

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
HOWLONG	NUM	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?
TRDAYS	NUM	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?
TROFTEN	NUM	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?
TRMONTH	NUM	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE
TRMONTHC	NUM	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?
TRPROP	NUM	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?
TRGTSON	NUM	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?
TRFRE08	NUM	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?
TRFRE12	NUM	HOW OFTEN ARE THE DRIVERS POLITE?
TRFRE06	NUM	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?
TRFRE05	NUM	HOW OFTEN ARE THE VEHICLES COMFORTABLE?
TRFRE07	NUM	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?
TRFRE10	NUM	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?
TRFRE16	NUM	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?
NEEDHLP	NUM	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?
GETHELP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?
NEEDBHLP	NUM	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?
GETBHLP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?
TRACTA	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?
TRACTB	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?
TRACTC	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?
TRACTD	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?
TRACTE	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?
TRACTF	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?
TRACTG	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?
TRACTH	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?
TRACTI	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?
TRACTJ	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?
TRACTK	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?
TRRATE	NUM	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?
TRRATE2	NUM	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT
AROUND	NUM	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?
TRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
TRSTAY	NUM	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
TRISCAR	NUM	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?

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TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVPCPR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS 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?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?

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PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [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?

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

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

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LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?
MOB_IMP	NUM	MOBILITY IMPAIRED
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

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PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
AROUND	NUM	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?
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?

Alphabetical Listing of Variables

Name	Type	Description
GETBHLP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?
GETHELP	NUM	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HOWLONG	NUM	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?
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
INCOME12	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
MOB_IMP	NUM	MOBILITY IMPAIRED
NEEDBHLP	NUM	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?
NEEDHLP	NUM	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?
PFDISP	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISS	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS 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	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
TRACTA	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?
TRACTB	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?
TRACTC	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?
TRACTD	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?
TRACTE	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?
TRACTF	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?
TRACTG	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?
TRACTH	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?
TRACTI	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?
TRACTJ	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?
TRACTK	NUM	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?
TRDAYS	NUM	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?
TRDRIVE	NUM	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?
TRFRE05	NUM	HOW OFTEN ARE THE VEHICLES COMFORTABLE?
TRFRE06	NUM	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?
TRFRE07	NUM	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?
TRFRE08	NUM	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?
TRFRE10	NUM	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?
TRFRE12	NUM	HOW OFTEN ARE THE DRIVERS POLITE?
TRFRE16	NUM	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?
TRGTSON	NUM	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?
TRISCAR	NUM	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?
TRMONTH	NUM	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE
TRMONTHC	NUM	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?
TROFTEN	NUM	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?
TRPROP	NUM	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?
TRRATE	NUM	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?
TRRATE2	NUM	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT
TRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
TRSTAY	NUM	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
URBAN	NUM	URBAN

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	1,094	208,975
				1,094	208,975
HOWLONG	ABOUT HOW LONG AGO DID YOU START USING THIS TRANSPORTATION SERVICE?				
		-8	Don't Know	18	2,464
		1	6 Months Or Less	116	25,736
		2	More Than 6 Months But Less Than 1 Year	148	29,610
		3	At Least 1 Year But Less Than 2 Years	210	39,872
		4	2 To 5 Years	351	64,746
		5	More Than 5 Years	251	46,547
				1,094	208,975
TRDAYS	WHEN WAS THE LAST TIME YOU USED THIS SERVICE?				
		1	Today Or Yesterday	291	45,883
		2	More Than 1 Day To 1 Week Ago	264	51,723
		3	More Than 1 Week To 1 Month Ago	222	47,245
		4	More Than 1 Month Ago	317	64,123
				1,094	208,975
TROFTEN	HOW OFTEN DO YOU USE THE TRANSPORTATION SERVICE?				
		-8	Don't Know	71	14,947
		1	5 Or More Times Per Week	145	23,103
		2	2 To 4 Times Per Week	329	55,353
		3	Once Per Week	200	38,957
		4	Less Than Once Per Month	349	76,615
				1,094	208,975
TRMONTH	# LOCAL, ONE-WAY TRIPS/MO MADE USING THIS SERVICE				
		-8	Don't Know	122	25,241
		-7	Refused	3	198
		1	0 Trips	82	18,139
		2	1 - 2 Trips	257	56,852
		3	3 - 4 Trips	121	23,950
		4	5 - 6 Trips	68	10,201
		5	7 - 8 Trips	110	18,918
		6	9 - 12 Trips	56	12,491
		7	13 - 16 Trips	54	9,537
		8	17 - 20 Trips	28	3,749
		9	21 - 40 Trips	177	27,297
		10	41 - 60 Trips	14	1,654

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		11	61 - 80 Trips	2	747
				1,094	208,975
TRMONTHC	ABOUT HOW MANY LOCAL, ONE-WAY TRIPS A MONTH DO YOU MAKE USING THIS SERVICE?	.	Missing	125	25,439
		1	<= 2 trips	339	74,991
		2	> 2 <= 6 trips	189	34,151
		3	> 6 <= 12 trips	166	31,409
		4	> 12 trips	275	42,985
				1,094	208,975
TRPROP	IN AN AVERAGE MONTH, HOW MUCH DO YOU RELY ON THIS TRANSPORTATION SERVICE?	-8	Don't Know	78	15,152
		-7	Refused	1	33
		1	Just A Few Of All Local Trips	288	62,895
		2	About 1/4 Of All Local Trips	106	20,566
		3	About 1/2 Of All Local Trips	133	22,708
		4	About 3/4 Of All Local Trips	82	15,120
		5	Nearly All Local Trips	366	65,694
		91	Other	40	6,807
				1,094	208,975
TRGTSON	WHEN USING THE TRANSPORTATION SERVICE, WHERE DO YOU GET ON THE VEHICLE?	-8	Don't Know	9	2,241
		-7	Refused	1	33
		1	The Driver Comes To The Door	363	74,665
		2	Vehicle Stops In Front Of House	640	112,857
		3	The Vehicle Stops Down The Block	18	5,325
		4	Have To Walk Several Blocks For Vehicle	9	3,136
		5	Gets On At Senior Center	54	10,717
				1,094	208,975
TRFRE08	HOW OFTEN DO THE DRIVERS PICK YOU UP WHEN THEY ARE SUPPOSED TO?	-8	Don't Know	16	2,968
		1	Always	825	156,105
		2	Usually	187	36,539
		3	Sometimes	51	10,692

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Seldom	9	1,338
		5	Never	6	1,333
				1,094	208,975
TRFRE12	HOW OFTEN ARE THE DRIVERS POLITE?	-8	Don't Know	1	33
		1	Always	991	189,073
		2	Usually	87	17,045
		3	Sometimes	15	2,824
				1,094	208,975
TRFRE06	HOW OFTEN ARE THE VEHICLES EASY TO GET INTO AND OUT OF?	-8	Don't Know	17	3,554
		-7	Refused	2	844
		1	Always	848	162,866
		2	Usually	152	27,181
		3	Sometimes	60	11,331
		4	Seldom	8	1,851
		5	Never	7	1,347
				1,094	208,975
TRFRE05	HOW OFTEN ARE THE VEHICLES COMFORTABLE?	-8	Don't Know	13	2,952
		-7	Refused	2	525
		1	Always	868	165,729
		2	Usually	140	25,333
		3	Sometimes	54	12,221
		4	Seldom	11	1,188
		5	Never	6	1,028
				1,094	208,975
TRFRE07	HOW OFTEN DO YOU ARRIVE AT YOUR DESTINATION ON TIME?	-8	Don't Know	10	1,271
		1	Always	850	164,771
		2	Usually	174	32,957
		3	Sometimes	55	9,158
		4	Seldom	2	185
		5	Never	3	633
				1,094	208,975
TRFRE10	HOW OFTEN CAN YOU GET TO THE PLACES YOU WANT OR NEED TO GO?	-8	Don't Know	22	4,478
		1	Always	883	170,075
		2	Usually	125	23,917
		3	Sometimes	46	7,456

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Seldom	8	1,500
		5	Never	10	1,549
				1,094	208,975
TRFRE16	HOW OFTEN DO YOU GET RIDES AT THE TIMES AND ON THE DAYS YOU NEED THEM?				
		-8	Don't Know	20	3,191
		1	Always	852	162,161
		2	Usually	151	31,090
		3	Sometimes	60	10,594
		4	Seldom	7	861
		5	Never	4	1,079
				1,094	208,975
NEEDHLP	DO YOU NEED HELP GETTING INTO AND OUT OF YOUR HOME?				
		-8	Don't Know	2	2,039
		1	Yes	160	27,583
		2	No	932	179,353
				1,094	208,975
GETHELP	DOES THE DRIVER OR AIDE HELP YOU GET INTO AND OUT OF YOUR HOME?				
		-8	Don't Know	2	244
		-1	Not Collected	934	181,392
		1	Yes	118	20,531
		2	No	40	6,807
				1,094	208,975
NEEDBHLP	DO YOU NEED HELP GETTING INTO OR OUT OF THE VAN OR BUS?				
		-8	Don't Know	1	101
		1	Yes	353	68,788
		2	No	740	140,085
				1,094	208,975
GETBHLP	DOES THE DRIVER OR AIDE HELP YOU GET INTO OR OUT OF THE VAN OR BUS?				
		-8	Don't Know	2	143
		-1	Not Collected	741	140,187
		1	Yes	335	66,561
		2	No	16	2,084
				1,094	208,975
TRACTA	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE DOCTORS AND HEALTH CARE PROVIDERS?				
		-8	Don't Know	2	213
		1	Yes	726	149,583
		2	No	366	59,178
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRACTB	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SHOPPING?	-8	Don't Know	2	312
		1	Yes	415	75,889
		2	No	677	132,773
				1,094	208,975
TRACTC	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO VOLUNTEER ACTIVITIES?	-8	Don't Know	4	853
		1	Yes	191	29,968
		2	No	899	178,154
				1,094	208,975
TRACTD	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO THE SENIOR CENTER?	-8	Don't Know	1	228
		1	Yes	461	66,612
		2	No	632	142,135
				1,094	208,975
TRACTE	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO A LUNCH PROGRAM?	-8	Don't Know	4	628
		1	Yes	354	52,447
		2	No	736	155,900
				1,094	208,975
TRACTF	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO FRIENDS, NEIGHBORS, AND RELATIVES?	-8	Don't Know	2	312
		1	Yes	98	20,408
		2	No	994	188,254
				1,094	208,975
TRACTG	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOCIAL EVENTS AND RECREATION ACTIVITIES?	-8	Don't Know	4	1,837
		1	Yes	286	50,036
		2	No	804	157,102
				1,094	208,975
TRACTH	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO CLUBS AND MEETINGS?	-8	Don't Know	3	448
		-7	Refused	1	288
		1	Yes	109	16,558
		2	No	981	191,681
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
TRACTI	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO RELIGIOUS SERVICES?	-8	Don't Know	3	423
		-7	Refused	1	288
		1	Yes	62	10,005
		2	No	1,028	198,259
				1,094	208,975
TRACTJ	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO WORK?	-8	Don't Know	1	139
		-7	Refused	1	288
		1	Yes	22	3,374
		2	No	1,070	205,173
				1,094	208,975
TRACTK	DO YOU USE THE TRANSPORTATION SERVICE TO GET TO SOME OTHER PLACE?	-8	Don't Know	1	1,428
		-7	Refused	1	288
		1	Yes	13	1,734
		2	No	1,079	205,525
				1,094	208,975
TRRATE	HOW WOULD YOU RATE THE TRANSPORTATION SERVICE THAT YOU RECEIVED?	-8	Don't Know	2	333
		1	Excellent	597	117,627
		2	Very Good	333	63,453
		3	Good	138	24,371
		4	Fair	19	2,453
		5	Poor	5	737
				1,094	208,975
TRRATE2	RATING OF TRANSPORTATION SERVICES GOOD TO EXCELLENT	.	Missing	2	333
		1	Rating of Good to Excellent	1,068	205,451
		2	Rating of Fair or Poor	24	3,191
		1,094	208,975		
AROUND	DO YOU GET AROUND MORE THAN YOU DID BEFORE YOU GOT THIS SERVICE?	-8	Don't Know	26	6,037
		1	Yes	646	118,854
		2	No	422	84,084
				1,094	208,975
TRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	5	591
		1	Yes	1,064	204,186

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	25	4,197
				1,094	208,975
TRSTAY	DO THE SERVICES HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	24	5,627
		1	Yes	939	178,192
		2	No	131	25,155
				1,094	208,975
TRISCAR	IS THERE A WORKING CAR OR PERSONAL MOTOR VEHICLE IN YOUR HOUSEHOLD?	-8	Don't Know	1	126
		-7	Refused	1	1,428
		1	Yes	489	86,626
		2	No	603	120,795
				1,094	208,975
TRDRIVE	DO YOU EVER DRIVE THAT CAR OR PERSONAL MOTOR VEHICLE?	-8	Don't Know	2	1,058
		-1	Not Collected	605	122,349
		1	Yes	275	49,410
		2	No	212	36,159
				1,094	208,975
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	7	1,647
		1	Yes	533	85,125
		2	No	554	122,202
				1,094	208,975
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	8	1,551
		1	Yes	183	30,898
		2	No	903	176,527
				1,094	208,975
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	4	607
		1	Yes	177	32,225
		2	No	913	176,143
				1,094	208,975
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	12	2,254
		1	Yes	204	35,917
		2	No	878	170,803
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	3	405
		1	Yes	52	8,291
		2	No	1,039	200,279
				1,094	208,975
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	4	842
		1	Yes	86	14,765
		2	No	1,004	193,368
				1,094	208,975
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	3	403
		1	Yes	67	11,955
		2	No	1,024	196,616
				1,094	208,975
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	1	181
		1	Yes	55	10,080
		2	No	1,038	198,714
				1,094	208,975
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	16	2,436
		1	Yes	266	47,838
		2	No	812	158,701
				1,094	208,975
SVCCOUNT	SERVICE COMBINATIONS	1	Transportation only	311	70,349
		2	Transportation and 1 additional service	359	67,292
		3	Transportation and 2 additional services	208	35,348
		4	Transportation and 3 additional services	99	14,457
		5	Transportation and 4 additional services	66	15,275
		6	Transportation and 5 additional services	27	3,113
		7	Transportation and 6 additional services	18	2,952
		8	Transportation and 7 additional services	4	151
		9	Transportation and 8 additional services	2	38

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,094	208,975
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	12	2,223
		1	Yes	167	21,341
		2	No	915	185,411
				1,094	208,975
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	13	2,627
		1	Yes	360	54,666
		2	No	721	151,682
				1,094	208,975
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	6	1,601
		1	Yes	219	39,395
		2	No	869	167,979
				1,094	208,975
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	8	1,107
		1	Yes	279	42,321
		2	No	807	165,547
				1,094	208,975
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	6	600
		1	Yes	86	10,395
		2	No	1,002	197,980
				1,094	208,975
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	14	1,667
		1	Yes	220	38,978
		2	No	860	168,329
				1,094	208,975
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	3	1,295

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	212	49,818
		1	Excellent	383	71,209
		2	Very Good	313	58,705
		3	Good	144	22,213
		4	Fair	29	4,230
		5	Poor	10	1,505
				1,094	208,975
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?				
		-8	Don't Know	19	3,597
		1	Yes	943	179,267
		2	No	132	26,111
				1,094	208,975
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?				
		-8	Don't Know	37	7,540
		1	Yes	955	182,003
		2	No	102	19,431
				1,094	208,975
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	35	7,275
		-7	Refused	1	404
		1	Yes	585	107,738
		2	No	473	93,557
				1,094	208,975
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?				
		-8	Don't Know	13	2,084
		-7	Refused	1	56
		1	Agree	1,066	205,302
		2	Disagree	14	1,532
				1,094	208,975
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?				
		-8	Don't Know	23	4,057
		1	Agree	1,048	201,698
		2	Disagree	23	3,219
				1,094	208,975
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS FOOD STAMPS?				
		1	Yes	279	49,169

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	815	159,805
				1,094	208,975
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS ENERGY ASSISTANCE?	-8	Don't Know	10	1,601
		1	Yes	240	48,973
		2	No	844	158,401
				1,094	208,975
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE, SUCH AS MEDICAID?	-8	Don't Know	19	3,472
		1	Yes	326	55,214
		2	No	749	150,289
				1,094	208,975
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE SUCH AS HOUSING ASSISTANCE?	-8	Don't Know	6	643
		1	Yes	188	37,127
		2	No	900	171,205
				1,094	208,975
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	4	508
		1	Yes	376	65,071
		2	No	714	143,396
				1,094	208,975
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	7	973
		-7	Refused	1	492
		1	Yes	602	108,442
		2	No	484	99,067
				1,094	208,975
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	4	399
		1	Excellent	67	14,972
		2	Very Good	189	33,405
		3	Good	370	70,660
		4	Fair	344	66,236
		5	Poor	120	23,303
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	22	3,808
		-7	Refused	1	56
		1	Yes, Limited A Lot	411	78,366
		2	Yes, Limited A Little	377	70,614
		3	No, Not Limited At All	283	56,130
				1,094	208,975
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	21	5,322
		1	Yes, Limited A Lot	500	95,905
		2	Yes, Limited A Little	367	65,898
		3	No, Not Limited At All	206	41,849
		1,094	208,975		
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	27	6,315
		-7	Refused	1	103
		1	All Of The Time	128	27,149
		2	Most Of The Time	291	54,475
		3	Some Of The Time	323	56,078
		4	A Little Of The Time	189	35,200
		5	None Of The Time	135	29,654
		1,094	208,975		
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	17	4,731
		1	All Of The Time	126	26,164
		2	Most Of The Time	254	44,396
		3	Some Of The Time	351	67,991
		4	A Little Of The Time	190	32,388
		5	None Of The Time	156	33,305
		1,094	208,975		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?	-8	Don't Know	9	1,457
		-7	Refused	1	492
		1	All Of The Time	35	8,753
		2	Most Of The Time	111	23,729
		3	Some Of The Time	245	40,497
		4	A Little Of The Time	251	44,865
		5	None Of The Time	442	89,182
					1,094
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	11	1,962
		-7	Refused	1	492
		1	All Of The Time	28	8,253
		2	Most Of The Time	95	19,455
		3	Some Of The Time	198	31,589
		4	A Little Of The Time	215	37,329
		5	None Of The Time	546	109,894
					1,094
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	15	2,433
		-7	Refused	2	319
		1	All Of The Time	265	51,536
		2	Most Of The Time	267	49,360
		3	Some Of The Time	219	42,331
		4	A Little Of The Time	227	43,406
		5	None Of The Time	99	19,590
					1,094
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	10	1,907
		1	All Of The Time	177	36,527
		2	Most Of The Time	480	83,063
		3	Some Of The Time	291	57,645

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Of The Time	108	22,415
		5	None Of The Time	28	7,417
				1,094	208,975
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	2	367
		-7	Refused	1	492
		1	All Of The Time	62	12,315
		2	Most Of The Time	258	49,252
		3	Some Of The Time	363	69,735
		4	A Little Of The Time	284	52,074
		5	None Of The Time	124	24,741
				1,094	208,975
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	8	530
		1	All Of The Time	26	6,885
		2	Most Of The Time	83	15,473
		3	Some Of The Time	241	45,636
		4	A Little Of The Time	306	55,656
		5	None Of The Time	430	84,794
				1,094	208,975
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	22	4,312
		1	All Of The Time	90	20,257
		2	Most Of The Time	132	25,155
		3	Some Of The Time	235	45,407
		4	A Little Of The Time	204	36,337
		5	None Of The Time	411	77,507
				1,094	208,975
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE				
		.	Missing	106	21,654
		1	4 - < 20	87	17,462
		2	20 - < 25	105	21,025
		3	25 - < 30	138	23,448
		4	30 - < 35	137	26,931
		5	35 - < 40	167	30,697
		6	40 - < 45	140	27,415

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	45 - < 50	108	19,101
		8	50 - < 55	64	11,931
		9	55 - < 65	38	8,162
		10	65 - < 75	4	1,149
				1,094	208,975
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	106	21,654
		1	7 - < 35	112	24,538
		2	35 - < 40	68	13,219
		3	40 - < 45	129	26,192
		4	45 - < 50	123	21,043
		5	50 - < 53	94	15,283
		6	53 - < 56	91	15,746
		7	56 - < 59	94	18,709
		8	59 - < 62	125	25,674
		9	62 - < 65	90	16,453
		10	65 - < 80	62	10,463
				1,094	208,975
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	106	21,654
			22.1083	300	59,917
			30.6976	173	29,592
			39.287	239	42,344
			47.8763	156	31,131
			56.4656	120	24,337
				1,094	208,975
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	106	21,654
			20.3233	75	16,934
			24.9298	51	9,841
			29.5364	165	30,467
			34.1429	91	16,538
			38.7495	267	48,697
			43.356	96	19,148
			47.9626	112	19,613
			52.5691	38	6,740
			57.1757	93	19,341
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		106	21,654
		16.6777		94	19,442
		26.8693		206	38,936
		37.0608		204	39,162
		47.2523		240	42,967
		57.4438		244	46,814
					1,094
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		106	21,654
		18.8673		106	21,006
		29.6476		320	59,690
		44.7401		334	65,054
		55.5204		171	30,213
		61.9886		57	11,356
					1,094
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		106	21,654
		27.6238		109	21,824
		37.6867		263	49,384
		47.7496		333	62,999
		57.8125		230	43,435
		67.8753		53	9,679
					1,094
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		106	21,654
		11.347		15	3,898
		16.9385		14	4,023
		22.5299		55	13,149
		28.1214		52	9,367
		33.7129		131	22,028
		39.3044		115	18,871
		44.8959		145	24,018
		50.4873		102	20,754
		56.0788		359	71,213
			1,094	208,975	
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		106	21,654
		16.1764		83	19,373
		26.2742		122	24,166

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			36.3721	223	44,112
			46.4699	186	33,748
			56.5677	374	65,921
				1,094	208,975
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN		Missing	106	21,654
			15.7748	5	935
			21.8705	16	4,247
			27.9663	36	8,223
			34.0621	62	11,674
			40.1579	163	32,269
			46.2537	153	31,036
			52.3495	213	33,892
			58.4453	209	41,423
			64.541	131	23,621
				1,094	208,975
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	8	1,326
		-7	Refused	1	492
		1	Much Better Than One Year Ago	87	15,014
		2	A Little Better Than One Year Ago	132	22,302
		3	About The Same As One Year Ago	476	87,572
		4	A Little Worse Than One Year Ago	256	51,710
		5	Worse Than One Year Ago	134	30,560
				1,094	208,975
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...				
		-8	Don't Know	20	3,439
		-7	Refused	4	718
		1	About Enough	466	91,503
		2	Too Much	15	4,544
		3	Would Like To Be Doing More	589	108,771
				1,094	208,975
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	42	10,373
		-7	Refused	1	63

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	521	84,596
		2	No	530	113,942
				1,094	208,975
PFDISA	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	8	1,067
		1	Yes	738	137,237
		2	No	348	70,671
				1,094	208,975
PFDISB	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	4	737
		1	Yes	810	149,382
		2	No	280	58,856
				1,094	208,975
PFDISC	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	7	1,943
		1	Yes	421	74,044
		2	No	665	132,809
		3	Does Not Apply	1	179
				1,094	208,975
PFDISD	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	9	764
		1	Yes	651	122,105
		2	No	433	86,003
		3	Does Not Apply	1	103
				1,094	208,975
PFDISE	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	1	71
		1	Yes	389	63,986
		2	No	704	144,918
				1,094	208,975
PFDISF	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	2	202
		1	Yes	485	85,607
		2	No	607	123,166
				1,094	208,975
PFDISG	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	6	1,022
		1	Yes	188	38,829
		2	No	900	169,124

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,094	208,975
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	4	959
		1	Yes	155	27,320
		2	No	935	180,695
				1,094	208,975
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	7	544
		1	Yes	230	46,544
		2	No	857	161,887
				1,094	208,975
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	14	2,224
		1	Yes	306	66,086
		2	No	774	140,665
				1,094	208,975
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	8	1,592
		1	Yes	155	30,345
		2	No	930	177,033
		3	Does Not Apply	1	5
				1,094	208,975
PFDISL	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Don't Know	5	368
		1	Yes	768	144,308
		2	No	321	64,299
				1,094	208,975
PFDISM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	3	465
		1	Yes	360	73,376
		2	No	731	135,133
				1,094	208,975
PFDISN	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	4	433
		1	Yes	209	37,817
		2	No	880	170,663
		3	Does Not Apply	1	61

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,094	208,975
PFDISO	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMER'S OR DEMENTIA?	-8	Don't Know	5	1,096
		1	Yes	85	12,766
		2	No	1,004	195,113
				1,094	208,975
PFDISP	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	2	141
		1	Yes	46	9,680
		2	No	1,046	199,153
				1,094	208,975
PFDISQ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	2	113
		1	Yes	33	5,590
		2	No	1,059	203,272
				1,094	208,975
PFDISR	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	2	209
		1	Yes	573	112,865
		2	No	519	95,901
				1,094	208,975
PFDISS	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	4	875
		1	Yes	20	4,306
		2	No	1,070	203,794
				1,094	208,975
PFDIST	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	8	825
		1	Yes	202	39,874
		2	No	884	168,276
				1,094	208,975
PFDISU	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	2	71
		1	Yes	140	28,416
		2	No	952	180,487
				1,094	208,975

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	7	2,705
		1	1 Medical Condition	24	4,568
		2	2 Medical Conditions	65	13,721
		3	3 Medical Conditions	74	13,401
		4	4 Medical Conditions	121	25,139
		5	5 Medical Conditions	136	22,276
		6	6 Medical Conditions	157	32,274
		7	7 Medical Conditions	156	29,889
		8	8 Medical Conditions	108	18,452
		9	9 Medical Conditions	100	18,389
		10	10 Medical Conditions	55	13,556
		11	11 Medical Conditions	48	7,264
		12	12 Medical Conditions	24	4,065
		13	13 Medical Conditions	12	1,817
		14	14 Medical Conditions	4	873
				15	15 Medical Conditions
		18	18 Medical Conditions	1	492
				1,094	208,975
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	32	7,060
		-7	Refused	1	136
		-1	Not Collected	7	2,705
		1	Yes	755	143,117
		2	No	299	55,956
					1,094
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	7	734
		-1	Not Collected	339	65,857
		1	Yes	691	130,825
		2	No	57	11,558
			1,094	208,975	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	13	3,223
		-7	Refused	2	1,156
		-1	Not Collected	339	65,857
		1	Yes	237	44,528
		2	No	503	94,210
				1,094	208,975
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	3	599
		-1	Not Collected	339	65,857
		1	Yes	182	38,196
		2	No	570	104,323
				1,094	208,975
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	3	414
		-1	Not Collected	339	65,857
		1	Yes	83	14,730
		2	No	669	127,973
				1,094	208,975
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-1	Not Collected	339	65,857
		1	Yes	78	11,695
		2	No	677	131,422
				1,094	208,975
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	9	2,832
		-1	Not Collected	339	65,857
		1	Yes	22	3,251
		2	No	724	137,035

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,094	208,975
PFMEDF	SELF/FAMILY IN MEDICAL FIELD	-1	Not Collected	339	65,857
		1	Yes	67	11,838
		2	No	688	131,279
				1,094	208,975
PFMEDIA	TV/RADIO/NEWSPAPERS	-1	Not Collected	339	65,857
		1	Yes	40	5,882
		2	No	715	137,235
				1,094	208,975
PFREAD	READING PRINTED MATERIALS	-1	Not Collected	339	65,857
		1	Yes	104	20,285
		2	No	651	122,832
				1,094	208,975
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	25	4,509
		-7	Refused	1	492
		-1	Not Collected	7	2,705
		1	Not At All Confident	57	10,315
		2	A Little Confident	169	31,421
		3	Moderately Confident	358	68,541
		4	Very Confident	477	90,992
				1,094	208,975
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	6	1,240
		-7	Refused	1	346
		1	Yes	357	64,386
		2	No	730	143,003
				1,094	208,975
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	19	3,927
		-7	Refused	2	260
		1	0-2 medications	190	41,717
		2	3-4 medications	251	45,682
		3	5-6 medications	246	44,553

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	7-8 medications	161	33,268
		5	9+ medications	225	39,568
				1,094	208,975
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	1	Yes	312	62,191
		2	No	782	146,784
				1,094	208,975
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	2	370
		1	Yes	82	16,438
		2	No	1,010	192,167
				1,094	208,975
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	1	Yes	247	46,853
		2	No	847	162,121
				1,094	208,975
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	492
		-1	Not Collected	847	162,121
		1	Yes	72	12,297
		2	No	174	34,065
				1,094	208,975
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	3	1,062
		1	Yes	430	78,785
		2	No	661	129,127
				1,094	208,975
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	700
		-1	Not Collected	664	130,189
		1	Yes	291	52,813
		2	No	137	25,272
				1,094	208,975
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	201
		1	Yes	257	50,178
		2	No	835	158,596

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,094	208,975
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	56
		-1	Not Collected	837	158,797
		1	Yes	83	17,740
		2	No	173	32,381
				1,094	208,975
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	1	108
		1	Yes	277	55,111
		2	No	816	153,755
				1,094	208,975
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	817	153,863
		1	Yes	154	28,554
		2	No	123	26,558
				1,094	208,975
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	1	Yes	162	30,039
		2	No	932	178,936
				1,094	208,975
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	932	178,936
		1	Yes	99	17,886
		2	No	63	12,152
				1,094	208,975
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	1	61
		1	Yes	597	115,512
		2	No	496	93,401
				1,094	208,975
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	1	189
		-1	Not Collected	497	93,463
		1	Yes	142	27,625
		2	No	454	87,698
				1,094	208,975
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	3	246
		1	Yes	69	13,952
		2	No	1,022	194,777

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,094	208,975
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	492
		-1	Not Collected	1,025	195,023
		1	Yes	17	2,885
		2	No	51	10,575
				1,094	208,975
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	1	Yes	103	18,996
		2	No	991	189,979
				1,094	208,975
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	991	189,979
		1	Yes	38	5,993
		2	No	65	13,003
				1,094	208,975
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	4	1,052
		1	Yes	214	39,188
		2	No	876	168,734
				1,094	208,975
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	880	169,787
		1	Yes	168	27,557
		2	No	46	11,631
				1,094	208,975
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	3	107
		1	Yes	255	46,111
		2	No	836	162,758
				1,094	208,975
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	839	162,864
		1	Yes	194	35,967
		2	No	61	10,143
				1,094	208,975
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	1	209

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	337	65,191
		2	No	756	143,575
				1,094	208,975
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?				
		-8	Don't Know	1	104
		-1	Not Collected	757	143,783
		1	Yes	268	52,164
		2	No	68	12,924
				1,094	208,975
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	9	1,413
		-7	Refused	2	308
		1	Yes	745	140,758
		2	No	338	66,495
				1,094	208,975
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	1	74
		-1	Not Collected	349	68,217
		1	Yes	654	125,957
		2	No	90	14,727
				1,094	208,975
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	2	361
		1	Yes	169	31,748
		2	No	923	176,866
				1,094	208,975
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-1	Not Collected	925	177,227
		1	Yes	135	23,171
		2	No	34	8,577
				1,094	208,975
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		1	Yes	61	8,374
		2	No	1,033	200,601
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	1,033	200,601
		1	Yes	59	8,068
		2	No	2	306
				1,094	208,975
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-1	Not Collected	1,094	208,975
				1,094	208,975
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	4	1,457
		-7	Refused	1	45
		-1	Not Collected	605	122,349
		1	Yes	196	32,918
		2	No	288	52,207
		1,094	208,975		
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	59	12,420
		1	Yes	448	102,054
		2	No	587	94,500
		1,094	208,975		
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	646	106,920
		1	Yes	94	19,430
		2	No	179	41,403
		3	Never Uses Bus	175	41,222
		1,094	208,975		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	1,000	189,545
		1	Yes	65	12,879
		2	No	29	6,551
		1,094	208,975		
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	3	274
		-1	Not Collected	372	72,441
		1	Family	408	73,674
		2	Someone Else Like Friend/Neighbor/Other	208	42,995
		3	Did Not Receive Help	103	19,590

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				1,094	208,975
WHOHELPS	WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?				
		-8	Don't Know	10	886
		-7	Refused	1	84
		-1	Not Collected	686	135,301
		1	Husband	27	5,179
		2	Wife	39	6,386
		3	Son	65	11,310
		4	Son-In-Law	3	347
		5	Daughter	167	29,233
		6	Daughter-In-Law	11	2,405
		8	Mother	2	178
		9	Brother	7	972
		10	Sister	20	4,997
		11	Grandson	6	1,124
		12	Granddaughter	16	3,437
		13	Nephew	7	1,176
		14	Niece	16	3,817
		91	Other Relative	11	2,143
				1,094	208,975
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.				
		.	Missing	5	448
		0	0 limitations	405	76,014
		1	1 limitation	311	56,218
		2	2 limitations	160	35,350
		3	3 limitations	100	20,627
		4	4 limitations	55	10,524
		5	5 limitations	45	7,038
		6	6 limitations	13	2,757
				1,094	208,975
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION				
		0	0 limitations	406	76,043
		1	1 limitation	312	56,294
		2	2 limitations	160	35,350
		3	3 limitations	102	20,908
		4	4 limitations	56	10,586
		5	5 limitations	45	7,038

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	13	2,757
				1,094	208,975
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	5	448
		1	Yes	213	40,946
		2	No	876	167,581
				1,094	208,975
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	216	41,288
		2	No	878	167,687
				1,094	208,975
ADL6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	3	737
		0	0 limitations	842	161,624
		1	1 limitation	122	19,034
		2	2 limitations	57	15,690
		3	3 limitations	21	3,441
		4	4 limitations	24	4,311
		5	5 limitations	15	2,291
		6	6 limitations	10	1,846
				1,094	208,975
ADL6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 limitations	844	162,305
		1	1 limitation	122	19,034
		2	2 limitations	57	15,690
		3	3 limitations	22	3,497
		4	4 limitations	24	4,311
		5	5 limitations	15	2,291
		6	6 limitations	10	1,846
				1,094	208,975
IADL7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	18	4,292
		0	0 limitations	413	81,604
		1	1 limitation	227	40,015

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	157	30,032
		3	3 limitations	110	24,739
		4	4 limitations	76	13,375
		5	5 limitations	38	6,432
		6	6 limitations	29	4,551
		7	7 limitations	26	3,934
				1,094	208,975
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		0	0 limitations	423	84,395
		1	1 limitation	229	40,093
		2	2 limitations	160	31,032
		3	3 limitations	111	24,990
		4	4 limitations	77	13,409
		5	5 limitations	39	6,571
		6	6 limitations	29	4,551
		7	7 limitations	26	3,934
				1,094	208,975
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	8	2,306
		0	0 limitations	550	108,347
		1	1 limitation	206	36,219
		2	2 limitations	114	25,299
		3	3 limitations	87	15,497
		4	4 limitations	47	8,394
		5	5 limitations	34	5,616
		6	6 limitations	27	3,639
		7	7 limitations	21	3,659
				1,094	208,975
IADLAOA7P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS, SSS VERSION	0	0 limitations	556	110,034
		1	1 limitation	208	36,837
		2	2 limitations	114	25,299
		3	3 limitations	87	15,497
		4	4 limitations	47	8,394
		5	5 limitations	34	5,616

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	27	3,639
		7	7 limitations	21	3,659
				1,094	208,975
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	28	5,969
		0	0 limitations	234	48,063
		1	1 limitation	237	44,329
		2	2 limitations	184	31,930
		3	3 limitations	141	27,334
		4	4 limitations	102	23,150
		5	5 limitations	77	13,373
		6	6 limitations	36	6,342
		7	7 limitations	29	4,551
		8	8 limitations	26	3,934
				1,094	208,975
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	244	49,677
		1	1 limitation	247	47,010
		2	2 limitations	186	32,180
		3	3 limitations	144	28,334
		4	4 limitations	103	23,401
		5	5 limitations	78	13,406
		6	6 limitations	37	6,480
		7	7 limitations	29	4,551
		8	8 limitations	26	3,934
				1,094	208,975
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	9	2,379
		0	0 limitations	347	69,443
		1	1 limitation	269	48,471

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	153	29,004
		3	3 limitations	107	23,285
		4	4 limitations	81	15,215
		5	5 limitations	48	8,981
		6	6 limitations	32	4,900
		7	7 limitations	27	3,639
		8	8 limitations	21	3,659
				1,094	208,975
IADLAOA8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	349	69,694
		1	1 limitation	274	49,981
		2	2 limitations	155	29,622
		3	3 limitations	107	23,285
		4	4 limitations	81	15,215
		5	5 limitations	48	8,981
		6	6 limitations	32	4,900
		7	7 limitations	27	3,639
		8	8 limitations	21	3,659
				1,094	208,975
AGEC	AGE CATEGORY	2	60-64 years	99	24,920
		3	65-74 years	306	56,041
		4	75-84 years	421	74,505
		5	85+ years	268	53,508
				1,094	208,975
GENDER	WHAT IS YOUR GENDER?	1	Male	225	41,278
		2	Female	869	167,696
				1,094	208,975
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	4	841
		1	Less Than High School Diploma	326	51,983
		2	High School Diploma Or GED	380	75,494
		3	Some College(Business/ Vocational/Techni)	264	56,978
		4	Bachelor's Degree	69	13,621
		5	Some Post-Graduate Work/Advanced Degree	51	10,057
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	15	1,738
		-7	Refused	1	259
		1	Yes	57	10,031
		2	No	1,021	196,947
				1,094	208,975
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	5	726
		-7	Refused	4	785
		1	Yes	792	155,851
		2	No	293	51,613
				1,094	208,975
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	5	726
		-7	Refused	4	785
		1	Yes	235	36,492
		2	No	850	170,972
				1,094	208,975
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	5	726
		-7	Refused	4	785
		1	Yes	25	8,111
		2	No	1,060	199,352
				1,094	208,975
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	5	726
		-7	Refused	4	785
		1	Yes	25	4,342
		2	No	1,060	203,122
				1,094	208,975
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	5	726
		-7	Refused	4	785
		1	Yes	3	480
		2	No	1,082	206,984
				1,094	208,975
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	5	726
		-7	Refused	4	785
		1	Yes	29	6,885
		2	No	1,056	200,579
				1,094	208,975

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.)	-8	Don't Know	2	542
		1	Yes	107	20,826
		2	No	985	187,608
				1,094	208,975
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	25	4,187
		-7	Refused	1	180
		1	The City	563	116,522
		2	The Suburbs	187	35,657
		3	A Rural Area	318	52,429
		1,094	208,975		
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	146
		-7	Refused	3	227
		1	Yes	688	136,788
		2	No	402	71,813
				1,094	208,975
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	146
		-7	Refused	2	59
		-1	Not Collected	688	136,788
		1	Yes	166	32,890
		2	No	237	39,091
		1,094	208,975		
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	146
		-7	Refused	2	59
		-1	Not Collected	688	136,788
		1	Yes	191	29,145
		2	No	212	42,836
		1,094	208,975		
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	2	220
		-7	Refused	2	59
		-1	Not Collected	688	136,788
		1	Yes	108	20,806
		2	No	294	51,101
		1,094	208,975		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	146
		-7	Refused	2	59
		-1	Not Collected	688	136,788
		1	Yes	34	6,885
		2	No	369	65,097
					1,094
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	146
		-7	Refused	2	59
		1	Alone	688	136,788
		2	With spouse only	118	23,383
		3	With children only	112	17,166
		4	With spouse and children	27	4,291
		5	With others	146	27,142
			1,094	208,975	
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	220
		-7	Refused	4	470
		1	1 Person	688	136,788
		2	2 People	245	43,320
		3	3 People	96	17,223
		4	4 People	36	7,191
		5	5 People	11	1,036
		6	6 People	7	1,697
		7	7 People	3	240
			1,094	208,975	
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	3	401
		-7	Refused	1	435
		1	Married	177	35,432
		2	Widowed	579	103,976
		3	Divorced	217	40,202
		4	Separated	24	4,099
		5	Never Married	93	24,431
			1,094	208,975	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012 ABOVE OR BELOW \$20,000?	-8	Don't Know	88	16,309
		-7	Refused	42	9,680
		1	Below \$20,000 [1666 Per Month Or Less]	687	125,717
		2	Above \$20,000 [1667 Per Month Or More]	277	57,269
				1,094	208,975
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2012?	.	Missing	130	25,989
		-8	Don't Know	84	15,953
		-7	Refused	26	6,080
		1	\$5,000 or less	77	13,270
		2	\$5,001-\$10,000	174	26,684
		3	\$10,001-\$15,000	228	47,850
		4	\$15,001-\$20,000	131	24,683
		5	\$20,001-\$25,000	89	17,082
		6	\$25,001-\$30,000	43	7,752
		7	\$30,001-\$35,000	31	6,716
		8	\$35,001-\$40,000	20	3,757
		1,094	208,975		
MOB_IMP	MOBILITY IMPAIRED	1	Mobility Impaired	543	93,098
		2	Not Mobility Impaired	551	115,877
				1,094	208,975
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	57	8,273
		0	Rural (Not in Urbanized Area or Urban Cluster)	631	102,227
		1	In Urbanized Area	349	87,941
		2	In Urban Cluster	57	10,533
				1,094	208,975
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,094	208,975
				1,094	208,975
VARUNIT	VARIANCE UNIT	1	Variance unit 1	510	89,607

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Variance unit 2	584	119,367
				1,094	208,975
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	3.94 - 1427.56	Weight range	1,094	208,975
				1,094	208,975
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.43 - 2911.88	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	1.45 - 2669.05	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	1.02 - 2657.77	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	1.62 - 2656.52	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	1.12 - 1254.14	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	1.10 - 2183.59	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	1.22 - 2030.44	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	1.05 - 1557.79	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	1.53 - 2568.08	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	1.64 - 1856.70	Replicate weight range	1,094	208,975
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	1.35 - 1718.40	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	1.66 - 2051.45	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	1.43 - 2001.36	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	1.31 - 3292.56	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	1.19 - 2906.28	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	1.28 - 1606.31	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	1.25 - 2688.33	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	1.62 - 2466.50	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	1.19 - 1456.43	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	1.50 - 2401.50	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	0.95 - 2071.58	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	0.96 - 2206.91	Replicate weight range	1,094	208,975
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	1.19 - 2487.44	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	1.12 - 1883.42	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	1.59 - 1856.09	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	1.51 - 1325.12	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	1.40 - 1610.25	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	1.51 - 1927.08	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.24 - 2694.60	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	0.95 - 3085.03	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	1.10 - 2174.43	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	1.28 - 2686.51	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	1.36 - 2562.82	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	1.48 - 2144.67	Replicate weight range	1,094	208,975
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	1.11 - 1402.74	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	1.47 - 2916.73	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	1.01 - 2062.17	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	0.97 - 2339.27	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	1.21 - 2503.84	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	1.05 - 1570.87	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	1.43 - 2194.22	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	1.43 - 1407.52	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	1.37 - 1675.18	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	1.48 - 2191.25	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	1.26 - 2156.15	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	0.95 - 3258.53	Replicate weight range	1,094	208,975
				1,094	208,975

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	1.07 - 2879.32	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	1.21 - 2297.14	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	1.15 - 2714.13	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	1.67 - 3275.56	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	1.25 - 2551.62	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	1.39 - 2321.30	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	1.03 - 1419.94	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	1.13 - 1902.94	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	1.19 - 2103.91	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	1.14 - 1544.19	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	1.50 - 2038.25	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	1.71 - 2103.67	Replicate weight range	1,094	208,975
				1,094	208,975

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	1.44 - 2049.98	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	1.58 - 2006.96	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	1.35 - 2663.33	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	1.33 - 2968.40	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	1.19 - 2474.88	Replicate weight range	1,094	208,975
				1,094	208,975
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	1.38 - 1749.14	Replicate weight range	1,094	208,975
				1,094	208,975