

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSID
HCDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?
HCRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?
HCMOFT	NUM	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCWEEK	NUM	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCMONTH	NUM	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?
TIMESMO	NUM	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK
SHCHRS	NUM	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?
HOURSMO	NUM	HOURS HELP HOUSEWORK PER MON
HCHM07	NUM	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?
SHCHM09	NUM	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?
HCARATE	NUM	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?
HCARATE2	NUM	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT
HCRREC	NUM	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?
HCSTAYHM	NUM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
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 OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?

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

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VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A 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?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?

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PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFCNF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLRN	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?
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?
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?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
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.

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IADL8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARSTRAT
VARUNIT	NUM	VARUNIT
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

Positional Listing of Variables

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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
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

Positional Listing of Variables

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PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HCARATE	NUM	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?
HCARATE2	NUM	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT
HCDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?
HCHM07	NUM	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?
HCMOFT	NUM	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCMONTH	NUM	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HCRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?
HCRREC	NUM	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?
HCSTAYHM	NUM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?
HCWEEK	NUM	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HOURSMO	NUM	HOURS HELP HOUSEWORK PER MON
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHCHM09	NUM	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?
SHCHRS	NUM	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE 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?
TIMESMO	NUM	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK
URBAN	NUM	URBAN
VARSTRAT	NUM	VARSTRAT
VARUNIT	NUM	VARUNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	526	145,410
				526	145,410
HCDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE HOMEMAKER OR HOUSEKEEPING SERVICE?	1	Today Or Yesterday	176	46,565
		2	More Than 1 Day To 1 Week Ago	235	65,891
		3	More Than 1 Week To 1 Month Ago	62	16,499
		4	More Than 1 Month Ago	53	16,456
				526	145,410
HCRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOMEMAKER SERVICES?	-8	Don't Know	19	2,939
		1	6 Months Or Less	101	24,636
		2	More Than 6 Months But Less Than 1 Year	83	24,097
		3	At Least 1 Year But Less Than 2 Years	108	33,471
		4	2 To 5 Years	150	43,660
		5	More Than 5 Years	65	16,606
				526	145,410
HCMOFT	HOW OFTEN DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	7	3,741
		1	Number of Clients Reporting Weekly	405	112,803
		2	Number of Clients Reporting Monthly	114	28,866
				526	145,410
HCWEEK	HOW MANY TIMES A WEEK DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-8	Don't Know	1	63
		-1	Not Collected	121	32,607
		0	0 Times Per Week	4	452
		1	1 Time Per Week	240	79,157
		2	2 Times Per Week	83	18,096
		3	3 Times Per Week	29	6,759
		4	4 Times Per Week	7	1,561
		5	5 Times Per Week	27	3,577
		6	6 Times Per Week	3	1,268
		7	7 Times Per Week	11	1,869
				526	145,410
HCMONTH	HOW MANY TIMES A MONTH DOES THE HOMEMAKER HELP WITH HOUSEWORK?	-1	Not Collected	412	116,544

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Time Per Month	8	2,292
		2	2 Times Per Month	102	26,254
		3	3 Times Per Month	1	45
		4	4 Times Per Month	1	150
		5	5 Times Per Month	1	69
		18	18 Times Per Month	1	55
				526	145,410
TIMESMO	CONSOLIDATED TIMES PER MONTH HOMEMAKER HELPS WITH HOUSEWORK	-8	Don't Know	8	3,805
		0	0 Times Per Month	4	452
		1	1 Time Per Month	8	2,292
		2	2 Times Per Month	102	26,254
		3	3 Times Per Month	1	45
		4	4 Times Per Month	241	79,308
		5	5 Times Per Month	1	69
		8	8 Times Per Month	83	18,096
		12	12 Times Per Month	29	6,759
		16	16 Times Per Month	7	1,561
		18	18 Times Per Month	1	55
		20	20 Times Per Month	27	3,577
		24	24 Times Per Month	3	1,268
		28	28 Times Per Month	11	1,869
				526	145,410
SHCHRS	HOW MANY HOURS OF SERVICE DOES THE HOMEMAKER PROVIDE DURING EACH VISIT?	-8	Don't Know	13	4,633
		1	1 Hour Per Visit	94	31,808
		2	2 Hours Per Visit	268	68,479
		3	3 Hours Per Visit	100	25,525
		4	4 Hours Per Visit	35	10,711
		5	5 Hours Per Visit	10	3,231
		6	6 Hours Per Visit	3	330
		7	7	1	39
		8	8 Hours Per Visit	1	252
		9	9	1	402
				526	145,410
HOURSMO	HOURS HELP HOUSEWORK PER MON	.	Missing	13	4,633
		-8	Don't Know	8	3,805
		1	0 Hours	4	452

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	1 - 2 Hours	28	7,338
		3	3 - 4 Hours	120	38,081
		4	5 - 6 Hours	12	2,168
		5	7 - 8 Hours	123	37,009
		6	9 - 12 Hours	55	17,554
		7	13 - 16 Hours	58	14,653
		8	17 - 20 Hours	5	1,698
		9	21 - 40 Hours	68	11,235
		10	41 - 60 Hours	16	3,483
		11	61 - 100 Hours	8	1,809
		12	> 101 Hours	8	1,493
				526	145,410
HCHM07	DOES YOUR HOMEMAKER DO THINGS THE WAY YOU WANT THEM DONE?	-8	Don't Know	6	857
		1	Yes	490	135,520
		2	No	30	9,033
				526	145,410
SHCHM09	DOES YOUR HOMEMAKER DO WHAT YOU ASK THEM TO?	-8	Don't Know	9	949
		1	Yes	502	141,072
		2	No	15	3,389
				526	145,410
HCARATE	HOW WOULD YOU RATE THE QUALITY OF YOUR HOMEMAKER SERVICE?	-8	Don't Know	3	274
		1	Excellent	206	62,785
		2	Very Good	171	41,287
		3	Good	110	31,784
		4	Fair	31	8,646
		5	Poor	5	634
				526	145,410
HCARATE2	RATING OF HOMEMAKER SERVICES GOOD TO EXCELLENT	.	Missing	3	274
		1	Rating of Good to Excellent	487	135,856
		2	Rating of Fair or Poor	36	9,280
				526	145,410
HCRREC	WOULD YOU RECOMMEND THE HOMEMAKER PROGRAM TO A FRIEND?	-8	Don't Know	5	1,357
		1	Yes	509	142,037
		2	No	12	2,016

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				526	145,410
HCSTAYHM	DO THE HOMEMAKER SERVICES YOU RECEIVE HELP YOU TO CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	1	941
		1	Yes	514	142,464
		2	No	11	2,004
				526	145,410
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	2	547
		1	Yes	91	29,650
		2	No	433	115,213
				526	145,410
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	118
		1	Yes	208	57,140
		2	No	317	88,153
				526	145,410
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	13	6,459
		-7	Refused	1	273
		1	Yes	307	88,600
		2	No	205	50,079
				526	145,410
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	8	7,062
		1	Yes	105	30,272
		2	No	413	108,076
				526	145,410
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	3	1,149
		1	Yes	15	7,805
		2	No	508	136,456
				526	145,410
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	2,445
		1	Yes	130	28,136
		2	No	394	114,829
				526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	5	1,109
		1	Yes	94	20,128
		2	No	427	124,174
				526	145,410
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	1,128
		1	Yes	22	5,128
		2	No	502	139,155
				526	145,410
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	7	846
		1	Yes	132	37,230
		2	No	387	107,334
				526	145,410
SVCCOUNT	SERVICE COMBINATIONS	1	Homemaker only	70	20,294
		2	Homemaker and 1 additional services	131	36,853
		3	Homemaker and 2 additional services	141	41,114
		4	Homemaker and 3 additional services	103	21,931
		5	Homemaker and 4 additional services	43	11,839
		6	Homemaker and 5 additional services	24	9,427
		7	Homemaker and 6 additional services	10	3,236
		8	Homemaker and 7 additional services	2	426
		9	Homemaker and 8 additional services	2	291
				526	145,410
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	5	2,647
		1	Yes	42	11,335
		2	No	479	131,428
				526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	16	6,159
		1	Yes	131	28,787
		2	No	379	110,464
				526	145,410
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	12	7,247
		1	Yes	83	20,831
		2	No	431	117,332
				526	145,410
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	1	28
		1	Yes	34	12,080
		2	No	491	133,302
				526	145,410
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	8	854
		1	Yes	30	8,238
		2	No	488	136,318
				526	145,410
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	7	2,320
		1	Yes	92	28,080
		2	No	427	115,011
				526	145,410
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	3	990
		-7	Refused	1	436
		-1	Not Collected	43	12,203
		1	Excellent	162	49,836
		2	Very Good	182	46,272
		3	Good	108	28,995
		4	Fair	19	5,467
		5	Poor	8	1,211

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				526	145,410
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	9	5,003
		1	Yes	457	128,059
		2	No	60	12,349
				526	145,410
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	20	7,970
		1	Yes	468	129,964
		2	No	38	7,476
				526	145,410
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	9	3,062
		1	Yes	458	129,434
		2	No	59	12,915
				526	145,410
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	16	7,621
		1	Yes	260	76,252
		2	No	250	61,537
				526	145,410
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	6	2,588
		1	Agree	515	141,904
		2	Disagree	5	918
				526	145,410
SVCSUPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	17	5,684
		1	Agree	480	134,466
		2	Disagree	29	5,260
				526	145,410
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	2	2,819
		1	Yes	126	34,508
		2	No	398	108,082

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				526	145,410
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	4	1,455
		1	Yes	121	35,147
		2	No	401	108,808
				526	145,410
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	12	4,330
		1	Yes	141	46,402
		2	No	373	94,678
				526	145,410
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	9	1,119
		1	Yes	133	53,606
		2	No	384	90,684
				526	145,410
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	3	580
		1	Yes	210	59,811
		2	No	313	85,019
				526	145,410
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	1	13
		-7	Refused	1	26
		1	Yes	328	89,361
		2	No	196	56,010
				526	145,410
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	5	1,093
		-7	Refused	1	293
		1	Excellent	15	6,622
		2	Very Good	44	15,039
		3	Good	143	47,808
		4	Fair	198	45,130
		5	Poor	120	29,424
				526	145,410
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	15	6,561

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes, Limited A Lot	350	91,227
		2	Yes, Limited A Little	97	28,804
		3	No, Not Limited At All	64	18,818
				526	145,410
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	15	5,736
		-7	Refused	1	42
		1	Yes, Limited A Lot	355	94,879
		2	Yes, Limited A Little	103	33,191
		3	No, Not Limited At All	52	11,562
				526	145,410
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	20	7,102
		1	All Of The Time	108	22,823
		2	Most Of The Time	166	48,679
		3	Some Of The Time	151	44,697
		4	A Little Of The Time	58	15,309
		5	None Of The Time	23	6,801
				526	145,410
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	11	5,070
		1	All Of The Time	116	27,454
		2	Most Of The Time	151	37,759
		3	Some Of The Time	147	41,995
		4	A Little Of The Time	67	24,110
		5	None Of The Time	34	9,022
				526	145,410
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	11	3,051
		-7	Refused	1	244
		1	All Of The Time	32	7,275
		2	Most Of The Time	69	13,597

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	163	42,561
		4	A Little Of The Time	100	30,397
		5	None Of The Time	150	48,285
				526	145,410
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	24	6,897
		-7	Refused	1	244
		1	All Of The Time	33	9,635
		2	Most Of The Time	61	14,249
		3	Some Of The Time	120	34,398
		4	A Little Of The Time	119	32,314
		5	None Of The Time	168	47,673
				526	145,410
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	27	5,319
		-7	Refused	2	185
		1	All Of The Time	78	30,593
		2	Most Of The Time	77	15,894
		3	Some Of The Time	83	22,657
		4	A Little Of The Time	162	47,023
		5	None Of The Time	97	23,739
				526	145,410
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	5	1,266
		1	All Of The Time	57	23,528
		2	Most Of The Time	200	53,734
		3	Some Of The Time	166	42,861
		4	A Little Of The Time	82	20,720
		5	None Of The Time	16	3,300
				526	145,410
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	4	2,008
		-7	Refused	1	17
		1	All Of The Time	15	3,377

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	55	22,349
		3	Some Of The Time	152	44,259
		4	A Little Of The Time	172	45,933
		5	None Of The Time	127	27,467
				526	145,410
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	6	1,424
		1	All Of The Time	17	3,366
		2	Most Of The Time	54	14,433
		3	Some Of The Time	144	34,483
		4	A Little Of The Time	160	46,107
		5	None Of The Time	145	45,596
				526	145,410
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	19	4,113
		-7	Refused	2	291
		1	All Of The Time	86	17,991
		2	Most Of The Time	109	28,896
		3	Some Of The Time	133	35,146
		4	A Little Of The Time	88	25,065
		5	None Of The Time	89	33,908
				526	145,410
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE	.	Missing	84	21,902
		1	4 - < 20	87	21,353
		2	20 - < 25	84	26,146
		3	25 - < 30	80	21,959
		4	30 - < 35	69	17,136
		5	35 - < 40	49	9,010
		6	40 - < 45	38	12,009
		7	45 - < 50	25	13,761
		8	50 - < 55	9	1,416
		9	55 - < 65	1	719
				526	145,410
MCS_12	SF-12V2 MENTAL SUMMARY SCORE	.	Missing	84	21,902
		1	7 - < 35	78	15,018

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	35 - < 40	39	10,671
		3	40 - < 45	72	20,086
		4	45 - < 50	67	18,729
		5	50 - < 53	35	11,877
		6	53 - < 56	40	11,308
		7	56 - < 59	41	11,942
		8	59 - < 62	24	8,217
		9	62 - < 65	31	12,686
		10	65 - < 80	15	2,976
				526	145,410
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB		Missing	84	21,902
			22.1083	260	73,583
			30.6976	62	11,806
			39.287	67	24,112
			47.8763	31	9,893
			56.4656	22	4,115
				526	145,410
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD		Missing	84	21,902
			20.3233	60	12,257
			24.9298	36	9,487
			29.5364	98	27,790
			34.1429	61	17,044
			38.7495	97	26,923
			43.356	38	10,823
			47.9626	35	14,825
			52.5691	10	2,543
			57.1757	7	1,816
				526	145,410
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN		Missing	84	21,902
			16.6777	85	20,906
			26.8693	154	44,142
			37.0608	79	21,078
			47.2523	65	14,064
			57.4438	59	23,318
				526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		84	21,902
		18.8673		94	24,074
		29.6476		174	39,920
		44.7401		129	43,587
		55.5204		35	11,855
		61.9886		10	4,072
					526
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		84	21,902
		27.6238		105	21,904
		37.6867		150	42,736
		47.7496		131	39,269
		57.8125		45	18,138
		67.8753		11	1,462
					526
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL	Missing		84	21,902
		11.347		13	2,586
		16.9385		14	3,255
		22.5299		31	6,812
		28.1214		35	9,216
		33.7129		81	24,350
		39.3044		61	14,491
		44.8959		61	18,654
		50.4873		39	12,757
		56.0788		107	31,387
			526	145,410	
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF	Missing		84	21,902
		16.1764		76	16,001
		26.2742		95	24,004
		36.3721		121	33,390
		46.4699		75	22,121
		56.5677		75	27,991
					526
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN	Missing		84	21,902
		15.7748		7	1,701

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			21.8705	3	262
			27.9663	28	7,028
			34.0621	42	8,232
			40.1579	90	27,854
			46.2537	84	20,179
			52.3495	87	24,684
			58.4453	68	20,783
			64.541	33	12,784
				526	145,410
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	4	1,503
		-7	Refused	1	26
		1	Much Better Than One Year Ago	33	11,003
		2	A Little Better Than One Year Ago	59	22,138
		3	About The Same As One Year Ago	154	39,326
		4	A Little Worse Than One Year Ago	136	30,667
		5	Worse Than One Year Ago	139	40,747
				526	145,410
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...				
		-8	Don't Know	16	3,352
		1	About Enough	143	46,200
		2	Too Much	14	5,516
		3	Would Like To Be Doing More	353	90,342
				526	145,410
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	34	11,668
		-7	Refused	1	6
		1	Yes	151	47,167
		2	No	340	86,569
				526	145,410
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	5	952
		-7	Refused	1	293
		1	Yes	408	109,950

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	111	33,921
		3	Does Not Apply	1	294
				526	145,410
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	5	878
		-7	Refused	1	293
		1	Yes	395	108,712
		2	No	124	35,233
		3	Does Not Apply	1	294
				526	145,410
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?				
		-8	Don't Know	4	347
		-7	Refused	1	293
		1	Yes	249	70,169
		2	No	271	74,307
		3	Does Not Apply	1	294
				526	145,410
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?				
		-8	Don't Know	11	2,480
		-7	Refused	1	293
		1	Yes	274	79,145
		2	No	238	63,159
		3	Does Not Apply	2	332
				526	145,410
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?				
		-8	Don't Know	2	578
		-7	Refused	1	293
		1	Yes	190	47,333
		2	No	332	96,912
		3	Does Not Apply	1	294
				526	145,410
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?				
		-8	Don't Know	4	1,498
		-7	Refused	1	293
		1	Yes	274	76,554
		2	No	246	66,771
		3	Does Not Apply	1	294
				526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	2	1,155
		-7	Refused	1	293
		1	Yes	114	29,133
		2	No	408	114,535
		3	Does Not Apply	1	294
					526
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	3	1,197
		-7	Refused	1	293
		1	Yes	98	23,763
		2	No	423	119,864
		3	Does Not Apply	1	294
					526
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	5	1,040
		-7	Refused	2	662
		1	Yes	131	39,937
		2	No	387	103,477
		3	Does Not Apply	1	294
					526
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	12	4,096
		-7	Refused	1	293
		1	Yes	186	49,121
		2	No	325	91,569
		3	Does Not Apply	2	332
					526
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	7	2,702
		-7	Refused	1	293
		1	Yes	74	22,383
		2	No	443	119,738
		3	Does Not Apply	1	294
					526
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	7	907
		-7	Refused	1	293

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	363	96,469
		2	No	153	47,349
		3	Does Not Apply	2	393
				526	145,410
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?				
		-8	Don't Know	3	155
		-7	Refused	1	293
		1	Yes	200	50,591
		2	No	321	94,077
		3	Does Not Apply	1	294
				526	145,410
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?				
		-8	Don't Know	3	137
		-7	Refused	1	293
		1	Yes	111	25,180
		2	No	410	119,507
		3	Does Not Apply	1	294
				526	145,410
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?				
		-8	Don't Know	8	3,629
		-7	Refused	1	293
		1	Yes	39	8,935
		2	No	477	132,259
		3	Does Not Apply	1	294
				526	145,410
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?				
		-8	Don't Know	3	194
		-7	Refused	1	293
		1	Yes	21	3,801
		2	No	499	140,672
		3	Does Not Apply	2	449
				526	145,410
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?				
		-8	Don't Know	7	783
		-7	Refused	1	293
		1	Yes	16	3,368

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	501	140,672
		3	Does Not Apply	1	294
				526	145,410
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?				
		-8	Don't Know	3	266
		-7	Refused	1	293
		1	Yes	335	89,955
		2	No	186	54,602
		3	Does Not Apply	1	294
				526	145,410
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?				
		-8	Don't Know	8	1,829
		-7	Refused	1	293
		1	Yes	11	1,389
		2	No	505	141,605
		3	Does Not Apply	1	294
				526	145,410
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	6	1,472
		-7	Refused	1	293
		1	Yes	147	38,519
		2	No	371	104,832
		3	Does Not Apply	1	294
				526	145,410
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	5	1,593
		-7	Refused	1	293
		1	Yes	53	15,203
		2	No	466	128,028
		3	Does Not Apply	1	294
				526	145,410
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	8	5,670
		1	1 Medical Condition	13	4,855
		2	2 Medical Conditions	11	1,518
		3	3 Medical Conditions	27	9,014
		4	4 Medical Conditions	40	10,580

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Medical Conditions	58	13,112
		6	6 Medical Conditions	66	20,967
		7	7 Medical Conditions	75	20,336
		8	8 Medical Conditions	70	19,007
		9	9 Medical Conditions	55	13,469
		10	10 Medical Conditions	40	8,296
		11	11 Medical Conditions	31	8,944
		12	12 Medical Conditions	19	5,862
		13	13 Medical Conditions	10	2,260
		14	14 Medical Conditions	1	518
		17	17 Medical Conditions	2	1,003
				526	145,410
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?				
		-8	Don't Know	16	3,586
		-1	Not Collected	8	5,670
		1	Yes	375	99,603
		2	No	127	36,551
				526	145,410
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	4	1,822
		-1	Not Collected	151	45,807
		1	Yes	330	86,525
		2	No	41	11,257
				526	145,410
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	9	1,599
		-1	Not Collected	151	45,807
		1	Yes	158	53,206
		2	No	208	44,799
				526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	2	361
		-1	Not Collected	151	45,807
		1	Yes	86	27,987
		2	No	287	71,255
				526	145,410
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-1	Not Collected	151	45,807
		1	Yes	41	17,576
		2	No	334	82,027
				526	145,410
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-1	Not Collected	151	45,807
		1	Yes	24	8,504
		2	No	351	91,099
				526	145,410
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]	-8	Don't Know	6	1,891
		-1	Not Collected	151	45,807
		1	Yes	121	35,262
		2	No	248	62,450
				526	145,410
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-9	Not Ascertained	1	162
		-8	Don't Know	17	3,754
		-1	Not Collected	8	5,670
		1	Not At All Confident	49	15,260
		2	A Little Confident	99	25,224

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Moderately Confident	190	54,606
		4	Very Confident	162	40,734
				526	145,410
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-9	Not Ascertained	1	162
		-8	Don't Know	7	2,336
		1	Yes	207	57,710
		2	No	311	85,202
				526	145,410
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	15	3,845
		-7	Refused	1	293
		1	0-2 medications	58	18,079
		2	3-4 medications	105	30,253
		3	5-6 medications	118	30,742
		4	7-8 medications	71	18,055
		5	9+ medications	158	44,143
				526	145,410
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	9	1,076
		1	Yes	194	56,513
		2	No	323	87,821
				526	145,410
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	273
		1	Yes	73	16,156
		2	No	452	128,981
				526	145,410
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	1	929
		1	Yes	223	56,887
		2	No	302	87,595
				526	145,410
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	929
		-1	Not Collected	303	88,523

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	76	15,240
		2	No	146	40,718
				526	145,410
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	6	823
		1	Yes	320	80,603
		2	No	200	63,984
				526	145,410
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	206	64,807
		1	Yes	250	59,131
		2	No	70	21,472
				526	145,410
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	929
		1	Yes	202	53,234
		2	No	323	91,248
				526	145,410
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	21
		-1	Not Collected	324	92,176
		1	Yes	82	16,679
		2	No	119	36,534
				526	145,410
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	2	284
		1	Yes	230	60,722
		2	No	294	84,403
				526	145,410
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	296	84,688
		1	Yes	166	38,625
		2	No	64	22,098
				526	145,410
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	1	35
		1	Yes	140	33,512
		2	No	385	111,863

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				526	145,410
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	386	111,898
		1	Yes	101	19,592
		2	No	39	13,920
				526	145,410
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	9	2,222
		1	Yes	371	94,046
		2	No	146	49,142
				526	145,410
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	6	1,347
		-1	Not Collected	155	51,364
		1	Yes	137	26,595
		2	No	228	66,104
				526	145,410
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	135
		1	Yes	49	11,248
		2	No	475	134,028
				526	145,410
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	477	134,162
		1	Yes	22	2,767
		2	No	27	8,481
				526	145,410
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	2	63
		1	Yes	94	21,431
		2	No	430	123,917
				526	145,410
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	2	132
		-1	Not Collected	432	123,979
		1	Yes	49	9,507
		2	No	43	11,793
				526	145,410
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	5	177
		1	Yes	131	25,906

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	390	119,326
				526	145,410
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	2	956
		-1	Not Collected	395	119,504
		1	Yes	109	19,681
		2	No	20	5,269
				526	145,410
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	7	1,813
		1	Yes	222	47,272
		2	No	297	96,325
				526	145,410
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	2	106
		-1	Not Collected	304	98,138
		1	Yes	159	28,493
		2	No	61	18,674
				526	145,410
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	8	3,070
		1	Yes	299	72,072
		2	No	219	70,268
				526	145,410
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	227	73,338
		1	Yes	270	64,595
		2	No	29	7,478
				526	145,410
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	7	2,804
		1	Yes	482	127,207
		2	No	37	15,399
				526	145,410
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	1	1,113

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	44	18,203
		1	Yes	456	119,880
		2	No	25	6,214
				526	145,410
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	5	963
		1	Yes	88	18,619
		2	No	433	125,828
				526	145,410
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	55
		-1	Not Collected	438	126,791
		1	Yes	69	14,813
		2	No	18	3,750
				526	145,410
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		1	Yes	32	5,000
		2	No	494	140,410
				526	145,410
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?				
		-1	Not Collected	494	140,410
		1	Yes	26	3,276
		2	No	6	1,723
				526	145,410
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?				
		-8	Don't Know	2	145
		1	Yes	288	73,872
		2	No	236	71,393
				526	145,410
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?				
		-8	Don't Know	3	996
		-7	Refused	1	293
		-1	Not Collected	238	71,538
		1	Yes	126	32,385
		2	No	158	40,197
				526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	51	8,954
		-7	Refused	3	262
		1	Yes	209	72,689
		2	No	263	63,505
				526	145,410
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	169
		-1	Not Collected	317	72,721
		1	Yes	58	23,952
		2	No	60	22,959
		3	Never Uses Bus	90	25,610
		526	145,410		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	2	421
		-1	Not Collected	468	121,458
		1	Yes	46	17,538
		2	No	10	5,993
		526	145,410		
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	5	147
		-1	Not Collected	48	17,690
		1	Family	235	58,781
		2	Someone Else Like Friend/Neighbor/Other	151	43,101
		3	Did Not Receive Help	87	25,692
		526	145,410		
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	5	2,744
		-1	Not Collected	291	86,629
		1	Husband	22	4,596
		2	Wife	10	2,098
		3	Son	48	11,292
		4	Son-In-Law	1	23
		5	Daughter	97	22,064
		6	Daughter-In-Law	7	2,876
		9	Brother	4	1,898
		10	Sister	7	1,815
		11	Grandson	9	4,992

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		12	Granddaughter	6	718
		13	Nephew	2	61
		14	Niece	9	2,564
		91	Other Relative	8	1,040
				526	145,410
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	16	3,568
		0	0 limitations	100	31,193
		1	1 limitation	121	37,603
		2	2 limitations	114	29,011
		3	3 limitations	64	17,818
		4	4 limitations	59	13,824
		5	5 limitations	35	9,144
		6	6 limitations	17	3,248
				526	145,410
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	104	32,229
		1	1 limitation	124	38,794
		2	2 limitations	117	29,932
		3	3 limitations	67	18,062
		4	4 limitations	60	13,866
		5	5 limitations	37	9,279
		6	6 limitations	17	3,248
				526	145,410
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	16	3,568
		1	Yes	175	44,035
		2	No	335	97,807
				526	145,410
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	181	44,455
		2	No	345	100,955
				526	145,410
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	8	1,458

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	0 limitations	287	91,329
		1	1 limitation	101	28,551
		2	2 limitations	47	8,530
		3	3 limitations	30	4,180
		4	4 limitations	20	5,912
		5	5 limitations	21	4,587
		6	6 limitations	12	864
				526	145,410
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER				
SSS	PERSON, SSS VERSION	0	0 limitations	287	91,329
		1	1 limitation	105	28,793
		2	2 limitations	48	8,572
		3	3 limitations	33	5,353
		4	4 limitations	20	5,912
		5	5 limitations	21	4,587
		6	6 limitations	12	864
				526	145,410
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	28	6,538
		0	0 limitations	100	34,749
		1	1 limitation	85	25,713
		2	2 limitations	83	24,473
		3	3 limitations	80	23,124
		4	4 limitations	81	17,636
		5	5 limitations	32	6,442
		6	6 limitations	27	5,484
		7	7 limitations	10	1,251
				526	145,410
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION				
SSS		0	0 limitations	106	35,928
		1	1 limitation	93	28,841
		2	2 limitations	88	25,664
		3	3 limitations	83	23,245
		4	4 limitations	84	18,369
		5	5 limitations	35	6,627
		6	6 limitations	27	5,484

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	10	1,251
				526	145,410
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	11	2,828
		0	0 limitations	156	50,987
		1	1 limitation	96	30,486
		2	2 limitations	76	21,938
		3	3 limitations	75	19,373
		4	4 limitations	54	10,982
		5	5 limitations	24	2,352
		6	6 limitations	25	5,230
		7	7 limitations	9	1,234
				526	145,410
IADLAOA7P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	157	51,072
		1	1 limitation	100	31,824
		2	2 limitations	79	22,822
		3	3 limitations	76	19,466
		4	4 limitations	56	11,410
		5	5 limitations	24	2,352
		6	6 limitations	25	5,230
		7	7 limitations	9	1,234
				526	145,410
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	32	8,317
		0	0 limitations	22	10,407
		1	1 limitation	84	26,698
		2	2 limitations	82	24,593
		3	3 limitations	76	21,458
		4	4 limitations	80	23,124

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	81	17,636
		6	6 limitations	32	6,442
		7	7 limitations	27	5,484
		8	8 limitations	10	1,251
				526	145,410
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	27	11,184
		1	1 limitation	88	28,693
		2	2 limitations	92	27,963
		3	3 limitations	80	22,594
		4	4 limitations	83	23,245
		5	5 limitations	84	18,369
		6	6 limitations	35	6,627
		7	7 limitations	27	5,484
		8	8 limitations	10	1,251
				526	145,410
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	12	3,941
		0	0 limitations	47	17,119
		1	1 limitation	123	38,865
		2	2 limitations	87	26,743
		3	3 limitations	73	21,194
		4	4 limitations	72	17,750
		5	5 limitations	54	10,982
		6	6 limitations	24	2,352
		7	7 limitations	25	5,230
		8	8 limitations	9	1,234
				526	145,410
IADLAOA8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	47	17,119
		1	1 limitation	124	38,950
		2	2 limitations	92	28,617
		3	3 limitations	76	22,656
		4	4 limitations	73	17,842

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	56	11,410
		6	6 limitations	24	2,352
		7	7 limitations	25	5,230
		8	8 limitations	9	1,234
				526	145,410
AGEC	AGE CATEGORY	2	60-64 years	29	11,207
		3	65-74 years	125	31,613
		4	75-84 years	202	62,537
		5	85+ years	170	40,052
				526	145,410
GENDER	GENDER	1	Male	90	26,441
		2	Female	436	118,969
				526	145,410
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	270
		-7	Refused	1	409
		1	Less Than High School Diploma	151	39,142
		2	High School Diploma Or GED	206	57,556
		3	Some College(Business/ Vocational/Techni)	122	35,736
		4	Bachelor's Degree	20	3,980
		5	Some Post-Graduate Work/Advanced Degree	23	8,316
				526	145,410
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	10	4,073
		-7	Refused	2	413
		1	Yes	32	8,889
		2	No	482	132,035
				526	145,410
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	6	880
		-7	Refused	7	961
		1	Yes	423	125,719
		2	No	90	17,850
				526	145,410
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	6	880
		-7	Refused	7	961

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	74	13,922
		2	No	439	129,647
				526	145,410
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	6	880
		-7	Refused	7	961
		1	Yes	2	1,585
		2	No	511	141,984
				526	145,410
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	6	880
		-7	Refused	7	961
		1	Yes	13	3,305
		2	No	500	140,265
				526	145,410
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	6	880
		-7	Refused	7	961
		1	Yes	1	58
		2	No	512	143,511
				526	145,410
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	6	880
		-7	Refused	7	961
		1	Yes	12	1,951
		2	No	501	141,618
				526	145,410
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	484
		-7	Refused	1	409
		1	Yes	43	14,371
		2	No	481	130,145
				526	145,410
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	19	3,539
		1	The City	264	78,343
		2	The Suburbs	102	31,747
		3	A Rural Area	141	31,781
				526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	3	554
		1	Yes	389	111,939
		2	No	134	32,916
				526	145,410
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	1	409
		-1	Not Collected	389	111,939
		1	Yes	75	15,571
		2	No	61	17,491
		526	145,410		
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	2	534
		-1	Not Collected	389	111,939
		1	Yes	47	11,513
		2	No	88	21,424
		526	145,410		
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	2	534
		-1	Not Collected	389	111,939
		1	Yes	23	7,510
		2	No	112	25,427
		526	145,410		
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	2	534
		-1	Not Collected	389	111,939
		1	Yes	9	1,568
		2	No	126	31,369
		526	145,410		
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	1	409
		1	Alone	389	111,939
		2	With spouse only	64	13,587
		3	With children only	30	8,520
		4	With spouse and children	9	1,973
		5	With others	33	8,982
		526	145,410		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	17
		-7	Refused	2	534
		1	1 Person	393	113,137
		2	2 People	107	27,988
		3	3 People	13	2,184

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 People	8	1,529
		5	5 People	1	17
		7	7 People	1	6
				526	145,410
DEMARST	WHAT IS YOUR MARITAL STATUS?	-7	Refused	1	409
		1	Married	87	17,426
		2	Widowed	307	84,219
		3	Divorced	93	28,434
		4	Separated	3	671
		5	Never Married	35	14,251
				526	145,410
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?	-8	Don't Know	50	12,687
		-7	Refused	9	1,341
		1	Below \$20,000 [1666 Per Month Or Less]	379	112,448
		2	Above \$20,000 [1667 Per Month Or More]	88	18,934
				526	145,410
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?	.	Missing	59	14,028
		-8	Don't Know	35	10,449
		-7	Refused	11	4,128
		1	\$5,000 or less	24	8,288
		2	\$5,001-\$10,000	92	30,412
		3	\$10,001-\$15,000	153	43,359
		4	\$15,001-\$20,000	68	17,170
		5	\$20,001-\$25,000	50	10,905
		6	\$25,001-\$30,000	17	3,286
		7	\$30,001-\$35,000	5	1,033
		8	\$35,001-\$40,000	4	693
		9	\$40,001-\$50,000	2	377
		10	ABOVE \$50,000	6	1,282
				526	145,410
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	27	10,192

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	Rural (Not in Urbanized Area or Urban Cluster)	267	55,359
		1	In Urbanized Area	196	74,591
		2	In Urban Cluster	36	5,267
				526	145,410
VARSTRAT	VARSTRAT	1.00 - 64.00	Varstrat range	526	145,410
				526	145,410
VARUNIT	VARUNIT	1	Variance unit 1	276	81,030
		2	Variance unit 2	250	64,380
				526	145,410
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	5.33 - 2386.69	Weight range	526	145,410
				526	145,410
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	1.83 - 3924.33	Replicate weight range	526	145,410
				526	145,410
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	1.38 - 3681.16	Replicate weight range	526	145,410
				526	145,410
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	1.31 - 3611.56	Replicate weight range	526	145,410
				526	145,410
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	1.81 - 3746.71	Replicate weight range	526	145,410
				526	145,410
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	1.62 - 3415.44	Replicate weight range	526	145,410
				526	145,410
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	1.88 - 4687.23	Replicate weight range	526	145,410
				526	145,410
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	4.52 - 5146.36	Replicate weight range	526	145,410
				526	145,410
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	1.79 - 3518.81	Replicate weight range	526	145,410

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				526	145,410
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	1.48 - 3902.35	Replicate weight range	526	145,410
				526	145,410
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	1.68 - 4086.95	Replicate weight range	526	145,410
				526	145,410
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	6.28 - 4284.25	Replicate weight range	526	145,410
				526	145,410
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	1.70 - 4195.82	Replicate weight range	526	145,410
				526	145,410
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	1.52 - 3957.15	Replicate weight range	526	145,410
				526	145,410
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	1.56 - 3233.22	Replicate weight range	526	145,410
				526	145,410
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	1.54 - 3196.15	Replicate weight range	526	145,410
				526	145,410
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	1.46 - 3895.39	Replicate weight range	526	145,410
				526	145,410
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	1.13 - 3580.81	Replicate weight range	526	145,410
				526	145,410
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	1.44 - 3954.91	Replicate weight range	526	145,410
				526	145,410
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	1.49 - 4300.29	Replicate weight range	526	145,410
				526	145,410
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	1.21 - 3144.61	Replicate weight range	526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				526	145,410
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	2.48 - 4689.59	Replicate weight range	526	145,410
				526	145,410
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	1.78 - 4316.75	Replicate weight range	526	145,410
				526	145,410
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	4.17 - 4241.31	Replicate weight range	526	145,410
				526	145,410
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	2.83 - 4379.45	Replicate weight range	526	145,410
				526	145,410
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	1.72 - 4673.03	Replicate weight range	526	145,410
				526	145,410
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	2.16 - 3778.28	Replicate weight range	526	145,410
				526	145,410
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	3.39 - 3614.13	Replicate weight range	526	145,410
				526	145,410
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	1.81 - 4555.57	Replicate weight range	526	145,410
				526	145,410
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	1.35 - 3382.75	Replicate weight range	526	145,410
				526	145,410
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	1.26 - 3544.91	Replicate weight range	526	145,410
				526	145,410
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	1.33 - 3717.86	Replicate weight range	526	145,410
				526	145,410
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	1.38 - 3605.22	Replicate weight range	526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				526	145,410
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	1.83 - 3940.29	Replicate weight range	526	145,410
				526	145,410
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	1.38 - 3685.58	Replicate weight range	526	145,410
				526	145,410
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	1.33 - 3654.08	Replicate weight range	526	145,410
				526	145,410
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	1.81 - 3754.91	Replicate weight range	526	145,410
				526	145,410
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	1.62 - 3415.87	Replicate weight range	526	145,410
				526	145,410
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	1.87 - 4662.26	Replicate weight range	526	145,410
				526	145,410
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	4.87 - 5086.32	Replicate weight range	526	145,410
				526	145,410
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	1.78 - 3502.57	Replicate weight range	526	145,410
				526	145,410
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	1.49 - 3918.32	Replicate weight range	526	145,410
				526	145,410
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	1.68 - 4088.93	Replicate weight range	526	145,410
				526	145,410
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	5.19 - 4344.98	Replicate weight range	526	145,410
				526	145,410
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	1.70 - 4200.66	Replicate weight range	526	145,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				526	145,410
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	1.52 - 3954.66	Replicate weight range	526	145,410
				526	145,410
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	1.56 - 3219.80	Replicate weight range	526	145,410
				526	145,410
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	1.53 - 3162.21	Replicate weight range	526	145,410
				526	145,410
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	1.45 - 3878.44	Replicate weight range	526	145,410
				526	145,410
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	1.12 - 3637.48	Replicate weight range	526	145,410
				526	145,410
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	1.45 - 3978.49	Replicate weight range	526	145,410
				526	145,410
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	1.49 - 4286.34	Replicate weight range	526	145,410
				526	145,410
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	1.20 - 3121.30	Replicate weight range	526	145,410
				526	145,410
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	2.46 - 4759.39	Replicate weight range	526	145,410
				526	145,410
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	1.77 - 4303.92	Replicate weight range	526	145,410
				526	145,410
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	4.44 - 4240.66	Replicate weight range	526	145,410
				526	145,410
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	2.88 - 4459.04	Replicate weight range	526	145,410

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				526	145,410
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	1.69 - 4597.44	Replicate weight range	526	145,410
				526	145,410
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	2.18 - 3812.08	Replicate weight range	526	145,410
				526	145,410
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	3.45 - 3596.80	Replicate weight range	526	145,410
				526	145,410
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	1.79 - 4510.99	Replicate weight range	526	145,410
				526	145,410
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	1.36 - 3414.68	Replicate weight range	526	145,410
				526	145,410
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	1.25 - 3534.15	Replicate weight range	526	145,410
				526	145,410
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	1.33 - 3719.90	Replicate weight range	526	145,410
				526	145,410
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	1.39 - 3645.61	Replicate weight range	526	145,410
				526	145,410