

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
CSDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?
CSCONT	NUM	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?
CSFONEC	NUM	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?
CSEXPLN	NUM	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?
CSNEEDS	NUM	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?
CSRESPT	NUM	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?
CSINVOLV	NUM	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?
CSCARE	NUM	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?
CSGTMOR	NUM	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?
CSBETTR	NUM	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?
CSHOWLG	NUM	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?
CSSVCLPN	NUM	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?
CCOPY	NUM	DID YOU GET A COPY OF THE PLAN?
CSELSVC	NUM	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?
CSELPRV	NUM	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?
CSRATE2	NUM	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT
CSSTAYHM	NUM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
CSKNOW	NUM	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?
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?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS 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?

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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?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?

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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 DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
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?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.

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Name	Type	Description
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	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
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
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.)
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
URBAN	NUM	URBAN CODE
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
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

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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
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CCOPY	NUM	DID YOU GET A COPY OF THE PLAN?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSBETTR	NUM	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?
CSCARE	NUM	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?
CSCONT	NUM	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?
CSDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?
CSELSVC	NUM	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?
CSEXPLN	NUM	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?
CSFONEC	NUM	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?
CSGTMOR	NUM	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
CSHOWLG	NUM	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?
CSINVOLV	NUM	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?
CSKNOW	NUM	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?
CSNEEDS	NUM	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?
CSRATE2	NUM	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT
CSRESPT	NUM	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?
CSELPRV	NUM	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?
CSSTAYHM	NUM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
CSSVCPLN	NUM	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?
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?

Alphabetical Listing of Variables

Name	Type	Description
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PPHLTH
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 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?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.

Alphabetical Listing of Variables

Name	Type	Description
IADL8P	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.
IADL8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADL8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
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 FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
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?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN CODE
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	530	427,580
				530	427,580
CSDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?	1	Today Or Yesterday	144	109,649
		2	More Than 1 Day To 1 Week Ago	122	104,090
		3	More Than 1 Week To 1 Month Ago	100	78,094
		4	More Than 1 Month Ago	164	135,747
				530	427,580
CSCONT	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?	-8	Don't Know	4	371
		1	Yes	460	378,068
		2	No	66	49,140
				530	427,580
CSFONEC	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?	-8	Don't Know	43	35,731
		-7	Refused	1	607
		1	Yes	444	352,704
		2	No	42	38,538
				530	427,580
CSEXPLN	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?	-8	Don't Know	11	12,348
		1	Yes	491	396,558
		2	No	28	18,674
				530	427,580
CSNEEDS	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?	-8	Don't Know	12	13,368
		1	Yes	452	371,491
		2	No	66	42,721
				530	427,580
CSRESPT	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?	-8	Don't Know	7	2,427
		1	Yes	513	416,746
		2	No	10	8,407
				530	427,580
CSINVOLV	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?	-8	Don't Know	18	16,583

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	445	362,516
		2	No	67	48,481
				530	427,580
CSCARE	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?				
		-8	Don't Know	20	16,276
		-7	Refused	2	1,601
		1	Yes	479	392,684
		2	No	29	17,019
				530	427,580
CSGTMOR	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?				
		-8	Don't Know	25	19,250
		1	Yes	403	323,363
		2	No	102	84,967
				530	427,580
CSBETTR	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?				
		-8	Don't Know	12	10,535
		-7	Refused	1	607
		1	Yes	446	363,480
		2	No	71	52,958
				530	427,580
CSHOWLG	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?				
		-8	Don't Know	14	13,718
		1	6 Months Or Less	80	60,148
		2	More Than 6 Months But Less Than 1 Year	91	59,518
		3	At Least 1 Year But Less Than 2 Years	122	100,091
		4	2 To 5 Years	152	126,982
		5	More Than 5 Years	71	67,123
				530	427,580
CSSVCPLN	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?				
		-8	Don't Know	30	31,659
		1	Yes	412	333,691
		2	No	88	62,230
				530	427,580
CCOPY	DID YOU GET A COPY OF THE PLAN?				
		-8	Don't Know	36	32,594
		-1	Not Collected	118	93,889
		1	Yes	312	259,816

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	64	41,281
				530	427,580
CSELSVC	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?	-8	Don't Know	29	22,260
		1	Yes	431	359,237
		2	No	70	46,083
				530	427,580
CSSELPRV	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?	-8	Don't Know	50	38,573
		1	Yes	312	253,404
		2	No	168	135,603
				530	427,580
CSRATE	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?	-8	Don't Know	3	912
		1	Excellent	227	168,391
		2	Very Good	177	164,807
		3	Good	87	60,354
		4	Fair	21	21,318
		5	Poor	15	11,799
				530	427,580
CSRATE2	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT	.	Missing	3	912
		1	Rating of Good to Excellent	491	393,552
		2	Rating of Fair or Poor	36	33,117
				530	427,580
CSSTAYHM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	4	4,713
		-7	Refused	1	607
		1	Yes	506	407,809
		2	No	19	14,451
				530	427,580
CSKNOW	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?	-8	Don't Know	16	11,414
		1	Yes	375	297,207
		2	No	139	118,959
				530	427,580
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	1	1,416

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	78	69,269
		2	No	451	356,895
				530	427,580
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	1,012
		1	Yes	245	213,176
		2	No	284	213,391
				530	427,580
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	3	1,041
		1	Yes	311	244,934
		2	No	216	181,606
				530	427,580
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	6	695
		1	Yes	149	111,803
		2	No	375	315,082
				530	427,580
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	1	Yes	38	33,626
		2	No	492	393,954
				530	427,580
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	5	269
		1	Yes	209	144,192
		2	No	316	283,119
				530	427,580
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	3	3,842
		1	Yes	110	78,153
		2	No	417	345,585
				530	427,580
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	1	Yes	44	26,643
		2	No	486	400,937
				530	427,580
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	9	6,768

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	208	159,697
		2	No	313	261,114
				530	427,580
SVCCOUNT	SERVICE COMBINATIONS	1	Case Management only	36	30,408
		2	Case Management and 1 additional service	112	118,024
		3	Case Management and 2 additional services	117	76,863
		4	Case Management and 3 additional services	121	92,250
		5	Case Management and 4 additional services	81	55,413
		6	Case Management and 5 additional services	34	26,113
		7	Case Management and 6 additional services	17	19,040
		8	Case Management and 7 additional services	10	9,255
		9	Case Management and 8 additional services	1	178
		10	Case Management and 9 additional services	1	37
				530	427,580
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	3	3,614
		1	Yes	78	71,324
		2	No	449	352,643
				530	427,580
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	5	3,706
		1	Yes	171	128,686
		2	No	354	295,188
				530	427,580
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	4	7,971
		1	Yes	66	66,527
		2	No	460	353,082
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	3,689
		1	Yes	53	41,001
		2	No	471	382,889
				530	427,580
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	8	3,669
		1	Yes	58	46,674
		2	No	464	377,237
				530	427,580
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	5,411
		1	Yes	144	126,574
		2	No	381	295,595
				530	427,580
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	3	1,269
		-7	Refused	1	607
		-1	Not Collected	22	14,952
		1	Excellent	189	152,569
		2	Very Good	173	140,771
		3	Good	101	69,987
		4	Fair	25	29,993
		5	Poor	16	17,433
				530	427,580
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	11	9,604
		1	Yes	422	345,940
		2	No	97	72,036
				530	427,580
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	17	21,441
		1	Yes	467	365,534
		2	No	46	40,604
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	11	10,650
		1	Yes	437	363,645
		2	No	82	53,286
				530	427,580
SVCIDEA	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?	-8	Don't Know	14	12,945
		1	Yes	342	279,217
		2	No	174	135,418
				530	427,580
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	5	3,482
		-7	Refused	1	607
		1	Agree	516	420,969
		2	Disagree	8	2,522
				530	427,580
SVC5UPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	22	18,851
		-7	Refused	1	607
		1	Agree	487	392,813
		2	Disagree	20	15,310
				530	427,580
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	2	1,636
		1	Yes	138	115,045
		2	No	390	310,899
				530	427,580
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	8	6,225
		1	Yes	150	106,868
		2	No	372	314,487
				530	427,580
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	12	11,866
		1	Yes	177	162,897
		2	No	341	252,816
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	7	3,946
		1	Yes	108	95,606
		2	No	415	328,028
				530	427,580
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	2	1,503
		1	Yes	249	216,104
		2	No	279	209,973
				530	427,580
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	3	4,073
		1	Yes	354	300,094
		2	No	173	123,413
				530	427,580
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	6	4,027
		1	Excellent	11	6,011
		2	Very Good	64	50,302
		3	Good	147	129,042
		4	Fair	197	151,076
		5	Poor	105	87,122
		530	427,580		
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?	-8	Don't Know	7	6,080
		1	Yes, Limited A Lot	327	263,235
		2	Yes, Limited A Little	136	109,581
		3	No, Not Limited At All	60	48,684
				530	427,580
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	8	8,491
		1	Yes, Limited A Lot	361	291,571
		2	Yes, Limited A Little	106	81,221
		3	No, Not Limited At All	55	46,297
		530	427,580		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	6,886
		1	All Of The Time	120	87,303
		2	Most Of The Time	165	146,033
		3	Some Of The Time	136	129,791
		4	A Little Of The Time	70	34,532
		5	None Of The Time	28	23,034
					530
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	7	4,930
		1	All Of The Time	139	101,445
		2	Most Of The Time	155	132,575
		3	Some Of The Time	138	119,398
		4	A Little Of The Time	67	48,846
		5	None Of The Time	24	20,385
					530
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	12	7,721
		-7	Refused	3	4,146
		1	All Of The Time	40	30,996
		2	Most Of The Time	83	65,386
		3	Some Of The Time	149	120,630
		4	A Little Of The Time	98	77,355
		5	None Of The Time	145	121,346
			530	427,580	
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	13	9,983
		-7	Refused	2	1,043
		1	All Of The Time	36	32,800
		2	Most Of The Time	69	59,426

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	116	89,424
		4	A Little Of The Time	100	76,121
		5	None Of The Time	194	158,782
				530	427,580
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?	-8	Don't Know	12	13,183
		-7	Refused	1	1,012
		1	All Of The Time	91	69,183
		2	Most Of The Time	76	67,213
		3	Some Of The Time	77	60,336
		4	A Little Of The Time	170	152,998
		5	None Of The Time	103	63,655
				530	427,580
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	5	5,851
		-7	Refused	1	1,012
		1	All Of The Time	60	47,296
		2	Most Of The Time	186	143,835
		3	Some Of The Time	163	114,879
		4	A Little Of The Time	101	102,260
		5	None Of The Time	14	12,447
				530	427,580
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	6	6,267
		-7	Refused	1	1,012
		1	All Of The Time	13	11,819
		2	Most Of The Time	60	48,267
		3	Some Of The Time	152	132,345
		4	A Little Of The Time	172	139,289
		5	None Of The Time	126	88,582
				530	427,580
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	10	7,880
		-7	Refused	1	1,012
		1	All Of The Time	22	16,492
		2	Most Of The Time	65	55,408

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	151	115,064
		4	A Little Of The Time	132	107,004
		5	None Of The Time	149	124,721
				530	427,580
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	18	18,371
		-7	Refused	2	1,043
		1	All Of The Time	110	72,269
		2	Most Of The Time	89	65,634
		3	Some Of The Time	119	112,788
		4	A Little Of The Time	83	65,320
		5	None Of The Time	109	92,155
				530	427,580
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE				
		.	Missing	67	58,922
		1	4 - < 20	78	60,681
		2	20 - < 25	75	58,280
		3	25 - < 30	90	81,694
		4	30 - < 35	85	53,962
		5	35 - < 40	66	63,191
		6	40 - < 45	29	25,536
		7	45 - < 50	16	10,334
		8	50 - < 55	15	11,513
		9	55 - < 65	9	3,468
				530	427,580
MCS_12	SF-12V2 MENTAL SUMMARY SCORE				
		.	Missing	67	58,922
		1	7 - < 35	90	59,639
		2	35 - < 40	45	35,245
		3	40 - < 45	83	78,779
		4	45 - < 50	69	54,672
		5	50 - < 53	29	30,081
		6	53 - < 56	38	34,280
		7	56 - < 59	32	19,461
		8	59 - < 62	29	21,888
		9	62 - < 65	21	9,603
		10	65 - < 80	27	25,009

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				530	427,580
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB	Missing		67	58,922
		22.1083		247	196,555
		30.6976		84	73,339
		39.287		79	64,176
		47.8763		26	15,009
		56.4656		27	19,579
				530	427,580
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		67	58,922
		20.3233		84	65,721
		24.9298		41	25,541
		29.5364		86	82,988
		34.1429		54	47,752
		38.7495		107	82,028
		43.356		31	27,612
		47.9626		35	18,492
		52.5691		11	8,647
		57.1757		14	9,876
				530	427,580
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		67	58,922
		16.6777		89	58,103
		26.8693		152	137,922
		37.0608		71	54,176
		47.2523		70	62,889
		57.4438		81	55,567
				530	427,580
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		67	58,922
		18.8673		95	74,860
		29.6476		176	135,374
		44.7401		126	111,408
		55.5204		56	41,154
		61.9886		10	5,862
				530	427,580
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		67	58,922

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		27.6238		107	80,411
		37.6867		160	129,044
		47.7496		132	110,051
		57.8125		53	39,425
		67.8753		11	9,727
				530	427,580
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		67	58,922
		11.347		18	15,436
		16.9385		15	11,170
		22.5299		45	42,648
		28.1214		35	19,885
		33.7129		82	58,191
		39.3044		50	46,819
		44.8959		64	51,287
		50.4873		38	30,844
		56.0788		116	92,379
				530	427,580
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		67	58,922
		16.1764		97	64,002
		26.2742		81	58,253
		36.3721		110	107,335
		46.4699		77	58,516
		56.5677		98	80,552
				530	427,580
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		67	58,922
		15.7748		1	443
		21.8705		12	12,402
		27.9663		34	30,347
		34.0621		39	25,081
		40.1579		112	89,422
		46.2537		77	78,011
		52.3495		78	52,091
		58.4453		74	50,658
		64.541		36	30,202
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	2	503
		-7	Refused	1	1,012
		1	Much Better Than One Year Ago	32	22,512
		2	A Little Better Than One Year Ago	77	57,555
		3	About The Same As One Year Ago	169	139,648
		4	A Little Worse Than One Year Ago	120	105,170
		5	Worse Than One Year Ago	129	101,179
				530	427,580
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	13	3,681
		-7	Refused	2	1,043
		1	About Enough	137	115,414
		2	Too Much	10	8,967
		3	Would Like To Be Doing More	368	298,476
				530	427,580
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	17	9,996
		-7	Refused	1	607
		1	Yes	166	137,578
		2	No	346	279,399
				530	427,580
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	4	480
		-7	Refused	1	1,012
		1	Yes	394	338,371
		2	No	131	87,716
				530	427,580
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	5	5,168
		-7	Refused	1	1,012
		1	Yes	389	327,724
		2	No	135	93,676
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	6	5,140
		-7	Refused	1	1,012
		1	Yes	262	223,400
		2	No	261	198,027
				530	427,580
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	14	16,089
		-7	Refused	1	1,012
		1	Yes	289	244,173
		2	No	226	166,305
				530	427,580
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	1	178
		-7	Refused	1	1,012
		1	Yes	201	166,860
		2	No	327	259,530
				530	427,580
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	3	951
		-7	Refused	1	1,012
		1	Yes	263	216,751
		2	No	263	208,866
				530	427,580
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	1	193
		-7	Refused	1	1,012
		1	Yes	103	85,455
		2	No	425	340,919
				530	427,580
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	1	1,013
		-7	Refused	1	1,012
		1	Yes	117	91,426
		2	No	411	334,129
				530	427,580
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	5	4,891
		-7	Refused	1	1,012

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	127	116,433
		2	No	397	305,244
				530	427,580
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	13	14,880
		-7	Refused	1	1,012
		1	Yes	153	121,444
		2	No	362	287,920
		3	Does Not Apply	1	2,323
				530	427,580
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	5	5,087
		-7	Refused	1	1,012
		1	Yes	92	78,641
		2	No	431	342,451
		3	Does Not Apply	1	389
				530	427,580
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	2	1,320
		-7	Refused	1	1,012
		1	Yes	364	294,865
		2	No	162	130,159
		3	Does Not Apply	1	224
				530	427,580
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	1	1,130
		-7	Refused	1	1,012
		1	Yes	210	174,280
		2	No	318	251,158
				530	427,580
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	5	3,396
		-7	Refused	2	1,043
		1	Yes	130	98,406
		2	No	393	324,734
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	5	3,095
		-7	Refused	1	1,012
		1	Yes	84	63,939
		2	No	440	359,533
				530	427,580
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-7	Refused	1	1,012
		1	Yes	13	9,892
		2	No	516	416,676
				530	427,580
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	2	352
		-7	Refused	1	1,012
		1	Yes	18	15,723
		2	No	509	410,492
				530	427,580
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	2	3,484
		-7	Refused	1	1,012
		1	Yes	355	285,910
		2	No	172	137,174
				530	427,580
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	4	1,042
		-7	Refused	1	1,012
		1	Yes	8	8,161
		2	No	517	417,365
				530	427,580
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	4	2,926
		-7	Refused	2	1,704
		1	Yes	173	122,780
		2	No	351	300,169
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	2	2,277
		-7	Refused	1	1,012
		1	Yes	64	42,816
		2	No	463	381,474
				530	427,580
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	3	1,803
		1	1 Medical Condition	8	6,048
		2	2 Medical Conditions	15	9,954
		3	3 Medical Conditions	22	13,946
		4	4 Medical Conditions	36	27,033
		5	5 Medical Conditions	74	54,005
		6	6 Medical Conditions	55	49,384
		7	7 Medical Conditions	85	78,271
		8	8 Medical Conditions	65	55,094
		9	9 Medical Conditions	58	39,001
		10	10 Medical Conditions	48	40,154
		11	11 Medical Conditions	25	21,545
		12	12 Medical Conditions	14	11,284
		13	13 Medical Conditions	14	15,575
		14	14 Medical Conditions	3	100
		15	15 Medical Conditions	3	2,386
		16	16 Medical Conditions	2	1,995
		530	427,580		
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	16	11,652
		-1	Not Collected	3	1,803
		1	Yes	355	288,266
		2	No	156	125,858
				530	427,580
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	1	273
		-1	Not Collected	175	139,314

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	331	274,130
		2	No	23	13,864
				530	427,580
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	11	5,757
		-1	Not Collected	175	139,314
		1	Yes	134	94,100
		2	No	210	188,410
				530	427,580
PFFHON	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	5,107
		-1	Not Collected	175	139,314
		1	Yes	91	69,956
		2	No	259	213,204
				530	427,580
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	175	139,314
		1	Yes	35	23,927
		2	No	320	264,339
				530	427,580
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	175	139,314
		1	Yes	26	22,329
		2	No	329	265,938
				530	427,580
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]	-8	Don't Know	2	1,636
		-1	Not Collected	175	139,314
		1	Yes	20	9,081

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	333	277,550
				530	427,580
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?	-1	Not Collected	175	139,314
		1	Yes	18	18,433
		2	No	337	269,833
				530	427,580
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?	-1	Not Collected	175	139,314
		1	Yes	23	20,191
		2	No	332	268,075
				530	427,580
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	175	139,314
		1	Yes	52	39,650
		2	No	303	248,616
				530	427,580
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	11	8,906
		-1	Not Collected	3	1,803
		1	Not At All Confident	59	37,381
		2	A Little Confident	105	83,435
		3	Moderately Confident	182	157,548
		4	Very Confident	170	138,507
				530	427,580
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	6	5,255
		-7	Refused	2	1,043

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	213	159,678
		2	No	309	261,603
				530	427,580
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	8	2,582
		-7	Refused	3	2,636
		1	0-2 medications	58	48,893
		2	3-4 medications	89	72,998
		3	5-6 medications	106	80,225
		4	7-8 medications	99	70,327
		5	9+ medications	167	149,919
				530	427,580
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	2	4,515
		1	Yes	201	158,628
		2	No	327	264,438
				530	427,580
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	1	Yes	72	42,758
		2	No	458	384,822
				530	427,580
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	1	1,593
		-7	Refused	1	1,012
		1	Yes	231	176,688
		2	No	297	248,287
				530	427,580
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	379
		-1	Not Collected	299	250,892
		1	Yes	101	66,092
		2	No	128	110,217
				530	427,580
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	1	54
		-7	Refused	2	1,043
		1	Yes	332	253,425

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	195	173,057
				530	427,580
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	198	174,155
		1	Yes	288	211,795
		2	No	44	41,630
				530	427,580
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	2,829
		-7	Refused	1	1,012
		1	Yes	207	173,753
		2	No	319	249,985
				530	427,580
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	323	253,827
		1	Yes	100	75,258
		2	No	107	98,496
				530	427,580
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-7	Refused	1	1,012
		1	Yes	272	197,388
		2	No	257	229,180
				530	427,580
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	381
		-1	Not Collected	258	230,192
		1	Yes	214	146,239
		2	No	57	50,767
				530	427,580
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-7	Refused	1	1,012
		1	Yes	187	144,265
		2	No	342	282,302
				530	427,580
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	1,542
		-1	Not Collected	343	283,315
		1	Yes	145	111,358
		2	No	41	31,366

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				530	427,580
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	1	613
		-7	Refused	1	1,012
		1	Yes	390	301,255
		2	No	138	124,700
				530	427,580
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	2	1,955
		-1	Not Collected	140	126,325
		1	Yes	159	109,425
		2	No	229	189,874
				530	427,580
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-7	Refused	1	1,012
		1	Yes	72	45,075
		2	No	457	381,493
				530	427,580
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	458	382,505
		1	Yes	34	21,852
		2	No	38	23,223
				530	427,580
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-7	Refused	1	1,012
		1	Yes	123	89,917
		2	No	406	336,650
				530	427,580
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	607
		-1	Not Collected	407	337,663
		1	Yes	71	51,781
		2	No	51	37,530
				530	427,580
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	4	7,051
		-7	Refused	1	1,012
		1	Yes	167	118,851
		2	No	358	300,666
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	1,914
		-1	Not Collected	363	308,729
		1	Yes	152	108,298
		2	No	14	8,639
				530	427,580
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	4	6,036
		-7	Refused	1	1,012
		1	Yes	270	205,921
		2	No	255	214,611
				530	427,580
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	2	303
		-1	Not Collected	260	221,659
		1	Yes	221	166,689
		2	No	47	38,929
				530	427,580
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	4	4,893
		-7	Refused	1	1,012
		1	Yes	316	246,919
		2	No	209	174,755
				530	427,580
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	3,103
		-1	Not Collected	214	180,661
		1	Yes	298	223,737
		2	No	17	20,080
				530	427,580
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	4	5,435
		-7	Refused	1	1,012
		1	Yes	470	381,670
		2	No	55	39,463
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	1	3,103
		-1	Not Collected	60	45,910
		1	Yes	456	365,943
		2	No	13	12,624
				530	427,580
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	1	1,914
		-7	Refused	1	1,012
		1	Yes	150	115,648
		2	No	378	309,005
				530	427,580
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	380	311,932
		1	Yes	124	88,587
		2	No	26	27,061
				530	427,580
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	76	55,438
		2	No	454	372,142
				530	427,580
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	454	372,142
		1	Yes	70	49,470
		2	No	6	5,968
				530	427,580
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	2	3,640
		-7	Refused	1	1,012
		1	Yes	319	248,396
		2	No	208	174,531
				530	427,580
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	2	1,311
		-1	Not Collected	211	179,184
		1	Yes	168	108,091
		2	No	149	138,994

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				530	427,580
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	54	36,866
		-7	Refused	1	1,012
		1	Yes	241	220,617
		2	No	234	169,085
				530	427,580
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	289	206,963
		1	Yes	50	42,236
		2	No	58	60,068
		3	Never Uses Bus	133	118,314
				530	427,580
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	480	385,344
		1	Yes	43	34,784
		2	No	7	7,452
				530	427,580
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	2	1,589
		-1	Not Collected	49	41,105
		1	Family	248	203,357
		2	Someone Else Like Friend/Neighbor/Other	172	138,356
		3	Did Not Receive Help	59	43,173
				530	427,580
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	4	2,643
		-1	Not Collected	282	224,223
		1	Husband	17	15,389
		2	Wife	24	15,945
		3	Son	49	42,938
		4	Son-In-Law	2	530
		5	Daughter	101	79,076
		6	Daughter-In-Law	12	10,796
		9	Brother	4	6,382
		10	Sister	9	10,385
		11	Grandson	3	588
		12	Granddaughter	12	14,290

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		13	Nephew	4	951
		14	Niece	4	969
		91	Other Relative	3	2,474
				530	427,580
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	5	4,455
		0	0 limitations	83	79,907
		1	1 limitation	114	88,549
		2	2 limitations	102	88,574
		3	3 limitations	94	64,977
		4	4 limitations	48	40,084
		5	5 limitations	55	45,036
		6	6 limitations	29	15,999
				530	427,580
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,012
		0	0 limitations	83	79,907
		1	1 limitation	114	88,549
		2	2 limitations	104	89,380
		3	3 limitations	96	67,613
		4	4 limitations	48	40,084
		5	5 limitations	55	45,036
		6	6 limitations	29	15,999
				530	427,580
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	5	4,455
		1	Yes	226	166,095
		2	No	299	257,031
				530	427,580
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,012
		1	Yes	228	168,731
		2	No	301	257,837
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	5	4,485
		0	0 limitations	245	217,186
		1	1 limitation	109	82,817
		2	2 limitations	53	33,784
		3	3 limitations	42	34,552
		4	4 limitations	21	21,525
		5	5 limitations	38	27,235
		6	6 limitations	17	5,996
					530
ADLAOA6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	1,012
		0	0 limitations	246	217,161
		1	1 limitation	111	86,273
		2	2 limitations	53	33,784
		3	3 limitations	42	34,552
		4	4 limitations	22	21,566
		5	5 limitations	38	27,235
		6	6 limitations	17	5,996
			530	427,580	
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	12	12,438
		0	0 limitations	85	86,103
		1	1 limitation	72	50,049
		2	2 limitations	84	64,410
		3	3 limitations	87	72,280
		4	4 limitations	80	66,202
		5	5 limitations	36	31,978
		6	6 limitations	31	21,815
		7	7 limitations	43	22,305
			530	427,580	
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	87	87,707

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	73	50,230
		2	2 limitations	89	69,939
		3	3 limitations	88	73,410
		4	4 limitations	82	69,884
		5	5 limitations	37	32,290
		6	6 limitations	31	21,815
		7	7 limitations	43	22,305
				530	427,580
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.	.	Missing	6	6,632
		0	0 limitations	119	114,751
		1	1 limitation	85	60,594
		2	2 limitations	80	59,026
		3	3 limitations	76	76,576
		4	4 limitations	65	49,607
		5	5 limitations	28	16,909
		6	6 limitations	30	24,168
		7	7 limitations	41	19,316
				530	427,580
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	119	114,751
		1	1 limitation	88	64,071
		2	2 limitations	82	60,267
		3	3 limitations	77	78,490
		4	4 limitations	65	49,607
		5	5 limitations	28	16,909
		6	6 limitations	30	24,168
		7	7 limitations	41	19,316
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	14	15,368
		0	0 limitations	30	24,218
		1	1 limitation	68	71,548
		2	2 limitations	63	39,073
		3	3 limitations	83	65,046
		4	4 limitations	83	70,450
		5	5 limitations	79	65,780
		6	6 limitations	36	31,978
		7	7 limitations	31	21,815
		8	8 limitations	43	22,305
			530	427,580	
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	33	28,145
		1	1 limitation	69	71,729
		2	2 limitations	64	40,987
		3	3 limitations	88	69,268
		4	4 limitations	84	71,580
		5	5 limitations	81	69,462
		6	6 limitations	37	32,290
		7	7 limitations	31	21,815
		8	8 limitations	43	22,305
			530	427,580	
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.	.	Missing	6	6,632
		0	0 limitations	48	38,482
		1	1 limitation	83	89,039
		2	2 limitations	78	50,645
		3	3 limitations	81	59,357
		4	4 limitations	71	74,555

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	64	48,477
		6	6 limitations	28	16,909
		7	7 limitations	30	24,168
		8	8 limitations	41	19,316
				530	427,580
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	48	38,482
		1	1 limitation	85	92,322
		2	2 limitations	79	50,838
		3	3 limitations	83	60,597
		4	4 limitations	72	76,470
		5	5 limitations	64	48,477
		6	6 limitations	28	16,909
		7	7 limitations	30	24,168
		8	8 limitations	41	19,316
				530	427,580
AGEC	AGE CATEGORY	2	60-64 years	35	31,311
		3	65-74 years	132	115,083
		4	75-84 years	203	147,417
		5	85+ years	160	133,769
				530	427,580
GENDER	GENDER	1	Male	120	92,566
		2	Female	410	335,014
				530	427,580
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	2	499
		-7	Refused	1	822
		1	Less Than High School	184	152,212
			Diploma		
		2	High School Diploma Or	173	118,385
			GED		
		3	Some	119	110,369
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	30	29,221
		5	Some Post-Graduate	21	16,072
			Work/Advanced Degree		
				530	427,580
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	7	5,415
		-7	Refused	1	346

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	20	14,523
		2	No	502	407,296
				530	427,580
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-7	Refused	2	457
		1	Yes	398	320,065
		2	No	130	107,058
				530	427,580
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-7	Refused	2	457
		1	Yes	111	87,127
		2	No	417	339,996
				530	427,580
DERAC03	WHAT IS YOUR RACE? ASIAN	-7	Refused	2	457
		1	Yes	5	4,910
		2	No	523	422,213
				530	427,580
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-7	Refused	2	457
		1	Yes	11	10,692
		2	No	517	416,431
				530	427,580
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-7	Refused	2	457
		2	No	528	427,123
				530	427,580
DERAC06	WHAT IS YOUR RACE? OTHER	-7	Refused	2	457
		1	Yes	12	11,418
		2	No	516	415,705
				530	427,580
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	19	19,356
		-7	Refused	1	822
		1	The City	274	231,812
		2	The Suburbs	109	84,407
		3	A Rural Area	127	91,183
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	1	Yes	66	48,951
		2	No	464	378,629
				530	427,580
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	1	3,103
		1	Yes	310	246,964
		2	No	219	177,513
			530	427,580	
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-1	Not Collected	310	246,964
		1	Yes	104	95,217
		2	No	116	85,399
			530	427,580	
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-1	Not Collected	310	246,964
		1	Yes	99	80,082
		2	No	121	100,534
			530	427,580	
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-1	Not Collected	310	246,964
		1	Yes	51	29,492
		2	No	169	151,123
			530	427,580	
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-1	Not Collected	310	246,964
		1	Yes	15	15,683
		2	No	205	164,932
			530	427,580	
LIVARRC	WHO DO YOU LIVE WITH?	1	Alone	310	246,964
		2	With spouse only	80	67,638
		3	With children only	61	52,960
		4	With spouse and children	14	15,154
		5	With others	65	44,864
			530	427,580	
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	1	3,103
		1	1 Person	310	246,964
		2	2 People	153	125,326

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 People	37	31,887
		4	4 People	17	12,685
		5	5 People	6	3,088
		6	6 People	3	531
		7	7 People	2	2,015
		8	8 People	1	1,981
				530	427,580
DEMARST	WHAT IS YOUR MARITAL STATUS?	1	Married	109	104,288
		2	Widowed	302	220,181
		3	Divorced	87	70,635
		4	Separated	3	1,773
		5	Never Married	29	30,703
				530	427,580
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?	-8	Don't Know	35	33,297
		-7	Refused	13	12,413
		1	Below \$20,000 [1666 Per Month Or Less]	374	290,701
		2	Above \$20,000 [1667 Per Month Or More]	108	91,168
				530	427,580
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?	.	Missing	48	45,710
		-8	Don't Know	38	27,196
		-7	Refused	7	5,492
		1	\$5,000 or less	34	36,290
		2	\$5,001-\$10,000	93	68,857
		3	\$10,001-\$15,000	147	105,419
		4	\$15,001-\$20,000	65	52,651
		5	\$20,001-\$25,000	46	38,355
		6	\$25,001-\$30,000	18	10,114
		7	\$30,001-\$35,000	7	5,883
		8	\$35,001-\$40,000	7	6,634
		9	\$40,001-\$50,000	5	9,475
		10	ABOVE \$50,000	15	15,503
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
URBAN	URBAN CODE	-9	Invalid Zip Code, or Foreign Zip Code	2	526
		0	Rural (Not in Urbanized Area or Urban Cluster)	152	113,902
		1	In Urbanized Area	272	231,830
		2	In Urban Cluster	104	81,323
				530	427,580
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	530	427,580
				530	427,580
VARUNIT	VARIANCE UNIT	1	Variance unit 1	255	225,337
		2	Variance unit 2	275	202,243
				530	427,580
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	8.11 - 4878.57	Weight range	530	427,580
				530	427,580
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	2.63 - 8680.59	Replicate weight range	530	427,580
				530	427,580
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.47 - 8139.84	Replicate weight range	530	427,580
				530	427,580
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	3.28 - 8551.58	Replicate weight range	530	427,580
				530	427,580
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	2.12 - 7807.51	Replicate weight range	530	427,580
				530	427,580
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	2.83 - 7310.31	Replicate weight range	530	427,580
				530	427,580
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	2.18 - 8984.66	Replicate weight range	530	427,580
				530	427,580
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	4.14 - 8959.15	Replicate weight range	530	427,580
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	4.13 - 9777.16	Replicate weight range	530	427,580
				530	427,580
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	4.18 - 7386.56	Replicate weight range	530	427,580
				530	427,580
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	3.89 - 9065.67	Replicate weight range	530	427,580
				530	427,580
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	1.94 - 9279.92	Replicate weight range	530	427,580
				530	427,580
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	3.54 - 8758.84	Replicate weight range	530	427,580
				530	427,580
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	2.82 - 8852.93	Replicate weight range	530	427,580
				530	427,580
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	3.64 - 9272.46	Replicate weight range	530	427,580
				530	427,580
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	2.95 - 8860.71	Replicate weight range	530	427,580
				530	427,580
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.18 - 7856.82	Replicate weight range	530	427,580
				530	427,580
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	2.27 - 6126.71	Replicate weight range	530	427,580
				530	427,580
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	3.16 - 6808.90	Replicate weight range	530	427,580
				530	427,580
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	3.45 - 6421.49	Replicate weight range	530	427,580
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	2.51 - 7598.77	Replicate weight range	530	427,580
				530	427,580
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	1.82 - 6935.09	Replicate weight range	530	427,580
				530	427,580
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	2.24 - 6780.43	Replicate weight range	530	427,580
				530	427,580
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	3.77 - 7330.27	Replicate weight range	530	427,580
				530	427,580
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	3.55 - 7368.29	Replicate weight range	530	427,580
				530	427,580
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	3.44 - 5472.83	Replicate weight range	530	427,580
				530	427,580
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	3.25 - 6684.21	Replicate weight range	530	427,580
				530	427,580
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	1.85 - 6711.88	Replicate weight range	530	427,580
				530	427,580
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	2.15 - 9676.03	Replicate weight range	530	427,580
				530	427,580
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	2.50 - 7495.59	Replicate weight range	530	427,580
				530	427,580
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	3.54 - 7550.59	Replicate weight range	530	427,580
				530	427,580
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	3.56 - 7328.47	Replicate weight range	530	427,580
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	1.86 - 7234.06	Replicate weight range	530	427,580
				530	427,580
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	2.29 - 9307.42	Replicate weight range	530	427,580
				530	427,580
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	2.54 - 8460.09	Replicate weight range	530	427,580
				530	427,580
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	3.39 - 8711.33	Replicate weight range	530	427,580
				530	427,580
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	2.28 - 7812.46	Replicate weight range	530	427,580
				530	427,580
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	2.79 - 7268.40	Replicate weight range	530	427,580
				530	427,580
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	2.11 - 8750.06	Replicate weight range	530	427,580
				530	427,580
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	3.76 - 8777.81	Replicate weight range	530	427,580
				530	427,580
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	5.24 - 9206.60	Replicate weight range	530	427,580
				530	427,580
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	3.61 - 7644.99	Replicate weight range	530	427,580
				530	427,580
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	3.74 - 9294.91	Replicate weight range	530	427,580
				530	427,580
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	2.00 - 9665.96	Replicate weight range	530	427,580
				530	427,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	3.47 - 8812.18	Replicate weight range	530	427,580
				530	427,580
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	2.46 - 8675.95	Replicate weight range	530	427,580
				530	427,580
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	3.73 - 9041.39	Replicate weight range	530	427,580
				530	427,580
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	3.07 - 8581.12	Replicate weight range	530	427,580
				530	427,580
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	2.41 - 7798.80	Replicate weight range	530	427,580
				530	427,580
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	2.24 - 7439.01	Replicate weight range	530	427,580
				530	427,580
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	2.74 - 7375.94	Replicate weight range	530	427,580
				530	427,580
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	3.34 - 6507.34	Replicate weight range	530	427,580
				530	427,580
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	2.24 - 6529.71	Replicate weight range	530	427,580
				530	427,580
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	2.04 - 7449.18	Replicate weight range	530	427,580
				530	427,580
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	2.13 - 6319.61	Replicate weight range	530	427,580
				530	427,580
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	3.67 - 7205.91	Replicate weight range	530	427,580
				530	427,580

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	2.75 - 6377.51	Replicate weight range	530	427,580
				530	427,580
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	4.37 - 6839.38	Replicate weight range	530	427,580
				530	427,580
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	3.47 - 6774.71	Replicate weight range	530	427,580
				530	427,580
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.63 - 7050.07	Replicate weight range	530	427,580
				530	427,580
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	2.42 - 9129.46	Replicate weight range	530	427,580
				530	427,580
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	2.90 - 8352.14	Replicate weight range	530	427,580
				530	427,580
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	3.51 - 7307.45	Replicate weight range	530	427,580
				530	427,580
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	3.29 - 6630.88	Replicate weight range	530	427,580
				530	427,580
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	2.10 - 5680.69	Replicate weight range	530	427,580
				530	427,580