

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMFRUIT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMPOTATO	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
CMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMMEAT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?

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CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMSTAYHM	NUM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ11	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMSKP	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?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVC DYCR	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?

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SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
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?
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	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: 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?

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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.)?
SFHEALTH	NUM	COMPARED TO 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 TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
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...
PFEARN	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?
PFDFFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFFINB	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 DOCTORS 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?

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PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION

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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 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, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING 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	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 2014 ABOVE OR BELOW \$20,000?
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2014?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT

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PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
MOB_IMP	NUM	MOBILITY IMPAIRED

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?
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMFQ11	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMFRUIT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMMEAT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMPOTATO	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMSKP	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?
CMSTAYHM	NUM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 2014 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
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?
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP 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 PHONE, OR DRIVING CAR/USING PUBLIC TRANS?

Alphabetical Listing of Variables

Name	Type	Description
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, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING 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 2014?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MOB_IMP	NUM	MOBILITY IMPAIRED
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFILEARN	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?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?

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?
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED TO 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?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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	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
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	901	1,555,436
				901	1,555,436
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	301	491,029
		2	More Than 1 Day To 1 Week Ago	300	491,575
		3	More Than 1 Week To 1 Month Ago	122	207,616
		4	More Than 1 Month Ago	178	365,216
				901	1,555,436
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	5	5,047
		1	6 Months Or Less	113	236,847
		2	More Than 6 Months But Less Than 1 Year	91	130,881
		3	At Least 1 Year But Less Than 2 Years	126	195,137
		4	2 To 5 Years	292	547,625
		5	More Than 5 Years	274	439,899
				901	1,555,436
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	39	79,027
		-7	Refused	4	6,608
		0	0 Days	60	128,245
		1	1 Day	210	426,950
		2	2 Days	207	341,980
		3	3 Days	149	257,023
		4	4 Days	82	121,691
		5	5 Days	148	183,208
		6	6 Days	1	9,878
		7	7 Days	1	825
				901	1,555,436
CMPORTN	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?	-8	Don't Know	21	33,984
		-7	Refused	1	1,579
		1	Less Than One-Third	77	129,286
		2	Between One-Third And One-Half	340	600,014
		3	About One-Half	261	520,869
		4	More Than One-Half	201	269,704

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				901	1,555,436
CMFRUIT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	12	12,567
		-7	Refused	2	2,616
		0	0 Servings	41	72,270
		1	1 Serving	423	735,721
		2	2 Servings	254	436,177
		3	3 Servings	118	197,108
		4	4 Servings	24	40,353
		5	5 Servings	9	19,847
		6	6 Servings	2	2,856
		9	9 Servings	2	1,153
		99	Less than one serving	14	34,768
				901	1,555,436
CMEATFRT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	5	2,123
		1	Yes	850	1,458,211
		2	No	46	95,102
				901	1,555,436
CMPOTATO	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	12	13,765
		-7	Refused	3	3,441
		0	0 Servings	201	296,987
		1	1 Serving	586	1,052,930
		2	2 Servings	67	123,093
		3	3 Servings	4	15,929
		99	Less than one serving	28	49,290
				901	1,555,436
CMEATPOT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	5	16,867
		1	Yes	822	1,430,306
		2	No	74	108,263
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMVEGS	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?	-8	Don't Know	11	7,406
		-7	Refused	4	7,050
		0	0 Servings	19	43,739
		1	1 Serving	422	809,706
		2	2 Servings	291	433,746
		3	3 Servings	95	174,788
		4	4 Servings	32	34,063
		5	5 Servings	10	13,802
		6	6 Servings	5	5,157
		7	7 Servings	1	906
		99	Less than one serving	11	25,073
			901	1,555,436	
CMEATVEG	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?	-8	Don't Know	6	5,798
		-7	Refused	1	1,693
		1	Yes	846	1,487,964
		2	No	48	59,981
				901	1,555,436
CMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY	.	Missing	27	28,222
		1	1 Serving	85	153,254
		2	2 Servings	403	764,950
		3	3 Servings	235	336,295
		4	4 Servings	92	180,622
		5	5 Servings	32	50,673
		6	6 Servings	11	11,123
		7	7 Servings	4	6,754
		99	Less than one serving	12	23,544
		901	1,555,436		
CMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	34	35,895
		1	1 Serving	15	25,573
		2	2 Servings	70	150,763
		3	3 Servings	281	500,303
		4	4 Servings	176	341,352
		5	5 Servings	157	229,933
		6	6 Servings	83	114,866

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 Servings	45	94,874
		8	8 Servings	14	24,786
		9	9 Servings	11	11,182
		10	10 Servings	6	13,589
		11	11 Servings	4	8,588
		12	12 Servings	2	1,470
		99	Less than one serving	3	2,261
				901	1,555,436
CMBREAD	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	8	40,779
		-7	Refused	1	1,579
		0	0 Servings	39	68,696
		1	1 Serving	443	751,219
		2	2 Servings	257	450,812
		3	3 Servings	108	181,613
		4	4 Servings	30	47,661
		5	5 Servings	11	8,754
		8	8 Servings	1	187
		99	Less than one serving	3	4,135
				901	1,555,436
CMEATBRD	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?				
		-8	Don't Know	12	15,559
		1	Yes	794	1,365,194
		2	No	95	174,684
				901	1,555,436
CMDES	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	7	6,959
		-7	Refused	3	3,053
		0	0 Servings	193	322,893
		1	1 Serving	459	878,717
		2	2 Servings	176	244,271
		3	3 Servings	27	58,171
		4	4 Servings	9	7,913
		5	5 Servings	3	3,393
		6	6 Servings	1	1,522

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		99	Less than one serving	23	28,543
				901	1,555,436
CMEATDES	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	8	4,501
		1	Yes	758	1,254,269
		2	No	135	296,666
				901	1,555,436
CMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	17	50,450
		1	1 Serving	126	221,959
		2	2 Servings	322	565,426
		3	3 Servings	196	362,657
		4	4 Servings	121	164,495
		5	5 Servings	62	116,103
		6	6 Servings	23	37,025
		7	7 Servings	11	7,988
		8	8 Servings	1	777
		9	9 Servings	1	1,522
		10	10 Servings	1	2,042
		12	12 Servings	1	187
		99	Less than one serving	19	24,804
				901	1,555,436
CMDAIRY	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	12	47,665
		-7	Refused	1	1,579
		0	0 Servings	78	152,143
		1	1 Serving	432	751,443
		2	2 Servings	253	417,535
		3	3 Servings	89	140,048
		4	4 Servings	19	27,229
		5	5 Servings	1	1,078
		7	7 Servings	1	500
		99	Less than one serving	15	16,215
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMEATDAR	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?	-8	Don't Know	6	9,960
		1	Yes	721	1,235,034
		2	No	174	310,442
				901	1,555,436
CMMEAT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	12	6,511
		-7	Refused	1	923
		0	0 Servings	29	55,304
		1	1 Serving	485	940,302
		2	2 Servings	281	423,731
		3	3 Servings	68	89,703
		4	4 Servings	5	7,321
		5	5 Servings	2	1,660
		99	Less than one serving	18	29,982
		901	1,555,436		
CMEATMET	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?	-8	Don't Know	7	7,715
		1	Yes	865	1,503,742
		2	No	29	43,979
		901	1,555,436		
CMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	10	15,190
		0	0 Servings	175	340,754
		1	1 Serving	548	972,217
		2	2 Servings	118	154,953
		3	3 Servings	26	41,474
		4	4 Servings	4	7,005
		5	5 Servings	1	906
		99	Less than one serving	19	22,938
		901	1,555,436		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMEATBNS	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?	-8	Don't Know	12	8,772
		1	Yes	772	1,363,464
		2	No	117	183,200
				901	1,555,436
CMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	22	22,050
		1	1 Serving	107	213,874
		2	2 Servings	404	803,196
		3	3 Servings	195	273,126
		4	4 Servings	96	125,142
		5	5 Servings	38	54,691
		6	6 Servings	9	9,590
		8	8 Servings	2	5,203
		99	Less than one serving	28	48,564
		901	1,555,436		
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?	-8	Don't Know	1	1,333
		1	Excellent	261	510,671
		2	Very Good	351	588,758
		3	Good	203	325,987
		4	Fair	59	100,841
		5	Poor	26	27,846
		901	1,555,436		
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT	.	Missing	1	1,333
		1	Rating of Good to Excellent	815	1,425,416
		2	Rating of Fair or Poor	85	128,687
		901	1,555,436		
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	7	6,391
		1	Yes	859	1,493,780
		2	No	35	55,266
		901	1,555,436		
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	13	12,938
		-7	Refused	2	4,764
		1	Yes	706	1,205,829
		2	No	180	331,905
		901	1,555,436		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	56	100,664
		-7	Refused	2	3,272
		1	Yes	678	1,156,923
		2	No	165	294,577
				901	1,555,436
CMSTAYHM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	21	59,455
		-7	Refused	5	10,753
		1	Yes	580	903,723
		2	No	295	581,504
				901	1,555,436
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	16	23,028
		-7	Refused	4	9,325
		1	Yes	836	1,455,255
		2	No	45	67,829
				901	1,555,436
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	36	51,992
		-7	Refused	2	2,436
		1	Yes	741	1,267,226
		2	No	122	233,781
				901	1,555,436
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	6	17,096
		-7	Refused	1	690
		1	Yes	771	1,306,691
		2	No	123	230,958
				901	1,555,436
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	4	7,608
		-7	Refused	1	243
		1	Always	257	414,984
		2	Usually	453	861,883
		3	Sometimes	164	247,018
		4	Seldom	18	21,174
		5	Never	4	2,526
		901	1,555,436		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	3	27,227
		1	Always	333	593,400
		2	Usually	363	619,844
		3	Sometimes	183	290,047
		4	Seldom	13	18,635
		5	Never	6	6,282
				901	1,555,436
CMFQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?	-8	Don't Know	12	21,904
		-7	Refused	1	145
		1	Yes	223	383,672
		2	No	665	1,149,714
				901	1,555,436
CMFQ1	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-1	Not Collected	678	1,171,764
		1	Yes	53	96,326
		2	No	170	287,346
				901	1,555,436
CMFQ2	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-1	Not Collected	678	1,171,764
		1	Yes	45	76,516
		2	No	178	307,157
				901	1,555,436
CMFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?	-1	Not Collected	678	1,171,764
		1	Yes	1	1,439
		2	No	222	382,233
				901	1,555,436
CMFQ4	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?	-1	Not Collected	678	1,171,764
		1	Yes	2	1,109
		2	No	221	382,563
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFQ5	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-1	Not Collected	678	1,171,764
		1	Yes	17	26,318
		2	No	206	357,355
				901	1,555,436
CMFQ6	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-1	Not Collected	678	1,171,764
		1	Yes	4	2,073
		2	No	219	381,599
				901	1,555,436
CMFQ7	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?	-1	Not Collected	678	1,171,764
		1	Yes	3	2,899
		2	No	220	380,773
				901	1,555,436
CMFQ8	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-1	Not Collected	678	1,171,764
		2	No	223	383,672
				901	1,555,436
CMFQ9	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-1	Not Collected	678	1,171,764
		1	Yes	7	12,181
		2	No	216	371,491
				901	1,555,436
CMFQ10	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-1	Not Collected	678	1,171,764
		2	No	223	383,672
				901	1,555,436
CMFQ11	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?	-1	Not Collected	678	1,171,764
		1	Yes	81	119,187
		2	No	142	264,485
				901	1,555,436
CMFQOT	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?	-1	Not Collected	678	1,171,764
		1	Yes	53	126,106
		2	No	170	257,566

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				901	1,555,436
CMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	14	34,581
		-7	Refused	2	4,786
		1	Yes	732	1,283,376
		2	No	153	232,693
				901	1,555,436
CMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	7	27,415
		-7	Refused	1	837
		1	Yes	90	183,763
		2	No	803	1,343,421
				901	1,555,436
CMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	5	31,239
		1	Yes	72	159,126
		2	No	824	1,365,072
				901	1,555,436
CMSKP	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	1	589
		-7	Refused	1	837
		1	Yes	45	84,392
		2	No	854	1,469,618
				901	1,555,436
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	1	1,590
		1	Yes	67	102,985
		2	No	833	1,450,862
				901	1,555,436
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	1	261
		1	Yes	58	109,171
		2	No	842	1,446,004
				901	1,555,436
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	3	13,578

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	63	78,584
		2	No	835	1,463,275
				901	1,555,436
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	5	5,433
		1	Yes	179	304,015
		2	No	717	1,245,988
				901	1,555,436
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	1,496
		1	Yes	24	29,591
		2	No	875	1,524,349
				901	1,555,436
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	1	Yes	34	62,365
		2	No	867	1,493,071
				901	1,555,436
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	1	Yes	20	33,515
		2	No	881	1,521,921
				901	1,555,436
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	2	1,526
		1	Yes	43	107,393
		2	No	856	1,446,517
				901	1,555,436
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	4	3,111
		1	Yes	173	340,516
		2	No	724	1,211,809
				901	1,555,436
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals only	520	914,597
		2	Congregate Meals and 1 additional service	228	369,391
		3	Congregate Meals and 2 additional services	85	117,219
		4	Congregate Meals and 3 additional services	34	95,584
		5	Congregate Meals and 4 additional services	17	31,194

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	Congregate Meals and 5 additional services	10	12,438
		7	Congregate Meals and 6 additional services	6	14,509
		8	Congregate Meals and 7 additional services	1	505
				901	1,555,436
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?				
		-8	Don't Know	4	4,968
		1	Yes	104	180,956
		2	No	793	1,369,512
				901	1,555,436
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	1	863
		-7	Refused	1	1,180
		1	Yes	344	567,871
		2	No	555	985,522
				901	1,555,436
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	7	16,712
		1	Yes	211	426,254
		2	No	683	1,112,469
				901	1,555,436
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	2	1,655
		1	Yes	320	554,197
		2	No	579	999,585
				901	1,555,436
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?				
		-8	Don't Know	3	6,965
		1	Yes	52	97,777
		2	No	846	1,450,694
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	6,654
		1	Yes	92	171,962
		2	No	804	1,376,820
				901	1,555,436
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	6	8,087
		-7	Refused	1	1,675
		-1	Not Collected	223	424,165
		1	Excellent	212	348,271
		2	Very Good	262	441,711
		3	Good	164	271,718
		4	Fair	27	55,308
		5	Poor	6	4,501
		901	1,555,436		
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	8	17,648
		-7	Refused	4	5,485
		1	Yes	730	1,250,302
		2	No	159	282,002
		901	1,555,436		
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	25	50,884
		-7	Refused	7	7,787
		1	Yes	694	1,184,652
		2	No	175	312,113
		901	1,555,436		
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	13	9,440
		-7	Refused	3	3,401
		1	Yes	693	1,212,051
		2	No	192	330,545
		901	1,555,436		
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	27	35,952
		-7	Refused	1	1,385
		1	Yes	586	946,935

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	287	571,164
				901	1,555,436
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	11	43,526
		-7	Refused	2	2,067
		1	Agree	873	1,491,535
		2	Disagree	15	18,309
				901	1,555,436
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	15	23,368
		-7	Refused	2	3,058
		1	Agree	860	1,501,114
		2	Disagree	24	27,897
				901	1,555,436
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?	1	Yes	118	176,891
		2	No	783	1,378,545
				901	1,555,436
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?	-8	Don't Know	2	4,294
		1	Yes	125	191,028
		2	No	774	1,360,114
				901	1,555,436
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	11	14,082
		-7	Refused	1	1,941
		1	Yes	180	351,627
		2	No	709	1,187,786
				901	1,555,436
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	2	3,536
		-7	Refused	1	1,941
		1	Yes	67	116,359
		2	No	831	1,433,600
				901	1,555,436
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	7	12,165
		-7	Refused	2	3,058

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	223	366,426
		2	No	669	1,173,787
				901	1,555,436
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?				
		-8	Don't Know	4	2,964
		-7	Refused	1	1,941
		1	Yes	372	542,153
		2	No	524	1,008,377
				901	1,555,436
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?				
		-8	Don't Know	4	3,621
		1	Excellent	78	170,775
		2	Very Good	254	422,863
		3	Good	316	498,687
		4	Fair	200	391,109
		5	Poor	49	68,381
				901	1,555,436
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	13	18,449
		-7	Refused	1	1,941
		1	Yes, Limited A Lot	206	341,931
		2	Yes, Limited A Little	305	510,229
		3	No, Not Limited At All	376	682,886
				901	1,555,436
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	14	10,001
		-7	Refused	2	2,632
		1	Yes, Limited A Lot	266	395,727
		2	Yes, Limited A Little	354	643,696
		3	No, Not Limited At All	265	503,380
				901	1,555,436
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	10	7,682
		-7	Refused	1	3,428
		1	All Of The Time	63	92,172
		2	Most Of The Time	185	307,551

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	264	423,447
		4	A Little Of The Time	175	362,223
		5	None Of The Time	203	358,934
				901	1,555,436
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?				
		-7	Refused	1	1,941
		1	All Of The Time	64	83,586
		2	Most Of The Time	132	240,758
		3	Some Of The Time	270	383,512
		4	A Little Of The Time	195	371,998
		5	None Of The Time	239	473,641
				901	1,555,436
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	5	3,671
		-7	Refused	2	2,778
		1	All Of The Time	23	45,609
		2	Most Of The Time	66	72,451
		3	Some Of The Time	144	321,976
		4	A Little Of The Time	174	277,304
		5	None Of The Time	487	831,647
				901	1,555,436
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	8	7,003
		-7	Refused	2	2,778
		1	All Of The Time	16	17,236
		2	Most Of The Time	47	58,748
		3	Some Of The Time	127	281,977
		4	A Little Of The Time	159	290,058
		5	None Of The Time	542	897,636
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	12	9,891
		-7	Refused	1	1,941
		1	All Of The Time	288	550,324
		2	Most Of The Time	250	450,348
		3	Some Of The Time	179	303,931
		4	A Little Of The Time	119	165,322
		5	None Of The Time	52	73,678
				901	1,555,436
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	4	4,029
		-7	Refused	2	3,328
		1	All Of The Time	172	251,240
		2	Most Of The Time	465	826,162
		3	Some Of The Time	178	370,030
		4	A Little Of The Time	66	80,899
		5	None Of The Time	14	19,748
				901	1,555,436
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	1	145
		-7	Refused	1	1,941
		1	All Of The Time	56	62,518
		2	Most Of The Time	312	583,848
		3	Some Of The Time	324	589,221
		4	A Little Of The Time	147	245,477
		5	None Of The Time	60	72,286
				901	1,555,436
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	5	7,962
		-7	Refused	1	1,941
		1	All Of The Time	11	43,273
		2	Most Of The Time	39	61,368
		3	Some Of The Time	144	296,575
		4	A Little Of The Time	268	462,924
		5	None Of The Time	433	681,394
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	4	3,534
		-7	Refused	2	2,778
		1	All Of The Time	33	35,458
		2	Most Of The Time	62	85,318
		3	Some Of The Time	168	288,664
		4	A Little Of The Time	189	357,085
		5	None Of The Time	443	782,599
					901
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	3	5,325
		1	Much Better Than One Year Ago	83	150,271
		2	A Little Better Than One Year Ago	109	183,687
		3	About The Same As One Year Ago	457	831,591
		4	A Little Worse Than One Year Ago	172	283,073
		5	Worse Than One Year Ago	77	101,489
			901	1,555,436	
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	10	15,924
		-7	Refused	1	1,941
		1	About Enough	487	856,781
		2	Too Much	25	30,215
		3	Would Like To Be Doing More	378	650,575
			901	1,555,436	
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	24	60,022
		1	Yes	547	919,281
		2	No	330	576,133
			901	1,555,436	
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?	-8	Don't Know	2	2,464
		-7	Refused	1	1,941
		1	Yes	566	885,288
		2	No	332	665,744

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				901	1,555,436
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	1	559
		-7	Refused	1	1,941
		1	Yes	613	996,763
		2	No	286	556,173
				901	1,555,436
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-7	Refused	1	1,941
		1	Yes	290	473,534
		2	No	610	1,079,961
				901	1,555,436
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	8	33,100
		-7	Refused	1	1,941
		1	Yes	511	839,311
		2	No	379	679,481
		3	Does Not Apply	2	1,603
				901	1,555,436
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	2	25,860
		-7	Refused	1	1,941
		1	Yes	280	489,893
		2	No	618	1,037,742
				901	1,555,436
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	4	6,764
		-7	Refused	1	1,941
		1	Yes	324	543,888
		2	No	572	1,002,844
				901	1,555,436
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	1	868
		-7	Refused	2	2,809
		1	Yes	160	259,390
		2	No	738	1,292,369
				901	1,555,436
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-7	Refused	1	1,941
		1	Yes	90	111,323

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	807	1,426,277
		3	Does Not Apply	3	15,895
				901	1,555,436
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	2	2,138
		-7	Refused	1	1,941
		1	Yes	109	161,840
		2	No	789	1,389,517
				901	1,555,436
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	9	12,061
		-7	Refused	3	3,144
		1	Yes	187	306,379
		2	No	701	1,221,515
		3	Does Not Apply	1	12,337
				901	1,555,436
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	2	7,435
		-7	Refused	1	1,941
		1	Yes	71	119,294
		2	No	827	1,426,766
				901	1,555,436
PFDISL	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Don't Know	1	408
		-7	Refused	1	1,941
		1	Yes	566	984,031
		2	No	333	569,056
				901	1,555,436
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	3	1,549
		-7	Refused	2	3,016
		1	Yes	320	560,899
		2	No	576	989,972
				901	1,555,436
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	4	1,624
		-7	Refused	2	2,767
		1	Yes	120	234,796
		2	No	775	1,316,249

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				901	1,555,436
PFDIS0	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?	-8	Don't Know	5	31,077
		-7	Refused	1	1,941
		1	Yes	56	116,995
		2	No	839	1,405,423
				901	1,555,436
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-7	Refused	1	1,941
		1	Yes	22	20,885
		2	No	878	1,532,610
				901	1,555,436
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	1	1,333
		-7	Refused	1	1,941
		1	Yes	20	21,799
		2	No	877	1,526,101
		3	Does Not Apply	2	4,262
				901	1,555,436
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	4	3,184
		-7	Refused	1	1,941
		1	Yes	368	601,650
		2	No	528	948,661
				901	1,555,436
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	4	5,867
		-7	Refused	1	1,941
		1	Yes	9	6,369
		2	No	887	1,541,259
				901	1,555,436
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	4	3,431
		-7	Refused	1	1,941
		1	Yes	120	155,598
		2	No	776	1,394,466
				901	1,555,436
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	3	3,324

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,941
		1	Yes	77	202,463
		2	No	819	1,346,636
		3	Does Not Apply	1	1,072
				901	1,555,436
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	14	26,106
		1	1 Medical Condition	41	99,867
		2	2 Medical Conditions	72	147,306
		3	3 Medical Conditions	106	199,761
		4	4 Medical Conditions	125	225,459
		5	5 Medical Conditions	133	175,832
		6	6 Medical Conditions	118	217,064
		7	7 Medical Conditions	103	173,735
		8	8 Medical Conditions	71	89,527
		9	9 Medical Conditions	42	55,862
		10	10 Medical Conditions	36	58,453
		11	11 Medical Conditions	24	68,016
		12	12 Medical Conditions	5	7,912
		13	13 Medical Conditions	5	2,626
		14	14 Medical Conditions	4	3,918
		15	15 Medical Conditions	1	383
		16	16 Medical Conditions	1	3,609
				901	1,555,436
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	13	18,636
		-7	Refused	3	4,669
		-1	Not Collected	14	26,106
		1	Yes	678	1,130,056
		2	No	193	375,969
				901	1,555,436
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?	-1	Not Collected	223	425,380
		1	Yes	625	1,060,776
		2	No	53	69,280

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				901	1,555,436
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	5	7,726
		-7	Refused	2	1,962
		-1	Not Collected	223	425,380
		1	Yes	211	377,286
		2	No	460	743,081
				901	1,555,436
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	1,944
		-7	Refused	2	1,932
		-1	Not Collected	223	425,380
		1	Yes	142	245,723
		2	No	532	880,457
				901	1,555,436
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	3	11,701
		-7	Refused	1	1,579
		-1	Not Collected	223	425,380
		1	Yes	123	249,012
		2	No	551	867,764
				901	1,555,436
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	4	6,198
		-7	Refused	1	1,579
		-1	Not Collected	223	425,380
		1	Yes	85	183,289
		2	No	588	938,989
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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?	-8	Don't Know	6	10,114
		-7	Refused	1	1,579
		-1	Not Collected	223	425,380
		1	Yes	44	62,377
		2	No	627	1,055,987
				901	1,555,436
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?	-1	Not Collected	223	425,380
		1	Yes	45	93,017
		2	No	633	1,037,039
				901	1,555,436
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?	-1	Not Collected	223	425,380
		1	Yes	38	67,598
		2	No	640	1,062,458
				901	1,555,436
PFREAD	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?	-1	Not Collected	223	425,380
		1	Yes	70	139,159
		2	No	608	990,897
				901	1,555,436
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	14	25,940
		-7	Refused	4	3,959
		-1	Not Collected	14	26,106
		1	Not At All Confident	33	57,810
		2	A Little Confident	81	140,756

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Moderately Confident	270	482,791
		4	Very Confident	485	818,075
				901	1,555,436
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	13,174
		-7	Refused	2	3,058
		1	Yes	228	374,691
		2	No	663	1,164,514
				901	1,555,436
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	4	5,924
		-7	Refused	1	1,941
		1	0-2 medications	241	471,687
		2	3-4 medications	238	446,221
		3	5-6 medications	199	303,690
		4	7-8 medications	90	107,754
		5	9+ medications	128	218,218
				901	1,555,436
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	3	5,093
		-7	Refused	1	1,941
		1	Yes	186	287,186
		2	No	711	1,261,217
				901	1,555,436
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	2,986
		-7	Refused	1	1,941
		1	Yes	31	34,033
		2	No	868	1,516,476
				901	1,555,436
PFDfin	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	2,755
		-7	Refused	1	1,941
		1	Yes	100	149,654
		2	No	798	1,401,087
				901	1,555,436

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	383
		-1	Not Collected	801	1,405,782
		1	Yes	26	36,927
		2	No	73	112,344
				901	1,555,436
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	-8	Don't Know	2	1,857
		-7	Refused	1	1,941
		1	Yes	174	289,567
		2	No	724	1,262,071
				901	1,555,436
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	727	1,265,869
		1	Yes	107	145,821
		2	No	67	143,746
				901	1,555,436
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	1,717
		-7	Refused	2	3,058
		1	Yes	129	212,704
		2	No	767	1,337,958
		901	1,555,436		
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	772	1,342,732
		1	Yes	30	64,236
		2	No	99	148,468
		901	1,555,436		
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	1	1,764
		-7	Refused	1	1,941
		1	Yes	120	181,436
		2	No	779	1,370,295
		901	1,555,436		
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	558
		-1	Not Collected	781	1,374,000
		1	Yes	65	92,877

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	54	88,001
				901	1,555,436
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-7	Refused	1	1,941
		1	Yes	80	132,677
		2	No	820	1,420,818
				901	1,555,436
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	821	1,422,759
		1	Yes	48	91,828
		2	No	32	40,849
				901	1,555,436
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	1	1,187
		-7	Refused	1	1,941
		1	Yes	317	506,016
		2	No	582	1,046,292
				901	1,555,436
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	3	907
		-1	Not Collected	584	1,049,420
		1	Yes	45	77,821
		2	No	269	427,288
				901	1,555,436
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-7	Refused	1	1,941
		1	Yes	38	68,296
		2	No	862	1,485,199
				901	1,555,436
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	863	1,487,140
		1	Yes	5	14,317
		2	No	33	53,979
				901	1,555,436
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-7	Refused	1	1,941
		1	Yes	40	67,713
		2	No	860	1,485,782
				901	1,555,436
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	223
		-1	Not Collected	861	1,487,723

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	14	31,972
		2	No	25	35,519
				901	1,555,436
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	4,850
		-7	Refused	1	1,941
		1	Yes	104	177,735
		2	No	794	1,370,911
				901	1,555,436
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	797	1,377,701
		1	Yes	72	130,659
		2	No	32	47,076
				901	1,555,436
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	5	7,591
		-7	Refused	1	1,941
		1	Yes	126	178,376
		2	No	769	1,367,528
				901	1,555,436
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	805
		-1	Not Collected	775	1,377,060
		1	Yes	86	121,742
		2	No	39	55,829
				901	1,555,436
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	4	5,017
		-7	Refused	1	1,941
		1	Yes	139	181,202
		2	No	757	1,367,276
				901	1,555,436
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	1,590
		-1	Not Collected	762	1,374,234
		1	Yes	115	142,203
		2	No	23	37,410
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	9	14,111
		-7	Refused	3	3,312
		1	Yes	439	713,410
		2	No	450	824,603
				901	1,555,436
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-1	Not Collected	462	842,026
		1	Yes	368	614,695
		2	No	71	98,715
				901	1,555,436
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-7	Refused	1	1,941
		1	Yes	80	140,985
		2	No	820	1,412,510
				901	1,555,436
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	524
		-1	Not Collected	821	1,414,451
		1	Yes	50	97,024
		2	No	29	43,436
				901	1,555,436
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	32	51,524
		2	No	869	1,503,912
				901	1,555,436
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	869	1,503,912
		1	Yes	30	50,395
		2	No	2	1,129
				901	1,555,436
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-7	Refused	1	1,941
		1	Yes	751	1,272,018
		2	No	149	281,477
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	11	13,529
		-7	Refused	1	404
		-1	Not Collected	150	283,418
		1	Yes	106	113,023
		2	No	633	1,145,063
				901	1,555,436
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	44	60,061
		-7	Refused	3	1,339
		1	Yes	370	790,719
		2	No	484	703,317
				901	1,555,436
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	531	764,717
		1	Yes	28	70,297
		2	No	197	461,736
		3	Never Uses Bus	145	258,685
				901	1,555,436
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	661
		-1	Not Collected	873	1,485,139
		1	Yes	19	53,457
		2	No	8	16,179
				901	1,555,436
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	2	2,197
		-1	Not Collected	482	852,133
		1	Family	278	428,786
		2	Someone Else Like Friend/Neighbor/Other	86	197,485
		3	Did Not Receive Help	53	74,834
				901	1,555,436
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-1	Not Collected	623	1,126,650
		1	Husband	48	61,506
		2	Wife	41	55,846
		3	Son	47	96,793

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Son-In-Law	1	534
		5	Daughter	104	167,755
		6	Daughter-In-Law	6	3,544
		8	Mother	1	812
		9	Brother	6	4,868
		10	Sister	5	5,025
		11	Grandson	5	12,963
		12	Granddaughter	7	8,392
		14	Niece	4	8,547
		91	Other Relative	3	2,201
				901	1,555,436
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	7	7,725
		0	0 limitations	499	899,994
		1	1 limitation	230	397,568
		2	2 limitations	77	118,165
		3	3 limitations	43	52,444
		4	4 limitations	23	38,691
		5	5 limitations	20	27,821
		6	6 limitations	2	13,027
				901	1,555,436
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,941
		0	0 limitations	501	901,740
		1	1 limitation	232	400,449
		2	2 limitations	78	118,939
		3	3 limitations	44	52,827
		4	4 limitations	23	38,691
		5	5 limitations	20	27,821
		6	6 limitations	2	13,027
				901	1,555,436
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	7	7,725
		1	Yes	88	131,983
		2	No	806	1,415,727
				901	1,555,436
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,941
		1	Yes	89	132,367

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	811	1,421,128
				901	1,555,436
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	5	1,687
		0	0 limitations	786	1,366,061
		1	1 limitation	65	105,207
		2	2 limitations	22	41,535
		3	3 limitations	9	13,283
		4	4 limitations	6	7,608
		5	5 limitations	6	7,028
		6	6 limitations	2	13,027
				901	1,555,436
ADLAOA6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	1,941
		0	0 limitations	787	1,364,900
		1	1 limitation	67	105,972
		2	2 limitations	22	41,535
		3	3 limitations	10	13,424
		4	4 limitations	6	7,608
		5	5 limitations	6	7,028
		6	6 limitations	2	13,027
				901	1,555,436
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	23	32,290
		0	0 limitations	551	982,904
		1	1 limitation	146	255,135
		2	2 limitations	74	139,089
		3	3 limitations	48	71,118
		4	4 limitations	26	27,742
		5	5 limitations	8	3,854
		6	6 limitations	12	22,364
		7	7 limitations	13	20,939
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	557	994,188
		1	1 limitation	155	268,456
		2	2 limitations	78	144,514
		3	3 limitations	50	71,642
		4	4 limitations	27	29,075
		5	5 limitations	8	3,854
		6	6 limitations	13	22,768
		7	7 limitations	13	20,939
				901	1,555,436
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 PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	15	15,923
		0	0 limitations	652	1,187,863
		1	1 limitation	100	157,718
		2	2 limitations	52	78,082
		3	3 limitations	37	50,689
		4	4 limitations	16	20,400
		5	5 limitations	6	2,279
		6	6 limitations	11	22,068
		7	7 limitations	12	20,415
				901	1,555,436
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	659	1,198,493
		1	1 limitation	105	161,278
		2	2 limitations	53	78,606
		3	3 limitations	38	51,494
		4	4 limitations	16	20,400
		5	5 limitations	6	2,279
		6	6 limitations	12	22,472
		7	7 limitations	12	20,415
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	31	40,232
		0	0 limitations	376	658,844
		1	1 limitation	214	429,237
		2	2 limitations	119	181,321
		3	3 limitations	60	110,237
		4	4 limitations	44	62,388
		5	5 limitations	25	26,544
		6	6 limitations	8	3,854
		7	7 limitations	11	21,840
		8	8 limitations	13	20,939
				901	1,555,436
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	388	675,806
		1	1 limitation	216	435,142
		2	2 limitations	126	188,737
		3	3 limitations	65	117,121
		4	4 limitations	47	63,717
		5	5 limitations	26	27,877
		6	6 limitations	8	3,854
		7	7 limitations	12	22,243
		8	8 limitations	13	20,939
				901	1,555,436
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	15	15,923
		0	0 limitations	476	841,994
		1	1 limitation	208	409,163
		2	2 limitations	80	108,509
		3	3 limitations	46	75,438
		4	4 limitations	31	39,247
		5	5 limitations	16	20,400

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	7	2,803
		7	7 limitations	10	21,544
		8	8 limitations	12	20,415
				901	1,555,436
IADL8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	480	850,055
		1	1 limitation	212	412,267
		2	2 limitations	84	111,535
		3	3 limitations	48	76,768
		4	4 limitations	31	39,247
		5	5 limitations	16	20,400
		6	6 limitations	7	2,803
		7	7 limitations	11	21,947
		8	8 limitations	12	20,415
				901	1,555,436
AGEC	AGE CATEGORY	2	60-64 years	64	82,130
		3	65-74 years	326	634,465
		4	75-84 years	328	544,470
		5	85+ years	183	294,371
				901	1,555,436
GENDER	GENDER	1	Male	284	525,537
		2	Female	617	1,029,899
				901	1,555,436
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-7	Refused	2	2,804
		1	Less Than High School Diploma	148	257,575
		2	High School Diploma Or GED	311	506,764
		3	Some College(Business/ Vocational/Techni)	278	508,567
		4	Bachelor's Degree	71	147,066
		5	Some Post-Graduate Work/Advanced Degree	91	132,660
				901	1,555,436
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	5	5,857
		-7	Refused	3	4,056
		1	Yes	44	200,749
		2	No	849	1,344,774
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	5	7,627
		-7	Refused	3	3,263
		1	Yes	718	1,193,912
		2	No	175	350,634
				901	1,555,436
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	5	7,627
		-7	Refused	3	3,263
		1	Yes	142	180,837
		2	No	751	1,363,708
				901	1,555,436
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	5	7,627
		-7	Refused	3	3,263
		1	Yes	12	25,581
		2	No	881	1,518,964
				901	1,555,436
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	5	7,627
		-7	Refused	3	3,263
		1	Yes	21	26,528
		2	No	872	1,518,017
				901	1,555,436
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	5	7,627
		-7	Refused	3	3,263
		1	Yes	2	1,610
		2	No	891	1,542,935
				901	1,555,436
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	5	7,627
		-7	Refused	3	3,263
		1	Yes	17	136,845
		2	No	876	1,407,701
				901	1,555,436
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	1,764
		-7	Refused	3	3,349

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	168	334,030
		2	No	729	1,216,293
				901	1,555,436
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	17	26,007
		-7	Refused	5	8,618
		1	The City	391	830,880
		2	The Suburbs	174	273,962
		3	A Rural Area	314	415,970
				901	1,555,436
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	1	805
		-7	Refused	3	3,210
		1	Yes	416	687,716
		2	No	481	863,706
				901	1,555,436
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	863
		-7	Refused	2	2,519
		-1	Not Collected	416	687,716
		1	Yes	342	603,868
		2	No	140	260,470
				901	1,555,436
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	2	2,519
		-1	Not Collected	416	687,716
		1	Yes	125	206,753
		2	No	358	658,448
				901	1,555,436
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	2	2,519
		-1	Not Collected	416	687,716
		1	Yes	66	118,456
		2	No	417	746,746
				901	1,555,436
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	2	2,519
		-1	Not Collected	416	687,716
		1	Yes	25	54,022
		2	No	458	811,179
				901	1,555,436
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	2	2,519
		1	Alone	416	687,716

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	With spouse only	290	517,406
		3	With children only	64	117,759
		4	With spouse and children	33	53,231
		5	With others	96	176,805
				901	1,555,436
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	5	4,618
		1	1 Person	417	688,584
		2	2 People	370	698,882
		3	3 People	67	117,091
		4	4 People	19	19,509
		5	5 People	12	12,682
		6	6 People	6	3,918
		7	7 People	2	6,674
		8	8 People	1	2,564
		12	12 People	1	661
		14	14 People	1	254
				901	1,555,436
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	2,198
		-7	Refused	3	4,984
		1	Married	353	610,145
		2	Widowed	363	606,612
		3	Divorced	118	221,825
		4	Separated	14	17,204
		5	Never Married	48	92,467
				901	1,555,436
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 2014 ABOVE OR BELOW \$20,000?	-8	Don't Know	66	121,358
		-7	Refused	71	178,317
		1	Below \$20,000 [1666 Per Month Or Less]	353	573,132
		2	Above \$20,000 [1667 Per Month Or More]	411	682,629
				901	1,555,436
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2014?	.	Missing	137	299,675
		-8	Don't Know	45	57,440

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	42	56,806
		1	\$5,000 or less	37	42,641
		2	\$5,001-\$10,000	55	80,920
		3	\$10,001-\$15,000	128	214,937
		4	\$15,001-\$20,000	103	192,872
		5	\$20,001-\$25,000	94	167,031
		6	\$25,001-\$30,000	61	87,384
		7	\$30,001-\$35,000	42	91,856
		8	\$35,001-\$40,000	38	61,387
		9	\$40,001-\$50,000	29	43,885
		10	ABOVE \$50,000	90	158,601
				901	1,555,436
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	27	31,614
		0	Rural (Not in Urbanized Area or Urban Cluster)	415	612,921
		1	In Urbanized Area	344	754,492
		2	In Urban Cluster	115	156,408
				901	1,555,436
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	901	1,555,436
				901	1,555,436
VARUNIT	VARIANCE UNIT	1	Variance unit 1	452	798,004
		2	Variance unit 2	447	754,657
		3	Variance unit 3	2	2,775
				901	1,555,436
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	41.53 - 31589.47	Weight range	901	1,555,436
				901	1,555,436
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	20.29 - 60228.97	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	11.79 - 50423.08	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	10.65 - 51536.15	Replicate weight range	901	1,555,436
				901	1,555,436

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	16.07 - 65251.47	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	12.35 - 59434.51	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	13.83 - 65449.50	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	16.26 - 68857.84	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	19.87 - 47720.15	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	12.29 - 50814.69	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	13.79 - 56438.83	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	15.72 - 60235.21	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	22.23 - 40212.60	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	16.33 - 56216.67	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	13.62 - 47421.95	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	11.91 - 53426.59	Replicate weight range	901	1,555,436
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	14.95 - 65921.01	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	16.66 - 52496.63	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	12.74 - 43336.54	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	10.43 - 46537.35	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	14.65 - 58688.30	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	12.28 - 55341.93	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	15.92 - 63931.23	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	15.89 - 67980.58	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	22.34 - 51644.09	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	11.07 - 53820.93	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	12.51 - 58213.06	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	15.51 - 58288.93	Replicate weight range	901	1,555,436
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	23.11 - 43809.67	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	15.88 - 69750.58	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	13.53 - 56304.03	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	11.79 - 54409.43	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	15.25 - 73905.33	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	17.04 - 59707.60	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	19.30 - 45679.28	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	12.20 - 54431.18	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	16.95 - 67903.52	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	10.40 - 46867.52	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	14.15 - 56929.01	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	15.48 - 52549.45	Replicate weight range	901	1,555,436
				901	1,555,436

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	13.24 - 51583.55	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	11.47 - 55766.25	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	17.15 - 79775.74	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	19.76 - 60571.20	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	12.70 - 49817.63	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	15.00 - 64135.92	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	23.99 - 48963.11	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	10.89 - 50255.52	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	12.85 - 62294.56	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	15.44 - 63877.88	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	27.60 - 57417.08	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	11.48 - 55597.78	Replicate weight range	901	1,555,436
				901	1,555,436

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	16.24 - 65936.05	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	10.55 - 50754.91	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	14.73 - 69723.32	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	17.24 - 56538.22	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	13.26 - 49030.98	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	11.51 - 47604.06	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	16.24 - 66467.96	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	16.90 - 60789.22	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	12.69 - 46585.23	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	15.50 - 52770.17	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	19.88 - 43898.90	Replicate weight range	901	1,555,436
				901	1,555,436
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	10.62 - 47634.26	Replicate weight range	901	1,555,436
				901	1,555,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	14.43 - 63666.77	Replicate weight range	901	1,555,436
				901	1,555,436
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	.	Missing	1	1,941
		1	Yes	189	289,087
		2	No	711	1,264,408
				901	1,555,436
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	14	18,284
		1	6 Months Or Less	402	706,829
		2	More Than 6 Months, Not More Than 1 Yr	114	292,575
		3	More Than 1 Yr, Not More Than 2 Years	87	145,803
		4	More Than 2 Yrs, Not More Than 3 Years	59	102,798
		5	More Than 3 Yrs, Not More Than 5 Years	67	88,270
		6	More Than 5 Years Ago	156	198,791
		7	Never Have Been To Dentist	2	2,086
				901	1,555,436
OHQ770	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?	-8	Don't Know	3	3,433
		1	Yes	119	217,252
		2	No	779	1,334,751
				901	1,555,436
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-8	Don't Know	2	1,527
		-1	Not Collected	782	1,338,184
		1	Yes	99	187,057
		2	No	18	28,668
				901	1,555,436
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?	-8	Don't Know	3	2,595
		-7	Refused	1	1,292

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	782	1,338,184
		1	Yes	20	49,041
		2	No	95	164,324
				901	1,555,436
OHQ78003	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?				
		-8	Don't Know	3	2,155
		-7	Refused	2	2,625
		-1	Not Collected	782	1,338,184
		1	Yes	53	105,509
		2	No	61	106,963
				901	1,555,436
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?				
		-8	Don't Know	2	1,558
		-1	Not Collected	782	1,338,184
		1	Yes	16	64,231
		2	No	101	151,463
				901	1,555,436
OHQ78005	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?				
		-8	Don't Know	5	2,828
		-1	Not Collected	782	1,338,184
		1	Yes	10	20,971
		2	No	104	193,454
				901	1,555,436
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	1	1,680
		-7	Refused	2	1,499
		-1	Not Collected	782	1,338,184
		1	Yes	5	29,280
		2	No	111	184,793
				901	1,555,436
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?				
		-7	Refused	1	1,116

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	782	1,338,184
		1	Yes	17	29,758
		2	No	101	186,377
				901	1,555,436
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?				
		-1	Not Collected	782	1,338,184
		1	Yes	3	4,929
		2	No	116	212,323
				901	1,555,436
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?				
		-8	Don't Know	1	223
		-7	Refused	1	747
		-1	Not Collected	782	1,338,184
		1	Yes	6	3,402
		2	No	111	212,880
				901	1,555,436
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?				
		-8	Don't Know	1	2,465
		-1	Not Collected	782	1,338,184
		1	Yes	16	12,168
		2	No	102	202,619
				901	1,555,436
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?				
		-1	Not Collected	782	1,338,184
		1	Yes	17	22,425
		2	No	102	194,828
				901	1,555,436
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?				
		-8	Don't Know	2	944
		-7	Refused	1	1,680

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
		-1	Not Collected	782	1,338,184
		1	Yes	11	15,775
		2	No	105	198,853
				901	1,555,436
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	2	1,527
		1	Excellent	88	152,385
		2	Very Good	250	351,817
		3	Good	311	612,672
		4	Fair	156	279,918
		5	Poor	94	157,116
				901	1,555,436
MOB_IMP	MOBILITY IMPAIRED	1	Mobility Impaired	476	753,354
		2	Not Mobility Impaired	425	802,082
				901	1,555,436