,182
		5	Poor	14	4,506
				989	259,976
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	21	5,086
		1	Yes	844	223,105
		2	No	124	31,786
				989	259,976
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	31	7,826
		-7	Refused	2	345
		1	Yes	877	233,074
		2	No	79	18,731
				989	259,976
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	37	7,844
		1	Yes	535	142,595
		2	No	417	109,537
				989	259,976
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	12	3,875
		-7	Refused	2	115
		1	Agree	967	253,463
		2	Disagree	8	2,523
				989	259,976
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	22	7,526
		-7	Refused	3	437
		1	Agree	938	245,229
		2	Disagree	26	6,783
				989	259,976
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?	-8	Don't Know	1	1,405
		-7	Refused	1	409
		1	Yes	242	60,720
		2	No	745	197,442

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?	-8	Don't Know	11	2,454
		1	Yes	196	50,716
		2	No	782	206,806
				989	259,976
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?	-8	Don't Know	19	5,691
		1	Yes	298	76,003
		2	No	672	178,282
				989	259,976
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?	-8	Don't Know	13	2,528
		1	Yes	165	43,194
		2	No	811	214,254
				989	259,976
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	6	1,453
		1	Yes	319	77,728
		2	No	664	180,795
				989	259,976
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	14	3,058
		1	Yes	512	131,542
		2	No	463	125,375
				989	259,976
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	8	2,560
		-7	Refused	1	391
		1	Excellent	45	13,331
		2	Very Good	180	48,428
		3	Good	363	100,255
		4	Fair	274	67,575
		5	Poor	118	27,436
				989	259,976
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	9,360

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	5	2,180
		1	Yes, Limited A Lot	357	86,861
		2	Yes, Limited A Little	347	84,525
		3	No, Not Limited At All	255	77,049
				989	259,976
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	32	5,460
		1	Yes, Limited A Lot	440	116,560
		2	Yes, Limited A Little	333	88,064
		3	No, Not Limited At All	184	49,891
				989	259,976
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	19	4,210
		1	All Of The Time	110	23,967
		2	Most Of The Time	280	66,077
		3	Some Of The Time	313	88,364
		4	A Little Of The Time	156	47,608
		5	None Of The Time	111	29,751
				989	259,976
SFLIMITD	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	10	2,569
		1	All Of The Time	117	29,753
		2	Most Of The Time	212	47,120
		3	Some Of The Time	350	94,419
		4	A Little Of The Time	165	45,628
		5	None Of The Time	135	40,486
				989	259,976
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	11	1,589
		-7	Refused	1	9
		1	All Of The Time	34	6,812
		2	Most Of The Time	87	23,423
		3	Some Of The Time	230	57,222

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Of The Time	219	59,228
		5	None Of The Time	407	111,692
				989	259,976
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	12	1,176
		-7	Refused	1	76
		1	All Of The Time	24	6,008
		2	Most Of The Time	81	19,380
		3	Some Of The Time	202	52,219
		4	A Little Of The Time	197	51,312
		5	None Of The Time	472	129,804
				989	259,976
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?				
		-8	Don't Know	18	5,587
		1	All Of The Time	227	62,618
		2	Most Of The Time	250	68,509
		3	Some Of The Time	200	51,360
		4	A Little Of The Time	200	49,643
		5	None Of The Time	94	22,258
				989	259,976
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	7	3,600
		1	All Of The Time	161	50,182
		2	Most Of The Time	420	102,715
		3	Some Of The Time	254	67,503
		4	A Little Of The Time	119	28,671
		5	None Of The Time	28	7,306
				989	259,976
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	6	1,152
		1	All Of The Time	48	9,677
		2	Most Of The Time	207	56,115
		3	Some Of The Time	381	105,273
		4	A Little Of The Time	252	63,832

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	None Of The Time	95	23,928
				989	259,976
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	6	1,592
		-7	Refused	1	76
		1	All Of The Time	23	4,436
		2	Most Of The Time	70	19,007
		3	Some Of The Time	233	63,317
		4	A Little Of The Time	272	67,848
		5	None Of The Time	384	103,701
				989	259,976
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	17	3,838
		-7	Refused	3	579
		1	All Of The Time	72	15,617
		2	Most Of The Time	112	26,878
		3	Some Of The Time	240	54,282
		4	A Little Of The Time	152	37,662
		5	None Of The Time	393	121,120
				989	259,976
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	122	30,276
		1	4 - < 20	70	15,461
		2	20 - < 25	84	21,966
		3	25 - < 30	119	29,840
		4	30 - < 35	150	42,251
		5	35 - < 40	165	43,286
		6	40 - < 45	112	26,555
		7	45 - < 50	73	21,012
		8	50 - < 55	61	19,999
		9	55 - < 65	33	9,331
				989	259,976
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	122	30,276
		1	7 - < 35	79	19,304
		2	35 - < 40	86	23,590
		3	40 - < 45	107	23,253
		4	45 - < 50	114	32,986

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	50 - < 53	77	22,372
		6	53 - < 56	78	21,108
		7	56 - < 59	104	28,642
		8	59 - < 62	89	21,396
		9	62 - < 65	68	19,142
		10	65 - < 80	65	17,907
				989	259,976
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB				
		Missing		122	30,276
		22.1083		253	65,351
		30.6976		167	42,265
		39.287		212	56,853
		47.8763		129	33,668
		56.4656		106	31,564
				989	259,976
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD				
		Missing		122	30,276
		20.3233		62	14,918
		24.9298		35	7,854
		29.5364		147	34,892
		34.1429		115	30,163
		38.7495		219	56,377
		43.356		98	30,739
		47.9626		84	26,541
		52.5691		34	9,050
		57.1757		73	19,166
				989	259,976
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN				
		Missing		122	30,276
		16.6777		83	20,419
		26.8693		186	47,479
		37.0608		174	45,623
		47.2523		226	61,797
		57.4438		198	54,382
				989	259,976
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH				
		Missing		122	30,276
		18.8673		101	25,118
		29.6476		248	59,644

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		44.7401		316	88,390
		55.5204		161	43,866
		61.9886		41	12,683
				989	259,976
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		122	30,276
		27.6238		79	21,391
		37.6867		223	56,021
		47.7496		340	94,413
		57.8125		186	49,962
		67.8753		39	7,913
				989	259,976
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		122	30,276
		11.347		11	2,709
		16.9385		13	2,832
		22.5299		43	11,235
		28.1214		46	11,817
		33.7129		130	35,406
		39.3044		85	20,156
		44.8959		126	34,065
		50.4873		99	26,961
		56.0788		314	84,520
				989	259,976
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		122	30,276
		16.1764		60	14,057
		26.2742		100	23,866
		36.3721		222	50,568
		46.4699		138	32,339
		56.5677		347	108,870
				989	259,976
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		122	30,276
		15.7748		7	898
		21.8705		11	2,629
		27.9663		32	8,093
		34.0621		60	18,969
		40.1579		149	36,239
		46.2537		143	37,562

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			52.3495	170	47,120
			58.4453	179	43,873
			64.541	116	34,317
				989	259,976
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	8	1,299
		1	Much Better Than One Year Ago	84	19,960
		2	A Little Better Than One Year Ago	131	32,519
		3	About The Same As One Year Ago	411	112,303
		4	A Little Worse Than One Year Ago	202	53,698
		5	Worse Than One Year Ago	153	40,197
				989	259,976
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...				
		-8	Don't Know	23	7,816
		-7	Refused	2	484
		1	About Enough	401	114,229
		2	Too Much	30	6,663
		3	Would Like To Be Doing More	533	130,784
				989	259,976
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	39	13,879
		-7	Refused	1	57
		1	Yes	476	117,306
		2	No	473	128,734
				989	259,976
PFDISA	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	4	958
		-7	Refused	1	744
		1	Yes	693	183,792
		2	No	291	74,482
				989	259,976
PFDISB	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?				
		-8	Don't Know	5	945
		-7	Refused	1	744
		1	Yes	738	189,310

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	245	68,976
				989	259,976
PFDISC	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	6	454
		-7	Refused	2	2,150
		1	Yes	387	94,911
		2	No	592	162,045
		3	Does Not Apply	2	417
				989	259,976
PFDISD	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	19	5,437
		-7	Refused	2	2,150
		1	Yes	534	143,631
		2	No	434	108,758
				989	259,976
PFDISE	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	2	100
		-7	Refused	2	2,150
		1	Yes	397	104,091
		2	No	588	153,635
				989	259,976
PFDISF	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	7	768
		-7	Refused	2	2,150
		1	Yes	432	109,107
		2	No	548	147,951
				989	259,976
PFDISG	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	7	1,791
		-7	Refused	2	2,150
		1	Yes	159	46,580
		2	No	821	209,454
				989	259,976
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	3	1,121
		-7	Refused	2	2,150
		1	Yes	151	36,072
		2	No	833	220,633
				989	259,976
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	8	3,152

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	2,150
		1	Yes	185	44,738
		2	No	793	209,280
		3	Does Not Apply	1	657
				989	259,976
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	10	2,194
		-7	Refused	2	2,150
		1	Yes	282	76,116
		2	No	695	179,516
				989	259,976
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	6	1,677
		-7	Refused	2	2,150
		1	Yes	138	34,348
		2	No	843	221,802
				989	259,976
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	5	1,802
		-7	Refused	2	2,150
		1	Yes	652	172,643
		2	No	330	83,382
				989	259,976
PFDISM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-7	Refused	2	2,150
		1	Yes	313	85,507
		2	No	674	172,320
				989	259,976
PFDISN	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	11	1,349
		-7	Refused	2	2,150
		1	Yes	201	51,231
		2	No	775	205,246
				989	259,976
PFDISO	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	4	492

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	2,150
		1	Yes	80	18,910
		2	No	903	238,424
				989	259,976
PFDISP	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?				
		-8	Don't Know	2	116
		-7	Refused	2	2,150
		1	Yes	32	6,700
		2	No	953	251,011
				989	259,976
PFDISQ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?				
		-8	Don't Know	5	1,716
		-7	Refused	3	2,167
		1	Yes	16	3,969
		2	No	965	252,124
				989	259,976
PFDISR	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?				
		-8	Don't Know	4	242
		-7	Refused	2	2,150
		1	Yes	472	113,896
		2	No	511	143,688
				989	259,976
PFDISS	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	7	1,291
		-7	Refused	2	2,150
		1	Yes	19	4,796
		2	No	961	251,740
				989	259,976
PFDIST	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	10	2,870
		-7	Refused	2	2,150
		1	Yes	185	43,360
		2	No	792	211,596
				989	259,976
PFDISU	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	1	36
		-7	Refused	4	2,619

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	81	21,793
		2	No	902	235,094
		3	Does Not Apply	1	434
				989	259,976
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	8	3,258
		1	1 Medical Condition	23	4,579
		2	2 Medical Conditions	55	13,355
		3	3 Medical Conditions	87	22,454
		4	4 Medical Conditions	113	31,729
		5	5 Medical Conditions	125	35,993
		6	6 Medical Conditions	146	44,468
		7	7 Medical Conditions	122	30,829
		8	8 Medical Conditions	100	21,411
		9	9 Medical Conditions	82	23,746
		10	10 Medical Conditions	57	11,470
		11	11 Medical Conditions	35	7,596
		12	12 Medical Conditions	22	5,099
		13	13 Medical Conditions	8	2,947
		14	14 Medical Conditions	5	1,028
		15	15 Medical Conditions	1	14
				989	259,976
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?	-8	Don't Know	22	4,558
		-7	Refused	2	1,422
		-1	Not Collected	8	3,258
		1	Yes	732	196,822
		2	No	225	53,915
				989	259,976
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	5	699
		-1	Not Collected	257	63,154
		1	Yes	654	174,972
		2	No	73	21,151
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	16	2,655
		-1	Not Collected	257	63,154
		1	Yes	225	61,459
		2	No	491	132,708
				989	259,976
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	5	1,480
		-1	Not Collected	257	63,154
		1	Yes	210	51,989
		2	No	517	143,352
				989	259,976
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-1	Not Collected	257	63,154
		1	Yes	98	28,725
		2	No	634	168,096
				989	259,976
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-1	Not Collected	257	63,154
		1	Yes	79	20,733
		2	No	653	176,089
				989	259,976
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	8	2,573
		-7	Refused	1	57
		-1	Not Collected	257	63,154
		1	Yes	55	15,220
		2	No	668	178,972
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?	-1	Not Collected	257	63,154
		1	Yes	55	16,015
		2	No	677	180,807
				989	259,976
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?	-1	Not Collected	257	63,154
		1	Yes	37	12,131
		2	No	695	184,690
				989	259,976
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	257	63,154
		1	Yes	98	31,581
		2	No	634	165,241
				989	259,976
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	19	3,479
		-7	Refused	2	1,482
		-1	Not Collected	8	3,258
		1	Not At All Confident	51	10,185
		2	A Little Confident	149	40,754
		3	Moderately Confident	323	79,817
		4	Very Confident	437	121,000
		989	259,976		
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	8	2,128
		-7	Refused	2	1,482
		1	Yes	320	80,598

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	659	175,768
				989	259,976
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	14	2,541
		-7	Refused	2	441
		1	0-2 medications	158	42,893
		2	3-4 medications	234	63,571
		3	5-6 medications	241	68,028
		4	7-8 medications	154	40,095
		5	9+ medications	186	42,408
				989	259,976
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	4	1,138
		-7	Refused	1	1,405
		1	Yes	267	69,443
		2	No	717	187,989
				989	259,976
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-7	Refused	1	1,405
		1	Yes	94	19,690
		2	No	894	238,880
				989	259,976
PFDIFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	263
		-7	Refused	2	1,693
		1	Yes	196	44,914
		2	No	789	213,106
				989	259,976
PFDIFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	57
		-1	Not Collected	793	215,062
		1	Yes	71	14,836
		2	No	124	30,021
				989	259,976
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	12	2,299
		-7	Refused	1	1,405
		1	Yes	290	77,849

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	686	178,422
				989	259,976
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?				
		-8	Don't Know	3	1,890
		-1	Not Collected	699	182,127
		1	Yes	193	49,761
		2	No	94	26,199
				989	259,976
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	4	1,101
		-7	Refused	2	1,849
		1	Yes	227	54,065
		2	No	756	202,961
				989	259,976
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?				
		-8	Don't Know	2	263
		-1	Not Collected	762	205,911
		1	Yes	64	14,636
		2	No	161	39,166
				989	259,976
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?				
		-8	Don't Know	3	795
		-7	Refused	1	1,405
		1	Yes	221	53,785
		2	No	764	203,990
				989	259,976
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?				
		-8	Don't Know	2	222
		-1	Not Collected	768	206,191
		1	Yes	130	25,838
		2	No	89	27,725
				989	259,976
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?				
		-8	Don't Know	2	241
		-7	Refused	1	1,405
		1	Yes	146	35,792
		2	No	840	222,538
				989	259,976
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?				
		-1	Not Collected	843	224,184

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	89	16,985
		2	No	57	18,807
				989	259,976
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	5	1,039
		-7	Refused	1	1,405
		1	Yes	508	129,706
		2	No	475	127,825
				989	259,976
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	4	1,558
		-1	Not Collected	481	130,270
		1	Yes	138	29,205
		2	No	366	98,944
				989	259,976
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	444
		-7	Refused	1	1,405
		1	Yes	58	15,077
		2	No	929	243,050
				989	259,976
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	931	244,899
		1	Yes	13	1,951
		2	No	45	13,126
				989	259,976
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	1	77
		-7	Refused	1	1,405
		1	Yes	84	18,680
		2	No	903	239,814
				989	259,976
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	2	626
		-1	Not Collected	905	241,296
		1	Yes	33	5,155
		2	No	49	12,900
				989	259,976
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	307
		-7	Refused	1	1,405
		1	Yes	164	38,947

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	822	219,317
				989	259,976
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	190
		-1	Not Collected	825	221,029
		1	Yes	132	29,512
		2	No	31	9,246
				989	259,976
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	3	288
		-7	Refused	1	1,405
		1	Yes	222	51,414
		2	No	763	206,868
				989	259,976
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	626
		-1	Not Collected	767	208,562
		1	Yes	173	40,580
		2	No	48	10,208
				989	259,976
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	6	1,309
		-7	Refused	2	1,530
		1	Yes	282	60,736
		2	No	699	196,400
				989	259,976
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	707	199,240
		1	Yes	224	44,895
		2	No	58	15,842
				989	259,976
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	14	3,393
		-7	Refused	2	1,480
		1	Yes	635	155,709
		2	No	338	99,394
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	4	1,132
		-1	Not Collected	354	104,267
		1	Yes	546	128,435
		2	No	85	26,142
				989	259,976
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	1	60
		-7	Refused	1	1,405
		1	Yes	138	33,947
		2	No	849	224,564
				989	259,976
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	851	226,029
		1	Yes	98	22,071
		2	No	40	11,876
				989	259,976
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	39	8,774
		2	No	950	251,202
				989	259,976
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	950	251,202
		1	Yes	35	6,989
		2	No	4	1,785
				989	259,976
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-1	Not Collected	989	259,976
				989	259,976
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	7	655
		-1	Not Collected	537	151,956
		1	Yes	169	38,299
		2	No	276	69,066
				989	259,976
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	59	20,808

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	374	115,565
		2	No	556	123,603
				989	259,976
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	2	223
		-1	Not Collected	615	144,411
		1	Yes	76	25,921
		2	No	179	54,786
		3	Never Uses Bus	117	34,634
				989	259,976
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	744
		-1	Not Collected	913	234,055
		1	Yes	49	14,584
		2	No	26	10,593
				989	259,976
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	5	1,080
		-1	Not Collected	371	112,119
		1	Family	354	89,302
		2	Someone Else Like Friend/Neighbor/Other	167	37,284
		3	Did Not Receive Help	92	20,191
				989	259,976
WHOHELPS	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	2	72
		-1	Not Collected	635	170,674
		1	Husband	29	6,454
		2	Wife	29	7,857
		3	Son	64	15,247
		4	Son-In-Law	3	737
		5	Daughter	160	44,309
		6	Daughter-In-Law	3	1,086
		9	Brother	5	924
		10	Sister	15	2,799
		11	Grandson	7	1,074
		12	Granddaughter	15	4,086
		13	Nephew	2	179
		14	Niece	13	3,104

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		91	Other Relative	7	1,373
				989	259,976
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	17	5,347
		0	0 limitations	388	107,153
		1	1 limitation	262	68,935
		2	2 limitations	152	38,181
		3	3 limitations	72	14,518
		4	4 limitations	57	19,090
		5	5 limitations	37	6,306
		6	6 limitations	4	446
				989	259,976
ADLAOA6_ SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,405
		0	0 limitations	393	107,883
		1	1 limitation	265	69,829
		2	2 limitations	155	38,781
		3	3 limitations	76	15,791
		4	4 limitations	58	19,534
		5	5 limitations	37	6,306
		6	6 limitations	4	446
				989	259,976
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	17	5,347
		1	Yes	170	40,360
		2	No	802	214,269
				989	259,976
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,405
		1	Yes	175	42,077
		2	No	813	216,494
				989	259,976
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	8	2,393
		0	0 limitations	752	210,740
		1	1 limitation	114	22,458

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	57	13,531
		3	3 limitations	23	5,056
		4	4 limitations	16	2,536
		5	5 limitations	15	2,817
		6	6 limitations	4	446
				989	259,976
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER	.	Missing	1	1,405
SSS	PERSON, SSS VERSION	0	0 limitations	755	211,012
		1	1 limitation	117	22,686
		2	2 limitations	57	13,531
		3	3 limitations	23	5,056
		4	4 limitations	17	3,024
		5	5 limitations	15	2,817
		6	6 limitations	4	446
				989	259,976
IADLAOA7	PERSON COUNT BY # OF IADL	.	Missing	30	6,359
	DIFFICULTIES (AMONG 7 ACTIVITIES):	0	0 limitations	417	110,690
	GOING OUTSIDE HOME, MONEY	1	1 limitation	200	60,855
	MANAGEMENT, PREP MEALS, LIGHT	2	2 limitations	138	32,476
	HOUSEWORK, MEDICATION	3	3 limitations	86	23,662
	MANAGEMENT, USING THE PHONE, OR	4	4 limitations	49	11,696
	DRIVING CAR/PUBLIC	5	5 limitations	32	6,739
	TRANSPORTATION?	6	6 limitations	22	4,342
		7	7 limitations	15	3,157
				989	259,976
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	425	113,022
SSS		1	1 limitation	213	63,427
		2	2 limitations	143	33,271
		3	3 limitations	87	23,737
		4	4 limitations	50	11,921
		5	5 limitations	34	7,098
		6	6 limitations	22	4,342
		7	7 limitations	15	3,157
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	13	4,105
		0	0 limitations	540	151,314
		1	1 limitation	178	45,304
		2	2 limitations	104	24,774
		3	3 limitations	53	13,169
		4	4 limitations	40	8,792
		5	5 limitations	29	5,837
		6	6 limitations	21	4,133
		7	7 limitations	11	2,549
					989
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	546	152,684
		1	1 limitation	183	47,188
		2	2 limitations	105	25,400
		3	3 limitations	54	13,394
		4	4 limitations	40	8,792
		5	5 limitations	29	5,837
		6	6 limitations	21	4,133
		7	7 limitations	11	2,549
			989	259,976	
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	40	9,035
		0	0 limitations	238	64,121
		1	1 limitation	244	70,527
		2	2 limitations	147	41,327
		3	3 limitations	122	28,010
		4	4 limitations	83	21,903
		5	5 limitations	47	11,038
		6	6 limitations	33	6,963
		7	7 limitations	21	4,118

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 limitations	14	2,935
				989	259,976
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	249	67,646
		1	1 limitation	251	71,528
		2	2 limitations	159	44,222
		3	3 limitations	127	28,741
		4	4 limitations	84	21,978
		5	5 limitations	48	11,263
		6	6 limitations	35	7,323
		7	7 limitations	22	4,341
		8	8 limitations	14	2,935
				989	259,976
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	17	5,237
		0	0 limitations	351	107,551
		1	1 limitation	252	59,826
		2	2 limitations	124	33,154
		3	3 limitations	92	19,822
		4	4 limitations	55	13,969
		5	5 limitations	38	8,123
		6	6 limitations	28	5,613
		7	7 limitations	22	4,355
		8	8 limitations	10	2,326
				989	259,976
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	357	108,446
		1	1 limitation	256	60,855
		2	2 limitations	129	35,617
		3	3 limitations	93	20,448
		4	4 limitations	56	14,194
		5	5 limitations	38	8,123
		6	6 limitations	28	5,613
		7	7 limitations	22	4,355
		8	8 limitations	10	2,326

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
AGEC	AGE CATEGORY	.	Missing	3	1,737
		2	60-64 years	86	19,578
		3	65-74 years	328	80,378
		4	75-84 years	362	100,074
		5	85+ years	210	58,209
				989	259,976
GENDER	WHAT IS YOUR GENDER?	1	Male	192	50,113
		2	Female	797	209,863
				989	259,976
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	1	231
		-7	Refused	1	65
		1	Less Than High School Diploma	266	63,858
		2	High School Diploma Or GED	330	90,738
		3	Some College(Business/ Vocational/Techni)	280	72,646
		4	Bachelor's Degree	59	16,300
		5	Some Post-Graduate Work/Advanced Degree	52	16,137
				989	259,976
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	11	2,557
		-7	Refused	5	736
		1	Yes	59	14,331
		2	No	914	242,352
				989	259,976
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	8	2,066
		-7	Refused	7	963
		1	Yes	694	193,176
		2	No	280	63,771
				989	259,976
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	8	2,066
		-7	Refused	7	963
		1	Yes	238	52,332
		2	No	736	204,615
				989	259,976
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	8	2,066

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	7	963
		1	Yes	19	7,584
		2	No	955	249,363
				989	259,976
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	8	2,066
		-7	Refused	7	963
		1	Yes	41	7,454
		2	No	933	249,493
				989	259,976
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	8	2,066
		-7	Refused	7	963
		2	No	974	256,947
				989	259,976
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	8	2,066
		-7	Refused	7	963
		1	Yes	10	2,328
		2	No	964	254,619
				989	259,976
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	60
		-7	Refused	1	488
		1	Yes	100	28,543
		2	No	887	230,885
				989	259,976
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	31	10,391
		-7	Refused	2	203
		1	The City	460	130,208
		2	The Suburbs	179	49,538
		3	A Rural Area	317	69,636
				989	259,976
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	823
		-7	Refused	6	938
		1	Yes	629	158,320
		2	No	353	99,894

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	823
		-7	Refused	7	1,004
		-1	Not Collected	629	158,320
		1	Yes	175	48,892
		2	No	177	50,937
				989	259,976
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	823
		-7	Refused	7	1,004
		-1	Not Collected	629	158,320
		1	Yes	147	40,586
		2	No	205	59,242
				989	259,976
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	823
		-7	Refused	7	1,004
		-1	Not Collected	629	158,320
		1	Yes	77	25,593
		2	No	275	74,236
				989	259,976
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	823
		-7	Refused	7	1,004
		-1	Not Collected	629	158,320
		1	Yes	19	5,469
		2	No	333	94,360
				989	259,976
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	823
		-7	Refused	7	1,004
		1	Alone	629	158,320
		2	With spouse only	140	39,031
		3	With children only	89	22,033
		4	With spouse and children	20	4,929
		5	With others	103	33,836
				989	259,976
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	995
		-7	Refused	6	954
		1	1 Person	631	159,676
		2	2 People	245	67,203

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 People	51	11,783
		4	4 People	26	10,410
		5	5 People	17	6,341
		6	6 People	8	1,935
		7	7 People	2	466
		8	8 People	1	213
				989	259,976
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	5	1,914
		-7	Refused	3	690
		1	Married	182	51,327
		2	Widowed	492	127,161
		3	Divorced	200	51,880
		4	Separated	25	9,112
		5	Never Married	82	17,892
				989	259,976
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 2013 ABOVE OR BELOW \$20,000?	-8	Don't Know	80	27,052
		-7	Refused	55	16,840
		1	Below \$20,000 [1666 Per Month Or Less]	605	149,498
		2	Above \$20,000 [1667 Per Month Or More]	249	66,586
				989	259,976
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2013?	.	Missing	135	43,892
		-8	Don't Know	65	15,009
		-7	Refused	42	6,010
		1	\$5,000 or less	74	18,625
		2	\$5,001-\$10,000	150	41,040
		3	\$10,001-\$15,000	201	48,563
		4	\$15,001-\$20,000	109	28,658
		5	\$20,001-\$25,000	90	25,383
		6	\$25,001-\$30,000	47	10,811
		7	\$30,001-\$35,000	26	8,176
		8	\$35,001-\$40,000	12	2,218
		9	\$40,001-\$50,000	15	3,457
		10	ABOVE \$50,000	23	8,137

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
MOB_IMP	MOBILITY IMPAIRED	.	Missing	1	36
		1	Mobility Impaired	494	121,832
		2	Not Mobility Impaired	494	138,108
				989	259,976
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	47	8,284
		0	Rural (Not in Urbanized Area or Urban Cluster)	369	74,325
		1	In Urbanized Area	374	119,793
		2	In Urban Cluster	199	57,573
				989	259,976
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	989	259,976
				989	259,976
VARUNIT	VARIANCE UNIT	1	Variance unit 1	488	131,860
		2	Variance unit 2	501	128,116
				989	259,976
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	5.85 - 2457.92	Weight range	989	259,976
				989	259,976
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.70 - 3564.53	Replicate weight range	989	259,976
				989	259,976
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.01 - 2888.12	Replicate weight range	989	259,976
				989	259,976
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	1.86 - 3880.55	Replicate weight range	989	259,976
				989	259,976
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	2.07 - 3803.24	Replicate weight range	989	259,976
				989	259,976
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	2.25 - 2458.24	Replicate weight range	989	259,976
				989	259,976
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	1.45 - 3999.74	Replicate weight range	989	259,976

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				989	259,976
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	2.04 - 5224.73	Replicate weight range	989	259,976
				989	259,976
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	2.08 - 3298.72	Replicate weight range	989	259,976
				989	259,976
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	1.77 - 5014.49	Replicate weight range	989	259,976
				989	259,976
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	2.32 - 3158.02	Replicate weight range	989	259,976
				989	259,976
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	1.52 - 2860.35	Replicate weight range	989	259,976
				989	259,976
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	1.81 - 2987.94	Replicate weight range	989	259,976
				989	259,976
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	2.15 - 3892.16	Replicate weight range	989	259,976
				989	259,976
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	1.65 - 3768.85	Replicate weight range	989	259,976
				989	259,976
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	2.12 - 4082.10	Replicate weight range	989	259,976
				989	259,976
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	1.67 - 2923.71	Replicate weight range	989	259,976
				989	259,976
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	1.63 - 2760.03	Replicate weight range	989	259,976
				989	259,976
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	2.06 - 3387.68	Replicate weight range	989	259,976

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				989	259,976
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	1.87 - 3544.98	Replicate weight range	989	259,976
				989	259,976
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	2.42 - 4090.93	Replicate weight range	989	259,976
				989	259,976
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	2.25 - 3298.49	Replicate weight range	989	259,976
				989	259,976
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	1.59 - 2554.58	Replicate weight range	989	259,976
				989	259,976
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	2.29 - 4897.10	Replicate weight range	989	259,976
				989	259,976
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	2.10 - 3630.67	Replicate weight range	989	259,976
				989	259,976
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	1.99 - 4490.58	Replicate weight range	989	259,976
				989	259,976
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	2.25 - 3433.64	Replicate weight range	989	259,976
				989	259,976
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	1.54 - 4092.82	Replicate weight range	989	259,976
				989	259,976
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	1.63 - 2822.78	Replicate weight range	989	259,976
				989	259,976
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.52 - 3546.36	Replicate weight range	989	259,976
				989	259,976
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	2.05 - 4174.45	Replicate weight range	989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	1.96 - 2747.33	Replicate weight range	989	259,976
				989	259,976
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	1.58 - 3054.33	Replicate weight range	989	259,976
				989	259,976
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	1.75 - 3329.62	Replicate weight range	989	259,976
				989	259,976
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	1.96 - 3397.11	Replicate weight range	989	259,976
				989	259,976
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	1.84 - 5444.67	Replicate weight range	989	259,976
				989	259,976
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	2.04 - 3481.37	Replicate weight range	989	259,976
				989	259,976
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	2.23 - 2668.40	Replicate weight range	989	259,976
				989	259,976
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	1.48 - 3644.29	Replicate weight range	989	259,976
				989	259,976
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	1.98 - 3768.97	Replicate weight range	989	259,976
				989	259,976
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	1.80 - 3938.58	Replicate weight range	989	259,976
				989	259,976
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	1.64 - 3782.70	Replicate weight range	989	259,976
				989	259,976
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	2.49 - 3767.05	Replicate weight range	989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	1.55 - 2848.06	Replicate weight range	989	259,976
				989	259,976
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	1.80 - 3114.42	Replicate weight range	989	259,976
				989	259,976
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	2.15 - 5097.11	Replicate weight range	989	259,976
				989	259,976
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	1.67 - 3184.90	Replicate weight range	989	259,976
				989	259,976
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	2.36 - 3970.36	Replicate weight range	989	259,976
				989	259,976
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	1.36 - 3209.92	Replicate weight range	989	259,976
				989	259,976
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	1.66 - 2750.60	Replicate weight range	989	259,976
				989	259,976
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	1.93 - 3680.94	Replicate weight range	989	259,976
				989	259,976
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	1.81 - 4723.87	Replicate weight range	989	259,976
				989	259,976
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	2.30 - 3566.15	Replicate weight range	989	259,976
				989	259,976
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	2.17 - 3285.29	Replicate weight range	989	259,976
				989	259,976
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	1.58 - 2658.01	Replicate weight range	989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				989	259,976
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	2.39 - 3615.19	Replicate weight range	989	259,976
				989	259,976
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	1.95 - 3902.92	Replicate weight range	989	259,976
				989	259,976
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	1.78 - 3720.67	Replicate weight range	989	259,976
				989	259,976
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	2.40 - 4159.44	Replicate weight range	989	259,976
				989	259,976
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.67 - 4229.03	Replicate weight range	989	259,976
				989	259,976
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	1.78 - 2058.46	Replicate weight range	989	259,976
				989	259,976
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	1.48 - 4494.83	Replicate weight range	989	259,976
				989	259,976
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	2.07 - 3410.52	Replicate weight range	989	259,976
				989	259,976
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	2.11 - 2856.72	Replicate weight range	989	259,976
				989	259,976
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	1.33 - 3081.98	Replicate weight range	989	259,976
				989	259,976
TRAPLUSB	DO YOU USE THE TRANSPORTATION SERVICE FOR HEALTH CARE AND/OR SHOPPING?	.	Missing	1	147
		1	Yes	778	213,259
		2	No	210	46,570
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRCOND	CLIENT HAS AT LEAST ONE OF STROKE, VISION PROBLEM, ALZHEIMER'S/DEMENTIA, SEIZURES/EPILEPSY, PARKINSON'S, OR MULTIPLE SCLEROSIS	.	Missing	10	3,600
		1	Yes	727	191,790
		2	No	252	64,585
				989	259,976
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	20	3,431
		-7	Refused	2	1,422
		1	6 Months Or Less	308	84,013
		2	More Than 6 Months, Not More Than 1 Yr	125	35,460
		3	More Than 1 Yr, Not More Than 2 Years	127	36,128
		4	More Than 2 Yrs, Not More Than 3 Years	63	12,335
		5	More Than 3 Yrs, Not More Than 5 Years	90	26,819
		6	More Than 5 Years Ago	245	57,322
		7	Never Have Been To Dentist	9	3,046
		989	259,976		
OHQ770	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?	-8	Don't Know	4	719
		-7	Refused	2	1,422
		1	Yes	216	55,027
		2	No	767	202,808
		989	259,976		
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-1	Not Collected	773	204,949
		1	Yes	188	48,773
		2	No	28	6,254
		989	259,976		
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?	-8	Don't Know	3	1,773
		-1	Not Collected	773	204,949
		1	Yes	49	11,157

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	164	42,096
				989	259,976
OHQ78003	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?	-8	Don't Know	16	4,775
		-1	Not Collected	773	204,949
		1	Yes	117	28,781
		2	No	83	21,470
				989	259,976
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?	-8	Don't Know	2	944
		-1	Not Collected	773	204,949
		1	Yes	47	9,681
		2	No	167	44,402
				989	259,976
OHQ78005	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?	-8	Don't Know	14	2,379
		-1	Not Collected	773	204,949
		1	Yes	23	5,173
		2	No	179	47,474
				989	259,976
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?	-8	Don't Know	7	1,623
		-1	Not Collected	773	204,949
		1	Yes	9	1,555
		2	No	200	51,849
				989	259,976
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?	-8	Don't Know	1	147
		-1	Not Collected	773	204,949
		1	Yes	39	9,583
		2	No	176	45,296
				989	259,976

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?	-8	Don't Know	2	285
		-1	Not Collected	773	204,949
		1	Yes	4	895
		2	No	210	53,846
				989	259,976
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?	-8	Don't Know	1	434
		-1	Not Collected	773	204,949
		1	Yes	16	3,622
		2	No	199	50,971
				989	259,976
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?	-8	Don't Know	4	1,113
		-1	Not Collected	773	204,949
		1	Yes	44	10,810
		2	No	168	43,104
				989	259,976
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?	-8	Don't Know	1	448
		-1	Not Collected	773	204,949
		1	Yes	55	11,878
		2	No	160	42,701
				989	259,976
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-8	Don't Know	1	481
		-1	Not Collected	773	204,949
		1	Yes	24	6,682
		2	No	191	47,864
				989	259,976

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	14	3,459
		-7	Refused	1	1,405
		1	Excellent	86	26,429
		2	Very Good	213	56,770
		3	Good	348	89,531
		4	Fair	173	38,614
		5	Poor	154	43,768
			989	259,976	
PF_WIO	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?	.	Missing	8	3,273
		1	Yes	573	148,117
		2	No	408	108,586
			989	259,976	