

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMPOTATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMDDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?

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HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRFAQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMSKP	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?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE 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?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?

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SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?

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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 WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?

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PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
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?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDIFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDIFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?

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PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS

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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 MGMT, 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 MGMT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	WHAT IS YOUR GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?

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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 2010 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
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
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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
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 2010 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	WHAT IS YOUR GENDER?
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMDDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMPOTATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMSKP	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?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HNRFAQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
IADL7	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.

Alphabetical Listing of Variables

Name	Type	Description
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
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
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?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
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?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	973	856,450
				973	856,450
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?				
		1	Today Or Yesterday	627	567,574
		2	More Than 1 Day To 1 Week Ago	185	146,445
		3	More Than 1 Week To 1 Month Ago	35	29,094
		4	More Than 1 Month Ago	126	113,336
				973	856,450
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?				
		-8	Don't Know	27	28,902
		-7	Refused	1	358
		1	6 Months Or Less	239	214,838
		2	More Than 6 Months But Less Than 1 Year	175	156,767
		3	At Least 1 Year But Less Than 2 Years	216	190,792
		4	2 To 5 Years	256	214,331
		5	More Than 5 Years	59	50,463
				973	856,450
HMATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	23	15,888
		0	0 Meals	3	2,036
		1	1 Meal	700	635,121
		2	2 Meals	131	104,398
		3	3 Meals	11	10,859
		4	4 Meals	10	10,517
		5	5 Meals	49	43,146
		6	6 Meals	7	2,737
		7	7 Meals	37	28,420
		91	91	2	3,328
				973	856,450
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	27	19,246
		0	0 Days	5	4,181
		1	1 Day	115	102,418
		2	2 Days	27	24,310
		3	3 Days	71	60,539

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Days	43	39,721
		5	5 Days	600	527,442
		6	6 Days	18	15,731
		7	7 Days	67	62,861
				973	856,450
HMPORTN	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?				
		-8	Don't Know	72	51,831
		-7	Refused	1	207
		1	Less Than One-Third	64	67,393
		2	Between One-Third And One-Half	258	234,615
		3	About One-Half	314	258,733
		4	More Than One-Half	252	231,061
		91	Other	12	12,610
				973	856,450
HMFRUIT	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	26	28,446
		-7	Refused	1	1,153
		0	0 Servings	45	40,183
		1	1 Serving	424	374,546
		2	2 Servings	279	245,534
		3	3 Servings	151	119,587
		4	4 Servings	22	20,998
		5	5 Servings	5	6,084
		6	6 Servings	2	2,870
		8	8 Servings	1	726
		99	Less than one serving	17	16,324
				973	856,450
HMEATFRT	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	11	12,337
		-7	Refused	1	1,153
		1	Yes	905	795,343
		2	No	56	47,616
				973	856,450
HMPOTATO	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	24	20,268

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,153
		0	0 Servings	173	141,101
		1	1 Serving	631	571,354
		2	2 Servings	82	75,323
		3	3 Servings	8	5,076
		4	4 Servings	1	207
		10	10 Servings	1	1,546
		99	Less than one serving	52	40,423
				973	856,450
HMEATPOT	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	12	13,754
		-7	Refused	3	2,276
		1	Yes	889	783,348
		2	No	69	57,072
				973	856,450
HMVEGS	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	21	20,461
		-7	Refused	1	1,153
		0	0 Servings	34	36,587
		1	1 Serving	466	400,933
		2	2 Servings	311	268,762
		3	3 Servings	87	77,105
		4	4 Servings	21	20,888
		5	5 Servings	6	2,440
		6	6 Servings	1	307
		7	7 Servings	1	178
		99	Less than one serving	24	27,634
				973	856,450
HMEATVEG	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?				
		-8	Don't Know	20	20,256
		-7	Refused	1	1,153
		1	Yes	883	772,375
		2	No	69	62,665
				973	856,450
HMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY				
		.	Missing	40	37,367
		1	1 Serving	124	106,176

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 Servings	415	350,695
		3	3 Servings	228	209,576
		4	4 Servings	95	82,793
		5	5 Servings	28	25,696
		6	6 Servings	13	9,969
		7	7 Servings	2	1,371
		8	8 Servings	1	178
		13	13 Servings	1	1,546
		99	Less than one serving	26	31,084
				973	856,450
HMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	56	56,012
		1	1 Serving	34	28,537
		2	2 Servings	78	64,619
		3	3 Servings	247	214,429
		4	4 Servings	221	207,546
		5	5 Servings	164	129,928
		6	6 Servings	77	66,467
		7	7 Servings	51	46,009
		8	8 Servings	19	13,391
		9	9 Servings	8	9,617
		10	10 Servings	2	2,095
		11	11 Servings	3	1,340
		13	13 Servings	1	1,546
		14	14 Servings	1	726
		99	Less than one serving	11	14,188
				973	856,450
HMBREAD	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	25	23,307
		-7	Refused	3	3,864
		0	0 Servings	40	37,400
		1	1 Serving	423	371,071
		2	2 Servings	263	239,046
		3	3 Servings	142	118,929
		4	4 Servings	45	37,364
		5	5 Servings	9	7,518
		6	6 Servings	5	2,818
		7	7 Servings	1	187

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 Servings	3	2,862
		99	Less than one serving	14	12,084
				973	856,450
HMEATBRD	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?				
		-8	Don't Know	16	14,733
		-7	Refused	2	2,033
		1	Yes	850	741,165
		2	No	105	98,519
				973	856,450
HMDDES	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	19	18,392
		-7	Refused	1	1,153
		0	0 Servings	219	178,895
		1	1 Serving	481	437,134
		2	2 Servings	172	156,618
		3	3 Servings	39	30,638
		4	4 Servings	8	7,209
		5	5 Servings	1	159
		6	6 Servings	1	578
		8	8 Servings	1	358
		99	Less than one serving	31	25,316
				973	856,450
HMEATDES	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?				
		-8	Don't Know	22	24,160
		-7	Refused	1	1,153
		1	Yes	825	724,109
		2	No	125	107,028
				973	856,450
HMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY				
		.	Missing	42	39,042
		1	1 Serving	146	115,861
		2	2 Servings	297	272,898
		3	3 Servings	199	185,425
		4	4 Servings	136	115,056
		5	5 Servings	77	71,109
		6	6 Servings	24	19,435

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 Servings	16	11,140
		8	8 Servings	4	2,153
		9	9 Servings	2	1,331
		10	10 Servings	3	2,129
		12	12 Servings	1	358
		99	Less than one serving	26	20,513
				973	856,450
HMDAIRY	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?				
		-8	Don't Know	16	13,027
		-7	Refused	1	1,153
		0	0 Servings	58	47,661
		1	1 Serving	466	435,155
		2	2 Servings	267	232,129
		3	3 Servings	117	85,810
		4	4 Servings	25	23,958
		5	5 Servings	5	3,230
		6	6 Servings	4	2,940
		7	7 Servings	1	809
		8	8 Servings	2	3,361
		99	Less than one serving	11	7,217
				973	856,450
HMEATDAR	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?				
		-8	Don't Know	13	10,841
		-7	Refused	1	1,153
		1	Yes	835	735,531
		2	No	124	108,925
				973	856,450
HMMEAT	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	20	15,559
		-7	Refused	3	5,333
		0	0 Servings	31	21,582
		1	1 Serving	560	510,643
		2	2 Servings	262	224,410
		3	3 Servings	65	52,487
		4	4 Servings	11	8,180

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Servings	1	159
		6	6 Servings	1	566
		99	Less than one serving	19	17,533
				973	856,450
HMEATMET	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?				
		-8	Don't Know	10	7,983
		-7	Refused	1	1,153
		1	Yes	913	803,909
		2	No	49	43,405
				973	856,450
HMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	32	30,803
		-7	Refused	2	4,434
		0	0 Servings	163	134,178
		1	1 Serving	556	498,787
		2	2 Servings	126	107,815
		3	3 Servings	37	30,447
		4	4 Servings	9	5,527
		6	6 Servings	2	3,491
		99	Less than one serving	46	40,968
				973	856,450
HMEATBNS	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?				
		-8	Don't Know	19	12,351
		-7	Refused	1	1,153
		1	Yes	814	728,016
		2	No	139	114,929
				973	856,450
HMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY				
		.	Missing	48	45,978
		1	1 Serving	137	121,765
		2	2 Servings	423	371,105
		3	3 Servings	190	179,265
		4	4 Servings	93	80,482
		5	5 Servings	30	18,748

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 Servings	17	11,286
		7	7 Servings	6	5,457
		8	8 Servings	3	2,796
		9	9 Servings	1	1,276
		99	Less than one serving	25	18,290
				973	856,450
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?				
		-8	Don't Know	3	3,185
		-7	Refused	3	2,880
		1	Excellent	293	255,271
		2	Very Good	343	296,822
		3	Good	227	197,598
		4	Fair	76	76,890
		5	Poor	28	23,805
				973	856,450
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT				
		.	Missing	6	6,065
		1	Rating of Good to Excellent	863	749,690
		2	Rating of Fair or Poor	104	100,694
				973	856,450
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?				
		-8	Don't Know	16	13,310
		-7	Refused	2	756
		1	Always	302	269,259
		2	Usually	397	355,241
		3	Sometimes	201	166,840
		4	Seldom	45	40,418
		5	Never	10	10,627
				973	856,450
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?				
		-8	Don't Know	9	6,903
		-7	Refused	2	3,621
		1	Always	354	321,759
		2	Usually	382	328,929
		3	Sometimes	191	164,436
		4	Seldom	28	24,510
		5	Never	7	6,292
				973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HNRFAQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?	-8	Don't Know	26	16,915
		1	Yes	216	194,706
		2	No	731	644,829
				973	856,450
HNRFAQ1	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	64	56,157
		2	No	150	137,853
		973	856,450		
HNRFAQ2	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	59	44,648
		2	No	155	149,362
		973	856,450		
HNRFAQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	3	1,250
		2	No	211	192,760
		973	856,450		
HNRFAQ4	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		2	No	214	194,010
		973	856,450		
HNRFAQ5	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	24	18,860
		2	No	190	175,150
		973	856,450		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HNRFAQ6	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	4	3,103
		2	No	210	190,907
				973	856,450
HNRFAQ7	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	6	4,535
		2	No	208	189,475
				973	856,450
HNRFAQ8	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		2	No	214	194,010
				973	856,450
HNRFAQ9	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	2	3,752
		2	No	212	190,258
				973	856,450
HNRFAQ10	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		2	No	214	194,010
				973	856,450
HNRFAQOT	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER	-8	Don't Know	2	696
		-1	Not Collected	757	661,744
		1	Yes	8	6,355
		2	No	206	187,655
				973	856,450
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	12	11,326
		1	Always	597	519,279

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Usually	296	262,870
		3	Sometimes	58	53,494
		4	Seldom	4	2,786
		5	Never	6	6,694
				973	856,450
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	21	20,676
		1	Yes	886	772,411
		2	No	66	63,363
				973	856,450
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	9	8,493
		-7	Refused	2	6,084
		1	Yes	918	805,343
		2	No	44	36,530
				973	856,450
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	44	41,098
		1	Yes	771	677,290
		2	No	158	138,062
				973	856,450
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	92	75,255
		-7	Refused	1	910
		1	Yes	763	674,945
		2	No	117	105,341
				973	856,450
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	7	6,752
		1	Yes	902	784,673
		2	No	64	65,024
				973	856,450
HMFLBR2	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?	-8	Don't Know	47	56,723
		-7	Refused	1	880
		1	Yes	838	720,743
		2	No	87	78,104
				973	856,450
HMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	10	9,890

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	697	622,493
		2	No	266	224,067
				973	856,450
HMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	20	17,481
		1	Yes	167	148,887
		2	No	786	690,082
				973	856,450
HMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	19	16,581
		-7	Refused	1	341
		1	Yes	121	102,956
		2	No	832	736,572
				973	856,450
HMSKP	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	7	6,553
		1	Yes	75	64,302
		2	No	891	785,595
				973	856,450
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	5	4,739
		1	Yes	90	86,383
		2	No	878	765,328
				973	856,450
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	14	8,540
		1	Yes	295	263,675
		2	No	664	584,235
				973	856,450
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	28	22,475
		1	Yes	319	265,459
		2	No	626	568,516
				973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	12	9,034
		1	Yes	184	161,345
		2	No	777	686,071
				973	856,450
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	5	4,071
		1	Yes	29	26,694
		2	No	939	825,685
				973	856,450
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	3	3,207
		1	Yes	183	164,678
		2	No	787	688,565
				973	856,450
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	7	9,583
		1	Yes	107	104,342
		2	No	859	742,525
				973	856,450
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	5	3,788
		1	Yes	34	36,042
		2	No	934	816,620
				973	856,450
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	22	20,241
		1	Yes	185	154,391
		2	No	766	681,819
				973	856,450
SVCCOUNT	SERVICE COMBINATIONS	1	Home Delivered Meals only	368	325,056
		2	Home Delivered Meals and 1 additional service	230	202,130
		3	Home Delivered Meals and 2 additional services	143	128,919
		4	Home Delivered Meals and 3 additional services	102	84,790
		5	Home Delivered Meals and 4 additional services	73	63,244

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	Home Delivered Meals and 5 additional services	39	30,992
		7	Home Delivered Meals and 6 additional services	12	12,472
		8	Home Delivered Meals and 7 additional services	3	4,871
		9	Home Delivered Meals and 8 additional services	3	3,976
				973	856,450
HNREDUYN	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?	-8	Don't Know	11	6,790
		1	Yes	80	74,445
		2	No	882	775,215
				973	856,450
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	17	16,039
		1	Yes	198	189,550
		2	No	758	650,862
				973	856,450
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	10	9,670
		1	Yes	127	129,578
		2	No	836	717,203
				973	856,450
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	7	9,071
		1	Yes	60	60,190
		2	No	906	787,189
				973	856,450
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	11	14,916
		1	Yes	55	51,631
		2	No	907	789,903
				973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	14	8,667
		1	Yes	125	109,279
		2	No	834	738,505
				973	856,450
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	11	5,084
		-1	Not Collected	282	245,974
		1	Excellent	220	198,066
		2	Very Good	255	221,002
		3	Good	163	151,614
		4	Fair	33	27,211
		5	Poor	9	7,499
		973	856,450		
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	12	11,521
		1	Yes	798	712,263
		2	No	163	132,666
		973	856,450		
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	27	28,798
		-7	Refused	1	3,281
		1	Yes	853	740,726
		2	No	92	83,646
		973	856,450		
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	23	20,389
		1	Yes	817	716,996
		2	No	133	119,065
		973	856,450		
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	29	33,604
		-7	Refused	3	2,424
		1	Yes	491	409,829
		2	No	450	410,593
		973	856,450		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	8	9,200
		1	Agree	947	835,204
		2	Disagree	18	12,046
				973	856,450
SVCSUPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	21	19,023
		1	Agree	914	806,514
		2	Disagree	38	30,914
				973	856,450
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	2	4,652
		-7	Refused	2	3,144
		1	Yes	204	165,271
		2	No	765	683,384
		973	856,450		
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	13	13,124
		1	Yes	196	142,912
		2	No	764	700,414
		973	856,450		
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	29	23,739
		1	Yes	273	224,613
		2	No	671	608,097
		973	856,450		
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	13	12,738
		-7	Refused	1	1,855
		1	Yes	128	103,697
		2	No	831	738,160
		973	856,450		
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	8	7,965
		1	Yes	496	407,400
		2	No	469	441,086
		973	856,450		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	10	6,576
		1	Yes	636	538,868
		2	No	327	311,006
				973	856,450
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	12	12,561
		-7	Refused	2	1,423
		1	Excellent	31	27,877
		2	Very Good	122	105,413
		3	Good	316	281,684
		4	Fair	304	271,264
		5	Poor	186	156,230
		973	856,450		
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	27	22,960
		1	Yes, Limited A Lot	532	470,826
		2	Yes, Limited A Little	261	223,577
		3	No, Not Limited At All	153	139,088
				973	856,450
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	31	31,608
		1	Yes, Limited A Lot	576	496,346
		2	Yes, Limited A Little	225	205,567
		3	No, Not Limited At All	141	122,929
		973	856,450		
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	23	19,526
		-7	Refused	2	2,274
		1	All Of The Time	184	162,103
		2	Most Of The Time	312	256,351
		3	Some Of The Time	254	226,283
		4	A Little Of The Time	118	105,798
		5	None Of The Time	80	84,115
		973	856,450		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	20	17,406
		-7	Refused	2	1,242
		1	All Of The Time	193	171,934
		2	Most Of The Time	283	239,000
		3	Some Of The Time	270	249,654
		4	A Little Of The Time	117	91,452
		5	None Of The Time	88	85,762
				973	856,450
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	24	24,220
		-7	Refused	1	899
		1	All Of The Time	69	66,471
		2	Most Of The Time	121	99,394
		3	Some Of The Time	255	216,499
		4	A Little Of The Time	183	157,043
		5	None Of The Time	320	291,924
				973	856,450
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	25	19,589
		-7	Refused	1	1,288
		1	All Of The Time	53	52,310
		2	Most Of The Time	114	90,341
		3	Some Of The Time	210	176,417
		4	A Little Of The Time	195	179,435
		5	None Of The Time	375	337,069
				973	856,450
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	22	16,902
		-7	Refused	1	219

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	All Of The Time	194	181,774
		2	Most Of The Time	202	171,883
		3	Some Of The Time	158	139,667
		4	A Little Of The Time	245	214,350
		5	None Of The Time	151	131,655
				973	856,450
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	6	5,563
		1	All Of The Time	136	131,100
		2	Most Of The Time	378	324,025
		3	Some Of The Time	282	244,356
		4	A Little Of The Time	129	119,092
		5	None Of The Time	42	32,315
				973	856,450
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	10	8,195
		1	All Of The Time	39	37,632
		2	Most Of The Time	131	119,447
		3	Some Of The Time	320	267,082
		4	A Little Of The Time	288	260,487
		5	None Of The Time	185	163,608
				973	856,450
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	12	11,944
		-7	Refused	2	2,252
		1	All Of The Time	42	31,520
		2	Most Of The Time	96	75,748
		3	Some Of The Time	248	205,124
		4	A Little Of The Time	271	239,282
		5	None Of The Time	302	290,580
				973	856,450
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	16	11,749
		-7	Refused	3	1,875
		1	All Of The Time	135	116,038

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	177	155,239
		3	Some Of The Time	232	198,715
		4	A Little Of The Time	133	110,437
		5	None Of The Time	277	262,396
				973	856,450
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	157	139,418
		1	4 - < 20	119	102,725
		2	20 - < 25	109	101,763
		3	25 - < 30	157	136,131
		4	30 - < 35	132	120,964
		5	35 - < 40	105	89,330
		6	40 - < 45	85	71,232
		7	45 - < 50	43	35,131
		8	50 - < 55	45	39,992
		9	55 - < 65	21	19,765
				973	856,450
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	157	139,418
		1	7 - < 35	135	115,112
		2	35 - < 40	99	84,147
		3	40 - < 45	91	77,056
		4	45 - < 50	117	104,741
		5	50 - < 53	72	67,628
		6	53 - < 56	54	43,525
		7	56 - < 59	61	57,373
		8	59 - < 62	67	58,097
		9	62 - < 65	53	47,788
		10	65 - < 80	67	61,564
				973	856,450
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	157	139,418
			22.1083	383	331,256
			30.6976	153	141,467
			39.287	138	125,310
			47.8763	67	56,571
			56.4656	75	62,427
				973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		157	139,418
		20.3233		107	99,325
		24.9298		69	62,040
		29.5364		185	153,250
		34.1429		90	76,305
		38.7495		172	156,362
		43.356		74	54,564
		47.9626		56	51,729
		52.5691		21	19,409
		57.1757		42	44,048
			973	856,450	
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		157	139,418
		16.6777		137	120,363
		26.8693		205	180,195
		37.0608		141	124,238
		47.2523		173	142,246
		57.4438		160	149,990
			973	856,450	
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		157	139,418
		18.8673		159	136,244
		29.6476		263	239,424
		44.7401		261	233,021
		55.5204		105	83,076
		61.9886		28	25,268
			973	856,450	
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		157	139,418
		27.6238		152	140,355
		37.6867		244	220,143
		47.7496		275	224,637
		57.8125		113	101,992
		67.8753		32	29,904
			973	856,450	
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		157	139,418
		11.347		33	29,037

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		16.9385		23	28,906
		22.5299		69	52,363
		28.1214		48	38,087
		33.7129		132	118,392
		39.3044		84	70,170
		44.8959		120	108,865
		50.4873		65	50,733
		56.0788		242	220,478
				973	856,450
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		157	139,418
		16.1764		109	97,808
		26.2742		158	137,630
		36.3721		201	169,683
		46.4699		114	90,061
		56.5677		234	221,849
				973	856,450
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		157	139,418
		15.7748		14	12,967
		21.8705		18	10,585
		27.9663		36	32,572
		34.0621		77	67,582
		40.1579		156	139,250
		46.2537		126	103,028
		52.3495		151	127,096
		58.4453		150	132,951
		64.541		88	91,000
				973	856,450
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	6	5,328
		-7	Refused	1	647
		1	Much Better Than One Year Ago	67	55,904
		2	A Little Better Than One Year Ago	122	95,294
		3	About The Same As One Year Ago	374	349,802
		4	A Little Worse Than One Year Ago	213	191,283

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Worse Than One Year Ago	190	158,193
				973	856,450
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...	-8	Don't Know	41	37,338
		-7	Refused	1	543
		1	About Enough	300	273,627
		2	Too Much	17	13,876
		3	Would Like To Be Doing More	614	531,067
				973	856,450
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	46	33,577
		-7	Refused	1	41
		1	Yes	227	203,328
		2	No	699	619,504
				973	856,450
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	7	9,230
		-7	Refused	2	957
		1	Yes	660	569,698
		2	No	304	276,564
				973	856,450
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	8	5,451
		-7	Refused	2	957
		1	Yes	719	631,247
		2	No	243	218,667
		3	Does Not Apply	1	128
				973	856,450
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	5	3,411
		-7	Refused	2	957
		1	Yes	441	382,992
		2	No	524	468,274
		3	Does Not Apply	1	816
				973	856,450
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	24	20,380

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	957
		1	Yes	514	430,565
		2	No	432	404,208
		3	Does Not Apply	1	339
				973	856,450
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?				
		-8	Don't Know	4	2,025
		-7	Refused	2	957
		1	Yes	367	295,958
		2	No	600	557,510
				973	856,450
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?				
		-8	Don't Know	8	9,459
		-7	Refused	3	2,811
		1	Yes	429	381,914
		2	No	531	459,619
		3	Does Not Apply	2	2,647
				973	856,450
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?				
		-8	Don't Know	7	7,632
		-7	Refused	2	957
		1	Yes	182	162,358
		2	No	782	685,504
				973	856,450
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?				
		-8	Don't Know	5	5,015
		-7	Refused	2	957
		1	Yes	198	170,853
		2	No	768	679,625
				973	856,450
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?				
		-8	Don't Know	12	11,777
		-7	Refused	2	957
		1	Yes	206	186,325
		2	No	753	657,392
				973	856,450
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?				
		-8	Don't Know	22	16,349
		-7	Refused	3	2,762

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	263	228,845
		2	No	685	608,494
				973	856,450
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	14	9,974
		-7	Refused	2	957
		1	Yes	128	111,122
		2	No	829	734,396
				973	856,450
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	7	9,578
		-7	Refused	2	957
		1	Yes	694	613,723
		2	No	269	232,033
		3	Does Not Apply	1	159
				973	856,450
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	2	884
		-7	Refused	2	957
		1	Yes	375	341,049
		2	No	594	513,560
				973	856,450
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	9	7,336
		-7	Refused	2	957
		1	Yes	205	165,895
		2	No	756	681,738
		3	Does Not Apply	1	524
				973	856,450
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	9	12,009
		-7	Refused	2	957
		1	Yes	120	111,479
		2	No	842	732,006
				973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	2	865
		-7	Refused	2	957
		1	Yes	38	27,284
		2	No	931	827,344
				973	856,450
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	4	4,936
		-7	Refused	2	957
		1	Yes	39	29,372
		2	No	928	821,185
				973	856,450
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	7	6,467
		-7	Refused	3	4,237
		1	Yes	562	473,370
		2	No	400	371,654
		3	Does Not Apply	1	722
		973	856,450		
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	8	4,427
		-7	Refused	3	2,709
		1	Yes	23	17,953
		2	No	939	831,360
				973	856,450
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	11	10,272
		-7	Refused	2	957
		1	Yes	247	218,342
		2	No	713	626,879
				973	856,450
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	11	11,456
		-7	Refused	2	957
		1	Yes	89	81,180
		2	No	871	762,857

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	16	14,824
		1	1 Medical Condition	23	19,993
		2	2 Medical Conditions	49	43,618
		3	3 Medical Conditions	68	61,937
		4	4 Medical Conditions	83	75,430
		5	5 Medical Conditions	105	104,111
		6	6 Medical Conditions	112	93,228
		7	7 Medical Conditions	131	116,851
		8	8 Medical Conditions	128	109,718
		9	9 Medical Conditions	86	76,451
		10	10 Medical Conditions	75	60,008
		11	11 Medical Conditions	41	36,650
		12	12 Medical Conditions	25	18,213
		13	13 Medical Conditions	17	11,626
		14	14 Medical Conditions	5	8,580
		15	15 Medical Conditions	6	3,353
		16	16 Medical Conditions	3	1,859
				973	856,450
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	31	33,018
		-1	Not Collected	16	14,824
		1	Yes	677	593,065
		2	No	249	215,543
				973	856,450
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	4	2,403
		-1	Not Collected	296	263,385
		1	Yes	607	532,284
		2	No	66	58,378
				973	856,450

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	5	5,392
		-7	Refused	1	437
		-1	Not Collected	296	263,385
		1	Yes	241	220,341
		2	No	430	366,895
				973	856,450
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	10	9,689
		-1	Not Collected	296	263,385
		1	Yes	157	143,644
		2	No	510	439,732
				973	856,450
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	785
		-1	Not Collected	296	263,385
		1	Yes	58	52,070
		2	No	618	540,211
				973	856,450
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-1	Not Collected	296	263,385
		1	Yes	34	33,966
		2	No	643	559,100
				973	856,450
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]	-8	Don't Know	13	10,742
		-1	Not Collected	296	263,385
		1	Yes	171	152,715
		2	No	493	429,608

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
PFCNF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	19	15,972
		-7	Refused	1	1,014
		-1	Not Collected	16	14,824
		1	Not At All Confident	95	80,095
		2	A Little Confident	196	167,012
		3	Moderately Confident	314	281,275
		4	Very Confident	332	296,258
				973	856,450
PFLRN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	8	8,718
		1	Yes	371	333,043
		2	No	594	514,689
				973	856,450
HLMRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	27	21,842
		-7	Refused	1	255
		1	0-2 medications	169	158,245
		2	3-4 medications	196	165,721
		3	5-6 medications	204	177,303
		4	7-8 medications	140	109,080
		5	9+ medications	236	224,004
				973	856,450
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	6	3,830
		1	Yes	344	303,467
		2	No	623	549,153
				973	856,450
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	812
		1	Yes	121	106,238
		2	No	851	749,400

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	7	9,659
		1	Yes	319	274,092
		2	No	647	572,699
				973	856,450
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	809
		-1	Not Collected	654	582,358
		1	Yes	122	109,651
		2	No	195	163,632
				973	856,450
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	5	7,084
		1	Yes	521	455,192
		2	No	447	394,174
				973	856,450
PFDFFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	452	401,258
		1	Yes	443	381,234
		2	No	78	73,957
				973	856,450
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	1,758
		1	Yes	304	256,960
		2	No	666	597,732
				973	856,450
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	2,231
		-1	Not Collected	669	599,490
		1	Yes	116	108,711
		2	No	186	146,018
				973	856,450
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	3	1,539
		1	Yes	385	336,872
		2	No	585	518,040
				973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	2	2,193
		-1	Not Collected	588	519,578
		1	Yes	279	233,842
		2	No	104	100,837
				973	856,450
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	6	4,168
		1	Yes	246	213,616
		2	No	721	638,666
				973	856,450
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	727	642,834
		1	Yes	167	139,796
		2	No	79	73,821
				973	856,450
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	9	10,001
		1	Yes	637	556,612
		2	No	327	289,837
				973	856,450
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	6	5,852
		-1	Not Collected	336	299,838
		1	Yes	222	186,943
		2	No	409	363,818
				973	856,450
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	973
		1	Yes	66	51,186
		2	No	905	804,290
				973	856,450
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	907	805,264
		1	Yes	28	22,533
		2	No	38	28,653
				973	856,450
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	9	8,103
		1	Yes	150	139,071
		2	No	814	709,277

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	963
		-1	Not Collected	823	717,379
		1	Yes	83	79,898
		2	No	66	58,209
				973	856,450
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	8	6,305
		-7	Refused	1	1,716
		1	Yes	244	212,864
		2	No	720	635,566
				973	856,450
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	729	643,586
		1	Yes	210	186,417
		2	No	34	26,447
				973	856,450
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	20	22,104
		-7	Refused	1	601
		1	Yes	430	374,405
		2	No	522	459,340
				973	856,450
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	6	6,680
		-1	Not Collected	543	482,045
		1	Yes	319	275,976
		2	No	105	91,749
				973	856,450
PFCLN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	13	12,551
		1	Yes	446	374,445
		2	No	514	469,454
				973	856,450
PFCLNENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	3	1,013

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	527	482,005
		1	Yes	388	328,252
		2	No	55	45,180
				973	856,450
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	14	14,366
		1	Yes	793	693,574
		2	No	166	148,510
				973	856,450
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	2	1,996
		-1	Not Collected	180	162,876
		1	Yes	733	635,470
		2	No	58	56,108
				973	856,450
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	826
		1	Yes	191	154,963
		2	No	780	700,661
				973	856,450
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	899
		-1	Not Collected	782	701,487
		1	Yes	159	129,617
		2	No	31	24,447
				973	856,450
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	2	1,123
		1	Yes	110	96,221
		2	No	861	759,106
				973	856,450
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	711
		-1	Not Collected	863	760,229
		1	Yes	101	85,408
		2	No	8	10,102

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	3	3,198
		1	Yes	562	496,518
		2	No	408	356,734
				973	856,450
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	10	8,544
		-7	Refused	1	237
		-1	Not Collected	411	359,932
		1	Yes	238	209,441
		2	No	313	278,297
				973	856,450
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	102	94,598
		1	Yes	400	383,728
		2	No	471	378,124
				973	856,450
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-7	Refused	1	556
		-1	Not Collected	573	472,722
		1	Yes	107	96,369
		2	No	105	105,654
		3	Never Uses Bus	187	181,148
				973	856,450
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	866	760,081
		1	Yes	94	83,934
		2	No	13	12,435
				973	856,450
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	6	7,549
		-1	Not Collected	182	166,987
		1	Family	481	400,217
		2	Someone Else Like Friend/Neighbor/Other	200	175,367
		3	Did Not Receive Help	104	106,330
				973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	7	5,552
		-1	Not Collected	492	456,233
		1	Husband	38	28,457
		2	Wife	42	46,746
		3	Son	101	87,256
		4	Son-In-Law	6	3,608
		5	Daughter	197	151,245
		6	Daughter-In-Law	14	16,066
		8	Mother	3	1,487
		9	Brother	5	6,329
		10	Sister	16	14,524
		11	Grandson	8	5,652
		12	Granddaughter	21	19,035
		14	Niece	16	9,848
91	Other Relative	7	4,413		
			973	856,450	
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	23	20,969
		0	0 limitations	241	211,327
		1	1 limitation	251	222,637
		2	2 limitations	180	161,972
		3	3 limitations	98	90,044
		4	4 limitations	86	65,761
		5	5 limitations	71	65,959
		6	6 limitations	23	17,782
				973	856,450
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	633
		0	0 limitations	245	216,106
		1	1 limitation	254	226,922
		2	2 limitations	186	164,966
		3	3 limitations	103	95,353
		4	4 limitations	90	68,730
		5	5 limitations	71	65,959
		6	6 limitations	23	17,782
		973	856,450		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	23	20,969
		1	Yes	278	239,545
		2	No	672	595,936
				973	856,450
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	633
		1	Yes	287	247,824
		2	No	685	607,993
				973	856,450
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	9	8,220
		0	0 limitations	578	523,589
		1	1 limitation	163	140,532
		2	2 limitations	92	66,088
		3	3 limitations	48	37,776
		4	4 limitations	28	25,535
		5	5 limitations	41	46,691
		6	6 limitations	14	8,020
				973	856,450
ADL6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	633
		0	0 limitations	584	530,102
		1	1 limitation	164	140,706
		2	2 limitations	93	66,987
		3	3 limitations	48	37,776
		4	4 limitations	28	25,535
		5	5 limitations	41	46,691
		6	6 limitations	14	8,020
		973	856,450		
IADL7	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	56	56,870
		0	0 limitations	220	194,243

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	174	155,390
		2	2 limitations	129	121,784
		3	3 limitations	145	119,533
		4	4 limitations	101	75,597
		5	5 limitations	51	50,432
		6	6 limitations	61	55,919
		7	7 limitations	36	26,682
				973	856,450
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		0	0 limitations	232	204,145
		1	1 limitation	189	173,082
		2	2 limitations	136	132,040
		3	3 limitations	155	125,973
		4	4 limitations	107	83,618
		5	5 limitations	55	54,250
		6	6 limitations	63	56,660
		7	7 limitations	36	26,682
				973	856,450
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	22	18,083
		0	0 limitations	313	283,048
		1	1 limitation	183	172,019
		2	2 limitations	124	102,097
		3	3 limitations	114	92,290
		4	4 limitations	86	72,060
		5	5 limitations	41	40,806
		6	6 limitations	56	49,993
		7	7 limitations	34	26,054
				973	856,450
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION				
SSS		0	0 limitations	321	287,499
		1	1 limitation	187	176,945
		2	2 limitations	131	107,532
		3	3 limitations	115	93,189
		4	4 limitations	87	73,866

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	41	40,806
		6	6 limitations	57	50,560
		7	7 limitations	34	26,054
				973	856,450
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	63	65,809
		0	0 limitations	103	84,244
		1	1 limitation	155	141,665
		2	2 limitations	140	132,659
		3	3 limitations	122	107,379
		4	4 limitations	144	118,287
		5	5 limitations	98	73,375
		6	6 limitations	51	50,432
		7	7 limitations	61	55,919
		8	8 limitations	36	26,682
				973	856,450
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	110	90,881
		1	1 limitation	173	161,072
		2	2 limitations	149	143,147
		3	3 limitations	129	117,635
		4	4 limitations	154	124,727
		5	5 limitations	105	82,021
		6	6 limitations	54	53,625
		7	7 limitations	63	56,660
		8	8 limitations	36	26,682
				973	856,450
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	24	20,079
		0	0 limitations	166	153,024

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 limitation	196	178,423
		2	2 limitations	141	128,888
		3	3 limitations	122	99,846
		4	4 limitations	108	87,604
		5	5 limitations	86	72,357
		6	6 limitations	40	40,182
		7	7 limitations	56	49,993
		8	8 limitations	34	26,054
				973	856,450
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	171	157,355
		1	1 limitation	201	180,539
		2	2 limitations	145	133,814
		3	3 limitations	129	105,280
		4	4 limitations	109	88,503
		5	5 limitations	87	74,163
		6	6 limitations	40	40,182
		7	7 limitations	57	50,560
		8	8 limitations	34	26,054
				973	856,450
AGEC	AGE CATEGORY	.	Missing	1	1,208
		2	60-64 years	65	51,959
		3	65-74 years	228	193,700
		4	75-84 years	353	321,624
		5	85+ years	326	287,959
				973	856,450
GENDER	WHAT IS YOUR GENDER?	1	Male	305	272,356
		2	Female	668	584,094
				973	856,450
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	9	8,132
		-7	Refused	1	785
		1	Less Than High School	322	253,380
			Diploma		
		2	High School Diploma Or	330	297,443
			GED		
		3	Some	216	210,287
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	33	26,070

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	Some Post-Graduate Work/Advanced Degree	62	60,353
				973	856,450
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	12	9,290
		-7	Refused	1	785
		1	Yes	51	48,351
		2	No	909	798,025
				973	856,450
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	6	6,275
		-7	Refused	10	6,945
		1	Yes	785	691,270
		2	No	172	151,960
				973	856,450
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	6	6,275
		-7	Refused	10	6,945
		1	Yes	146	125,225
		2	No	811	718,006
				973	856,450
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	6	6,275
		-7	Refused	10	6,945
		1	Yes	6	3,467
		2	No	951	839,763
				973	856,450
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	6	6,275
		-7	Refused	10	6,945
		1	Yes	31	28,902
		2	No	926	814,329
				973	856,450
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	6	6,275
		-7	Refused	10	6,945
		1	Yes	1	1,005
		2	No	956	842,226
				973	856,450
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	6	6,275
		-7	Refused	10	6,945

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	14	14,329
		2	No	943	828,901
				973	856,450
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	2	1,638
		1	Yes	185	168,159
		2	No	786	686,653
				973	856,450
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	28	20,500
		-7	Refused	1	722
		1	The City	474	463,549
		2	The Suburbs	186	150,260
		3	A Rural Area	284	221,419
				973	856,450
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	1	785
		1	Yes	570	507,526
		2	No	402	348,139
				973	856,450
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	1	785
		-1	Not Collected	570	507,526
		1	Yes	242	221,390
		2	No	160	126,749
				973	856,450
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	1	785
		-1	Not Collected	570	507,526
		1	Yes	133	117,198
		2	No	269	230,941
				973	856,450
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	1	785
		-1	Not Collected	570	507,526
		1	Yes	71	65,193
		2	No	331	282,946
				973	856,450
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	2,068

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	785
		-1	Not Collected	570	507,526
		1	Yes	34	28,142
		2	No	366	317,928
				973	856,450
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	1	785
		1	Alone	570	507,526
		2	With spouse only	191	171,191
		3	With children only	70	53,284
		4	With spouse and children	32	34,196
		5	With others	109	89,468
				973	856,450
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	1	785
		1	1 Person	575	510,026
		2	2 People	303	261,785
		3	3 People	64	52,650
		4	4 People	18	13,405
		5	5 People	7	8,546
		6	6 People	3	4,522
		7	7 People	1	848
		12	12	1	3,884
				973	856,450
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	1,186
		-7	Refused	2	2,041
		1	Married	264	238,043
		2	Widowed	479	421,400
		3	Divorced	144	122,165
		4	Separated	20	19,088
		5	Never Married	62	52,527
				973	856,450
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 2010 ABOVE OR BELOW \$20,000?	-8	Don't Know	106	92,089
		-7	Refused	35	29,287
		1	Below \$20,000 [1666 Per Month Or Less]	615	533,995

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Above \$20,000 [1667 Per Month Or More]	217	201,080
				973	856,450
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?	.	Missing	141	121,375
		-8	Don't Know	79	65,868
		-7	Refused	23	24,809
		1	\$5,000 or less	63	53,521
		2	\$5,001-\$10,000	142	111,032
		3	\$10,001-\$15,000	194	172,752
		4	\$15,001-\$20,000	133	127,975
		5	\$20,001-\$25,000	77	59,261
		6	\$25,001-\$30,000	59	55,132
		7	\$30,001-\$35,000	20	23,154
		8	\$35,001-\$40,000	12	12,436
		9	\$40,001-\$50,000	15	15,735
		10	ABOVE \$50,000	15	13,400
				973	856,450
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	62	59,155
		0	Rural (Not in Urbanized Area or Urban Cluster)	497	388,543
		1	In Urbanized Area	353	358,338
		2	In Urban Cluster	61	50,414
				973	856,450
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	973	856,450
				973	856,450
VARUNIT	VARIANCE UNIT	1	Variance unit 1	469	433,163
		2	Variance unit 2	504	423,287
				973	856,450
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	41.23 - 3883.62	Weight range	973	856,450
				973	856,450
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	11.76 - 6338.53	Replicate weight range	973	856,450
				973	856,450
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	12.26 - 6680.21	Replicate weight range	973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	12.81 - 6313.28	Replicate weight range	973	856,450
				973	856,450
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	11.21 - 5392.24	Replicate weight range	973	856,450
				973	856,450
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	21.29 - 6731.75	Replicate weight range	973	856,450
				973	856,450
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	16.93 - 6873.99	Replicate weight range	973	856,450
				973	856,450
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	20.33 - 7214.62	Replicate weight range	973	856,450
				973	856,450
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	16.27 - 6121.30	Replicate weight range	973	856,450
				973	856,450
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	12.01 - 6799.31	Replicate weight range	973	856,450
				973	856,450
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	14.33 - 5966.34	Replicate weight range	973	856,450
				973	856,450
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	11.63 - 5683.37	Replicate weight range	973	856,450
				973	856,450
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	10.93 - 5759.08	Replicate weight range	973	856,450
				973	856,450
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	18.30 - 5763.38	Replicate weight range	973	856,450
				973	856,450
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	19.60 - 6411.34	Replicate weight range	973	856,450

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				973	856,450
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	16.86 - 6501.64	Replicate weight range	973	856,450
				973	856,450
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	20.70 - 7284.96	Replicate weight range	973	856,450
				973	856,450
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	13.74 - 5433.29	Replicate weight range	973	856,450
				973	856,450
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	13.35 - 7054.61	Replicate weight range	973	856,450
				973	856,450
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	11.08 - 6415.40	Replicate weight range	973	856,450
				973	856,450
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	10.02 - 7208.67	Replicate weight range	973	856,450
				973	856,450
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	17.17 - 6595.93	Replicate weight range	973	856,450
				973	856,450
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	17.00 - 6687.73	Replicate weight range	973	856,450
				973	856,450
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	18.71 - 6314.16	Replicate weight range	973	856,450
				973	856,450
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	16.13 - 5617.58	Replicate weight range	973	856,450
				973	856,450
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	12.05 - 6820.79	Replicate weight range	973	856,450
				973	856,450
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	13.99 - 7287.18	Replicate weight range	973	856,450

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				973	856,450
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	11.71 - 6358.25	Replicate weight range	973	856,450
				973	856,450
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	10.98 - 5978.61	Replicate weight range	973	856,450
				973	856,450
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	16.21 - 6447.31	Replicate weight range	973	856,450
				973	856,450
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	18.09 - 5932.70	Replicate weight range	973	856,450
				973	856,450
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	17.18 - 5676.28	Replicate weight range	973	856,450
				973	856,450
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	16.81 - 5925.89	Replicate weight range	973	856,450
				973	856,450
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	11.54 - 6507.98	Replicate weight range	973	856,450
				973	856,450
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	13.78 - 6317.02	Replicate weight range	973	856,450
				973	856,450
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	13.36 - 6090.91	Replicate weight range	973	856,450
				973	856,450
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	12.13 - 6031.06	Replicate weight range	973	856,450
				973	856,450
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	38.49 - 6629.63	Replicate weight range	973	856,450
				973	856,450
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	38.75 - 6213.73	Replicate weight range	973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	36.61 - 6872.93	Replicate weight range	973	856,450
				973	856,450
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	41.35 - 5809.95	Replicate weight range	973	856,450
				973	856,450
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	13.04 - 5245.40	Replicate weight range	973	856,450
				973	856,450
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	13.57 - 7142.50	Replicate weight range	973	856,450
				973	856,450
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	12.27 - 6264.50	Replicate weight range	973	856,450
				973	856,450
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	11.05 - 5915.56	Replicate weight range	973	856,450
				973	856,450
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	35.89 - 6532.24	Replicate weight range	973	856,450
				973	856,450
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	39.32 - 6487.79	Replicate weight range	973	856,450
				973	856,450
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	39.35 - 6301.81	Replicate weight range	973	856,450
				973	856,450
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	39.34 - 6791.90	Replicate weight range	973	856,450
				973	856,450
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	13.38 - 5461.44	Replicate weight range	973	856,450
				973	856,450
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	15.67 - 7085.20	Replicate weight range	973	856,450

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				973	856,450
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	11.25 - 6683.08	Replicate weight range	973	856,450
				973	856,450
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	10.84 - 6953.46	Replicate weight range	973	856,450
				973	856,450
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	15.54 - 6051.05	Replicate weight range	973	856,450
				973	856,450
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	17.26 - 6367.40	Replicate weight range	973	856,450
				973	856,450
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	18.25 - 5192.76	Replicate weight range	973	856,450
				973	856,450
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	18.52 - 6200.68	Replicate weight range	973	856,450
				973	856,450
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	13.13 - 6537.69	Replicate weight range	973	856,450
				973	856,450
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	12.87 - 5452.50	Replicate weight range	973	856,450
				973	856,450
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	12.69 - 6735.15	Replicate weight range	973	856,450
				973	856,450
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	11.01 - 6342.04	Replicate weight range	973	856,450
				973	856,450
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	19.27 - 6427.97	Replicate weight range	973	856,450
				973	856,450
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	17.30 - 6109.50	Replicate weight range	973	856,450

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				973	856,450
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	17.97 - 6738.67	Replicate weight range	973	856,450
				973	856,450
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	15.86 - 5760.99	Replicate weight range	973	856,450
				973	856,450