

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
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	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU 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?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
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.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION

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IADL0A7	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.
IADL0A7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADL0A7P	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.
IADL0A7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADL0A8	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.
IADL0A8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADL0A8P	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.
IADL0A8P_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 2012 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
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
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34

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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 2012 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON 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 2012?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
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...
PFDIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDINB	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]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU 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
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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	PERSON ID		Person ID	500	424,904
				500	424,904
CSDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?	1	Today Or Yesterday	127	93,807
		2	More Than 1 Day To 1 Week Ago	116	100,001
		3	More Than 1 Week To 1 Month Ago	112	104,398
		4	More Than 1 Month Ago	145	126,698
				500	424,904
CSCONT	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?	-8	Don't Know	3	943
		1	Yes	429	368,057
		2	No	68	55,905
				500	424,904
CSFONEC	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?	-8	Don't Know	48	48,300
		1	Yes	412	334,182
		2	No	40	42,422
				500	424,904
CSEXPLN	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?	-8	Don't Know	8	5,567
		1	Yes	463	382,995
		2	No	29	36,342
				500	424,904
CSNEEDS	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?	-8	Don't Know	16	10,133
		1	Yes	411	354,316
		2	No	73	60,454
				500	424,904
CSRESPT	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?	-8	Don't Know	6	10,053
		1	Yes	490	413,773
		2	No	4	1,077
				500	424,904
CSINVOLV	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?	-8	Don't Know	14	14,012
		1	Yes	423	353,159

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	63	57,733
				500	424,904
CSCARE	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?	-8	Don't Know	15	12,279
		1	Yes	447	375,256
		2	No	38	37,369
				500	424,904
CSGTMOR	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?	-8	Don't Know	20	14,846
		1	Yes	393	335,139
		2	No	87	74,920
				500	424,904
CSBETTR	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?	-8	Don't Know	10	2,860
		1	Yes	399	353,006
		2	No	91	69,038
				500	424,904
CSHOWLG	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?	-8	Don't Know	11	5,929
		1	6 Months Or Less	73	60,334
		2	More Than 6 Months But Less Than 1 Year	80	70,614
		3	At Least 1 Year But Less Than 2 Years	124	106,529
		4	2 To 5 Years	147	128,749
		5	More Than 5 Years	65	52,748
				500	424,904
CSSVCPLN	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?	-8	Don't Know	36	27,629
		1	Yes	393	330,257
		2	No	71	67,018
				500	424,904
CCOPY	DID YOU GET A COPY OF THE PLAN?	-8	Don't Know	41	38,885
		-1	Not Collected	107	94,647
		1	Yes	307	257,188
		2	No	45	34,185
				500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSELSVC	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?	-8	Don't Know	22	11,181
		1	Yes	401	357,495
		2	No	77	56,228
				500	424,904
CSSELPRV	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?	-8	Don't Know	56	40,636
		-7	Refused	1	188
		1	Yes	279	243,908
		2	No	164	140,171
				500	424,904
CSRATE	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?	-8	Don't Know	5	5,307
		1	Excellent	207	176,545
		2	Very Good	170	153,328
		3	Good	83	57,484
		4	Fair	24	24,014
		5	Poor	11	8,226
		500	424,904		
CSRATE2	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT	.	Missing	5	5,307
		1	Rating of Good to Excellent	460	387,357
		2	Rating of Fair or Poor	35	32,240
		500	424,904		
CSSTAYHM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	7	2,380
		1	Yes	461	403,101
		2	No	32	19,423
		500	424,904		
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	11	11,255
		-7	Refused	1	174
		1	Yes	329	261,869
		2	No	159	151,606
		500	424,904		
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	2	92
		1	Yes	73	69,148

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	425	355,664
				500	424,904
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	2,870
		1	Yes	220	197,682
		2	No	279	224,351
				500	424,904
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	1	1,668
		1	Yes	309	261,114
		2	No	190	162,122
				500	424,904
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	4	3,524
		1	Yes	134	139,514
		2	No	362	281,866
				500	424,904
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	538
		1	Yes	26	14,929
		2	No	472	409,437
				500	424,904
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	2,421
		1	Yes	197	143,544
		2	No	301	278,939
				500	424,904
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	1	476
		1	Yes	129	96,550
		2	No	370	327,878
				500	424,904
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	939
		1	Yes	31	24,846
		2	No	467	399,119
				500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	17	18,277
		-7	Refused	1	2,501
		1	Yes	210	173,741
		2	No	272	230,385
				500	424,904
SVCCOUNT	SERVICE COMBINATIONS	1	Case Management only	33	28,422
		2	Case Management and 1 additional service	100	100,715
		3	Case Management and 2 additional services	119	94,363
		4	Case Management and 3 additional services	115	94,414
		5	Case Management and 4 additional services	68	45,846
		6	Case Management and 5 additional services	36	24,940
		7	Case Management and 6 additional services	17	21,222
		8	Case Management and 7 additional services	6	8,471
		9	Case Management and 8 additional services	4	4,931
		10	Case Management and 9 additional services	2	1,580
		500	424,904		
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	8	7,987
		1	Yes	58	70,694
		2	No	434	346,224
		500	424,904		
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	10	7,273
		1	Yes	150	131,654
		2	No	340	285,978
		500	424,904		
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	3	1,425
		1	Yes	67	63,597

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	430	359,882
				500	424,904
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	2	649
		-7	Refused	1	174
		1	Yes	39	35,759
		2	No	458	388,322
				500	424,904
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	7	3,654
		-7	Refused	1	174
		1	Yes	59	49,392
		2	No	433	371,684
				500	424,904
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	6	8,250
		1	Yes	147	130,555
		2	No	347	286,099
				500	424,904
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	2	2,181
		-1	Not Collected	19	18,091
		1	Excellent	183	163,885
		2	Very Good	166	145,014
		3	Good	88	64,023
		4	Fair	26	22,327
		5	Poor	16	9,384
				500	424,904
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	8	4,481
		1	Yes	396	351,417
		2	No	96	69,006
				500	424,904
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	19	9,267
		-7	Refused	1	2,501

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	421	356,609
		2	No	59	56,527
				500	424,904
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	12	6,391
		1	Yes	396	358,002
		2	No	92	60,510
				500	424,904
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	5,349
		1	Yes	297	239,345
		2	No	189	180,210
				500	424,904
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	1,186
		1	Agree	487	418,244
		2	Disagree	8	5,474
				500	424,904
SVCSUPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	17	13,013
		1	Agree	459	394,830
		2	Disagree	24	17,061
				500	424,904
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	1	Yes	156	123,178
		2	No	344	301,726
				500	424,904
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	10	5,100
		1	Yes	136	91,681
		2	No	354	328,123
				500	424,904
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	18	16,070
		1	Yes	174	144,421
		2	No	308	264,413
				500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	7	6,115
		1	Yes	92	85,107
		2	No	401	333,682
				500	424,904
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	6	2,785
		1	Yes	223	206,102
		2	No	271	216,017
				500	424,904
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	4	3,770
		1	Yes	331	290,758
		2	No	165	130,375
				500	424,904
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	7	5,373
		1	Excellent	17	13,220
		2	Very Good	46	46,878
		3	Good	135	112,191
		4	Fair	184	156,517
		5	Poor	111	90,725
		500	424,904		
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?	-8	Don't Know	9	7,620
		-7	Refused	1	174
		1	Yes, Limited A Lot	311	247,298
		2	Yes, Limited A Little	119	105,303
		3	No, Not Limited At All	60	64,509
				500	424,904
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	7	4,473
		-7	Refused	2	650
		1	Yes, Limited A Lot	343	272,081
		2	Yes, Limited A Little	97	100,368
		3	No, Not Limited At All	51	47,333
		500	424,904		

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	14	11,474
		1	All Of The Time	108	72,587
		2	Most Of The Time	138	155,519
		3	Some Of The Time	138	108,321
		4	A Little Of The Time	70	53,111
		5	None Of The Time	32	23,893
					500
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	9	4,248
		1	All Of The Time	120	74,036
		2	Most Of The Time	140	137,086
		3	Some Of The Time	132	118,059
		4	A Little Of The Time	72	65,762
		5	None Of The Time	27	25,713
					500
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	9	4,233
		-7	Refused	1	174
		1	All Of The Time	40	19,344
		2	Most Of The Time	65	61,135
		3	Some Of The Time	130	106,442
		4	A Little Of The Time	122	100,030
		5	None Of The Time	133	133,546
			500	424,904	
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	7,780
		-7	Refused	1	174
		1	All Of The Time	29	16,838
		2	Most Of The Time	53	52,318

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	111	86,368
		4	A Little Of The Time	110	81,386
		5	None Of The Time	183	180,040
				500	424,904
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	10,833
		1	All Of The Time	64	57,631
		2	Most Of The Time	83	50,478
		3	Some Of The Time	80	78,278
		4	A Little Of The Time	153	133,631
		5	None Of The Time	108	94,053
				500	424,904
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	4	890
		1	All Of The Time	43	43,375
		2	Most Of The Time	211	193,348
		3	Some Of The Time	140	107,079
		4	A Little Of The Time	81	62,647
		5	None Of The Time	21	17,566
				500	424,904
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	4	4,874
		1	All Of The Time	6	6,180
		2	Most Of The Time	55	52,208
		3	Some Of The Time	136	133,656
		4	A Little Of The Time	204	165,063
		5	None Of The Time	95	62,924
				500	424,904
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	3	1,582
		1	All Of The Time	23	14,760
		2	Most Of The Time	56	32,967
		3	Some Of The Time	127	90,125
		4	A Little Of The Time	157	135,010
		5	None Of The Time	134	150,460
				500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?	-8	Don't Know	14	6,928
		1	All Of The Time	100	66,657
		2	Most Of The Time	82	66,404
		3	Some Of The Time	115	117,660
		4	A Little Of The Time	78	67,260
		5	None Of The Time	111	99,995
					500
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	67	46,136
		1	4 - < 20	86	72,210
		2	20 - < 25	74	70,869
		3	25 - < 30	78	80,778
		4	30 - < 35	70	43,240
		5	35 - < 40	46	45,539
		6	40 - < 45	34	30,288
		7	45 - < 50	33	20,509
		8	50 - < 55	10	12,608
		9	55 - < 65	2	2,728
			500	424,904	
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	67	46,136
		1	7 - < 35	78	50,603
		2	35 - < 40	43	31,692
		3	40 - < 45	66	51,714
		4	45 - < 50	60	53,341
		5	50 - < 53	43	47,517
		6	53 - < 56	35	30,799
		7	56 - < 59	33	31,658
		8	59 - < 62	32	34,872
		9	62 - < 65	22	20,797
			500	424,904	
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	67	46,136
			22.1083	243	189,085
			30.6976	68	64,168

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		39.287		67	67,815
		47.8763		26	30,746
		56.4656		29	26,955
				500	424,904
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		67	46,136
		20.3233		60	37,058
		24.9298		55	40,100
		29.5364		75	85,478
		34.1429		50	59,459
		38.7495		99	78,087
		43.356		35	28,070
		47.9626		33	25,301
		52.5691		12	15,782
		57.1757		14	9,433
				500	424,904
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		67	46,136
		16.6777		94	82,808
		26.8693		139	127,237
		37.0608		74	70,239
		47.2523		72	48,398
		57.4438		54	50,086
				500	424,904
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		67	46,136
		18.8673		97	82,205
		29.6476		161	142,477
		44.7401		122	102,831
		55.5204		40	40,303
		61.9886		13	10,952
				500	424,904
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		67	46,136
		27.6238		82	54,916
		37.6867		183	153,111
		47.7496		114	116,222
		57.8125		49	48,552
		67.8753		5	5,968

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				500	424,904
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		67	46,136
		11.347		17	6,483
		16.9385		14	7,281
		22.5299		30	34,305
		28.1214		26	14,153
		33.7129		80	76,910
		39.3044		49	42,259
		44.8959		72	49,733
		50.4873		47	43,726
		56.0788		98	103,920
				500	424,904
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		67	46,136
		16.1764		90	60,476
		26.2742		74	56,493
		36.3721		101	109,338
		46.4699		74	64,092
		56.5677		94	88,369
				500	424,904
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		67	46,136
		15.7748		8	9,036
		21.8705		14	6,060
		27.9663		29	19,486
		34.0621		35	26,275
		40.1579		81	56,323
		46.2537		77	63,266
		52.3495		99	92,524
		58.4453		67	73,983
		64.541		23	31,816
				500	424,904
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	3	2,938
		1	Much Better Than One Year Ago	30	25,196
		2	A Little Better Than One Year Ago	65	60,337

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	About The Same As One Year Ago	154	140,214
		4	A Little Worse Than One Year Ago	139	117,589
		5	Worse Than One Year Ago	109	78,630
				500	424,904
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	17	12,122
		1	About Enough	119	115,651
		2	Too Much	5	1,524
		3	Would Like To Be Doing More	359	295,606
				500	424,904
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	20	15,912
		1	Yes	146	127,780
		2	No	334	281,212
				500	424,904
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	1	Yes	370	280,867
		2	No	130	144,037
				500	424,904
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	2	909
		1	Yes	379	332,577
		2	No	119	91,418
				500	424,904
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	1	Yes	250	201,079
		2	No	250	223,825
				500	424,904
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	7	13,212
		1	Yes	277	245,894
		2	No	216	165,798
				500	424,904
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	3	6,289
		-7	Refused	1	476

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	200	168,676
		2	No	295	249,390
		3	Does Not Apply	1	73
				500	424,904
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	1	Yes	257	189,812
		2	No	243	235,092
				500	424,904
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	1	455
		1	Yes	107	81,278
		2	No	392	343,171
				500	424,904
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	2	845
		1	Yes	122	89,977
		2	No	376	334,082
				500	424,904
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	7	4,691
		1	Yes	114	79,711
		2	No	379	340,503
				500	424,904
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	10	5,009
		1	Yes	169	129,028
		2	No	320	288,365
		3	Does Not Apply	1	2,501
				500	424,904
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	3	1,821
		1	Yes	72	57,547
		2	No	425	365,537
				500	424,904
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	1	1,622
		1	Yes	346	301,633

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	152	121,434
		3	Does Not Apply	1	214
				500	424,904
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?				
		-8	Don't Know	2	712
		1	Yes	203	179,522
		2	No	295	244,670
				500	424,904
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?				
		-8	Don't Know	2	681
		1	Yes	136	103,295
		2	No	361	319,260
		3	Does Not Apply	1	1,668
				500	424,904
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	5,902
		1	Yes	75	55,958
		2	No	420	363,044
				500	424,904
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?				
		1	Yes	38	23,316
		2	No	462	401,588
				500	424,904
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?				
		-8	Don't Know	3	3,631
		1	Yes	19	10,457
		2	No	478	410,816
				500	424,904
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?				
		-8	Don't Know	1	1,573
		1	Yes	342	283,026
		2	No	157	140,305
				500	424,904
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	4	1,237

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	14	11,308
		2	No	481	410,326
		3	Does Not Apply	1	2,032
				500	424,904
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	9	7,700
		1	Yes	154	101,388
		2	No	337	315,816
				500	424,904
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	4	1,917
		1	Yes	79	64,412
		2	No	417	358,575
				500	424,904
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	1	1,573
		1	1 Medical Condition	12	14,167
		2	2 Medical Conditions	13	8,838
		3	3 Medical Conditions	18	17,216
		4	4 Medical Conditions	28	24,471
		5	5 Medical Conditions	47	45,464
		6	6 Medical Conditions	66	69,049
		7	7 Medical Conditions	72	64,319
		8	8 Medical Conditions	67	54,483
		9	9 Medical Conditions	51	36,163
		10	10 Medical Conditions	58	55,201
		11	11 Medical Conditions	30	18,741
		12	12 Medical Conditions	18	7,089
		13	13 Medical Conditions	8	2,385
		14	14 Medical Conditions	8	4,735
		15	15 Medical Conditions	1	488
		16	16 Medical Conditions	2	523
				500	424,904
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?				
		-8	Don't Know	18	8,892
		-1	Not Collected	1	1,573
		1	Yes	316	307,275

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	165	107,164
				500	424,904
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	384
		-1	Not Collected	184	117,629
		1	Yes	295	290,747
		2	No	20	16,143
				500	424,904
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	6	8,564
		-7	Refused	1	403
		-1	Not Collected	184	117,629
		1	Yes	112	99,691
		2	No	197	198,617
				500	424,904
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	3	8,564
		-7	Refused	1	403
		-1	Not Collected	184	117,629
		1	Yes	98	92,628
		2	No	214	205,680
				500	424,904
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	1	62
		-7	Refused	1	403
		-1	Not Collected	184	117,629
		1	Yes	46	46,974
		2	No	268	259,836
				500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	1	520
		-7	Refused	1	403
		-1	Not Collected	184	117,629
		1	Yes	25	27,856
		2	No	289	278,496
				500	424,904
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	4	1,393
		-7	Refused	1	403
		-1	Not Collected	184	117,629
		1	Yes	15	6,875
		2	No	296	298,604
				500	424,904
PFMEDF	SELF/FAMILY IN MEDICAL FIELD	-1	Not Collected	184	117,629
		1	Yes	22	17,398
		2	No	294	289,877
				500	424,904
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	184	117,629
		1	Yes	18	14,765
		2	No	298	292,510
				500	424,904
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	184	117,629
		1	Yes	31	32,690
		2	No	285	274,585
				500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	5	2,947
		-7	Refused	1	403
		-1	Not Collected	1	1,573
		1	Not At All Confident	65	43,200
		2	A Little Confident	101	74,741
		3	Moderately Confident	179	180,485
		4	Very Confident	148	121,556
			500	424,904	
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	5,935
		1	Yes	203	165,432
		2	No	291	253,538
			500	424,904	
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	17	21,495
		-7	Refused	1	403
		1	0-2 medications	58	42,021
		2	3-4 medications	78	88,449
		3	5-6 medications	106	88,790
		4	7-8 medications	75	59,585
		5	9+ medications	165	124,161
			500	424,904	
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	1	1,622
		-7	Refused	1	403
		1	Yes	197	154,651
		2	No	301	268,228
			500	424,904	
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	3	784
		-7	Refused	1	403
		1	Yes	77	66,619

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	419	357,098
				500	424,904
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	1	Yes	248	178,459
		2	No	252	246,445
				500	424,904
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	716
		-1	Not Collected	252	246,445
		1	Yes	108	62,254
		2	No	138	115,489
				500	424,904
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	2	1,690
		1	Yes	343	273,320
		2	No	155	149,894
				500	424,904
PFDFFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	625
		-1	Not Collected	157	151,584
		1	Yes	293	230,372
		2	No	48	42,323
				500	424,904
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	528
		1	Yes	226	187,448
		2	No	272	236,928
				500	424,904
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	411
		-1	Not Collected	274	237,456
		1	Yes	108	80,095
		2	No	117	106,942
				500	424,904
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	1	Yes	269	216,304
		2	No	231	208,600
				500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	231	208,600
		1	Yes	194	145,317
		2	No	75	70,987
				500	424,904
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	1	Yes	202	150,158
		2	No	298	274,746
				500	424,904
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	419
		-1	Not Collected	298	274,746
		1	Yes	146	103,277
		2	No	55	46,462
				500	424,904
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	1	Yes	396	308,169
		2	No	104	116,735
				500	424,904
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	4	1,614
		-1	Not Collected	104	116,735
		1	Yes	168	128,204
		2	No	224	178,352
				500	424,904
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	456
		1	Yes	76	54,460
		2	No	423	369,988
		500	424,904		
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	1,118
		-1	Not Collected	424	370,444
		1	Yes	34	20,545
		2	No	41	32,797
		500	424,904		
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	1	478
		1	Yes	120	67,538
		2	No	379	356,888
		500	424,904		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	239
		-1	Not Collected	380	357,366
		1	Yes	68	43,224
		2	No	51	24,076
				500	424,904
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	1,072
		1	Yes	170	127,938
		2	No	328	295,894
		500	424,904		
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	330	296,966
		1	Yes	154	114,304
		2	No	16	13,634
		500	424,904		
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	3	4,266
		1	Yes	268	220,333
		2	No	229	200,305
		500	424,904		
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	1,545
		-1	Not Collected	232	204,571
		1	Yes	215	178,476
		2	No	52	40,312
		500	424,904		
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	1	Yes	297	225,248
		2	No	203	199,656
		500	424,904		
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	96
		-7	Refused	1	73
		-1	Not Collected	203	199,656
		1	Yes	276	210,156
		2	No	19	14,923

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				500	424,904
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	2	391
		1	Yes	443	384,818
		2	No	55	39,695
				500	424,904
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-1	Not Collected	57	40,086
		1	Yes	427	364,147
		2	No	16	20,671
				500	424,904
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	3	2,354
		1	Yes	143	104,278
		2	No	354	318,272
				500	424,904
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	1	214
		-1	Not Collected	357	320,626
		1	Yes	125	90,873
		2	No	17	13,191
				500	424,904
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	1	975
		1	Yes	74	42,696
		2	No	425	381,233
				500	424,904
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	343
		-1	Not Collected	426	382,208
		1	Yes	69	40,526
		2	No	4	1,827
				500	424,904
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	1	30
		1	Yes	289	245,638

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	210	179,236
				500	424,904
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-1	Not Collected	211	179,266
		1	Yes	141	125,929
		2	No	148	119,709
				500	424,904
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	32	21,997
		1	Yes	219	214,742
		2	No	249	188,166
				500	424,904
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	476
		-1	Not Collected	281	210,162
		1	Yes	58	65,706
		2	No	58	57,414
		3	Never Uses Bus	102	91,145
				500	424,904
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	442	359,198
		1	Yes	53	61,428
		2	No	5	4,278
				500	424,904
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	2	32
		-1	Not Collected	51	43,294
		1	Family	249	213,134
		2	Someone Else Like Friend/Neighbor/Other	137	118,543
		3	Did Not Receive Help	61	49,901
				500	424,904
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	5	5,706
		-1	Not Collected	251	211,770
		1	Husband	20	6,713
		2	Wife	20	15,225
		3	Son	61	62,606
		5	Daughter	96	79,826

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	Daughter-In-Law	7	5,004
		8	Mother	1	476
		9	Brother	6	7,015
		10	Sister	6	7,325
		11	Grandson	2	2,205
		12	Granddaughter	11	9,435
		13	Nephew	1	73
		14	Niece	9	5,105
		91	Other Relative	4	6,421
				500	424,904
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	4	1,461
		0	0 limitations	56	51,932
		1	1 limitation	116	119,720
		2	2 limitations	89	69,779
		3	3 limitations	77	71,131
		4	4 limitations	64	58,048
		5	5 limitations	64	40,684
		6	6 limitations	30	12,148
				500	424,904
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	56	51,932
		1	1 limitation	118	120,459
		2	2 limitations	89	69,779
		3	3 limitations	79	71,854
		4	4 limitations	64	58,048
		5	5 limitations	64	40,684
		6	6 limitations	30	12,148
				500	424,904
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	4	1,461
		1	Yes	235	182,011
		2	No	261	241,432
				500	424,904
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	237	182,733
		2	No	263	242,171
				500	424,904

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	8	3,800
		0	0 limitations	220	203,335
		1	1 limitation	108	95,845
		2	2 limitations	52	34,939
		3	3 limitations	34	35,561
		4	4 limitations	24	25,287
		5	5 limitations	31	16,535
		6	6 limitations	23	9,601
					500
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	223	204,331
		1	1 limitation	109	96,963
		2	2 limitations	52	34,939
		3	3 limitations	36	36,598
		4	4 limitations	26	25,936
		5	5 limitations	31	16,535
		6	6 limitations	23	9,601
			500	424,904	
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	10	8,112
		0	0 limitations	71	56,285
		1	1 limitation	67	72,493
		2	2 limitations	72	76,450
		3	3 limitations	99	76,276
		4	4 limitations	70	64,504
		5	5 limitations	37	19,596
		6	6 limitations	38	28,202
		7	7 limitations	36	22,986
			500	424,904	
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	73	58,577
		1	1 limitation	67	72,493

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	76	77,654
		3	3 limitations	102	79,348
		4	4 limitations	71	66,049
		5	5 limitations	37	19,596
		6	6 limitations	38	28,202
		7	7 limitations	36	22,986
				500	424,904
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	2,681
		0	0 limitations	110	95,718
		1	1 limitation	72	75,955
		2	2 limitations	74	62,052
		3	3 limitations	86	75,947
		4	4 limitations	48	43,799
		5	5 limitations	35	19,814
		6	6 limitations	34	26,311
		7	7 limitations	35	22,628
				500	424,904
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	111	95,814
		1	1 limitation	74	76,241
		2	2 limitations	75	63,596
		3	3 limitations	87	76,358
		4	4 limitations	48	43,799
		5	5 limitations	36	20,156
		6	6 limitations	34	26,311
		7	7 limitations	35	22,628
				500	424,904
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	12	8,504

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	0 limitations	35	23,858
		1	1 limitation	42	35,282
		2	2 limitations	67	79,061
		3	3 limitations	69	69,774
		4	4 limitations	97	74,137
		5	5 limitations	68	63,846
		6	6 limitations	36	19,255
		7	7 limitations	38	28,202
		8	8 limitations	36	22,986
				500	424,904
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	36	23,909
		1	1 limitation	44	37,574
		2	2 limitations	67	79,061
		3	3 limitations	73	70,978
		4	4 limitations	100	77,208
		5	5 limitations	70	65,732
		6	6 limitations	36	19,255
		7	7 limitations	38	28,202
		8	8 limitations	36	22,986
				500	424,904
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.	.	Missing	6	2,681
		0	0 limitations	53	43,497
		1	1 limitation	66	57,320
		2	2 limitations	68	79,722
		3	3 limitations	73	55,739
		4	4 limitations	84	74,130
		5	5 limitations	46	43,061
		6	6 limitations	35	19,814
		7	7 limitations	34	26,311
		8	8 limitations	35	22,628
				500	424,904
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	53	43,497

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	67	57,416
		2	2 limitations	70	80,009
		3	3 limitations	74	57,284
		4	4 limitations	85	74,541
		5	5 limitations	46	43,061
		6	6 limitations	36	20,156
		7	7 limitations	34	26,311
		8	8 limitations	35	22,628
				500	424,904
AGEC	AGE CATEGORY	2	60-64 years	34	32,743
		3	65-74 years	153	126,039
		4	75-84 years	162	131,327
		5	85+ years	151	134,795
				500	424,904
GENDER	GENDER	1	Male	128	118,338
		2	Female	372	306,566
				500	424,904
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	789
		-7	Refused	1	2,627
		1	Less Than High School Diploma	148	115,306
		2	High School Diploma Or GED	174	168,834
		3	Some College(Business/Vocational/Techni)	126	101,577
		4	Bachelor's Degree	26	17,397
		5	Some Post-Graduate Work/Advanced Degree	22	18,372
				500	424,904
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	8	10,385
		-7	Refused	2	879
		1	Yes	31	41,125
		2	No	459	372,515
				500	424,904
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	1,071
		-7	Refused	4	1,507
		1	Yes	392	331,045
		2	No	102	91,280

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				500	424,904
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	1,071
		-7	Refused	4	1,507
		1	Yes	85	73,896
		2	No	409	348,430
				500	424,904
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	1,071
		-7	Refused	4	1,507
		1	Yes	3	2,747
		2	No	491	419,579
				500	424,904
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	1,071
		-7	Refused	4	1,507
		1	Yes	13	8,380
		2	No	481	413,946
				500	424,904
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	1,071
		-7	Refused	4	1,507
		2	No	494	422,326
				500	424,904
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	1,071
		-7	Refused	4	1,507
		1	Yes	11	17,504
		2	No	483	404,822
				500	424,904
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	13	5,220
		1	The City	252	253,818
		2	The Suburbs	99	60,046
		3	A Rural Area	136	105,820
				500	424,904
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	2	923
		-7	Refused	1	73

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	51	53,913
		2	No	446	369,996
				500	424,904
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	2	2,627
		-7	Refused	1	2,627
		1	Yes	287	257,245
		2	No	210	162,405
				500	424,904
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	2,413
		-1	Not Collected	287	257,245
		1	Yes	91	71,735
		2	No	121	93,512
				500	424,904
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	2,413
		-1	Not Collected	287	257,245
		1	Yes	108	94,412
		2	No	104	70,835
				500	424,904
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	2	2,756
		-1	Not Collected	287	257,245
		1	Yes	50	45,305
		2	No	161	119,598
				500	424,904
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	2,413
		-1	Not Collected	287	257,245
		1	Yes	11	7,958
		2	No	201	157,288
				500	424,904
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	2,413
		1	Alone	287	257,245
		2	With spouse only	68	46,690
		3	With children only	62	49,520
		4	With spouse and children	18	19,807
		5	With others	64	49,229
				500	424,904
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	2,413

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	2,627
		1	1 Person	291	258,858
		2	2 People	143	109,984
		3	3 People	43	32,695
		4	4 People	10	7,933
		5	5 People	5	718
		6	6 People	4	7,349
		7	7 People	1	520
		8	8 People	1	1,807
				500	424,904
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	2,720
		1	Married	99	75,969
		2	Widowed	242	223,639
		3	Divorced	113	69,288
		4	Separated	11	12,619
		5	Never Married	33	40,669
				500	424,904
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?	-8	Don't Know	35	26,468
		-7	Refused	9	6,084
		1	Below \$20,000 [1666 Per Month Or Less]	344	302,322
		2	Above \$20,000 [1667 Per Month Or More]	112	90,030
				500	424,904
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?	.	Missing	44	32,552
		-8	Don't Know	29	23,733
		-7	Refused	4	4,255
		1	\$5,000 or less	27	25,911
		2	\$5,001-\$10,000	80	71,505
		3	\$10,001-\$15,000	134	121,611
		4	\$15,001-\$20,000	74	58,628
		5	\$20,001-\$25,000	50	41,528
		6	\$25,001-\$30,000	19	12,173
		7	\$30,001-\$35,000	9	6,910

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	\$35,001-\$40,000	3	5,349
		9	\$40,001-\$50,000	11	5,660
		10	ABOVE \$50,000	16	15,088
				500	424,904
URBAN	URBAN CODE	-9	Invalid Zip Code, or Foreign Zip Code	15	7,095
		0	Rural (Not in Urbanized Area or Urban Cluster)	258	192,030
		1	In Urbanized Area	191	203,912
		2	In Urban Cluster	36	21,867
				500	424,904
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	500	424,904
				500	424,904
VARUNIT	VARIANCE UNIT	1	Variance unit 1	248	176,327
		2	Variance unit 2	251	242,160
		3	Variance unit 3	1	6,417
				500	424,904
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	12.29 - 7200.63	Weight range	500	424,904
				500	424,904
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	3.90 - 8447.96	Replicate weight range	500	424,904
				500	424,904
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	2.60 - 10993.40	Replicate weight range	500	424,904
				500	424,904
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	5.79 - 9521.31	Replicate weight range	500	424,904
				500	424,904
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	3.26 - 12326.34	Replicate weight range	500	424,904
				500	424,904
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	3.98 - 10032.48	Replicate weight range	500	424,904
				500	424,904
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	3.28 - 10987.37	Replicate weight range	500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				500	424,904
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	5.48 - 10004.64	Replicate weight range	500	424,904
				500	424,904
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	3.22 - 11113.24	Replicate weight range	500	424,904
				500	424,904
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	3.31 - 11022.48	Replicate weight range	500	424,904
				500	424,904
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	3.57 - 10737.86	Replicate weight range	500	424,904
				500	424,904
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	3.44 - 9274.72	Replicate weight range	500	424,904
				500	424,904
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	3.36 - 10225.90	Replicate weight range	500	424,904
				500	424,904
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	3.53 - 8885.26	Replicate weight range	500	424,904
				500	424,904
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	3.37 - 10660.63	Replicate weight range	500	424,904
				500	424,904
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	3.56 - 9820.88	Replicate weight range	500	424,904
				500	424,904
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	2.95 - 11592.25	Replicate weight range	500	424,904
				500	424,904
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	2.34 - 10202.06	Replicate weight range	500	424,904
				500	424,904
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	3.76 - 9513.11	Replicate weight range	500	424,904

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				500	424,904
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	3.46 - 10430.75	Replicate weight range	500	424,904
				500	424,904
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	4.07 - 9046.02	Replicate weight range	500	424,904
				500	424,904
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	3.63 - 9726.77	Replicate weight range	500	424,904
				500	424,904
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	3.85 - 11957.53	Replicate weight range	500	424,904
				500	424,904
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	3.61 - 10425.39	Replicate weight range	500	424,904
				500	424,904
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	3.72 - 11181.75	Replicate weight range	500	424,904
				500	424,904
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	3.31 - 11248.52	Replicate weight range	500	424,904
				500	424,904
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	3.47 - 11037.20	Replicate weight range	500	424,904
				500	424,904
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	3.32 - 11377.71	Replicate weight range	500	424,904
				500	424,904
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	3.52 - 9567.08	Replicate weight range	500	424,904
				500	424,904
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	2.98 - 10452.60	Replicate weight range	500	424,904
				500	424,904
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	3.67 - 8501.60	Replicate weight range	500	424,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				500	424,904
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	2.90 - 11660.08	Replicate weight range	500	424,904
				500	424,904
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	3.45 - 7857.39	Replicate weight range	500	424,904
				500	424,904
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	4.00 - 11128.05	Replicate weight range	500	424,904
				500	424,904
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	3.11 - 13162.90	Replicate weight range	500	424,904
				500	424,904
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	5.37 - 8980.33	Replicate weight range	500	424,904
				500	424,904
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	3.72 - 14082.82	Replicate weight range	500	424,904
				500	424,904
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	5.34 - 13453.34	Replicate weight range	500	424,904
				500	424,904
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	4.16 - 13916.40	Replicate weight range	500	424,904
				500	424,904
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	4.50 - 12105.29	Replicate weight range	500	424,904
				500	424,904
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	3.98 - 13712.75	Replicate weight range	500	424,904
				500	424,904
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	3.22 - 16951.42	Replicate weight range	500	424,904
				500	424,904
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	3.80 - 12640.35	Replicate weight range	500	424,904

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				500	424,904
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	3.34 - 13915.81	Replicate weight range	500	424,904
				500	424,904
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	3.77 - 11456.27	Replicate weight range	500	424,904
				500	424,904
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	3.45 - 10863.68	Replicate weight range	500	424,904
				500	424,904
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	3.73 - 11805.52	Replicate weight range	500	424,904
				500	424,904
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	3.77 - 8045.20	Replicate weight range	500	424,904
				500	424,904
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	3.18 - 12475.73	Replicate weight range	500	424,904
				500	424,904
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	3.47 - 14386.56	Replicate weight range	500	424,904
				500	424,904
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	4.36 - 9018.86	Replicate weight range	500	424,904
				500	424,904
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	4.14 - 12458.24	Replicate weight range	500	424,904
				500	424,904
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	5.00 - 8193.57	Replicate weight range	500	424,904
				500	424,904
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	4.14 - 11639.35	Replicate weight range	500	424,904
				500	424,904
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	4.60 - 14287.78	Replicate weight range	500	424,904

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				500	424,904
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	4.36 - 12602.72	Replicate weight range	500	424,904
				500	424,904
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	3.77 - 13072.28	Replicate weight range	500	424,904
				500	424,904
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	3.31 - 12963.22	Replicate weight range	500	424,904
				500	424,904
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	3.63 - 13926.19	Replicate weight range	500	424,904
				500	424,904
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	3.69 - 12859.40	Replicate weight range	500	424,904
				500	424,904
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	3.67 - 11374.85	Replicate weight range	500	424,904
				500	424,904
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	3.92 - 15107.30	Replicate weight range	500	424,904
				500	424,904
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	3.85 - 9109.57	Replicate weight range	500	424,904
				500	424,904
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	2.83 - 13216.67	Replicate weight range	500	424,904
				500	424,904
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	4.22 - 7666.24	Replicate weight range	500	424,904
				500	424,904