

**Positional Listing of Variables**

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

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HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?

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SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
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

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SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING AN AUTOMOBILE?
PFBUS	NUM	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO PROVIDED THE MOST HELP WITH THESE ACTIVITIES?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION

Positional Listing of Variables

Name	Type	Description
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 SPANISH, HISPANIC, OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
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?

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 2008 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30

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PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED

**Alphabetical Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU SPANISH, 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 2008 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
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 PROVIDED THE MOST HELP WITH THESE ACTIVITIES?
GENDER	NUM	WHAT IS YOUR GENDER?
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMDDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMPOTATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
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
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
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?
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 DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
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 AN AUTOMOBILE?
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?
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
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

*Alphabetical Listing of Variables*

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

Alphabetical Listing of Variables

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

**Alphabetical Listing of Variables**

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

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?				
		1	Today Or Yesterday	653	548,525
		2	More Than 1 Day To 1 Week Ago	178	155,728
		3	More Than 1 Week To 1 Month Ago	35	31,300
		4	More Than 1 Month Ago	164	163,671
				<b>1,030</b>	<b>899,224</b>
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?				
		-8	Don't Know	32	21,726
		1	6 Months Or Less	211	176,833
		2	More Than 6 Months But Less Than 1 Year	181	151,951
		3	At Least 1 Year But Less Than 2 Years	256	233,349
		4	2 To 5 Years	281	254,060
		5	More Than 5 Years	69	61,306
				<b>1,030</b>	<b>899,224</b>
HMATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	9	8,047
		0	0	1	1,196
		1	1 Meal	771	679,282
		2	2 Meals	154	133,304
		3	3 Meals	2	3,265
		4	4 Meals	6	4,439
		5	5 Meals	51	42,281
		6	6 Meals	8	5,869
		7	7 Meals	28	21,543
				<b>1,030</b>	<b>899,224</b>
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	12	14,908
		0	0 Days	1	1,196
		1	1 Day	126	105,150
		2	2 Days	35	26,000
		3	3 Days	79	62,794
		4	4 Days	45	31,716
		5	5 Days	654	571,948

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 Days	12	21,451
		7	7 Days	66	64,061
				<b>1,030</b>	<b>899,224</b>
HMPORTN	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?				
		-8	Don't Know	72	54,970
		1	Less Than One-Third	81	73,259
		2	Between One-Third And One-Half	257	238,964
		3	About One-Half	352	293,854
		4	More Than One-Half	264	234,748
		91	Other	4	3,428
				<b>1,030</b>	<b>899,224</b>
HMFRUIT	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	33	28,462
		0	0 Servings	56	54,860
		1	1 Serving	478	411,913
		2	2 Servings	288	251,776
		3	3 Servings	121	104,847
		4	4 Servings	23	16,922
		5	5 Servings	10	15,228
		6	6 Servings	2	933
		8	8 Servings	4	2,826
		99	Less than one serving	15	11,457
				<b>1,030</b>	<b>899,224</b>
HMEATFRT	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	5	2,852
		1	Yes	971	855,256
		2	No	54	41,117
				<b>1,030</b>	<b>899,224</b>
HMPOATATO	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	33	26,367
		-7	Refused	1	568
		0	0 Servings	164	144,292
		1	1 Serving	690	595,173
		2	2 Servings	86	79,610
		3	3 Servings	12	13,867

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Servings	4	3,173
		5	5 Servings	2	608
		99	Less than one serving	38	35,566
				<b>1,030</b>	<b>899,224</b>
HMEATPOT	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	14	11,212
		1	Yes	949	822,975
		2	No	67	65,036
				<b>1,030</b>	<b>899,224</b>
HMVEGS	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	38	30,648
		0	0 Servings	31	25,043
		1	1 Serving	510	461,634
		2	2 Servings	313	261,876
		3	3 Servings	65	59,735
		4	4 Servings	21	22,842
		5	5 Servings	11	6,176
		6	6 Servings	1	887
		99	Less than one serving	40	30,383
				<b>1,030</b>	<b>899,224</b>
HMEATVEG	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?				
		-8	Don't Know	13	13,844
		1	Yes	948	834,366
		2	No	69	51,014
				<b>1,030</b>	<b>899,224</b>
HMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY				
		.	Missing	56	45,534
		1	1 Serving	112	105,226
		2	2 Servings	463	405,767
		3	3 Servings	243	205,913
		4	4 Servings	84	75,862
		5	5 Servings	36	32,684
		6	6 Servings	10	10,613
		7	7 Servings	4	2,207
		8	8 Servings	3	2,704
		10	10 Servings	1	390
		99	Less than one serving	18	12,324

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,030</b>	<b>899,224</b>
HMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	69	56,560
		1	1 Serving	21	18,329
		2	2 Servings	80	70,238
		3	3 Servings	295	261,819
		4	4 Servings	247	212,901
		5	5 Servings	144	116,899
		6	6 Servings	85	80,701
		7	7 Servings	39	39,856
		8	8 Servings	22	19,743
		9	9 Servings	8	6,698
		10	10 Servings	4	2,315
		11	11 Servings	3	1,696
		12	12 Servings	1	203
		13	13 Servings	2	2,486
		14	14 Servings	1	616
		99	Less than one serving	9	8,163
				<b>1,030</b>	<b>899,224</b>
HMBREAD	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	33	25,532
		0	0 Servings	32	27,379
		1	1 Serving	424	368,141
		2	2 Servings	302	265,496
		3	3 Servings	164	139,718
		4	4 Servings	39	37,796
		5	5 Servings	13	13,316
		6	6 Servings	7	9,191
		7	7 Servings	1	356
		8	8 Servings	1	529
		10	10 Servings	1	664
		99	Less than one serving	13	11,105
				<b>1,030</b>	<b>899,224</b>
HMEATBRD	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?	-8	Don't Know	20	14,943
		-7	Refused	1	197

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	896	790,338
		2	No	113	93,746
				<b>1,030</b>	<b>899,224</b>
HMDDES	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	31	28,489
		0	0 Servings	189	176,865
		1	1 Serving	516	438,917
		2	2 Servings	199	170,525
		3	3 Servings	45	38,235
		4	4 Servings	10	12,067
		5	5 Servings	2	1,474
		8	8 Servings	1	335
		10	10 Servings	1	751
		99	Less than one serving	36	31,567
				<b>1,030</b>	<b>899,224</b>
HMEATDES	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	14	14,552
		-7	Refused	1	428
		1	Yes	906	776,864
		2	No	109	107,380
				<b>1,030</b>	<b>899,224</b>
HMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	73	62,937
		1	1 Serving	97	89,796
		2	2 Servings	324	265,246
		3	3 Servings	224	203,408
		4	4 Servings	159	139,632
		5	5 Servings	87	71,059
		6	6 Servings	26	23,739
		7	7 Servings	15	16,388
		8	8 Servings	7	8,668
		9	9 Servings	1	1,445
		10	10 Servings	1	390
		13	13 Servings	2	1,415
		99	Less than one serving	14	15,101
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMDAIRY	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?	-8	Don't Know	25	24,819
		0	0 Servings	57	55,920
		1	1 Serving	479	419,638
		2	2 Servings	313	261,586
		3	3 Servings	115	103,948
		4	4 Servings	22	17,464
		5	5 Servings	1	390
		6	6 Servings	5	4,107
		8	8 Servings	1	3,010
		99	Less than one serving	12	8,341
			<b>1,030</b>	<b>899,224</b>	
HMEATDAR	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?	-8	Don't Know	13	12,690
		1	Yes	903	788,647
		2	No	114	97,887
			<b>1,030</b>	<b>899,224</b>	
HMMEAT	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	27	16,620
		-7	Refused	1	589
		0	0 Servings	25	15,889
		1	1 Serving	580	511,397
		2	2 Servings	286	249,628
		3	3 Servings	71	69,554
		4	4 Servings	12	10,890
		5	5 Servings	4	4,380
		6	6 Servings	1	1,822
		7	7 Servings	1	390
99	Less than one serving	22	18,066		
			<b>1,030</b>	<b>899,224</b>	
HMEATMET	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?	-8	Don't Know	17	16,087
		1	Yes	976	851,650
		2	No	37	31,487

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,030</b>	<b>899,224</b>
HMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	33	25,279
		-7	Refused	1	1,128
		0	0 Servings	214	192,363
		1	1 Serving	541	479,377
		2	2 Servings	144	118,015
		3	3 Servings	30	26,249
		4	4 Servings	3	2,520
		5	5 Servings	1	529
		7	7 Servings	1	1,798
		8	8 Servings	1	364
		99	Less than one serving	61	51,601
				<b>1,030</b>	<b>899,224</b>
HMEATBNS	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?	-8	Don't Know	18	16,532
		1	Yes	866	748,169
		2	No	146	134,523
				<b>1,030</b>	<b>899,224</b>
HMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	51	35,058
		1	1 Serving	159	136,306
		2	2 Servings	423	381,465
		3	3 Servings	222	201,545
		4	4 Servings	96	70,117
		5	5 Servings	30	33,272
		6	6 Servings	16	15,880
		7	7 Servings	6	5,648
		8	8 Servings	1	1,445
		9	9 Servings	2	920
		10	10 Servings	1	1,798
		99	Less than one serving	23	15,771
				<b>1,030</b>	<b>899,224</b>
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?	-8	Don't Know	8	5,242

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Excellent	270	235,131
		2	Very Good	369	312,329
		3	Good	274	242,530
		4	Fair	80	79,276
		5	Poor	29	24,716
				<b>1,030</b>	<b>899,224</b>
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT	.	Missing	8	5,242
		1	Rating of Good to Excellent	913	789,990
		2	Rating of Fair or Poor	109	103,992
				<b>1,030</b>	<b>899,224</b>
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	18	20,378
		-7	Refused	1	1,145
		1	Always	306	261,112
		2	Usually	418	361,517
		3	Sometimes	240	211,886
		4	Seldom	37	35,948
		5	Never	10	7,237
				<b>1,030</b>	<b>899,224</b>
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	21	18,695
		-7	Refused	1	1,128
		1	Always	337	285,460
		2	Usually	431	394,753
		3	Sometimes	201	163,717
		4	Seldom	29	27,526
		5	Never	10	7,945
				<b>1,030</b>	<b>899,224</b>
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	16	17,705
		1	Always	637	540,430
		2	Usually	290	260,787
		3	Sometimes	74	66,189
		4	Seldom	8	9,089
		5	Never	5	5,023
				<b>1,030</b>	<b>899,224</b>
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	22	12,535
		-7	Refused	1	568

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	948	826,878
		2	No	59	59,243
				<b>1,030</b>	<b>899,224</b>
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	13	11,622
		1	Yes	982	851,681
		2	No	35	35,922
				<b>1,030</b>	<b>899,224</b>
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	42	37,236
		1	Yes	862	737,351
		2	No	126	124,637
				<b>1,030</b>	<b>899,224</b>
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	98	77,845
		-7	Refused	2	1,028
		1	Yes	810	711,825
		2	No	120	108,526
				<b>1,030</b>	<b>899,224</b>
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	12	14,662
		1	Yes	949	820,342
		2	No	69	64,219
				<b>1,030</b>	<b>899,224</b>
HMFLBR2	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?	-8	Don't Know	47	43,178
		-7	Refused	2	632
		1	Yes	898	779,675
		2	No	83	75,738
				<b>1,030</b>	<b>899,224</b>
HMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	25	19,429
		1	Yes	790	681,528
		2	No	215	198,267
				<b>1,030</b>	<b>899,224</b>
HMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	25	20,182
		1	Yes	166	148,224
		2	No	839	730,818

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,030</b>	<b>899,224</b>
HMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	20	11,761
		1	Yes	128	128,207
		2	No	882	759,256
				<b>1,030</b>	<b>899,224</b>
HMSKP	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?	-8	Don't Know	5	4,558
		-7	Refused	1	1,128
		1	Yes	85	76,936
		2	No	939	816,602
				<b>1,030</b>	<b>899,224</b>
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	3	1,581
		1	Yes	102	102,574
		2	No	925	795,070
				<b>1,030</b>	<b>899,224</b>
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	6	4,697
		1	Yes	303	258,577
		2	No	721	635,950
				<b>1,030</b>	<b>899,224</b>
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	16	14,239
		1	Yes	317	278,072
		2	No	697	606,913
				<b>1,030</b>	<b>899,224</b>
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	6	6,481
		-7	Refused	1	692
		1	Yes	200	184,086
		2	No	823	707,966
				<b>1,030</b>	<b>899,224</b>
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	1	161

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	32	21,566
		2	No	997	877,497
				<b>1,030</b>	<b>899,224</b>
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?				
		-8	Don't Know	9	6,013
		1	Yes	180	144,375
		2	No	841	748,836
				<b>1,030</b>	<b>899,224</b>
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?				
		-8	Don't Know	6	7,812
		1	Yes	114	108,327
		2	No	910	783,085
				<b>1,030</b>	<b>899,224</b>
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?				
		-8	Don't Know	5	2,888
		1	Yes	44	40,755
		2	No	981	855,581
				<b>1,030</b>	<b>899,224</b>
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?				
		-8	Don't Know	20	15,717
		1	Yes	171	151,742
		2	No	839	731,765
				<b>1,030</b>	<b>899,224</b>
SVCCOUNT	SERVICE COMBINATIONS				
		1	Home Delivered Meals only	417	347,184
		2	Home Delivered Meals and 1 add'l svc	233	231,279
		3	Home Delivered Meals and 2 add'l svcs	138	111,919
		4	Home Delivered Meals and 3 add'l svcs	102	82,041
		5	Home Delivered Meals and 4 add'l svcs	80	73,928
		6	Home Delivered Meals and 5 add'l svcs	39	31,399
		7	Home Delivered Meals and 6 add'l svcs	16	16,173
		8	Home Delivered Meals and 7 add'l svcs	3	3,319
		9	Home Delivered Meals and 8 add'l svcs	2	1,983
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	10	8,514
		1	Yes	104	99,906
		2	No	916	790,804
				<b>1,030</b>	<b>899,224</b>
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	20	19,336
		1	Yes	210	175,923
		2	No	800	703,965
				<b>1,030</b>	<b>899,224</b>
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	20	14,014
		1	Yes	177	170,095
		2	No	833	715,115
				<b>1,030</b>	<b>899,224</b>
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	5	6,113
		1	Yes	50	37,798
		2	No	975	855,313
				<b>1,030</b>	<b>899,224</b>
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	9	5,969
		1	Yes	53	38,655
		2	No	968	854,599
				<b>1,030</b>	<b>899,224</b>
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	2,452
		1	Yes	162	136,779
		2	No	863	759,993
				<b>1,030</b>	<b>899,224</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	7	4,879
		-7	Refused	1	1,128

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	290	261,001
		1	Excellent	215	162,270
		2	Very Good	259	228,335
		3	Good	191	168,150
		4	Fair	47	53,036
		5	Poor	20	20,425
				<b>1,030</b>	<b>899,224</b>
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?				
		-8	Don't Know	24	17,684
		-7	Refused	1	568
		1	Yes	842	729,884
		2	No	163	151,089
				<b>1,030</b>	<b>899,224</b>
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?				
		-8	Don't Know	40	31,121
		1	Yes	893	784,451
		2	No	97	83,652
				<b>1,030</b>	<b>899,224</b>
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?				
		-8	Don't Know	31	26,342
		1	Yes	839	734,524
		2	No	160	138,358
				<b>1,030</b>	<b>899,224</b>
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	26	21,439
		1	Yes	501	436,395
		2	No	503	441,390
				<b>1,030</b>	<b>899,224</b>
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?				
		-8	Don't Know	16	13,020
		1	Agree	997	865,745
		2	Disagree	17	20,459
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5UPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	19	14,575
		1	Agree	987	865,666
		2	Disagree	24	18,984
				<b>1,030</b>	<b>899,224</b>
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	3	866
		1	Yes	174	143,178
		2	No	853	755,180
				<b>1,030</b>	<b>899,224</b>
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	11	9,412
		1	Yes	182	153,532
		2	No	837	736,280
				<b>1,030</b>	<b>899,224</b>
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	38	25,886
		1	Yes	329	263,393
		2	No	663	609,946
				<b>1,030</b>	<b>899,224</b>
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	16	13,983
		-7	Refused	1	33
		1	Yes	128	102,270
		2	No	885	782,938
				<b>1,030</b>	<b>899,224</b>
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	16	16,194
		1	Yes	541	442,566
		2	No	473	440,464
				<b>1,030</b>	<b>899,224</b>
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	4	3,657
		1	Yes	706	593,908
		2	No	320	301,659
				<b>1,030</b>	<b>899,224</b>
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	5	4,370
		1	Excellent	34	36,062
		2	Very Good	129	109,503

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Good	293	248,154
		4	Fair	344	291,633
		5	Poor	225	209,503
				<b>1,030</b>	<b>899,224</b>
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?				
		-8	Don't Know	27	25,172
		1	Yes, Limited A Lot	533	478,936
		2	Yes, Limited A Little	305	245,699
		3	No, Not Limited At All	165	149,418
				<b>1,030</b>	<b>899,224</b>
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	35	37,715
		1	Yes, Limited A Lot	596	527,109
		2	Yes, Limited A Little	249	209,589
		3	No, Not Limited At All	150	124,812
				<b>1,030</b>	<b>899,224</b>
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	32	23,361
		1	All Of The Time	199	174,987
		2	Most Of The Time	304	269,125
		3	Some Of The Time	282	242,304
		4	A Little Of The Time	151	121,945
		5	None Of The Time	62	67,503
				<b>1,030</b>	<b>899,224</b>
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	25	16,305
		1	All Of The Time	222	202,482
		2	Most Of The Time	284	261,431
		3	Some Of The Time	290	236,191
		4	A Little Of The Time	140	115,261
		5	None Of The Time	69	67,554
				<b>1,030</b>	<b>899,224</b>

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	20	14,318
		1	All Of The Time	66	58,538
		2	Most Of The Time	161	142,471
		3	Some Of The Time	294	249,976
		4	A Little Of The Time	199	171,634
		5	None Of The Time	290	262,287
					<b>1,030</b>
SFCAREFL	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?	-8	Don't Know	25	18,387
		-7	Refused	2	1,855
		1	All Of The Time	65	53,724
		2	Most Of The Time	118	111,224
		3	Some Of The Time	247	217,832
		4	A Little Of The Time	198	172,637
		5	None Of The Time	375	323,565
			<b>1,030</b>	<b>899,224</b>	
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	25	22,051
		-7	Refused	1	568
		1	All Of The Time	178	147,945
		2	Most Of The Time	231	186,169
		3	Some Of The Time	161	147,949
		4	A Little Of The Time	256	218,895
		5	None Of The Time	178	175,647
			<b>1,030</b>	<b>899,224</b>	
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	7	5,999
		1	All Of The Time	114	98,328
		2	Most Of The Time	411	343,699
		3	Some Of The Time	323	283,346
		4	A Little Of The Time	143	139,134

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	None Of The Time	32	28,717
				<b>1,030</b>	<b>899,224</b>
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	7	8,153
		-7	Refused	1	568
		1	All Of The Time	30	32,566
		2	Most Of The Time	124	105,491
		3	Some Of The Time	346	287,945
		4	A Little Of The Time	340	303,027
		5	None Of The Time	182	161,475
				<b>1,030</b>	<b>899,224</b>
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	7	5,987
		-7	Refused	1	1,822
		1	All Of The Time	36	27,295
		2	Most Of The Time	98	102,174
		3	Some Of The Time	307	260,074
		4	A Little Of The Time	287	234,709
		5	None Of The Time	294	267,164
				<b>1,030</b>	<b>899,224</b>
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	20	20,074
		1	All Of The Time	161	127,898
		2	Most Of The Time	161	149,375
		3	Some Of The Time	273	224,714
		4	A Little Of The Time	154	141,911
		5	None Of The Time	261	235,253
				<b>1,030</b>	<b>899,224</b>
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	135	124,294
		1	4 - <20	126	112,601
		2	20 - <25	148	133,034
		3	25 - <30	147	129,484
		4	30 - <35	126	108,337
		5	35 - <40	135	104,288
		6	40 - <45	96	81,795

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	45 - <50	69	56,999
		8	50 - <55	33	33,203
		9	55 - <65	15	15,188
				<b>1,030</b>	<b>899,224</b>
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	135	124,294
		1	8 - <35	143	125,457
		2	35 - <40	118	102,642
		3	40 - <45	137	125,085
		4	45 - <50	119	96,266
		5	50 - <53	71	60,719
		6	53 - <56	73	61,824
		7	56 - <59	78	69,054
		8	59 - <62	69	60,222
		9	62 - <65	47	41,990
		10	65 - <80	40	31,670
				<b>1,030</b>	<b>899,224</b>
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	135	124,294
			22.1083	414	372,135
			30.6976	131	111,157
			39.287	190	152,559
			47.8763	84	67,164
			56.4656	76	71,915
				<b>1,030</b>	<b>899,224</b>
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	135	124,294
			20.3233	132	110,960
			24.9298	74	67,161
			29.5364	181	165,876
			34.1429	105	94,367
			38.7495	199	162,032
			43.356	74	54,146
			47.9626	79	64,495
			52.5691	18	17,214
			57.1757	33	38,679
				<b>1,030</b>	<b>899,224</b>
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN		Missing	135	124,294

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		16.6777		162	155,826
		26.8693		238	203,915
		37.0608		149	133,683
		47.2523		201	160,396
		57.4438		145	121,111
				<b>1,030</b>	<b>899,224</b>
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		135	124,294
		18.8673		196	180,175
		29.6476		301	251,213
		44.7401		256	216,346
		55.5204		113	95,591
		61.9886		29	31,605
				<b>1,030</b>	<b>899,224</b>
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		135	124,294
		27.6238		158	138,480
		37.6867		302	265,984
		47.7496		304	255,447
		57.8125		106	88,651
		67.8753		25	26,368
				<b>1,030</b>	<b>899,224</b>
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		135	124,294
		11.347		26	15,628
		16.9385		37	34,490
		22.5299		76	72,431
		28.1214		65	62,714
		33.7129		168	149,151
		39.3044		92	62,224
		44.8959		128	117,287
		50.4873		89	69,669
		56.0788		214	191,336
				<b>1,030</b>	<b>899,224</b>
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		135	124,294
		16.1764		139	113,229
		26.2742		147	134,781
		36.3721		250	207,371

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			46.4699	140	126,802
			56.5677	219	192,747
				<b>1,030</b>	<b>899,224</b>
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN		Missing	135	124,294
			15.7748	8	4,932
			21.8705	16	17,005
			27.9663	44	40,614
			34.0621	93	97,290
			40.1579	177	144,225
			46.2537	170	149,895
			52.3495	165	128,161
			58.4453	148	134,053
			64.541	74	58,755
				<b>1,030</b>	<b>899,224</b>
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	11	9,531
		1	Much Better Than One Year Ago	62	52,695
		2	A Little Better Than One Year Ago	121	103,221
		3	About The Same As One Year Ago	379	339,207
		4	A Little Worse Than One Year Ago	258	217,353
		5	Worse Than One Year Ago	199	177,217
				<b>1,030</b>	<b>899,224</b>
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...				
		-8	Don't Know	44	37,408
		-7	Refused	2	1,025
		1	About Enough	334	271,375
		2	Too Much	22	14,540
		3	Would Like To Be Doing More	628	574,875
				<b>1,030</b>	<b>899,224</b>
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	49	45,862
		-7	Refused	1	1,040
		1	Yes	226	186,240
		2	No	754	666,082

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,030</b>	<b>899,224</b>
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	13	8,998
		1	Yes	705	611,806
		2	No	311	276,354
		3	Does Not Apply	1	2,066
				<b>1,030</b>	<b>899,224</b>
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	6	5,710
		1	Yes	741	654,253
		2	No	283	239,262
				<b>1,030</b>	<b>899,224</b>
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	9	11,330
		1	Yes	493	433,131
		2	No	528	454,763
				<b>1,030</b>	<b>899,224</b>
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	26	15,753
		1	Yes	523	470,325
		2	No	481	413,146
				<b>1,030</b>	<b>899,224</b>
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	4	5,408
		1	Yes	378	316,680
		2	No	647	574,686
		3	Does Not Apply	1	2,450
				<b>1,030</b>	<b>899,224</b>
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	7	5,914
		1	Yes	426	389,084
		2	No	597	504,226
				<b>1,030</b>	<b>899,224</b>
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	5	7,198
		1	Yes	205	170,914
		2	No	820	721,112
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	5	7,082
		1	Yes	219	198,685
		2	No	806	693,458
				<b>1,030</b>	<b>899,224</b>
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	16	11,185
		1	Yes	200	175,027
		2	No	814	713,012
				<b>1,030</b>	<b>899,224</b>
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	29	20,691
		1	Yes	290	264,230
		2	No	710	613,622
		3	Does Not Apply	1	681
				<b>1,030</b>	<b>899,224</b>
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	13	13,629
		1	Yes	118	104,707
		2	No	899	780,888
				<b>1,030</b>	<b>899,224</b>
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	10	9,982
		1	Yes	687	602,417
		2	No	332	285,825
		3	Does Not Apply	1	1,000
				<b>1,030</b>	<b>899,224</b>
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	7	6,420
		1	Yes	418	331,929
		2	No	605	560,875
				<b>1,030</b>	<b>899,224</b>
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	11	9,751
		1	Yes	224	201,442
		2	No	795	688,031
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	9	10,596
		1	Yes	123	107,921
		2	No	898	780,706
				<b>1,030</b>	<b>899,224</b>
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	2	2,952
		1	Yes	33	25,876
		2	No	995	870,396
				<b>1,030</b>	<b>899,224</b>
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	10	11,692
		1	Yes	40	33,482
		2	No	978	850,907
		3	Does Not Apply	2	3,143
		<b>1,030</b>	<b>899,224</b>		
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	5	6,464
		1	Yes	594	524,027
		2	No	430	366,284
		3	Does Not Apply	1	2,450
		<b>1,030</b>	<b>899,224</b>		
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	16	12,481
		1	Yes	8	7,099
		2	No	1,005	877,195
		3	Does Not Apply	1	2,450
		<b>1,030</b>	<b>899,224</b>		
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	12	8,721
		1	Yes	251	215,991
		2	No	766	672,062
		3	Does Not Apply	1	2,450
		<b>1,030</b>	<b>899,224</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	7	10,485
		-7	Refused	1	478
		1	Yes	79	63,500
		2	No	942	822,310
		3	Does Not Apply	1	2,450
				<b>1,030</b>	<b>899,224</b>
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	8	5,949
		-7	Refused	1	612
		1	Yes	378	331,557
		2	No	643	561,106
				<b>1,030</b>	<b>899,224</b>
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	25	21,532
		1	0-2	157	142,807
		2	3-4	209	178,410
		3	5-6	239	205,295
		4	7-8	144	125,893
		5	8+	256	225,286
		<b>1,030</b>	<b>899,224</b>		
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	7	7,907
		1	Yes	395	353,345
		2	No	628	537,972
		<b>1,030</b>	<b>899,224</b>		
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	218
		1	Yes	126	109,103
		2	No	903	789,903
		<b>1,030</b>	<b>899,224</b>		
PFDIFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	2,816
		1	Yes	377	320,688
		2	No	651	575,720
		<b>1,030</b>	<b>899,224</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	125
		-1	Not Collected	653	578,536
		1	Yes	135	118,890
		2	No	241	201,673
				<b>1,030</b>	<b>899,224</b>
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	10	9,858
		1	Yes	567	488,506
		2	No	453	400,861
				<b>1,030</b>	<b>899,224</b>
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	5	4,229
		-1	Not Collected	463	410,718
		1	Yes	459	395,836
		2	No	103	88,441
				<b>1,030</b>	<b>899,224</b>
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	3,934
		1	Yes	341	288,841
		2	No	687	606,449
				<b>1,030</b>	<b>899,224</b>
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	1,718
		-1	Not Collected	689	610,383
		1	Yes	127	108,790
		2	No	211	178,333
				<b>1,030</b>	<b>899,224</b>
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	4	4,443
		1	Yes	434	379,315
		2	No	592	515,466
				<b>1,030</b>	<b>899,224</b>
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	2	964
		-1	Not Collected	596	519,909
		1	Yes	315	268,041

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	117	110,311
				<b>1,030</b>	<b>899,224</b>
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	3	4,582
		1	Yes	268	228,933
		2	No	759	665,709
				<b>1,030</b>	<b>899,224</b>
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	2	693
		-1	Not Collected	762	670,291
		1	Yes	187	162,512
		2	No	79	65,728
				<b>1,030</b>	<b>899,224</b>
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	7	5,761
		1	Yes	678	571,997
		2	No	345	321,466
				<b>1,030</b>	<b>899,224</b>
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	5	4,160
		-1	Not Collected	352	327,227
		1	Yes	238	212,365
		2	No	435	355,472
				<b>1,030</b>	<b>899,224</b>
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	3	3,415
		1	Yes	87	69,261
		2	No	940	826,548
				<b>1,030</b>	<b>899,224</b>
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	742
		-1	Not Collected	943	829,963
		1	Yes	37	27,312
		2	No	49	41,207
				<b>1,030</b>	<b>899,224</b>
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	1	Yes	187	161,386
		2	No	843	737,838
				<b>1,030</b>	<b>899,224</b>
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	933

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	843	737,838
		1	Yes	92	77,340
		2	No	94	83,112
				<b>1,030</b>	<b>899,224</b>
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	6	4,924
		1	Yes	262	215,365
		2	No	762	678,935
				<b>1,030</b>	<b>899,224</b>
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	768	683,859
		1	Yes	225	185,074
		2	No	37	30,290
				<b>1,030</b>	<b>899,224</b>
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	8	6,802
		1	Yes	489	417,687
		2	No	533	474,735
				<b>1,030</b>	<b>899,224</b>
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	2	1,321
		-1	Not Collected	541	481,537
		1	Yes	370	316,228
		2	No	117	100,138
				<b>1,030</b>	<b>899,224</b>
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	7	6,181
		1	Yes	473	418,216
		2	No	550	474,827
				<b>1,030</b>	<b>899,224</b>
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	557	481,008
		1	Yes	423	380,093
		2	No	50	38,123
				<b>1,030</b>	<b>899,224</b>
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	10	6,151

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	835	725,505
		2	No	185	167,568
				<b>1,030</b>	<b>899,224</b>
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-8	Don't Know	6	3,661
		-1	Not Collected	195	173,719
		1	Yes	767	664,385
		2	No	62	57,460
				<b>1,030</b>	<b>899,224</b>
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	5	2,734
		1	Yes	210	187,501
		2	No	815	708,989
				<b>1,030</b>	<b>899,224</b>
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	1	619
		-1	Not Collected	820	711,723
		1	Yes	174	154,164
		2	No	35	32,718
				<b>1,030</b>	<b>899,224</b>
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		-8	Don't Know	3	1,079
		1	Yes	121	106,753
		2	No	906	791,392
				<b>1,030</b>	<b>899,224</b>
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?				
		-1	Not Collected	909	792,471
		1	Yes	107	91,048
		2	No	14	15,705
				<b>1,030</b>	<b>899,224</b>
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING AN AUTOMOBILE?				
		-8	Don't Know	52	47,860
		1	Yes	517	428,724
		2	No	461	422,639
				<b>1,030</b>	<b>899,224</b>
PFBUS	IS LOCAL BUS, TRANSIT BUS, OR CITY BUS SERVICE AVAILABLE WITHIN 3/4 OF A MILE FROM YOUR HOME?				
		-8	Don't Know	90	76,587

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	481	440,979
		2	No	459	381,659
				<b>1,030</b>	<b>899,224</b>
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	3	1,513
		-1	Not Collected	549	458,245
		1	Yes	103	95,431
		2	No	148	139,644
		3	Never Uses Bus	227	204,390
				<b>1,030</b>	<b>899,224</b>
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	927	803,793
		1	Yes	83	74,946
		2	No	20	20,485
				<b>1,030</b>	<b>899,224</b>
FAMFRND	WHO PROVIDED THE MOST HELP WITH THESE ACTIVITIES?	-8	Don't Know	23	18,279
		-1	Not Collected	179	152,456
		1	Family	518	443,858
		2	Someone Else Like Friend/Neighbor/Other	310	284,631
				<b>1,030</b>	<b>899,224</b>
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	6	2,694
		-7	Refused	2	816
		-1	Not Collected	512	455,366
		1	Husband	46	39,309
		2	Wife	41	44,412
		3	Son	87	71,030
		4	Son-In-Law	5	3,795
		5	Daughter	224	194,704
		6	Daughter-In-Law	18	19,938
		7	Father	1	871
		8	Mother	1	259
		9	Brother	4	1,914
		10	Sister	17	13,185
		11	Grandson	22	21,618
		12	Granddaughter	17	10,832
		13	Nephew	3	1,368

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		14	Niece	12	9,766
		91	Other Relative	12	7,344
				<b>1,030</b>	<b>899,224</b>
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	17	16,322
		0	0 limitations	232	222,405
		1	1 limitation	278	231,961
		2	2 limitations	188	161,440
		3	3 limitations	117	96,530
		4	4 limitations	82	68,119
		5	5 limitations	82	78,847
		6	6 limitations	34	23,602
				<b>1,030</b>	<b>899,224</b>
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	234	223,377
		1	1 limitation	281	237,355
		2	2 limitations	190	162,103
		3	3 limitations	120	97,428
		4	4 limitations	85	72,521
		5	5 limitations	86	82,840
		6	6 limitations	34	23,602
				<b>1,030</b>	<b>899,224</b>
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	17	16,322
		1	Yes	315	267,096
		2	No	698	615,806
				<b>1,030</b>	<b>899,224</b>
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	325	276,389
		2	No	705	622,835
				<b>1,030</b>	<b>899,224</b>
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	14	9,210
		0	0 limitations	597	534,635
		1	1 limitation	187	150,589

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	2 limitations	85	74,956
		3	3 limitations	49	44,955
		4	4 limitations	38	30,404
		5	5 limitations	37	38,138
		6	6 limitations	23	16,337
				<b>1,030</b>	<b>899,224</b>
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER				
SSS	PERSON, SSS VERSION	0	0 limitations	603	539,140
		1	1 limitation	191	152,975
		2	2 limitations	86	75,118
		3	3 limitations	51	46,370
		4	4 limitations	38	30,404
		5	5 limitations	38	38,880
		6	6 limitations	23	16,337
				<b>1,030</b>	<b>899,224</b>
IADLAOA7	PERSON COUNT BY # OF IADL				
	DIFFICULTIES (AMONG 7 ACTIVITIES):				
	GOING OUTSIDE HOME, MONEY				
	MANAGEMENT, PREPARING MEALS,				
	LIGHT HOUSEWORK, MEDICATION				
	MANAGEMENT, USING THE PHONE, OR				
	DRIVING CAR/PUBLIC				
	TRANSPORTATION.	.	Missing	79	70,533
		0	0 limitations	186	164,713
		1	1 limitation	148	130,742
		2	2 limitations	164	144,103
		3	3 limitations	134	125,731
		4	4 limitations	137	107,060
		5	5 limitations	66	59,929
		6	6 limitations	55	41,708
		7	7 limitations	61	54,706
				<b>1,030</b>	<b>899,224</b>
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		0	0 limitations	199	176,461
		1	1 limitation	166	148,051
		2	2 limitations	183	160,123
		3	3 limitations	148	136,712
		4	4 limitations	146	116,709
		5	5 limitations	71	64,400
		6	6 limitations	56	42,064
		7	7 limitations	61	54,706
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	60	54,029
		0	0 limitations	256	225,936
		1	1 limitation	194	174,606
		2	2 limitations	144	122,663
		3	3 limitations	107	100,119
		4	4 limitations	110	88,692
		5	5 limitations	54	43,381
		6	6 limitations	51	41,899
		7	7 limitations	54	47,899
					<b>1,030</b>
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	.	Missing	1	532
		0	0 limitations	274	238,960
		1	1 limitation	206	187,426
		2	2 limitations	155	133,457
		3	3 limitations	116	109,639
		4	4 limitations	115	92,854
		5	5 limitations	57	46,202
		6	6 limitations	52	42,255
		7	7 limitations	54	47,899
			<b>1,030</b>	<b>899,224</b>	
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	83	73,764
		0	0 limitations	94	81,801
		1	1 limitation	135	120,561
		2	2 limitations	123	113,052
		3	3 limitations	149	127,445
		4	4 limitations	133	121,812
		5	5 limitations	133	106,619

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	68	62,491
		7	7 limitations	52	37,771
		8	8 limitations	60	53,909
				<b>1,030</b>	<b>899,224</b>
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	101	88,505
		1	1 limitation	149	132,956
		2	2 limitations	137	125,656
		3	3 limitations	169	144,533
		4	4 limitations	147	133,436
		5	5 limitations	141	115,085
		6	6 limitations	72	66,220
		7	7 limitations	54	38,924
		8	8 limitations	60	53,909
				<b>1,030</b>	<b>899,224</b>
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	64	56,580
		0	0 limitations	137	123,441
		1	1 limitation	183	159,215
		2	2 limitations	147	137,022
		3	3 limitations	128	103,089
		4	4 limitations	110	102,626
		5	5 limitations	105	85,741
		6	6 limitations	55	45,833
		7	7 limitations	49	42,002
		8	8 limitations	52	43,674
				<b>1,030</b>	<b>899,224</b>
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	.	Missing	1	532
		0	0 limitations	151	132,338
		1	1 limitation	191	167,325
		2	2 limitations	159	148,830
		3	3 limitations	141	116,247
		4	4 limitations	116	109,178

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	110	89,903
		6	6 limitations	59	48,839
		7	7 limitations	50	42,358
		8	8 limitations	52	43,674
				<b>1,030</b>	<b>899,224</b>
AGEC	AGE CATEGORY	.	Missing	1	277
		2	60-64 years	71	77,898
		3	65-74 years	224	195,123
		4	75-84 years	410	356,498
		5	85+ years	324	269,428
				<b>1,030</b>	<b>899,224</b>
GENDER	WHAT IS YOUR GENDER?	1	Male	324	295,247
		2	Female	706	603,977
				<b>1,030</b>	<b>899,224</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	10	9,238
		1	Less Than High School Diploma	376	300,822
		2	High School Diploma Or GED	347	304,363
		3	Some College(Business/ Vocational/Techni)	214	211,813
		4	Bachelor's Degree	41	37,565
		5	Some Post-Graduate Work/Advanced Degree	42	35,423
				<b>1,030</b>	<b>899,224</b>
DEHISP	ARE YOU SPANISH, HISPANIC, OR LATINO?	-8	Don't Know	15	9,644
		1	Yes	48	50,309
		2	No	967	839,270
				<b>1,030</b>	<b>899,224</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	8	8,773
		-7	Refused	8	7,611
		1	Yes	826	712,894
		2	No	188	169,946
				<b>1,030</b>	<b>899,224</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	8	8,773
		-7	Refused	8	7,611
		1	Yes	168	147,284

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	846	735,555
				<b>1,030</b>	<b>899,224</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	8	8,773
		-7	Refused	8	7,611
		2	No	1,014	882,839
				<b>1,030</b>	<b>899,224</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	8	8,773
		-7	Refused	8	7,611
		1	Yes	29	29,814
		2	No	985	853,025
				<b>1,030</b>	<b>899,224</b>
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	8	8,773
		-7	Refused	8	7,611
		2	No	1,014	882,839
				<b>1,030</b>	<b>899,224</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	8	8,773
		-7	Refused	8	7,611
		1	Yes	9	9,060
		2	No	1,005	873,779
				<b>1,030</b>	<b>899,224</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	30	29,026
		1	The City	521	488,408
		2	The Suburbs	193	148,705
		3	A Rural Area	286	233,086
				<b>1,030</b>	<b>899,224</b>
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	3	3,142
		-7	Refused	1	283
		1	Yes	583	503,929
		2	No	443	391,869
				<b>1,030</b>	<b>899,224</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	2	1,824
		-7	Refused	1	283
		-1	Not Collected	583	503,929
		1	Yes	236	212,545
		2	No	208	180,643
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	2	2,966
		-7	Refused	1	283
		-1	Not Collected	583	503,929
		1	Yes	160	149,161
		2	No	284	242,885
					<b>1,030</b>
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	2	2,966
		-7	Refused	1	283
		-1	Not Collected	583	503,929
		1	Yes	81	62,502
		2	No	363	329,544
					<b>1,030</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	2,966
		-7	Refused	1	283
		-1	Not Collected	583	503,929
		1	Yes	33	22,844
		2	No	411	369,202
					<b>1,030</b>
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	880
		-7	Refused	1	283
		1	Alone	583	503,929
		2	With spouse only	198	179,376
		3	With children only	106	105,012
		4	With spouse and children	20	17,448
		5	With others	121	92,296
					<b>1,030</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	880
		-7	Refused	1	283
		1	1 Person	588	509,527
		2	2 People	327	292,493
		3	3 People	70	60,022
		4	4 People	23	19,935
		5	5 People	15	12,408
		6	6 People	2	2,241
		7	7 People	2	693
		8	8 People	1	742

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>1,030</b>	<b>899,224</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	3	4,632
		-7	Refused	1	1,375
		1	Married	258	227,557
		2	Widowed	539	461,293
		3	Divorced	145	130,178
		4	Separated	21	24,961
		5	Never Married	63	49,227
				<b>1,030</b>	<b>899,224</b>
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 2008 ABOVE OR BELOW \$20,000?	-8	Don't Know	115	92,578
		-7	Refused	26	23,412
		1	Below \$20,000 [1666 Per Month Or Less]	679	571,421
		2	Above \$20,000 [1667 Per Month Or More]	210	211,813
				<b>1,030</b>	<b>899,224</b>
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2008?	.	Missing	141	115,991
		-8	Don't Know	109	85,022
		-7	Refused	16	12,050
		1	\$5,000 or less	81	71,835
		2	\$5,001-\$10,000	155	124,493
		3	\$10,001-\$15,000	206	172,479
		4	\$15,001-\$20,000	131	122,335
		5	\$20,001-\$25,000	73	68,752
		6	\$25,001-\$30,000	42	42,930
		7	\$30,001-\$35,000	30	36,127
		8	\$35,001-\$40,000	18	10,894
		9	\$40,001-\$50,000	10	9,805
		10	ABOVE \$50,000	18	26,511
				<b>1,030</b>	<b>899,224</b>
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	71	58,439
		0	Rural (Not in Urbanized Area or Urban CI)	551	457,909
		1	In Urbanized Area	348	339,585

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	In Urban Cluster	60	43,291
				<b>1,030</b>	<b>899,224</b>
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
VARUNIT	VARIANCE UNIT	1	Variance unit 1	515	436,722
		2	Variance unit 2	515	462,502
				<b>1,030</b>	<b>899,224</b>
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	14.60 - 3728.19	Weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	4.02 - 6455.65	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	9.01 - 5613.63	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	4.89 - 5898.56	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	10.82 - 6450.37	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	8.37 - 5946.84	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	4.19 - 6336.82	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	8.14 - 6405.34	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	4.10 - 6385.28	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	8.68 - 5706.48	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	4.02 - 6798.56	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	8.02 - 6186.37	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	4.23 - 5341.17	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	4.27 - 6302.52	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	22.05 - 5760.73	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	4.44 - 5816.23	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	8.09 - 7127.34	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	4.84 - 6288.73	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	9.27 - 4870.66	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	4.14 - 6591.88	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	22.24 - 5942.75	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	8.46 - 7193.86	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	4.40 - 5985.61	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	7.81 - 5796.09	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	4.17 - 6100.55	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	8.30 - 7016.52	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	4.14 - 5903.11	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	8.21 - 5656.61	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	4.32 - 5376.42	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	4.88 - 5617.61	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	8.42 - 5235.58	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	4.07 - 6897.64	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	9.98 - 5930.00	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	11.85 - 6261.00	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	4.56 - 5410.72	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	9.54 - 5635.02	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	4.60 - 6675.33	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	4.55 - 5890.74	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	8.44 - 7043.81	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	4.17 - 6423.91	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	7.61 - 6639.26	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	4.44 - 5870.33	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	8.48 - 6303.81	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	3.85 - 6456.05	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	8.01 - 5679.34	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	8.96 - 6348.61	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	4.48 - 5744.68	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	20.23 - 5873.59	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	4.38 - 6555.84	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	21.79 - 5993.03	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	4.42 - 5472.20	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	8.94 - 6709.43	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	4.51 - 5938.05	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	3.94 - 6754.06	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	9.13 - 6041.90	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	4.60 - 5756.55	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	8.07 - 5972.45	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	3.72 - 7280.37	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	9.43 - 5655.63	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	4.42 - 5856.13	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	8.51 - 5826.88	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	10.65 - 5634.25	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	4.27 - 5344.23	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	8.25 - 7119.65	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	4.27 - 6224.60	Replicate weight range	1,030	899,224
				<b>1,030</b>	<b>899,224</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	11	7,062
		1	1 Medical Condition	24	21,145
		2	2 Medical Conditions	37	34,717
		3	3 Medical Conditions	92	84,116
		4	4 Medical Conditions	95	87,504
		5	5 Medical Conditions	114	90,521
		6	6 Medical Conditions	146	129,504
		7	7 Medical Conditions	151	126,296
		8	8 Medical Conditions	106	95,370
		9	9 Medical Conditions	90	75,138
		10	10 Medical Conditions	67	60,697
		11	11 Medical Conditions	41	36,555

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
		12	12 Medical Conditions	31	27,739
		13	13 Medical Conditions	14	13,044
		14	14 Medical Conditions	6	6,357
		15	15 Medical Conditions	2	1,335
		16	16 Medical Conditions	2	1,394
		19	19 Medical Conditions	1	728
				<b>1,030</b>	<b>899,224</b>