

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMFRUIT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMPOTATO	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
CMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMMEAT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?

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CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMSTAYHM	NUM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ11	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS QUALITY IMPROVED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVC DYCR	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?

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SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
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	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: 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?

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SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED TO 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 TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?

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PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCNF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
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?

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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 DOCTORS OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
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?

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WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?

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DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

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
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ11	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS QUALITY IMPROVED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMFRUIT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMMEAT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMPOTATO	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
CMSTAYHM	NUM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME11	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
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 TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	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
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	991	1,645,051
				991	1,645,051
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	338	488,846
		2	More Than 1 Day To 1 Week Ago	284	445,858
		3	More Than 1 Week To 1 Month Ago	150	278,278
		4	More Than 1 Month Ago	219	432,069
				991	1,645,051
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	10	12,278
		1	6 Months Or Less	109	186,278
		2	More Than 6 Months But Less Than 1 Year	104	186,842
		3	At Least 1 Year But Less Than 2 Years	157	295,140
		4	2 To 5 Years	350	552,362
		5	More Than 5 Years	261	412,152
				991	1,645,051
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	68	169,303
		-7	Refused	2	3,378
		0	0 Days	78	150,825
		1	1 Day	220	394,343
		2	2 Days	174	318,516
		3	3 Days	150	179,075
		4	4 Days	91	151,904
		5	5 Days	207	268,753
		7	7 Days	1	8,955
				991	1,645,051
CMPORTN	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?	-8	Don't Know	35	57,344
		1	Less Than One-Third	88	150,949
		2	Between One-Third And One-Half	347	599,084
		3	About One-Half	310	477,183
		4	More Than One-Half	211	360,491
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFRUIT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?	-8	Don't Know	18	28,643
		0	0 Servings	49	80,515
		1	1 Serving	402	669,738
		2	2 Servings	303	485,938
		3	3 Servings	153	258,874
		4	4 Servings	35	72,171
		5	5 Servings	9	19,280
		6	6 Servings	4	4,817
		99	Less than one serving	18	25,076
			991	1,645,051	
CMEATFRT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?	-8	Don't Know	11	15,312
		1	Yes	944	1,576,581
		2	No	36	53,157
			991	1,645,051	
CMPOTATO	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?	-8	Don't Know	17	20,982
		0	0 Servings	197	342,675
		1	1 Serving	591	973,753
		2	2 Servings	77	132,325
		3	3 Servings	4	5,675
		4	4 Servings	1	445
		5	5 Servings	1	3,216
		9	9 Servings	1	594
		99	Less than one serving	102	165,387
			991	1,645,051	
CMEATPOT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?	-8	Don't Know	13	15,808
		1	Yes	899	1,468,461
		2	No	79	160,783
			991	1,645,051	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMVEGS	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?	-8	Don't Know	13	17,614
		0	0 Servings	26	55,403
		1	1 Serving	379	631,719
		2	2 Servings	386	619,719
		3	3 Servings	123	194,514
		4	4 Servings	38	73,753
		5	5 Servings	8	13,937
		6	6 Servings	2	7,409
		7	7 Servings	1	810
		99	Less than one serving	15	30,173
			991	1,645,051	
CMEATVEG	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?	-8	Don't Know	6	11,198
		1	Yes	933	1,574,260
		2	No	52	59,593
			991	1,645,051	
CMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY	.	Missing	27	35,352
		1	1 Serving	106	221,756
		2	2 Servings	373	621,976
		3	3 Servings	282	412,287
		4	4 Servings	129	217,761
		5	5 Servings	38	87,917
		6	6 Servings	13	19,078
		8	8 Servings	1	810
		11	11 Servings	1	594
99	Less than one serving	21	27,520		
			991	1,645,051	
CMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	38	55,484
		1	1 Serving	23	29,871
		2	2 Servings	76	154,064
		3	3 Servings	235	383,955
		4	4 Servings	216	371,738
		5	5 Servings	170	281,654
		6	6 Servings	126	177,016

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 Servings	46	77,543
		8	8 Servings	36	52,041
		9	9 Servings	7	38,358
		10	10 Servings	7	8,356
		11	11 Servings	2	4,908
		14	14 Servings	1	594
		99	Less than one serving	8	9,471
				991	1,645,051
CMBREAD	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	14	17,674
		0	0 Servings	27	39,972
		1	1 Serving	376	641,163
		2	2 Servings	338	569,621
		3	3 Servings	156	263,898
		4	4 Servings	49	72,032
		5	5 Servings	11	14,475
		6	6 Servings	5	4,480
		7	7 Servings	1	1,852
		9	9 Servings	1	2,425
		10	10 Servings	1	642
		99	Less than one serving	12	16,819
				991	1,645,051
CMEATBRD	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?				
		-8	Don't Know	24	38,228
		1	Yes	847	1,394,057
		2	No	120	212,765
				991	1,645,051
CMDES	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	15	23,231
		0	0 Servings	190	353,066
		1	1 Serving	487	807,520
		2	2 Servings	206	313,170
		3	3 Servings	33	35,172
		4	4 Servings	7	11,772

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Servings	3	2,894
		6	6 Servings	1	206
		10	10 Servings	2	1,075
		99	Less than one serving	47	96,945
				991	1,645,051
CMEATDES	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?				
		-8	Don't Know	19	17,489
		1	Yes	828	1,363,979
		2	No	144	263,584
				991	1,645,051
CMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY				
		.	Missing	27	34,086
		1	1 Serving	110	201,795
		2	2 Servings	278	488,299
		3	3 Servings	257	462,423
		4	4 Servings	177	265,107
		5	5 Servings	66	95,689
		6	6 Servings	36	48,324
		7	7 Servings	9	14,855
		8	8 Servings	4	4,767
		9	9 Servings	4	2,093
		10	10 Servings	1	2,425
		16	16 Servings	1	433
		20	20 Servings	1	642
		99	Less than one serving	20	24,113
				991	1,645,051
CMDAIRY	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	10	10,711
		0	0 Servings	81	147,256
		1	1 Serving	408	677,485
		2	2 Servings	304	452,964
		3	3 Servings	134	251,170
		4	4 Servings	29	66,782
		5	5 Servings	4	3,966
		6	6 Servings	2	2,250
		7	7 Servings	1	354

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		10	10 Servings	1	642
		99	Less than one serving	17	31,471
				991	1,645,051
CMEATDAR	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?				
		-8	Don't Know	10	9,040
		1	Yes	782	1,311,172
		2	No	199	324,839
				991	1,645,051
CMMEAT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	13	12,659
		0	0 Servings	25	37,272
		1	1 Serving	512	842,813
		2	2 Servings	337	580,622
		3	3 Servings	80	129,416
		4	4 Servings	11	11,470
		6	6 Servings	2	3,606
		99	Less than one serving	11	27,193
				991	1,645,051
CMEATMET	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?				
		-8	Don't Know	4	2,167
		1	Yes	949	1,604,227
		2	No	38	38,657
				991	1,645,051
CMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	21	18,425
		0	0 Servings	159	336,520
		1	1 Serving	548	873,068
		2	2 Servings	166	248,753
		3	3 Servings	31	51,082
		4	4 Servings	4	7,322
		5	5 Servings	1	4,635
		99	Less than one serving	61	105,246
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMEATBNS	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?	-8	Don't Know	18	31,643
		1	Yes	852	1,425,177
		2	No	121	188,231
				991	1,645,051
CMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	30	26,066
		1	1 Serving	127	240,935
		2	2 Servings	394	640,803
		3	3 Servings	247	441,443
		4	4 Servings	117	154,938
		5	5 Servings	41	55,671
		6	6 Servings	17	39,076
		7	7 Servings	2	5,250
		99	Less than one serving	16	40,869
		991	1,645,051		
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?	-8	Don't Know	5	6,458
		1	Excellent	324	612,357
		2	Very Good	351	582,860
		3	Good	202	298,949
		4	Fair	82	117,167
		5	Poor	27	27,260
		991	1,645,051		
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT	.	Missing	5	6,458
		1	Rating of Good to Excellent	877	1,494,166
		2	Rating of Fair or Poor	109	144,427
		991	1,645,051		
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	9	11,917
		1	Yes	934	1,574,026
		2	No	48	59,109
		991	1,645,051		
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	27	36,684
		1	Yes	735	1,240,256
		2	No	229	368,111
		991	1,645,051		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	93	154,551
		-7	Refused	1	5,659
		1	Yes	694	1,129,956
		2	No	203	354,885
				991	1,645,051
CMSTAYHM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	42	88,159
		-7	Refused	1	1,345
		1	Yes	600	924,572
		2	No	348	630,974
				991	1,645,051
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	27	43,939
		1	Yes	899	1,522,319
		2	No	65	78,793
				991	1,645,051
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	46	75,904
		-7	Refused	1	5,659
		1	Yes	810	1,343,212
		2	No	134	220,275
				991	1,645,051
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	16	22,441
		1	Yes	850	1,340,396
		2	No	125	282,214
				991	1,645,051
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	11	8,620
		1	Always	317	526,845
		2	Usually	437	792,697
		3	Sometimes	195	286,311
		4	Seldom	26	28,128
		5	Never	5	2,450
		991	1,645,051		
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	8	5,255
		1	Always	362	603,721

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Usually	400	722,715
		3	Sometimes	179	268,109
		4	Seldom	36	43,284
		5	Never	6	1,969
				991	1,645,051
CMFQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?				
		-8	Don't Know	18	35,822
		-7	Refused	1	59
		1	Yes	284	378,985
		2	No	688	1,230,185
				991	1,645,051
CMFQ1	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?				
		-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	67	85,041
		2	No	215	292,544
				991	1,645,051
CMFQ2	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?				
		-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	56	67,621
		2	No	226	309,965
				991	1,645,051
CMFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?				
		-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	2	5,248
		2	No	280	372,338
				991	1,645,051
CMFQ4	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?				
		-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	2	14,147
		2	No	280	363,439
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFQ5	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	27	47,579
		2	No	255	330,007
				991	1,645,051
CMFQ6	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	4	7,635
		2	No	278	369,951
				991	1,645,051
CMFQ7	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?	-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	4	3,069
		2	No	278	374,517
				991	1,645,051
CMFQ8	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		2	No	282	377,586
				991	1,645,051
CMFQ9	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	3	4,785
		2	No	279	372,801
				991	1,645,051
CMFQ10	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	1	813
		2	No	281	376,773
				991	1,645,051
CMFQ11	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS QUALITY IMPROVED?	-8	Don't Know	2	1,399

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	707	1,266,066
		1	Yes	130	177,284
		2	No	152	200,302
				991	1,645,051
CMFQOT	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER	-8	Don't Know	2	1,399
		-1	Not Collected	707	1,266,066
		1	Yes	22	20,782
		2	No	260	356,803
				991	1,645,051
CMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	4	2,772
		1	Yes	814	1,415,043
		2	No	173	227,235
				991	1,645,051
CMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	5	2,957
		-7	Refused	1	4,187
		1	Yes	117	188,228
		2	No	868	1,449,680
				991	1,645,051
CMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	3	1,500
		-7	Refused	1	4,187
		1	Yes	94	133,382
		2	No	893	1,505,982
				991	1,645,051
CMSKP	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?	-8	Don't Know	2	3,671
		1	Yes	46	83,252
		2	No	943	1,558,129
				991	1,645,051
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	879
		1	Yes	73	101,275
		2	No	917	1,542,897

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				991	1,645,051
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	3	1,248
		1	Yes	57	109,136
		2	No	931	1,534,667
				991	1,645,051
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	7	13,943
		1	Yes	57	124,413
		2	No	927	1,506,696
				991	1,645,051
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	3	3,986
		1	Yes	179	232,585
		2	No	809	1,408,480
				991	1,645,051
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	1	439
		1	Yes	21	28,226
		2	No	969	1,616,386
				991	1,645,051
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	1	1,706
		1	Yes	31	48,791
		2	No	959	1,594,554
				991	1,645,051
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	1	849
		1	Yes	31	49,683
		2	No	959	1,594,519
				991	1,645,051
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	5	5,107
		-7	Refused	1	4,187
		1	Yes	41	73,581
		2	No	944	1,562,177
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	6	21,674
		1	Yes	206	349,382
		2	No	779	1,273,995
				991	1,645,051
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals only	575	1,036,659
		2	Congregate Meals and 1 additional service	258	345,092
		3	Congregate Meals and 2 additional services	99	151,798
		4	Congregate Meals and 3 additional services	25	39,470
		5	Congregate Meals and 4 additional services	17	32,990
		6	Congregate Meals and 5 additional services	9	19,296
		7	Congregate Meals and 6 additional services	5	18,000
		8	Congregate Meals and 7 additional services	2	438
		9	Congregate Meals and 8 additional services	1	1,308
			991	1,645,051	
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?	-8	Don't Know	2	3,113
		1	Yes	109	144,234
		2	No	880	1,497,704
			991	1,645,051	
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	7	2,325
		1	Yes	387	527,921
		2	No	597	1,114,804
			991	1,645,051	
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	9	14,974
		1	Yes	223	386,653
		2	No	759	1,243,424

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				991	1,645,051
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	2,346
		-7	Refused	1	606
		1	Yes	291	420,033
		2	No	697	1,222,066
				991	1,645,051
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	8	13,591
		1	Yes	58	86,975
		2	No	925	1,544,485
				991	1,645,051
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	17,854
		-7	Refused	2	4,792
		1	Yes	91	132,753
		2	No	893	1,489,652
				991	1,645,051
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	13	17,211
		-7	Refused	2	822
		-1	Not Collected	257	568,478
		1	Excellent	221	331,257
		2	Very Good	267	369,917
		3	Good	180	268,213
		4	Fair	40	81,761
		5	Poor	11	7,392
				991	1,645,051
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	11	13,395
		-7	Refused	1	1,820
		1	Yes	796	1,347,692
		2	No	183	282,144
				991	1,645,051
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	40	83,309

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	2,583
		1	Yes	751	1,167,582
		2	No	198	391,577
				991	1,645,051
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?				
		-8	Don't Know	31	46,379
		-7	Refused	1	606
		1	Yes	743	1,186,849
		2	No	216	411,217
				991	1,645,051
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	24	51,190
		-7	Refused	2	5,151
		1	Yes	615	1,030,105
		2	No	350	558,605
				991	1,645,051
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?				
		-8	Don't Know	13	28,750
		-7	Refused	1	763
		1	Agree	960	1,574,278
		2	Disagree	17	41,259
				991	1,645,051
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?				
		-8	Don't Know	29	59,165
		-7	Refused	1	763
		1	Agree	939	1,543,427
		2	Disagree	22	41,696
				991	1,645,051
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?				
		-8	Don't Know	1	1,345
		1	Yes	135	191,952
		2	No	855	1,451,753
				991	1,645,051
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?				
		-8	Don't Know	8	8,633
		1	Yes	151	234,180

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	832	1,402,238
				991	1,645,051
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	7	11,795
		1	Yes	172	257,080
		2	No	812	1,376,176
				991	1,645,051
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	11	26,194
		1	Yes	98	170,844
		2	No	882	1,448,014
				991	1,645,051
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	7	7,371
		-7	Refused	1	763
		1	Yes	241	372,247
		2	No	742	1,264,670
				991	1,645,051
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	3	3,279
		-7	Refused	1	1,820
		1	Yes	420	573,873
		2	No	567	1,066,079
				991	1,645,051
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	5	4,398
		1	Excellent	101	208,230
		2	Very Good	245	466,124
		3	Good	379	571,565
		4	Fair	197	305,303
		5	Poor	64	89,430
				991	1,645,051
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	8	11,467
		-7	Refused	1	117
		1	Yes, Limited A Lot	235	324,553
		2	Yes, Limited A Little	335	469,601

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	No, Not Limited At All	412	839,313
				991	1,645,051
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	17	17,245
		1	Yes, Limited A Lot	314	447,605
		2	Yes, Limited A Little	363	593,405
		3	No, Not Limited At All	297	586,796
				991	1,645,051
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	16,653
		-7	Refused	1	7,750
		1	All Of The Time	81	146,720
		2	Most Of The Time	209	276,437
		3	Some Of The Time	274	388,078
		4	A Little Of The Time	187	314,438
		5	None Of The Time	225	494,974
				991	1,645,051
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	8	37,751
		1	All Of The Time	66	110,497
		2	Most Of The Time	169	221,375
		3	Some Of The Time	287	392,545
		4	A Little Of The Time	210	349,035
		5	None Of The Time	251	533,848
				991	1,645,051
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	10	16,266
		1	All Of The Time	30	34,299
		2	Most Of The Time	70	120,066
		3	Some Of The Time	183	306,479
		4	A Little Of The Time	195	280,533
		5	None Of The Time	503	887,408

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				991	1,645,051
SFCAREFL	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?	-8	Don't Know	15	20,363
		1	All Of The Time	17	23,783
		2	Most Of The Time	58	98,384
		3	Some Of The Time	149	201,872
		4	A Little Of The Time	179	322,434
		5	None Of The Time	573	978,215
				991	1,645,051
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	10	17,215
		1	All Of The Time	300	620,916
		2	Most Of The Time	275	412,004
		3	Some Of The Time	187	293,473
		4	A Little Of The Time	167	209,308
		5	None Of The Time	52	92,135
				991	1,645,051
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	5	13,031
		1	All Of The Time	177	333,830
		2	Most Of The Time	509	860,501
		3	Some Of The Time	207	279,000
		4	A Little Of The Time	79	138,988
		5	None Of The Time	14	19,701
				991	1,645,051
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	7	3,252
		1	All Of The Time	64	128,035
		2	Most Of The Time	317	595,240
		3	Some Of The Time	330	501,812
		4	A Little Of The Time	202	294,037
		5	None Of The Time	71	122,675
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	7	12,524
		1	All Of The Time	15	17,528
		2	Most Of The Time	37	58,966
		3	Some Of The Time	186	281,296
		4	A Little Of The Time	285	474,316
		5	None Of The Time	461	800,422
					991
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	6	3,491
		1	All Of The Time	29	38,775
		2	Most Of The Time	79	122,908
		3	Some Of The Time	194	238,932
		4	A Little Of The Time	188	317,758
		5	None Of The Time	495	923,188
					991
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	59	91,635
		1	4 - < 20	46	51,325
		2	20 - < 25	72	89,115
		3	25 - < 30	96	156,109
		4	30 - < 35	99	138,602
		5	35 - < 40	135	196,690
		6	40 - < 45	144	209,764
		7	45 - < 50	123	232,326
		8	50 - < 55	107	235,469
		9	55 - < 65	109	242,886
		10	65 - < 70	1	1,131
			991	1,645,051	
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	59	91,635
		1	7 - < 35	62	121,000
		2	35 - < 40	56	84,863
		3	40 - < 45	90	115,217
		4	45 - < 50	103	165,977
		5	50 - < 53	82	131,592
		6	53 - < 56	104	135,904

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	56 - < 59	139	258,190
		8	59 - < 62	139	287,939
		9	62 - < 65	95	153,487
		10	65 - < 80	62	99,248
				991	1,645,051
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB	Missing		59	91,635
		22.1083		154	208,034
		30.6976		160	234,499
		39.287		207	268,812
		47.8763		186	364,455
		56.4656		225	477,617
				991	1,645,051
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		59	91,635
		20.3233		29	57,423
		24.9298		35	36,895
		29.5364		105	148,420
		34.1429		96	113,763
		38.7495		203	330,996
		43.356		103	117,588
		47.9626		125	247,541
		52.5691		65	111,029
		57.1757		171	389,760
				991	1,645,051
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		59	91,635
		16.6777		48	87,704
		26.8693		157	197,467
		37.0608		180	277,376
		47.2523		264	395,419
		57.4438		283	595,450
				991	1,645,051
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		59	91,635
		18.8673		57	69,541
		29.6476		187	289,405
		44.7401		353	543,347

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		55.5204		236	446,465
		61.9886		99	204,659
				991	1,645,051
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		59	91,635
		27.6238		64	112,249
		37.6867		184	255,128
		47.7496		315	478,525
		57.8125		306	579,821
		67.8753		63	127,692
				991	1,645,051
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		59	91,635
		11.347		8	13,043
		16.9385		12	11,953
		22.5299		32	61,009
		28.1214		35	37,767
		33.7129		101	155,333
		39.3044		73	145,964
		44.8959		128	177,838
		50.4873		94	153,106
		56.0788		449	797,403
				991	1,645,051
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		59	91,635
		16.1764		25	34,281
		26.2742		75	113,295
		36.3721		186	231,404
		46.4699		175	275,263
		56.5677		471	899,173
				991	1,645,051
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		59	91,635
		15.7748		4	8,046
		21.8705		7	7,119
		27.9663		17	26,099
		34.0621		37	64,677
		40.1579		105	172,257
		46.2537		152	191,780

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			52.3495	203	346,662
			58.4453	254	444,700
			64.541	153	292,076
				991	1,645,051
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-9	Not Ascertained	1	40
		-8	Don't Know	6	21,934
		1	Much Better Than One Year Ago	90	143,356
		2	A Little Better Than One Year Ago	115	181,571
		3	About The Same As One Year Ago	484	815,644
		4	A Little Worse Than One Year Ago	213	348,534
		5	Worse Than One Year Ago	82	133,971
				991	1,645,051
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-9	Not Ascertained	1	40
		-8	Don't Know	6	20,497
		1	About Enough	510	948,843
		2	Too Much	20	48,801
		3	Would Like To Be Doing More	454	626,870
				991	1,645,051
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-9	Not Ascertained	1	40
		-8	Don't Know	23	47,571
		-7	Refused	1	763
		1	Yes	598	889,129
		2	No	368	707,548
				991	1,645,051
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?	-8	Don't Know	2	2,035
		-7	Refused	1	939
		1	Yes	648	983,063
		2	No	340	659,015
				991	1,645,051
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	2	1,212

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	4	11,292
		1	Yes	692	1,033,614
		2	No	293	598,934
				991	1,645,051
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	3	8,195
		-7	Refused	3	10,352
		1	Yes	339	526,453
		2	No	646	1,100,051
				991	1,645,051
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	10	9,997
		-7	Refused	3	10,352
		1	Yes	573	850,897
		2	No	405	773,805
				991	1,645,051
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	4	7,990
		-7	Refused	3	10,352
		1	Yes	324	449,142
		2	No	660	1,177,566
				991	1,645,051
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	1	215
		-7	Refused	3	10,352
		1	Yes	353	542,635
		2	No	633	1,090,199
		3	Does Not Apply	1	1,650
				991	1,645,051
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	2	1,850
		-7	Refused	3	10,352
		1	Yes	152	273,435
		2	No	834	1,359,413
				991	1,645,051
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	4	9,106
		-7	Refused	3	10,352
		1	Yes	107	120,087

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	877	1,505,506
				991	1,645,051
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	3	5,554
		-7	Refused	3	10,352
		1	Yes	126	191,864
		2	No	859	1,437,281
				991	1,645,051
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	11	15,769
		-7	Refused	3	10,352
		1	Yes	203	281,631
		2	No	772	1,335,707
		3	Does Not Apply	2	1,592
				991	1,645,051
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	3	4,218
		-7	Refused	3	10,352
		1	Yes	73	86,384
		2	No	912	1,544,097
				991	1,645,051
PFDISL	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Don't Know	6	6,054
		-7	Refused	3	10,352
		1	Yes	564	850,434
		2	No	418	778,211
				991	1,645,051
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	3	6,197
		-7	Refused	3	10,352
		1	Yes	346	575,621
		2	No	639	1,052,881
				991	1,645,051
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	2	11,659
		-7	Refused	3	10,352
		1	Yes	130	150,638
		2	No	856	1,472,402

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				991	1,645,051
PFDISO	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?	-7	Refused	3	10,352
		1	Yes	44	53,926
		2	No	944	1,580,773
				991	1,645,051
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-7	Refused	3	10,352
		1	Yes	24	43,019
		2	No	964	1,591,680
				991	1,645,051
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	1	215
		-7	Refused	3	10,352
		1	Yes	18	21,134
		2	No	969	1,613,350
				991	1,645,051
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	2	2,135
		-7	Refused	3	10,352
		1	Yes	455	691,941
		2	No	531	940,623
				991	1,645,051
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	4	3,604
		-7	Refused	3	10,352
		1	Yes	11	21,930
		2	No	973	1,609,165
				991	1,645,051
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	3	1,946
		-7	Refused	3	10,352
		1	Yes	117	212,678
		2	No	867	1,419,597
		3	Does Not Apply	1	477
				991	1,645,051
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	1	2,566

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	8,873
		1	Yes	81	131,126
		2	No	907	1,502,486
				991	1,645,051
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	15	47,555
		1	1 Medical Condition	53	97,242
		2	2 Medical Conditions	65	131,474
		3	3 Medical Conditions	102	235,507
		4	4 Medical Conditions	138	256,457
		5	5 Medical Conditions	153	230,729
		6	6 Medical Conditions	127	192,487
		7	7 Medical Conditions	121	181,317
		8	8 Medical Conditions	93	129,479
		9	9 Medical Conditions	67	89,434
		10	10 Medical Conditions	30	27,293
		11	11 Medical Conditions	14	13,540
		12	12 Medical Conditions	6	5,649
		13	13 Medical Conditions	6	5,485
		14	14 Medical Conditions	1	1,401
				991	1,645,051
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	23	45,246
		-1	Not Collected	15	47,555
		1	Yes	706	1,136,199
		2	No	247	416,051
				991	1,645,051
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	2	4,055
		-1	Not Collected	285	508,852
		1	Yes	657	1,057,562
		2	No	47	74,582
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	11	11,254
		-1	Not Collected	285	508,852
		1	Yes	209	339,603
		2	No	486	785,342
				991	1,645,051
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	4	4,932
		-1	Not Collected	285	508,852
		1	Yes	148	265,791
		2	No	554	865,475
				991	1,645,051
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	2,905
		-1	Not Collected	285	508,852
		1	Yes	129	275,318
		2	No	576	857,975
				991	1,645,051
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	4	6,152
		-1	Not Collected	285	508,852
		1	Yes	83	125,846
		2	No	619	1,004,201
				991	1,645,051
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?	-8	Don't Know	7	18,746
		-1	Not Collected	285	508,852
		1	Yes	50	103,499
		2	No	649	1,013,954

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				991	1,645,051
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU OR A MEMBER OF YOUR FAMILY A MEDICAL PROFESSIONAL?	-1	Not Collected	285	508,852
		1	Yes	40	49,631
		2	No	666	1,086,567
				991	1,645,051
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	285	508,852
		1	Yes	48	78,575
		2	No	658	1,057,624
				991	1,645,051
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	285	508,852
		1	Yes	122	227,321
		2	No	584	908,878
				991	1,645,051
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	24	30,407
		-7	Refused	1	603
		-1	Not Collected	15	47,555
		1	Not At All Confident	23	39,680
		2	A Little Confident	123	165,353
		3	Moderately Confident	288	461,469
		4	Very Confident	517	899,985
				991	1,645,051
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	7	3,804
		1	Yes	232	367,714

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	752	1,273,533
				991	1,645,051
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	8	16,490
		-7	Refused	3	9,421
		1	0-2 medications	256	507,734
		2	3-4 medications	280	463,834
		3	5-6 medications	206	299,524
		4	7-8 medications	111	177,860
		5	9+ medications	127	170,188
				991	1,645,051
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	3	7,017
		1	Yes	231	397,830
		2	No	757	1,240,203
				991	1,645,051
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	1	Yes	47	82,196
		2	No	944	1,562,855
				991	1,645,051
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	1	Yes	115	145,415
		2	No	876	1,499,636
				991	1,645,051
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-1	Not Collected	876	1,499,636
		1	Yes	35	55,957
		2	No	80	89,458
				991	1,645,051
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	1	Yes	200	282,733
		2	No	791	1,362,318
				991	1,645,051
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	791	1,362,318
		1	Yes	137	180,581
		2	No	63	102,153

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				991	1,645,051
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	1,577
		1	Yes	141	192,904
		2	No	848	1,450,570
				991	1,645,051
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	850	1,452,147
		1	Yes	37	50,852
		2	No	104	142,052
				991	1,645,051
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	2	1,901
		1	Yes	121	178,769
		2	No	868	1,464,380
				991	1,645,051
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	870	1,466,282
		1	Yes	63	95,030
		2	No	58	83,739
				991	1,645,051
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	1	1,404
		1	Yes	71	105,776
		2	No	919	1,537,871
				991	1,645,051
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	1	1,458
		-1	Not Collected	920	1,539,275
		1	Yes	42	69,570
		2	No	28	34,748
				991	1,645,051
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	1	286
		1	Yes	358	531,158
		2	No	632	1,113,608
				991	1,645,051
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-1	Not Collected	633	1,113,893
		1	Yes	66	90,812

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	292	440,345
				991	1,645,051
PFEAT	DO YOU HAVE DIFFICULTY EATING?	1	Yes	27	38,061
		2	No	964	1,606,990
				991	1,645,051
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	964	1,606,990
		1	Yes	5	4,262
		2	No	22	33,799
				991	1,645,051
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	1	Yes	45	60,501
		2	No	946	1,584,550
				991	1,645,051
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	946	1,584,550
		1	Yes	13	23,857
		2	No	32	36,644
				991	1,645,051
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	4	13,238
		1	Yes	109	148,284
		2	No	878	1,483,530
				991	1,645,051
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	882	1,496,767
		1	Yes	89	114,445
		2	No	20	33,838
				991	1,645,051
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	7	17,562
		1	Yes	134	193,199
		2	No	850	1,434,290
				991	1,645,051
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	857	1,451,852
		1	Yes	102	145,940
		2	No	32	47,260
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	2	2,426
		1	Yes	163	201,667
		2	No	826	1,440,958
				991	1,645,051
PFCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	206
		-1	Not Collected	828	1,443,384
		1	Yes	130	166,741
		2	No	32	34,721
		991	1,645,051		
PFHCLN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	5	5,065
		-7	Refused	1	2,381
		1	Yes	493	706,982
		2	No	492	930,622
		991	1,645,051		
PFHCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	2	6,021
		-1	Not Collected	498	938,069
		1	Yes	412	573,485
		2	No	79	127,476
		991	1,645,051		
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	11,009
		1	Yes	93	102,385
		2	No	896	1,531,657
		991	1,645,051		
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	1,661
		-1	Not Collected	898	1,542,666
		1	Yes	64	74,605
		2	No	28	26,119
		991	1,645,051		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	46	82,940
		2	No	945	1,562,111
				991	1,645,051
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	945	1,562,111
		1	Yes	43	78,787
		2	No	3	4,153
				991	1,645,051
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	1	Yes	797	1,302,980
		2	No	194	342,071
				991	1,645,051
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	7	5,778
		-1	Not Collected	194	342,071
		1	Yes	114	174,309
		2	No	676	1,122,892
				991	1,645,051
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	57	88,031
		-7	Refused	1	1,404
		1	Yes	367	715,846
		2	No	566	839,770
				991	1,645,051
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	624	929,205
		1	Yes	25	44,014
		2	No	175	397,151
		3	Never Uses Bus	167	274,681
		991	1,645,051		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	966	1,601,037
		1	Yes	18	29,572
		2	No	7	14,442
		991	1,645,051		
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	4	7,135

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	532	990,858
		1	Family	308	437,181
		2	Someone Else Like Friend/Neighbor/Other	90	131,873
		3	Did Not Receive Help	57	78,004
				991	1,645,051
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?				
		-8	Don't Know	7	10,578
		-1	Not Collected	683	1,207,870
		1	Husband	37	54,842
		2	Wife	53	98,182
		3	Son	53	66,642
		4	Son-In-Law	6	4,016
		5	Daughter	113	148,609
		6	Daughter-In-Law	8	23,463
		8	Mother	1	261
		9	Brother	2	4,401
		10	Sister	7	4,395
		11	Grandson	4	4,219
		12	Granddaughter	5	5,120
		13	Nephew	4	6,041
		14	Niece	4	1,457
		91	Other Relative	4	4,954
				991	1,645,051
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.				
		.	Missing	5	3,710
		0	0 limitations	563	1,032,469
		1	1 limitation	236	346,758
		2	2 limitations	100	140,881
		3	3 limitations	49	59,816
		4	4 limitations	20	19,968
		5	5 limitations	12	33,751
		6	6 limitations	6	7,698
				991	1,645,051
ADLAOA6_ SSS	AOA ADL LIMITATIONS, SSS VERSION				
		0	0 limitations	565	1,033,197
		1	1 limitation	238	348,336

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	101	142,285
		3	3 limitations	49	59,816
		4	4 limitations	20	19,968
		5	5 limitations	12	33,751
		6	6 limitations	6	7,698
				991	1,645,051
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	5	3,710
		1	Yes	87	121,233
		2	No	899	1,520,109
				991	1,645,051
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	87	121,233
		2	No	904	1,523,818
				991	1,645,051
ADL6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	1	1,458
		0	0 limitations	875	1,484,790
		1	1 limitation	66	87,868
		2	2 limitations	20	24,975
		3	3 limitations	10	11,434
		4	4 limitations	8	11,697
		5	5 limitations	8	21,496
		6	6 limitations	3	1,332
				991	1,645,051
ADL6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	876	1,486,248
		1	1 limitation	66	87,868
		2	2 limitations	20	24,975
		3	3 limitations	10	11,434
		4	4 limitations	8	11,697
		5	5 limitations	8	21,496
		6	6 limitations	3	1,332
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	21	47,889
		0	0 limitations	608	1,090,991
		1	1 limitation	155	235,847
		2	2 limitations	87	104,151
		3	3 limitations	46	58,234
		4	4 limitations	28	48,581
		5	5 limitations	18	22,714
		6	6 limitations	15	20,554
		7	7 limitations	13	16,089
				991	1,645,051
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	617	1,118,941
		1	1 limitation	159	237,350
		2	2 limitations	89	106,424
		3	3 limitations	51	72,016
		4	4 limitations	29	50,962
		5	5 limitations	18	22,714
		6	6 limitations	15	20,554
		7	7 limitations	13	16,089
				991	1,645,051
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	9	7,645
		0	0 limitations	695	1,232,484
		1	1 limitation	131	189,870
		2	2 limitations	59	77,099
		3	3 limitations	34	45,931
		4	4 limitations	20	38,855
		5	5 limitations	15	16,524
		6	6 limitations	16	23,395
		7	7 limitations	12	13,248

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				991	1,645,051
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	701	1,237,930
		1	1 limitation	133	191,737
		2	2 limitations	59	77,099
		3	3 limitations	35	46,263
		4	4 limitations	20	38,855
		5	5 limitations	15	16,524
		6	6 limitations	16	23,395
		7	7 limitations	12	13,248
				991	1,645,051
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	23	50,922
		0	0 limitations	419	791,829
		1	1 limitation	236	388,962
		2	2 limitations	114	153,680
		3	3 limitations	83	96,262
		4	4 limitations	45	58,501
		5	5 limitations	26	48,215
		6	6 limitations	17	20,037
		7	7 limitations	15	20,554
		8	8 limitations	13	16,089
				991	1,645,051
IADLAOA8_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	428	819,778
		1	1 limitation	240	392,938
		2	2 limitations	117	156,365
		3	3 limitations	85	97,260
		4	4 limitations	50	73,814
		5	5 limitations	26	48,215
		6	6 limitations	17	20,037
		7	7 limitations	15	20,554
		8	8 limitations	13	16,089
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	13,666
		0	0 limitations	512	957,010
		1	1 limitation	228	359,222
		2	2 limitations	89	112,676
		3	3 limitations	60	69,781
		4	4 limitations	30	43,653
		5	5 limitations	19	38,551
		6	6 limitations	14	13,847
		7	7 limitations	16	23,395
		8	8 limitations	12	13,248
				991	1,645,051
IADLAOA8P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	518	962,302
		1	1 limitation	230	361,399
		2	2 limitations	91	118,541
		3	3 limitations	60	69,781
		4	4 limitations	31	43,985
		5	5 limitations	19	38,551
		6	6 limitations	14	13,847
		7	7 limitations	16	23,395
		8	8 limitations	12	13,248
				991	1,645,051
AGEC	AGE CATEGORY	2	60-64 years	91	187,828
		3	65-74 years	338	581,808
		4	75-84 years	382	627,412
		5	85+ years	180	248,003
				991	1,645,051
GENDER	GENDER	1	Male	295	569,723
		2	Female	696	1,075,328
				991	1,645,051
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	4	886
		-7	Refused	3	2,342

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Less Than High School Diploma	218	332,313
		2	High School Diploma Or GED	360	583,329
		3	Some College(Business/Vocational/Techni)	269	482,581
		4	Bachelor's Degree	63	99,661
		5	Some Post-Graduate Work/Advanced Degree	74	143,937
				991	1,645,051
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	5	3,514
		-7	Refused	3	7,130
		1	Yes	44	116,701
		2	No	939	1,517,706
				991	1,645,051
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	3	2,262
		-7	Refused	9	27,878
		1	Yes	797	1,304,609
		2	No	182	310,302
				991	1,645,051
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	3	2,262
		-7	Refused	9	27,878
		1	Yes	136	158,014
		2	No	843	1,456,897
				991	1,645,051
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	3	2,262
		-7	Refused	9	27,878
		1	Yes	19	54,943
		2	No	960	1,559,968
				991	1,645,051
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	3	2,262
		-7	Refused	9	27,878
		1	Yes	30	63,917
		2	No	949	1,550,995
				991	1,645,051
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	3	2,262

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	9	27,878
		1	Yes	5	27,098
		2	No	974	1,587,814
				991	1,645,051
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	3	2,262
		-7	Refused	9	27,878
		1	Yes	15	53,616
		2	No	964	1,561,295
				991	1,645,051
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.)	-7	Refused	1	12,836
		1	Yes	186	349,158
		2	No	804	1,283,056
				991	1,645,051
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	33	44,874
		1	The City	467	875,395
		2	The Suburbs	157	208,818
		3	A Rural Area	334	515,964
				991	1,645,051
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	4,950
		-7	Refused	3	8,693
		1	Yes	491	756,999
		2	No	496	874,409
				991	1,645,051
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	3	8,693
		-1	Not Collected	491	756,999
		1	Yes	359	646,761
		2	No	138	232,598
				991	1,645,051
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	3	8,693
		-1	Not Collected	491	756,999
		1	Yes	129	211,877
		2	No	368	667,482
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	3	8,693
		-1	Not Collected	491	756,999
		1	Yes	74	101,113
		2	No	423	778,246
				991	1,645,051
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	445
		-7	Refused	3	8,693
		-1	Not Collected	491	756,999
		1	Yes	26	53,720
		2	No	470	825,193
		991	1,645,051		
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	3	8,693
		1	Alone	491	756,999
		2	With spouse only	308	563,685
		3	With children only	66	95,041
		4	With spouse and children	26	56,419
		5	With others	97	164,214
		991	1,645,051		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	3	8,693
		1	1 Person	491	756,999
		2	2 People	392	688,228
		3	3 People	63	131,317
		4	4 People	22	15,026
		5	5 People	13	11,078
		6	6 People	4	11,527
		7	7 People	1	1,345
		8	8 People	1	10,419
		10	10 People	1	10,419
		991	1,645,051		
DEMARST	WHAT IS YOUR MARITAL STATUS?	-7	Refused	4	15,945
		1	Married	370	666,118
		2	Widowed	420	604,408
		3	Divorced	136	227,210
		4	Separated	12	15,767
		5	Never Married	49	115,603
		991	1,645,051		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011 ABOVE OR BELOW \$20,000?	-8	Don't Know	56	70,030
		-7	Refused	44	66,123
		1	Below \$20,000 [1666 Per Month Or Less]	468	693,836
		2	Above \$20,000 [1667 Per Month Or More]	423	815,063
				991	1,645,051
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2011?	.	Missing	100	136,153
		-8	Don't Know	69	124,334
		-7	Refused	25	40,003
		1	\$5,000 or less	43	42,499
		2	\$5,001-\$10,000	90	127,455
		3	\$10,001-\$15,000	166	230,956
		4	\$15,001-\$20,000	129	203,600
		5	\$20,001-\$25,000	112	187,856
		6	\$25,001-\$30,000	77	195,814
		7	\$30,001-\$35,000	39	48,025
		8	\$35,001-\$40,000	42	89,943
		9	\$40,001-\$50,000	40	98,943
		10	ABOVE \$50,000	59	119,470
		991	1,645,051		
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	10	21,507
		0	Rural (Not in Urbanized Area or Urban Cluster)	441	634,987
		1	In Urbanized Area	346	697,784
		2	In Urban Cluster	194	290,773
		991	1,645,051		
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	991	1,645,051
		991	1,645,051		
VARUNIT	VARIANCE UNIT	1	Variance unit 1	521	865,270
		2	Variance unit 2	470	779,781
		991	1,645,051		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	40.39 - 13598.70	Weight range	991	1,645,051
				991	1,645,051
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	17.71 - 29149.44	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	19.44 - 30514.53	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	12.08 - 23556.76	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	11.37 - 23378.53	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	11.99 - 21746.97	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	14.28 - 23975.01	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	12.61 - 27097.09	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	11.68 - 30916.17	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	16.85 - 22592.76	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	15.31 - 24629.06	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	15.38 - 28796.25	Replicate weight range	991	1,645,051
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	14.07 - 26843.79	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	13.32 - 26950.71	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	11.42 - 28259.25	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	11.89 - 25386.84	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	12.24 - 26017.31	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	15.70 - 28687.51	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	13.69 - 31201.30	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	15.22 - 23200.98	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	17.65 - 23255.74	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	11.81 - 24258.86	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	11.34 - 22906.08	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	11.97 - 34921.71	Replicate weight range	991	1,645,051
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	11.13 - 29826.92	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	11.96 - 25690.26	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	13.08 - 26542.73	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	18.77 - 24265.69	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	18.04 - 27461.29	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	11.90 - 28858.06	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	12.88 - 25641.46	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	12.29 - 21498.43	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	10.59 - 24287.71	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	11.61 - 28905.38	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	12.67 - 23825.61	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	11.31 - 23921.73	Replicate weight range	991	1,645,051
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	9.78 - 24264.50	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	14.61 - 25477.21	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	15.36 - 23314.19	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	15.22 - 27803.29	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	16.66 - 26940.54	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	12.08 - 23981.30	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	12.34 - 24667.04	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	11.17 - 32339.10	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	11.44 - 28847.05	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	12.03 - 27930.88	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	11.46 - 32780.09	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	19.45 - 22432.88	Replicate weight range	991	1,645,051
				991	1,645,051

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	21.74 - 22769.12	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	11.61 - 27218.28	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	12.49 - 27323.18	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	10.75 - 23272.36	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	12.49 - 26883.38	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	19.85 - 22950.11	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	18.30 - 25636.75	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	11.28 - 27536.47	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	12.70 - 27322.86	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	12.75 - 20818.40	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	13.19 - 22874.45	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	12.08 - 29891.08	Replicate weight range	991	1,645,051
				991	1,645,051

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	11.30 - 29780.03	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	16.02 - 30702.67	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	16.67 - 28335.59	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	14.96 - 24996.46	Replicate weight range	991	1,645,051
				991	1,645,051
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	13.33 - 24862.73	Replicate weight range	991	1,645,051
				991	1,645,051