

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
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?
HNRFAQ11	NUM	QUALITY OF FOOD IMPROVED
HNRFAQOT	NUM	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]
PFMEDF	NUM	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	TV/RADIO/NEWSPAPERS
PFREAD	NUM	READING PRINTED MATERIALS
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
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?

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

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Name	Type	Description
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	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?

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DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
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 2012 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	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?
HMONTHIME	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?
HNRFAQ11	NUM	QUALITY OF FOOD IMPROVED
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	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?

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	SELF/FAMILY IN MEDICAL FIELD
PFMEDIA	NUM	TV/RADIO/NEWSPAPERS
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	READING PRINTED MATERIALS
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING 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	PERSON ID		Person ID	1,078	841,039
				1,078	841,039
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?				
		1	Today Or Yesterday	659	501,486
		2	More Than 1 Day To 1 Week Ago	241	194,322
		3	More Than 1 Week To 1 Month Ago	48	35,383
		4	More Than 1 Month Ago	130	109,849
				1,078	841,039
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?				
		-8	Don't Know	35	26,261
		1	6 Months Or Less	234	197,824
		2	More Than 6 Months But Less Than 1 Year	193	156,899
		3	At Least 1 Year But Less Than 2 Years	267	203,144
		4	2 To 5 Years	291	216,882
		5	More Than 5 Years	58	40,028
				1,078	841,039
HMATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	39	22,521
		0	0 Meals	3	4,156
		1	1 Meal	719	580,904
		2	2 Meals	129	89,205
		3	3 Meals	17	14,118
		4	4 Meals	11	9,530
		5	5 Meals	101	66,860
		6	6 Meals	8	6,757
		7	7 Meals	48	44,989
		91	Other	3	1,999
				1,078	841,039
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	27	18,458
		0	0 Days	5	5,833
		1	1 Day	187	136,696
		2	2 Days	30	23,538
		3	3 Days	102	67,273
		4	4 Days	50	38,448

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Days	608	485,735
		6	6 Days	20	22,714
		7	7 Days	49	42,344
				1,078	841,039
HMPORNTN	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	58	52,672
		-7	Refused	1	258
		1	Less Than One-Third	59	49,245
		2	Between One-Third And One-Half	309	262,288
		3	About One-Half	343	268,256
		4	More Than One-Half	300	201,785
		91	Other	8	6,534
				1,078	841,039
HMFRUIT	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	40	34,888
		0	0 Servings	57	39,604
		1	1 Serving	517	405,480
		2	2 Servings	285	223,699
		3	3 Servings	118	92,506
		4	4 Servings	26	18,972
		5	5 Servings	9	8,103
		6	6 Servings	4	1,054
		10	10 Servings	1	853
		99	Less than one serving	21	15,880
				1,078	841,039
HMEATFRT	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	9	7,448
		-7	Refused	1	320
		1	Yes	1,024	796,119
		2	No	44	37,152
				1,078	841,039
HMPOTATO	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	29	21,470
		0	0 Servings	236	195,849
		1	1 Serving	649	506,171
		2	2 Servings	112	78,094

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Servings	4	1,959
		4	4 Servings	1	989
		5	5 Servings	1	457
		10	10 Servings	1	665
		99	Less than one serving	45	35,386
				1,078	841,039
HMEATPOT	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	12	11,131
		1	Yes	984	762,596
		2	No	82	67,312
				1,078	841,039
HMVEGS	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	31	24,648
		0	0 Servings	58	46,148
		1	1 Serving	536	427,633
		2	2 Servings	319	235,616
		3	3 Servings	82	63,963
		4	4 Servings	17	12,808
		5	5 Servings	4	4,942
		6	6 Servings	1	397
		7	7 Servings	1	640
		9	9 Servings	1	341
		99	Less than one serving	28	23,901
				1,078	841,039
HMEATVEG	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?				
		-8	Don't Know	9	8,925
		1	Yes	996	753,583
		2	No	73	78,531
				1,078	841,039
HMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY				
		.	Missing	51	39,335
		1	1 Serving	148	129,395
		2	2 Servings	476	373,101
		3	3 Servings	225	174,334
		4	4 Servings	114	73,082
		5	5 Servings	30	26,347
		6	6 Servings	3	3,558

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 Servings	2	1,038
		8	8 Servings	1	989
		10	10 Servings	3	1,464
		99	Less than one serving	25	18,396
				1,078	841,039
HMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	80	64,856
		1	1 Serving	35	21,630
		2	2 Servings	118	101,018
		3	3 Servings	308	237,728
		4	4 Servings	207	173,314
		5	5 Servings	158	113,319
		6	6 Servings	85	68,865
		7	7 Servings	38	25,627
		8	8 Servings	23	16,616
		9	9 Servings	10	5,353
		10	10 Servings	5	4,112
		11	11 Servings	2	1,194
		12	12 Servings	1	989
		15	15 Servings	1	457
		99	Less than one serving	7	5,962
				1,078	841,039
HMBREAD	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	30	22,494
		0	0 Servings	56	41,917
		1	1 Serving	474	375,366
		2	2 Servings	293	221,640
		3	3 Servings	149	114,175
		4	4 Servings	51	44,124
		5	5 Servings	11	7,031
		10	10 Servings	1	170
		99	Less than one serving	13	14,123
				1,078	841,039
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	15	11,028
		1	Yes	961	736,753

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	102	93,259
				1,078	841,039
HMDDES	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	31	28,332
		0	0 Servings	256	196,859
		1	1 Serving	541	432,054
		2	2 Servings	170	126,623
		3	3 Servings	37	22,665
		4	4 Servings	10	5,887
		5	5 Servings	2	547
		6	6 Servings	4	4,328
		99	Less than one serving	27	23,743
				1,078	841,039
HMEATDES	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	22	27,499
		1	Yes	914	699,921
		2	No	142	113,619
				1,078	841,039
HMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	65	54,530
		1	1 Serving	142	107,097
		2	2 Servings	347	277,275
		3	3 Servings	225	180,698
		4	4 Servings	155	114,319
		5	5 Servings	61	46,821
		6	6 Servings	29	18,563
		7	7 Servings	14	10,345
		8	8 Servings	3	2,603
		9	9 Servings	4	2,947
		11	11 Servings	2	997
		99	Less than one serving	31	24,844
				1,078	841,039
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	27	21,154
		-7	Refused	1	344
		0	0 Servings	85	61,001
		1	1 Serving	516	405,826

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 Servings	280	205,478
		3	3 Servings	120	111,496
		4	4 Servings	21	14,330
		5	5 Servings	11	9,505
		6	6 Servings	3	1,240
		10	10 Servings	1	170
		99	Less than one serving	13	10,495
				1,078	841,039
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	7	5,513
		1	Yes	945	732,530
		2	No	126	102,996
				1,078	841,039
HMMEAT	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	35	32,529
		0	0 Servings	36	28,546
		1	1 Serving	609	477,037
		2	2 Servings	299	218,840
		3	3 Servings	76	63,321
		4	4 Servings	4	1,978
		5	5 Servings	4	5,236
		99	Less than one serving	15	13,552
				1,078	841,039
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	16	13,890
		1	Yes	1,000	771,653
		2	No	62	55,496
				1,078	841,039
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	33	33,303
		0	0 Servings	242	196,708
		1	1 Serving	588	458,939
		2	2 Servings	155	106,137

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Servings	20	14,212
		4	4 Servings	5	3,572
		5	5 Servings	3	584
		7	7 Servings	1	250
		99	Less than one serving	31	27,334
				1,078	841,039
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	16	11,506
		-7	Refused	1	688
		1	Yes	913	710,248
		2	No	148	118,597
				1,078	841,039
HMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	59	55,359
		1	1 Serving	156	130,524
		2	2 Servings	467	365,600
		3	3 Servings	211	153,158
		4	4 Servings	110	82,922
		5	5 Servings	32	20,716
		6	6 Servings	8	7,487
		7	7 Servings	6	3,213
		8	8 Servings	2	707
		9	9 Servings	1	338
		99	Less than one serving	26	21,015
				1,078	841,039
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?	-8	Don't Know	9	5,915
		-7	Refused	2	1,847
		1	Excellent	290	203,523
		2	Very Good	362	298,444
		3	Good	288	227,359
		4	Fair	99	77,716
		5	Poor	28	26,235
				1,078	841,039
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT	.	Missing	11	7,761
		1	Rating of Good to Excellent	940	729,327
		2	Rating of Fair or Poor	127	103,951

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,078	841,039
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	6	4,720
		1	Always	338	239,673
		2	Usually	429	342,898
		3	Sometimes	265	216,344
		4	Seldom	33	33,817
		5	Never	7	3,587
				1,078	841,039
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	10	7,509
		1	Always	364	264,250
		2	Usually	419	342,134
		3	Sometimes	244	191,436
		4	Seldom	34	30,428
		5	Never	7	5,282
				1,078	841,039
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	20	16,451
		1	Yes	277	217,976
		2	No	781	606,612
				1,078	841,039
HNRFAQ1	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	103	80,876
		2	No	172	135,340
				1,078	841,039
HNRFAQ2	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	66	58,064
		2	No	209	158,152
				1,078	841,039
HNRFAQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?	-8	Don't Know	2	1,760

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	801	623,063
		1	Yes	2	1,401
		2	No	273	214,814
				1,078	841,039
HNRFAQ4	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?				
		-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	6	3,100
		2	No	269	213,116
				1,078	841,039
HNRFAQ5	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?				
		-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	36	27,898
		2	No	239	188,318
				1,078	841,039
HNRFAQ6	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?				
		-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	6	4,161
		2	No	269	212,055
				1,078	841,039
HNRFAQ7	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?				
		-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	9	6,925
		2	No	266	209,291
				1,078	841,039
HNRFAQ8	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?				
		-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	1	2,873
		2	No	274	213,343
				1,078	841,039
HNRFAQ9	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?				
		-8	Don't Know	2	1,760

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	801	623,063
		1	Yes	4	1,243
		2	No	271	214,972
				1,078	841,039
HNRFAQ10	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	2	1,296
		2	No	273	214,920
				1,078	841,039
HNRFAQ11	QUALITY OF FOOD IMPROVED	-1	Not Collected	801	623,063
		1	Yes	84	65,319
		2	No	193	152,657
				1,078	841,039
HNRFAQOT	OTHER	-8	Don't Know	2	1,760
		-1	Not Collected	801	623,063
		1	Yes	30	26,297
		2	No	245	189,918
				1,078	841,039
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	6	4,156
		1	Always	690	516,655
		2	Usually	311	264,390
		3	Sometimes	60	44,171
		4	Seldom	8	6,414
		5	Never	3	5,253
				1,078	841,039
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	22	18,220
		-7	Refused	1	2,715
		1	Yes	991	760,603
		2	No	64	59,501
				1,078	841,039
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	20	12,345
		-7	Refused	1	2,715
		1	Yes	1,012	782,380
		2	No	45	43,600
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	39	28,851
		-7	Refused	1	1,268
		1	Yes	867	678,082
		2	No	171	132,839
				1,078	841,039
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	108	93,837
		-7	Refused	1	1,117
		1	Yes	820	618,656
		2	No	149	127,430
				1,078	841,039
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	17	11,321
		1	Yes	986	764,630
		2	No	75	65,089
				1,078	841,039
HMFLBR2	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?	-8	Don't Know	55	52,022
		-7	Refused	1	1,117
		1	Yes	928	712,440
		2	No	94	75,459
				1,078	841,039
HMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	17	12,522
		1	Yes	752	597,865
		2	No	309	230,652
				1,078	841,039
HMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	16	9,663
		1	Yes	190	153,522
		2	No	872	677,854
				1,078	841,039
HMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	11	10,502
		1	Yes	149	120,813
		2	No	918	709,725
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	6	6,004
		-7	Refused	1	823
		1	Yes	101	81,871
		2	No	970	752,341
				1,078	841,039
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	6	4,249
		1	Yes	113	89,276
		2	No	959	747,514
				1,078	841,039
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	8	5,906
		1	Yes	304	244,794
		2	No	766	590,339
				1,078	841,039
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	20	18,730
		1	Yes	329	249,820
		2	No	729	572,489
				1,078	841,039
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	12	12,710
		1	Yes	202	154,022
		2	No	864	674,307
				1,078	841,039
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	4	3,271
		1	Yes	32	26,469
		2	No	1,042	811,299
				1,078	841,039
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	7	5,697
		1	Yes	175	138,442
		2	No	896	696,900
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	1	389
		1	Yes	102	81,092
		2	No	975	759,558
				1,078	841,039
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	11	13,210
		1	Yes	32	29,066
		2	No	1,035	798,762
				1,078	841,039
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	22	12,695
		1	Yes	178	149,247
		2	No	878	679,097
				1,078	841,039
SVCCOUNT	SERVICE COMBINATIONS	1	Home Delivered Meals only	438	345,756
		2	Home Delivered Meals and 1 additional service	250	184,713
		3	Home Delivered Meals and 2 additional services	160	128,718
		4	Home Delivered Meals and 3 additional services	108	80,419
		5	Home Delivered Meals and 4 additional services	73	58,824
		6	Home Delivered Meals and 5 additional services	26	24,265
		7	Home Delivered Meals and 6 additional services	14	9,970
		8	Home Delivered Meals and 7 additional services	5	4,600
		9	Home Delivered Meals and 8 additional services	4	3,772
				1,078	841,039
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	17	9,960
		1	Yes	86	70,354
		2	No	975	760,725
				1,078	841,039
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	15	17,931

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	224	181,203
		2	No	839	641,905
				1,078	841,039
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	16	17,826
		1	Yes	123	93,713
		2	No	939	729,501
				1,078	841,039
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	4	3,249
		1	Yes	73	63,274
		2	No	1,001	774,516
				1,078	841,039
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	15	12,412
		-7	Refused	1	656
		1	Yes	49	35,778
		2	No	1,013	792,193
				1,078	841,039
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	20	15,097
		1	Yes	142	108,247
		2	No	916	717,695
				1,078	841,039
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	9	8,217
		-7	Refused	1	1,181
		-1	Not Collected	329	265,371
		1	Excellent	210	145,621
		2	Very Good	253	207,792
		3	Good	214	158,840
		4	Fair	40	32,482
		5	Poor	22	21,534
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	19	14,629
		1	Yes	910	708,755
		2	No	149	117,655
				1,078	841,039
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	34	27,181
		-7	Refused	1	166
		1	Yes	933	709,953
		2	No	110	103,739
		1,078	841,039		
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	23	15,719
		1	Yes	896	700,909
		2	No	159	124,411
		1,078	841,039		
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	43	32,940
		-7	Refused	3	2,281
		1	Yes	485	371,338
		2	No	547	434,480
		1,078	841,039		
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	9	7,188
		1	Agree	1,058	822,823
		2	Disagree	11	11,028
		1,078	841,039		
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	25	22,847
		1	Agree	1,023	790,502
		2	Disagree	30	27,690
		1,078	841,039		
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	2	968
		1	Yes	249	173,872

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	827	666,198
				1,078	841,039
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	20	15,643
		1	Yes	205	153,556
		2	No	853	671,841
				1,078	841,039
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	34	23,135
		1	Yes	303	228,660
		2	No	741	589,245
				1,078	841,039
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	10	7,549
		1	Yes	132	101,673
		2	No	936	731,816
				1,078	841,039
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	11	9,983
		1	Yes	540	395,246
		2	No	527	435,810
				1,078	841,039
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	8	7,656
		1	Yes	702	553,441
		2	No	368	279,942
				1,078	841,039
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	8	4,689
		1	Excellent	40	23,730
		2	Very Good	129	98,198
		3	Good	349	280,120
		4	Fair	338	273,965
		5	Poor	214	160,336
				1,078	841,039
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	26	18,020
		1	Yes, Limited A Lot	566	441,801
		2	Yes, Limited A Little	313	244,810

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	No, Not Limited At All	173	136,409
				1,078	841,039
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	24	19,534
		-7	Refused	3	2,831
		1	Yes, Limited A Lot	654	508,566
		2	Yes, Limited A Little	263	207,828
		3	No, Not Limited At All	134	102,280
				1,078	841,039
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	25	17,055
		1	All Of The Time	214	154,219
		2	Most Of The Time	310	255,124
		3	Some Of The Time	297	230,775
		4	A Little Of The Time	159	120,893
		5	None Of The Time	73	62,973
				1,078	841,039
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	31	27,048
		-7	Refused	1	406
		1	All Of The Time	208	147,060
		2	Most Of The Time	303	250,675
		3	Some Of The Time	308	233,632
		4	A Little Of The Time	153	124,738
		5	None Of The Time	74	57,481
				1,078	841,039
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	15	8,367
		-7	Refused	2	3,380
		1	All Of The Time	71	63,715
		2	Most Of The Time	156	113,330
		3	Some Of The Time	280	211,721
		4	A Little Of The Time	238	191,305

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	None Of The Time	316	249,220
				1,078	841,039
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	26	16,200
		-7	Refused	1	2,715
		1	All Of The Time	68	55,021
		2	Most Of The Time	128	98,528
		3	Some Of The Time	226	168,660
		4	A Little Of The Time	235	189,225
		5	None Of The Time	394	310,690
				1,078	841,039
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	26	18,610
		1	All Of The Time	196	157,301
		2	Most Of The Time	222	174,176
		3	Some Of The Time	177	146,780
		4	A Little Of The Time	275	211,249
		5	None Of The Time	182	132,924
				1,078	841,039
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	3	3,947
		1	All Of The Time	132	95,294
		2	Most Of The Time	436	359,099
		3	Some Of The Time	334	250,297
		4	A Little Of The Time	129	91,609
		5	None Of The Time	44	40,792
				1,078	841,039
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	9	11,180
		1	All Of The Time	35	26,865
		2	Most Of The Time	166	121,200
		3	Some Of The Time	360	283,452
		4	A Little Of The Time	333	262,228
		5	None Of The Time	175	136,114

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,078	841,039
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	8	5,942
		-7	Refused	1	798
		1	All Of The Time	42	35,297
		2	Most Of The Time	107	83,175
		3	Some Of The Time	265	194,616
		4	A Little Of The Time	314	249,963
		5	None Of The Time	341	271,248
				1,078	841,039
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?	-8	Don't Know	18	14,615
		-7	Refused	2	977
		1	All Of The Time	165	127,155
		2	Most Of The Time	173	123,885
		3	Some Of The Time	246	187,746
		4	A Little Of The Time	194	160,559
		5	None Of The Time	280	226,103
				1,078	841,039
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	153	118,859
		1	4 - < 20	138	105,937
		2	20 - < 25	142	102,281
		3	25 - < 30	162	132,281
		4	30 - < 35	138	115,175
		5	35 - < 40	120	86,492
		6	40 - < 45	102	83,705
		7	45 - < 50	72	62,483
		8	50 - < 55	35	22,734
		9	55 - < 65	16	11,093
				1,078	841,039
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	153	118,859
		1	7 - < 35	142	109,727
		2	35 - < 40	103	75,492
		3	40 - < 45	134	102,695
		4	45 - < 50	135	102,415

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	50 - < 53	69	54,077
		6	53 - < 56	83	68,236
		7	56 - < 59	77	63,093
		8	59 - < 62	81	64,041
		9	62 - < 65	54	43,555
		10	65 - < 80	47	38,850
				1,078	841,039
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	153	118,859
			22.1083	421	327,731
			30.6976	175	137,082
			39.287	180	136,702
			47.8763	87	76,276
			56.4656	62	44,389
				1,078	841,039
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	153	118,859
			20.3233	127	96,196
			24.9298	75	47,013
			29.5364	177	150,606
			34.1429	112	84,033
			38.7495	202	162,801
			43.356	81	59,813
			47.9626	90	70,109
			52.5691	28	24,112
			57.1757	33	27,498
				1,078	841,039
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN		Missing	153	118,859
			16.6777	165	120,907
			26.8693	246	187,903
			37.0608	158	132,766
			47.2523	197	153,910
			57.4438	159	126,694
				1,078	841,039
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH		Missing	153	118,859
			18.8673	184	133,452
			29.6476	296	241,561

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		44.7401		307	250,080
		55.5204		106	79,711
		61.9886		32	17,376
				1,078	841,039
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		153	118,859
		27.6238		151	117,233
		37.6867		298	234,741
		47.7496		313	246,598
		57.8125		137	101,521
		67.8753		26	22,086
				1,078	841,039
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		153	118,859
		11.347		31	27,715
		16.9385		29	22,987
		22.5299		79	58,233
		28.1214		59	46,337
		33.7129		152	115,513
		39.3044		113	76,319
		44.8959		150	128,218
		50.4873		78	62,769
		56.0788		234	184,088
				1,078	841,039
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		153	118,859
		16.1764		145	112,897
		26.2742		151	107,105
		36.3721		220	166,816
		46.4699		181	146,955
		56.5677		228	188,407
				1,078	841,039
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		153	118,859
		15.7748		13	12,966
		21.8705		17	11,104
		27.9663		37	27,501
		34.0621		87	60,927
		40.1579		190	142,158

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			46.2537	146	123,566
			52.3495	185	147,293
			58.4453	166	135,101
			64.541	84	61,564
				1,078	841,039
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	12	11,328
		1	Much Better Than One Year Ago	65	44,684
		2	A Little Better Than One Year Ago	119	96,533
		3	About The Same As One Year Ago	382	295,347
		4	A Little Worse Than One Year Ago	279	230,783
		5	Worse Than One Year Ago	221	162,363
				1,078	841,039
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...				
		-8	Don't Know	45	31,164
		-7	Refused	1	179
		1	About Enough	319	270,665
		2	Too Much	21	17,677
		3	Would Like To Be Doing More	692	521,354
				1,078	841,039
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	44	28,212
		1	Yes	253	206,226
		2	No	781	606,602
				1,078	841,039
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	9	5,554
		1	Yes	728	564,325
		2	No	341	271,160
				1,078	841,039
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	7	8,910
		1	Yes	785	621,012
		2	No	286	211,118

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,078	841,039
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	7	7,798
		-7	Refused	1	1,268
		1	Yes	503	402,489
		2	No	567	429,484
				1,078	841,039
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	23	17,588
		1	Yes	548	454,701
		2	No	507	368,750
				1,078	841,039
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	4	5,792
		1	Yes	399	316,944
		2	No	675	518,304
				1,078	841,039
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	6	6,304
		1	Yes	448	337,943
		2	No	624	496,791
				1,078	841,039
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	7	6,986
		1	Yes	203	161,397
		2	No	868	672,657
				1,078	841,039
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	5	2,134
		1	Yes	215	165,444
		2	No	858	673,462
				1,078	841,039
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	19	14,559
		1	Yes	210	162,717
		2	No	848	662,768
		3	Does Not Apply	1	995
				1,078	841,039
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	32	24,901

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	273	210,305
		2	No	772	604,838
		3	Does Not Apply	1	995
				1,078	841,039
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	10	7,680
		1	Yes	113	89,097
		2	No	955	744,262
				1,078	841,039
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	6	5,561
		1	Yes	697	535,070
		2	No	375	300,408
				1,078	841,039
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	2	4,294
		1	Yes	438	336,687
		2	No	638	500,059
				1,078	841,039
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	5	6,510
		-7	Refused	1	1,918
		1	Yes	241	189,070
		2	No	831	643,540
				1,078	841,039
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	6	7,450
		1	Yes	137	105,473
		2	No	933	726,943
		3	Does Not Apply	2	1,173
				1,078	841,039
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	458
		1	Yes	41	33,750
		2	No	1,035	805,868

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Does Not Apply	1	963
				1,078	841,039
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	5	4,726
		1	Yes	33	24,663
		2	No	1,038	810,477
		3	Does Not Apply	2	1,173
				1,078	841,039
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	4	6,205
		1	Yes	608	473,979
		2	No	465	359,893
		3	Does Not Apply	1	963
				1,078	841,039
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	5	2,407
		1	Yes	14	10,705
		2	No	1,058	826,965
		3	Does Not Apply	1	963
				1,078	841,039
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	15	8,728
		-7	Refused	1	245
		1	Yes	257	204,321
		2	No	805	627,745
				1,078	841,039
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	10	6,598
		1	Yes	143	122,792
		2	No	925	711,649
				1,078	841,039
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	14	8,536
		1	1 Medical Condition	31	26,649
		2	2 Medical Conditions	59	45,963
		3	3 Medical Conditions	66	50,968
		4	4 Medical Conditions	110	79,465

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Medical Conditions	118	98,792
		6	6 Medical Conditions	140	104,508
		7	7 Medical Conditions	136	113,195
		8	8 Medical Conditions	113	83,268
		9	9 Medical Conditions	131	94,311
		10	10 Medical Conditions	55	48,068
		11	11 Medical Conditions	55	45,220
		12	12 Medical Conditions	31	28,698
		13	13 Medical Conditions	14	8,010
		14	14 Medical Conditions	3	3,512
		15	15 Medical Conditions	1	552
		16	16 Medical Conditions	1	1,323
				1,078	841,039
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	42	32,769
		-7	Refused	1	798
		-1	Not Collected	14	8,536
		1	Yes	701	547,561
		2	No	320	251,376
				1,078	841,039
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	5	3,605
		-1	Not Collected	377	293,478
		1	Yes	637	499,063
		2	No	59	44,894
				1,078	841,039
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	20	19,528
		-1	Not Collected	377	293,478
		1	Yes	226	179,625
		2	No	455	348,408

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,078	841,039
PFFHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	6	2,650
		-1	Not Collected	377	293,478
		1	Yes	152	114,851
		2	No	543	430,060
				1,078	841,039
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	4	4,542
		-1	Not Collected	377	293,478
		1	Yes	60	45,712
		2	No	637	497,307
				1,078	841,039
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	3	1,455
		-1	Not Collected	377	293,478
		1	Yes	44	36,429
		2	No	654	509,677
				1,078	841,039
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	15	10,948
		-1	Not Collected	377	293,478
		1	Yes	26	15,778
		2	No	660	520,835
				1,078	841,039
PFMEDF	SELF/FAMILY IN MEDICAL FIELD	-1	Not Collected	377	293,478
		1	Yes	57	44,957
		2	No	644	502,604
				1,078	841,039
PFMEDIA	TV/RADIO/NEWSPAPERS	-1	Not Collected	377	293,478
		1	Yes	47	41,626

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	654	505,935
				1,078	841,039
PFREAD	READING PRINTED MATERIALS	-1	Not Collected	377	293,478
		1	Yes	68	56,999
		2	No	633	490,562
				1,078	841,039
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	36	34,092
		-7	Refused	1	453
		-1	Not Collected	14	8,536
		1	Not At All Confident	93	77,721
		2	A Little Confident	229	168,955
		3	Moderately Confident	362	287,139
		4	Very Confident	343	264,143
				1,078	841,039
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	13	10,202
		1	Yes	417	327,115
		2	No	648	503,722
				1,078	841,039
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	35	19,610
		-7	Refused	1	2,715
		1	0-2 medications	170	134,449
		2	3-4 medications	211	165,659
		3	5-6 medications	224	188,604
		4	7-8 medications	168	119,386
		5	9+ medications	269	210,617
				1,078	841,039
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	6	4,567
		1	Yes	399	321,135
		2	No	673	515,337
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	2	1,105
		1	Yes	122	100,134
		2	No	954	739,800
				1,078	841,039
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	1	437
		1	Yes	407	320,801
		2	No	670	519,800
				1,078	841,039
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	3	1,403
		-1	Not Collected	671	520,238
		1	Yes	154	122,411
		2	No	250	196,988
				1,078	841,039
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	5	5,061
		1	Yes	630	497,302
		2	No	443	338,676
				1,078	841,039
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	1	170
		-1	Not Collected	448	343,737
		1	Yes	515	403,222
		2	No	114	93,910
				1,078	841,039
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	1	Yes	372	300,539
		2	No	706	540,500
				1,078	841,039
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	285
		-1	Not Collected	706	540,500
		1	Yes	160	133,932
		2	No	211	166,322
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	2	1,746
		1	Yes	437	327,406
		2	No	639	511,887
				1,078	841,039
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	2	2,031
		-1	Not Collected	641	513,633
		1	Yes	292	216,331
		2	No	143	109,045
				1,078	841,039
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	4	2,047
		1	Yes	281	208,613
		2	No	793	630,379
		1,078	841,039		
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	797	632,426
		1	Yes	187	143,343
		2	No	94	65,270
		1,078	841,039		
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	3	1,140
		1	Yes	753	599,248
		2	No	322	240,651
		1,078	841,039		
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	8	5,226
		-1	Not Collected	325	241,791
		1	Yes	248	197,464
		2	No	497	396,558
		1,078	841,039		
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	831
		1	Yes	106	75,544
		2	No	970	764,664
		1,078	841,039		
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	972	765,495
		1	Yes	45	33,126
		2	No	61	42,418

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,078	841,039
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	1	322
		1	Yes	189	150,321
		2	No	888	690,396
				1,078	841,039
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	3	2,604
		-1	Not Collected	889	690,718
		1	Yes	91	71,480
		2	No	95	76,236
				1,078	841,039
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	7	4,675
		1	Yes	294	222,184
		2	No	777	614,179
				1,078	841,039
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	209
		-1	Not Collected	784	618,855
		1	Yes	251	200,268
		2	No	42	21,708
				1,078	841,039
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	7	8,611
		1	Yes	484	373,101
		2	No	587	459,328
				1,078	841,039
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	594	467,938
		1	Yes	375	290,298
		2	No	109	82,802
				1,078	841,039
PFCLN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	5	4,842
		1	Yes	507	384,792
		2	No	566	451,405
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	312
		-1	Not Collected	571	456,247
		1	Yes	444	340,446
		2	No	62	44,033
				1,078	841,039
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	11	7,187
		1	Yes	866	699,271
		2	No	201	134,582
				1,078	841,039
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	2	542
		-1	Not Collected	212	141,768
		1	Yes	813	659,030
		2	No	51	39,699
				1,078	841,039
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	846
		1	Yes	231	177,743
		2	No	845	662,449
				1,078	841,039
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	847	663,296
		1	Yes	191	149,652
		2	No	40	28,092
				1,078	841,039
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	1	656
		1	Yes	116	89,171
		2	No	961	751,213
		1,078	841,039		
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	962	751,868
		1	Yes	99	77,478
		2	No	17	11,692

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,078	841,039
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	2	2,690
		1	Yes	634	487,193
		2	No	442	351,156
				1,078	841,039
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	4	4,341
		-1	Not Collected	444	353,846
		1	Yes	293	219,994
		2	No	337	262,858
				1,078	841,039
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	100	76,687
		1	Yes	450	389,106
		2	No	528	375,246
				1,078	841,039
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	628	451,933
		1	Yes	97	92,290
		2	No	142	114,891
		3	Never Uses Bus	211	181,925
				1,078	841,039
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	2	1,394
		-1	Not Collected	981	748,749
		1	Yes	86	78,752
		2	No	9	12,144
				1,078	841,039
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	10	9,321
		-1	Not Collected	178	127,123
		1	Family	562	435,245
		2	Someone Else Like Friend/Neighbor/Other	251	208,960
		3	Did Not Receive Help	77	60,389
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED		
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	6	5,654		
		-7	Refused	1	430		
		-1	Not Collected	516	405,794		
		1	Husband	47	44,416		
		2	Wife	44	30,156		
		3	Son	132	92,968		
		4	Son-In-Law	4	1,362		
		5	Daughter	210	158,137		
		6	Daughter-In-Law	15	12,019		
		9	Brother	7	6,675		
		10	Sister	18	14,415		
		11	Grandson	6	3,318		
		12	Granddaughter	24	22,595		
		13	Nephew	7	6,648		
		14	Niece	17	15,579		
		91	Other Relative	24	20,872		
				1,078	841,039		
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	12	6,086		
		0	0 limitations	239	180,666		
		1	1 limitation	290	241,395		
		2	2 limitations	174	130,300		
		3	3 limitations	137	106,166		
		4	4 limitations	104	81,547		
		5	5 limitations	83	67,680		
		6	6 limitations	39	27,199		
						1,078	841,039
		ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	242	182,357
1	1 limitation			292	242,127		
2	2 limitations			176	130,554		
3	3 limitations			139	107,646		
4	4 limitations			107	83,475		
5	5 limitations			83	67,680		
6	6 limitations			39	27,199		
				1,078	841,039		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	12	6,086
		1	Yes	363	282,592
		2	No	703	552,361
				1,078	841,039
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	368	286,001
		2	No	710	555,038
				1,078	841,039
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	14	10,146
		0	0 limitations	644	504,179
		1	1 limitation	165	123,130
		2	2 limitations	107	92,400
		3	3 limitations	50	34,325
		4	4 limitations	35	29,164
		5	5 limitations	39	29,010
		6	6 limitations	24	18,686
				1,078	841,039
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	653	511,091
		1	1 limitation	166	123,228
		2	2 limitations	107	92,400
		3	3 limitations	52	36,009
		4	4 limitations	37	30,615
		5	5 limitations	39	29,010
		6	6 limitations	24	18,686
		1,078	841,039		
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	25	21,914
		0	0 limitations	222	167,065
		1	1 limitation	181	151,784
		2	2 limitations	175	132,839
		3	3 limitations	174	146,207

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	126	81,693
		5	5 limitations	67	49,631
		6	6 limitations	72	64,796
		7	7 limitations	36	25,109
				1,078	841,039
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		0	0 limitations	227	171,552
		1	1 limitation	187	158,296
		2	2 limitations	179	135,690
		3	3 limitations	179	151,082
		4	4 limitations	131	84,884
		5	5 limitations	67	49,631
		6	6 limitations	72	64,796
		7	7 limitations	36	25,109
				1,078	841,039
IADLAOA7P	AMONG THOSE W/ ANY IADL				
	DIFFICULTY, PERSON COUNTS				
	BY # OF IADL PERSONAL ASSIST.				
	NEEDS (OF 7 ACTIVITIES): GOING				
	OUTSIDE HOME, MONEY MGMNT,				
	MEAL PREP, LIGHT HOUSEWORK,				
	MEDICATION MGMT, USING THE				
	PHONE, OR DRIVING CAR/USING				
	PUBLIC TRANS.	.	Missing	9	6,425
		0	0 limitations	327	252,516
		1	1 limitation	191	154,728
		2	2 limitations	157	121,136
		3	3 limitations	141	114,873
		4	4 limitations	101	68,077
		5	5 limitations	59	45,278
		6	6 limitations	58	53,634
		7	7 limitations	35	24,372
				1,078	841,039
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS, SSS VERSION	0	0 limitations	331	254,465
		1	1 limitation	194	157,505
		2	2 limitations	158	122,398
		3	3 limitations	142	115,310
		4	4 limitations	101	68,077
		5	5 limitations	59	45,278
		6	6 limitations	58	53,634
		7	7 limitations	35	24,372

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,078	841,039
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	33	27,063
		0	0 limitations	111	78,870
		1	1 limitation	151	112,914
		2	2 limitations	162	139,087
		3	3 limitations	157	123,258
		4	4 limitations	169	143,219
		5	5 limitations	121	78,473
		6	6 limitations	69	53,336
		7	7 limitations	69	59,710
		8	8 limitations	36	25,109
				1,078	841,039
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	116	82,193
		1	1 limitation	159	117,565
		2	2 limitations	167	146,094
		3	3 limitations	163	126,744
		4	4 limitations	172	147,243
		5	5 limitations	126	81,664
		6	6 limitations	70	54,717
		7	7 limitations	69	59,710
		8	8 limitations	36	25,109
				1,078	841,039
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	10	6,655
		0	0 limitations	171	121,280
		1	1 limitation	205	161,755
		2	2 limitations	165	139,809
		3	3 limitations	142	110,736

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	138	113,750
		5	5 limitations	95	63,770
		6	6 limitations	61	48,982
		7	7 limitations	56	49,929
		8	8 limitations	35	24,372
				1,078	841,039
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	174	121,991
		1	1 limitation	207	163,222
		2	2 limitations	168	142,585
		3	3 limitations	143	111,999
		4	4 limitations	139	114,188
		5	5 limitations	95	63,770
		6	6 limitations	61	48,982
		7	7 limitations	56	49,929
		8	8 limitations	35	24,372
				1,078	841,039
AGEC	AGE CATEGORY	.	Missing	1	723
		2	60-64 years	72	59,276
		3	65-74 years	252	202,439
		4	75-84 years	373	284,630
		5	85+ years	380	293,972
				1,078	841,039
GENDER	WHAT IS YOUR GENDER?	1	Male	371	291,186
		2	Female	707	549,853
				1,078	841,039
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	8	3,068
		-7	Refused	2	1,333
		1	Less Than High School	342	255,479
			Diploma		
		2	High School Diploma Or	372	291,225
			GED		
		3	Some	262	222,148
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	45	36,252
		5	Some Post-Graduate	47	31,534
			Work/Advanced Degree		
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED	
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	15	7,517	
		-7	Refused	5	5,772	
		1	Yes	65	69,607	
		2	No	993	758,143	
					1,078	841,039
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	4	4,246	
		-7	Refused	6	6,857	
		1	Yes	837	645,943	
		2	No	231	183,993	
					1,078	841,039
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	4	4,246	
		-7	Refused	6	6,857	
		1	Yes	180	130,929	
		2	No	888	699,006	
					1,078	841,039
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	4	4,246	
		-7	Refused	6	6,857	
		1	Yes	20	20,916	
		2	No	1,048	809,020	
					1,078	841,039
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	4	4,246	
		-7	Refused	6	6,857	
		1	Yes	36	29,841	
		2	No	1,032	800,095	
					1,078	841,039
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	4	4,246	
		-7	Refused	6	6,857	
		2	No	1,068	829,936	
					1,078	841,039
		DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	4
-7	Refused			6	6,857	
1	Yes			20	22,126	
2	No			1,048	807,809	
					1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	1	Yes	217	179,395
		2	No	861	661,644
				1,078	841,039
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	33	32,862
		1	The City	549	480,577
		2	The Suburbs	197	141,833
		3	A Rural Area	299	185,767
			1,078	841,039	
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	320
		-7	Refused	4	4,536
		1	Yes	600	458,903
		2	No	473	377,280
			1,078	841,039	
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	3	2,612
		-1	Not Collected	600	458,903
		1	Yes	260	208,337
		2	No	215	171,187
			1,078	841,039	
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	4	4,536
		-1	Not Collected	600	458,903
		1	Yes	172	135,233
		2	No	302	242,366
			1,078	841,039	
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	5	5,125
		-1	Not Collected	600	458,903
		1	Yes	76	50,292
		2	No	397	326,718
			1,078	841,039	
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	5	5,125
		-1	Not Collected	600	458,903
		1	Yes	31	33,285
		2	No	442	343,726
			1,078	841,039	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	2	2,023
		1	Alone	600	458,903
		2	With spouse only	216	178,114
		3	With children only	121	97,057
		4	With spouse and children	27	19,990
		5	With others	112	84,953
					1,078
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	736
		-7	Refused	4	4,536
		1	1 Person	607	461,718
		2	2 People	374	301,626
		3	3 People	61	49,374
		4	4 People	14	7,875
		5	5 People	12	10,542
		6	6 People	4	4,444
		7	7 People	1	188
			1,078	841,039	
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	721
		-7	Refused	4	3,591
		1	Married	279	224,920
		2	Widowed	542	398,041
		3	Divorced	152	127,186
		4	Separated	24	21,605
		5	Never Married	75	64,975
			1,078	841,039	
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?	-8	Don't Know	92	68,656
		-7	Refused	29	22,255
		1	Below \$20,000 [1666 Per Month Or Less]	691	530,366
		2	Above \$20,000 [1667 Per Month Or More]	266	219,762
					1,078
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?	.	Missing	121	90,911
		-8	Don't Know	94	68,437

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	17	13,899
		1	\$5,000 or less	70	62,419
		2	\$5,001-\$10,000	165	127,869
		3	\$10,001-\$15,000	235	177,359
		4	\$15,001-\$20,000	139	104,131
		5	\$20,001-\$25,000	109	82,599
		6	\$25,001-\$30,000	51	48,195
		7	\$30,001-\$35,000	32	27,911
		8	\$35,001-\$40,000	16	17,129
		9	\$40,001-\$50,000	14	12,343
		10	ABOVE \$50,000	15	7,836
				1,078	841,039
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	57	39,545
		0	Rural (Not in Urbanized Area or Urban Cluster)	575	404,659
		1	In Urbanized Area	392	357,018
		2	In Urban Cluster	54	39,817
				1,078	841,039
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,078	841,039
				1,078	841,039
VARUNIT	VARIANCE UNIT	1	Variance unit 1	532	395,538
		2	Variance unit 2	546	445,501
				1,078	841,039
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	13.61 - 3566.35	Weight range	1,078	841,039
				1,078	841,039
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	11.65 - 5788.84	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	3.99 - 7530.49	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	3.73 - 5858.81	Replicate weight range	1,078	841,039
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	7.87 - 7121.12	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	20.92 - 5618.46	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	4.10 - 6795.81	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	3.84 - 6203.40	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	8.60 - 6078.94	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	20.92 - 7375.85	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	4.31 - 6590.06	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	4.09 - 6796.51	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	9.14 - 6813.78	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	11.26 - 6644.91	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	4.15 - 6433.14	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	3.83 - 7301.77	Replicate weight range	1,078	841,039
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	8.33 - 5933.95	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	3.96 - 6367.96	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	9.24 - 6168.29	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	11.72 - 7084.99	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	4.22 - 6082.72	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	3.77 - 7774.30	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	8.93 - 5682.87	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	17.04 - 7376.40	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	4.02 - 5532.10	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	3.72 - 5994.93	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	9.54 - 7551.18	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	24.36 - 6432.39	Replicate weight range	1,078	841,039
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	4.29 - 6563.00	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	3.86 - 6862.93	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	9.51 - 6545.13	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	12.18 - 6543.21	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	4.38 - 7498.13	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	11.73 - 6808.49	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	4.32 - 5993.77	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	3.98 - 5989.88	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	8.64 - 6213.52	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	19.98 - 5832.18	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	4.14 - 5813.72	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	3.92 - 6302.14	Replicate weight range	1,078	841,039
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	8.77 - 5551.50	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	20.66 - 6903.21	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	4.03 - 6563.51	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	3.77 - 6473.32	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	8.40 - 6836.86	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	11.88 - 6435.73	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	4.06 - 6157.45	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	3.80 - 7730.65	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	8.08 - 6641.46	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	3.94 - 5798.46	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	9.74 - 6561.97	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	12.44 - 5971.58	Replicate weight range	1,078	841,039
				1,078	841,039

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	4.48 - 5934.81	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	3.65 - 6512.86	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	9.33 - 5782.96	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	17.53 - 5977.17	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	4.21 - 6832.27	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	3.78 - 7083.32	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	8.95 - 7327.73	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	23.24 - 6361.59	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	4.02 - 6824.83	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	3.95 - 6392.38	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	9.20 - 6806.41	Replicate weight range	1,078	841,039
				1,078	841,039
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	11.70 - 6381.15	Replicate weight range	1,078	841,039
				1,078	841,039

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	4.21 - 6717.63	Replicate weight range	1,078	841,039
				1,078	841,039