

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
HMDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMATTENA	NUM	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?
HMDAYPST	NUM	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?
HMPORTN	NUM	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
HMFRUIT	NUM	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?
HMEATFRT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
HMPOTATO	NUM	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?
HMEATPOT	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMEATVEG	NUM	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMBREAD	NUM	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?
HMEATBRD	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?
HMDES	NUM	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?
HMEATDES	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMDAIRY	NUM	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?
HMEATDAR	NUM	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
HMMEAT	NUM	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
HMEATMET	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?
HMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?
HMEATBNS	NUM	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMRATE	NUM	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?

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HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRFAQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ11	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
HNRFAQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER?
HMONTIME	NUM	HOW OFTEN IS THE MEAL DELIVERED ON TIME?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMFLBTR	NUM	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMFLBR2	NUM	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?
HMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
HMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMGM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVPCCR	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?

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SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
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 WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
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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PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEDF	NUM	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...
PFLRN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?

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

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IADL0A7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADL0A8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADL0A8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADL0A8P	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?
IADL0A8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	WHAT IS YOUR GENDER?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
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 2015 ABOVE OR BELOW \$20,000?
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
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

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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
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

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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?

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PF_WMO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?

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?
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 2015 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	WHAT IS YOUR GENDER?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
HMRATE2	NUM	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT
HMRECEV	NUM	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?
HMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
HMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
HMSTAYHM	NUM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
HMTASTES	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
HMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
HMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
HMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
HMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
HMVARFD	NUM	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?
HMVEGS	NUM	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?
HMVR2FD	NUM	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HNRFAQ1	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
HNRFAQ10	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?
HNRFAQ11	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
HNRFAQ2	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?
HNRFAQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?
HNRFAQ4	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?
HNRFAQ5	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?
HNRFAQ6	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
HNRFAQ7	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?
HNRFAQ8	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
HNRFAQ9	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?
HNRFAQOT	NUM	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER?
HNRFAQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?
HNRLIKE	NUM	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?
HNRRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
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?

Alphabetical Listing of Variables

Name	Type	Description
IADL0A7P	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?
IADL0A7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADL0A7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADL0A8	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?
IADL0A8P	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?
IADL0A8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADL0A8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?
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?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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 DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_WMO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?
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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	868	847,526
				868	847,526
HMDAYS	WHEN WAS THE LAST TIME YOU RECEIVED A HOME-DELIVERED MEAL?				
		1	Today Or Yesterday	482	504,765
		2	More Than 1 Day To 1 Week Ago	237	203,002
		3	More Than 1 Week To 1 Month Ago	50	32,418
		4	More Than 1 Month Ago	99	107,341
				868	847,526
HMRECEV	HOW LONG HAVE YOU BEEN RECEIVING HOME-DELIVERED MEALS?				
		-8	Don't Know	29	29,040
		1	6 Months Or Less	177	177,734
		2	More Than 6 Months But Less Than 1 Year	175	181,333
		3	At Least 1 Year But Less Than 2 Years	218	222,732
		4	2 To 5 Years	205	184,674
		5	More Than 5 Years	64	52,014
				868	847,526
HMATTENA	HOW MANY MEALS DO YOU GET ON THE DAYS THAT YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	36	38,687
		-7	Refused	1	494
		0	0 Meals	4	3,703
		1	1 Meal	508	518,955
		2	2 Meals	118	117,284
		3	3 Meals	13	15,869
		4	4 Meals	6	4,616
		5	5 Meals	98	77,875
		6	6 Meals	16	18,635
		7	7 Meals	65	50,230
		8	8	2	846
		91	Other	1	331
				868	847,526
HMDAYPST	HOW MANY DAYS EACH WEEK DO YOU RECEIVE HOME-DELIVERED MEALS?				
		-8	Don't Know	20	8,942
		-7	Refused	1	945
		0	0 Days	5	3,294
		1	1 Day	203	166,947
		2	2 Days	37	41,695

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Days	75	74,564
		4	4 Days	32	41,583
		5	5 Days	436	438,937
		6	6 Days	13	15,348
		7	7 Days	46	55,270
				868	847,526
HMPORTN	ON THE DAYS THAT YOU RECEIVE A HOME-DELIVERED MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?				
		-8	Don't Know	31	24,563
		-7	Refused	5	7,376
		1	Less Than One-Third	69	84,234
		2	Between One-Third And One-Half	229	214,873
		3	About One-Half	279	266,479
		4	More Than One-Half	254	249,589
		91	Other	1	411
				868	847,526
HMFRUIT	HOW MANY SERVINGS OR PIECES OF FRUIT DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	25	22,156
		-7	Refused	2	2,710
		0	0 Servings	44	43,485
		1	1 Serving	422	418,900
		2	2 Servings	233	226,281
		3	3 Servings	88	90,874
		4	4 Servings	13	13,108
		5	5 Servings	5	3,657
		6	6 Servings	4	3,104
		7	7 Servings	1	423
		8	8 Servings	1	353
		10	10 Servings	1	204
		99	Less than one serving	29	22,272
				868	847,526
HMEATFRT	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	10	11,755
		1	Yes	799	778,697
		2	No	59	57,074
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMPOTATO	HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	35	28,785
		-7	Refused	1	4,004
		0	0 Servings	98	98,398
		1	1 Serving	538	531,818
		2	2 Servings	79	72,107
		3	3 Servings	14	10,292
		4	4 Servings	4	1,735
		5	5 Servings	2	3,576
		9	9 Servings	1	1,508
		10	10 Servings	1	153
		99	Less than one serving	95	95,150
				868	847,526
HMEATPOT	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?	-8	Don't Know	13	12,562
		1	Yes	807	793,699
		2	No	48	41,265
				868	847,526
HMVEGS	OTHER THAN POTATOES, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	34	31,023
		-7	Refused	2	4,949
		0	0 Servings	20	17,405
		1	1 Serving	476	476,580
		2	2 Servings	218	202,424
		3	3 Servings	69	65,688
		4	4 Servings	15	16,952
		5	5 Servings	9	7,947
		6	6 Servings	3	3,538
		7	7 Servings	1	378
		8	8 Servings	1	1,559
		13	13 Servings	1	2,022
		99	Less than one serving	19	17,061
				868	847,526
HMEATVEG	OTHER THAN POTATOES, WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?	-8	Don't Know	13	11,955
		1	Yes	789	771,401
		2	No	66	64,170
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY	.	Missing	53	50,453
		1	1 Serving	120	113,822
		2	2 Servings	395	392,582
		3	3 Servings	145	146,283
		4	4 Servings	87	78,795
		5	5 Servings	24	22,552
		6	6 Servings	14	8,971
		7	7 Servings	6	6,916
		8	8 Servings	2	1,766
		9	9 Servings	2	1,425
		10	10 Servings	1	2,022
		11	11 Servings	1	153
		13	13 Servings	1	1,508
		14	14 Servings	1	2,022
99	Less than one serving	16	18,254		
			868	847,526	
HMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	68	63,625
		1	1 Serving	39	39,078
		2	2 Servings	89	88,027
		3	3 Servings	256	251,701
		4	4 Servings	160	166,906
		5	5 Servings	109	102,841
		6	6 Servings	63	62,569
		7	7 Servings	37	32,697
		8	8 Servings	20	18,377
		9	9 Servings	10	9,262
		10	10 Servings	6	3,877
		11	11 Servings	1	2,022
		12	12 Servings	3	1,269
		13	13 Servings	1	204
15	15 Servings	2	3,531		
99	Less than one serving	4	1,541		
			868	847,526	
HMBREAD	HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	27	28,049
		-7	Refused	2	2,092
		0	0 Servings	40	44,709

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Serving	412	393,168
		2	2 Servings	225	221,713
		3	3 Servings	93	94,848
		4	4 Servings	41	40,628
		5	5 Servings	11	8,319
		6	6 Servings	2	2,770
		9	9 Servings	2	1,902
		10	10 Servings	1	1,234
		13	13 Servings	1	221
		99	Less than one serving	11	7,872
				868	847,526
HMEATBRD	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS THAT ARE PROVIDED?				
		-8	Don't Know	13	14,878
		-7	Refused	1	1,406
		1	Yes	773	748,730
		2	No	81	82,511
				868	847,526
HMDES	HOW MANY SERVINGS OF PASTRY AND DESSERTS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	21	21,484
		-7	Refused	1	95
		0	0 Servings	166	163,023
		1	1 Serving	417	415,608
		2	2 Servings	147	142,598
		3	3 Servings	38	32,246
		4	4 Servings	14	11,881
		5	5 Servings	6	3,791
		6	6 Servings	1	1,500
		9	9 Servings	1	911
		99	Less than one serving	56	54,389
				868	847,526
HMEATDES	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE PASTRY OR DESSERTS THAT ARE PROVIDED?				
		-8	Don't Know	10	8,188
		-7	Refused	2	2,291
		1	Yes	727	703,048
		2	No	129	133,998
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	45	43,359
		1	1 Serving	127	129,125
		2	2 Servings	283	262,607
		3	3 Servings	170	182,314
		4	4 Servings	110	96,101
		5	5 Servings	54	61,654
		6	6 Servings	30	30,089
		7	7 Servings	12	7,571
		8	8 Servings	4	2,960
		9	9 Servings	3	1,493
		10	10 Servings	3	3,587
		12	12 Servings	1	1,234
		13	13 Servings	1	221
		99	Less than one serving	25	25,212
			868	847,526	
HMDAIRY	HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT OR DRINK EVERY DAY?	-8	Don't Know	20	18,861
		-7	Refused	1	1,935
		0	0 Servings	62	70,015
		1	1 Serving	433	433,232
		2	2 Servings	210	191,022
		3	3 Servings	82	74,423
		4	4 Servings	24	20,299
		5	5 Servings	9	9,560
		6	6 Servings	3	4,065
		8	8 Servings	2	1,648
		16	16 Servings	1	276
99	Less than one serving	21	22,190		
			868	847,526	
HMEATDAR	WHEN YOU EAT THE HOME-DELIVERED MEALS, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?	-8	Don't Know	11	12,714
		1	Yes	734	705,616
		2	No	123	129,196
			868	847,526	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HMMEAT	HOW MANY SERVINGS OF MEAT, CHICKEN, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	19	18,816
		0	0 Servings	22	22,435
		1	1 Serving	495	474,293
		2	2 Servings	234	239,699
		3	3 Servings	59	58,527
		4	4 Servings	11	14,609
		5	5 Servings	3	1,345
		7	7 Servings	1	789
		99	Less than one serving	24	17,013
			868	847,526	
HMEATMET	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE MEAT, CHICKEN, FISH, OR EGGS THAT ARE PROVIDED?	-8	Don't Know	5	2,117
		1	Yes	828	816,048
		2	No	35	29,361
				868	847,526
HMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS SUCH AS BAKED BEANS, PINTO BEANS, KIDNEY BEANS, LIMA BEANS, SOYBEANS, OR BLACK-EYED PEAS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	29	22,862
		-7	Refused	1	1,935
		0	0 Servings	150	163,684
		1	1 Serving	478	449,349
		2	2 Servings	118	107,916
		3	3 Servings	30	26,635
		4	4 Servings	4	2,361
		5	5 Servings	1	605
		7	7 Servings	1	194
		99	Less than one serving	56	71,986
		868	847,526		
HMEATBNS	WHEN YOU EAT THE HOME-DELIVERED MEAL, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS IF THEY ARE PROVIDED?	-8	Don't Know	12	11,780
		1	Yes	724	708,224
		2	No	132	127,522
				868	847,526
HMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	39	36,132

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Serving	124	139,670
		2	2 Servings	371	350,684
		3	3 Servings	183	166,031
		4	4 Servings	77	80,691
		5	5 Servings	33	38,091
		6	6 Servings	9	7,575
		7	7 Servings	3	1,911
		8	8 Servings	3	824
		9	9 Servings	1	789
		10	10 Servings	1	605
		99	Less than one serving	24	24,522
				868	847,526
HMRATE	HOW WOULD YOU RATE THE HOME-DELIVERED MEALS PROGRAM OVERALL?				
		-8	Don't Know	2	1,534
		1	Excellent	263	250,635
		2	Very Good	278	272,784
		3	Good	239	229,353
		4	Fair	62	69,419
		5	Poor	24	23,801
				868	847,526
HMRATE2	RATING OF HOME DELIVERED MEALS GOOD TO EXCELLENT				
		.	Missing	2	1,534
		1	Rating of Good to Excellent	780	752,772
		2	Rating of Fair or Poor	86	93,220
				868	847,526
HMTASTES	HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?				
		-8	Don't Know	10	11,283
		1	Always	263	244,079
		2	Usually	338	337,191
		3	Sometimes	216	219,166
		4	Seldom	31	28,876
		5	Never	10	6,930
				868	847,526
HMVR2FD	HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?				
		-8	Don't Know	5	4,969
		1	Always	319	303,342
		2	Usually	322	324,222
		3	Sometimes	180	174,485
		4	Seldom	31	28,404
		5	Never	11	12,104

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				868	847,526
HNRFAQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR MEALS-ON-WHEELS SERVICE?	-8	Don't Know	20	21,119
		-7	Refused	2	2,124
		1	Yes	206	204,866
		2	No	640	619,417
				868	847,526
HNRFAQ1	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	69	67,035
		2	No	136	136,663
				868	847,526
HNRFAQ2	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	34	36,708
		2	No	171	166,990
				868	847,526
HNRFAQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS MEAL SERVICE PROVIDED LESS OFTEN?	-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	1	511
		2	No	204	203,187
				868	847,526
HNRFAQ4	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER MEALS PROVIDED?	-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	2	5,621
		2	No	203	198,077
				868	847,526
HNRFAQ5	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	21	26,116
		2	No	184	177,581

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				868	847,526
HNRFQ6	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE PACKAGING OF MEALS CHANGED?				
		-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	5	8,947
		2	No	200	194,751
				868	847,526
HNRFQ7	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE MORE COLD OR FROZEN MEALS PROVIDED?				
		-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	6	4,289
		2	No	199	199,408
				868	847,526
HNRFQ8	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?				
		-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		2	No	205	203,698
				868	847,526
HNRFQ9	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: ARE FEWER CONDIMENTS PROVIDED?				
		-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		1	Yes	1	615
		2	No	204	203,083
				868	847,526
HNRFQ10	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: IS LESS COFFEE OR TEA PROVIDED?				
		-8	Don't Know	1	1,168
		-1	Not Collected	662	642,660
		2	No	205	203,698
				868	847,526
HNRFQ11	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: HAS THE QUALITY OF FOOD IMPROVED?				
		-8	Don't Know	1	1,168
		-1	Not Collected	664	643,994
		1	Yes	81	79,682
		2	No	122	122,681
				868	847,526
HNRFQOT	HOW HAS YOUR MEALS-ON-WHEELS SERVICE CHANGED: OTHER?	-8	Don't Know	1	1,168

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	662	642,660
		1	Yes	5	4,095
		2	No	200	199,603
				868	847,526
HMONTIME	HOW OFTEN IS THE MEAL DELIVERED ON TIME?	-8	Don't Know	6	7,857
		-7	Refused	1	1,341
		1	Always	568	544,697
		2	Usually	227	225,565
		3	Sometimes	53	53,420
		4	Seldom	5	8,567
		5	Never	8	6,078
				868	847,526
HNRLIKE	DO YOU LIKE THE HOME-DELIVERED MEALS YOU RECEIVE?	-8	Don't Know	23	21,767
		-7	Refused	3	3,530
		1	Yes	793	769,647
		2	No	49	52,582
				868	847,526
HNRRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	10	8,059
		1	Yes	822	797,424
		2	No	36	42,043
				868	847,526
HMVARFD	DO HOME-DELIVERED MEALS HELP YOU EAT HEALTHIER FOODS?	-8	Don't Know	19	14,346
		-7	Refused	4	4,498
		1	Yes	714	687,081
		2	No	131	141,601
				868	847,526
HMFLBTR	DOES RECEIVING HOME-DELIVERED MEALS IMPROVE YOUR HEALTH?	-8	Don't Know	77	77,442
		-7	Refused	1	2,570
		1	Yes	687	657,578
		2	No	103	109,936
				868	847,526
HMSTAYHM	DO HOME-DELIVERED MEALS HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	11	17,149
		1	Yes	798	769,708
		2	No	59	60,669
				868	847,526

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
HMFLBR2	DO HOME-DELIVERED MEALS HELP YOU FEEL BETTER?	-8	Don't Know	37	46,098
		1	Yes	759	731,363
		2	No	72	70,065
				868	847,526
HMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	12	10,484
		-7	Refused	4	2,930
		1	Yes	599	581,238
		2	No	253	252,873
		868	847,526		
HMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	14	12,320
		-7	Refused	3	3,381
		1	Yes	158	166,875
		2	No	693	664,950
		868	847,526		
HMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	5	4,421
		-7	Refused	2	3,772
		1	Yes	134	146,297
		2	No	727	693,035
		868	847,526		
HMSKP	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?	-8	Don't Know	3	1,314
		-7	Refused	1	2,100
		1	Yes	98	92,278
		2	No	766	751,833
		868	847,526		
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	4	4,625
		1	Yes	65	66,968
		2	No	799	775,933
		868	847,526		
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	7	9,841
		1	Yes	231	226,631

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	630	611,054
				868	847,526
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	11	13,222
		-7	Refused	1	464
		1	Yes	292	287,590
		2	No	564	546,249
				868	847,526
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	3	2,155
		1	Yes	171	176,647
		2	No	694	668,724
				868	847,526
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	1	Yes	29	29,986
		2	No	839	817,540
				868	847,526
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	13	16,346
		1	Yes	118	115,874
		2	No	737	715,305
				868	847,526
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	2	2,774
		1	Yes	99	95,091
		2	No	767	749,661
				868	847,526
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	3	1,474
		-7	Refused	2	211
		1	Yes	26	29,544
		2	No	837	816,298
				868	847,526
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	11	6,575
		-7	Refused	1	945
		1	Yes	141	133,990
		2	No	715	706,015
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCCOUNT	SERVICE COMBINATIONS	1	Home Delivered Meals only	352	325,400
		2	Home Delivered Meals and 1 additional service	199	210,937
		3	Home Delivered Meals and 2 additional services	144	150,624
		4	Home Delivered Meals and 3 additional services	81	74,561
		5	Home Delivered Meals and 4 additional services	42	36,174
		6	Home Delivered Meals and 5 additional services	36	32,487
		7	Home Delivered Meals and 6 additional services	7	6,963
		8	Home Delivered Meals and 7 additional services	4	5,494
		9	Home Delivered Meals and 8 additional services	3	4,885
				868	847,526
HNREDUYN	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?	-8	Don't Know	7	9,986
		-7	Refused	1	4,004
		1	Yes	83	74,203
		2	No	777	759,334
					868
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	10	10,211
		1	Yes	153	148,801
		2	No	705	688,514
			868	847,526	
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	11	12,952
		1	Yes	106	103,138
		2	No	751	731,436
			868	847,526	
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	5	7,420
		1	Yes	49	49,639

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	814	790,467
				868	847,526
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	3	3,125
		1	Yes	53	51,185
		2	No	812	793,216
				868	847,526
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	9	6,519
		1	Yes	142	132,218
		2	No	717	708,788
				868	847,526
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	6	5,038
		-1	Not Collected	254	244,504
		1	Excellent	176	153,994
		2	Very Good	218	217,886
		3	Good	155	157,644
		4	Fair	48	52,118
		5	Poor	11	16,342
				868	847,526
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	10	8,994
		-7	Refused	3	3,200
		1	Yes	736	714,624
		2	No	119	120,708
				868	847,526
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	20	23,512
		-7	Refused	1	539
		1	Yes	760	716,853
		2	No	87	106,623
				868	847,526
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	24	25,176
		-7	Refused	1	338
		1	Yes	718	679,360
		2	No	125	142,652

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				868	847,526
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	32	19,921
		-7	Refused	2	1,489
		1	Yes	420	408,779
		2	No	414	417,337
				868	847,526
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	7	6,249
		1	Agree	855	832,332
		2	Disagree	6	8,945
				868	847,526
SVCSUPOS	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	28	27,455
		-7	Refused	1	134
		1	Agree	808	793,201
		2	Disagree	31	26,736
				868	847,526
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	2	3,063
		1	Yes	229	224,488
		2	No	637	619,976
				868	847,526
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	16	18,811
		1	Yes	164	147,022
		2	No	688	681,693
				868	847,526
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	29	23,855
		-7	Refused	1	95
		1	Yes	284	262,131
		2	No	554	561,445
				868	847,526
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	12	13,470
		-7	Refused	1	95
		1	Yes	128	132,166

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	727	701,795
				868	847,526
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	7	5,622
		-7	Refused	1	1,147
		1	Yes	431	437,014
		2	No	429	403,744
				868	847,526
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	6	4,615
		-7	Refused	1	494
		1	Yes	568	566,512
		2	No	293	275,905
				868	847,526
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	7	9,594
		-7	Refused	1	2,100
		1	Excellent	46	44,659
		2	Very Good	120	116,920
		3	Good	255	259,460
		4	Fair	270	260,108
		5	Poor	169	154,684
				868	847,526
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?	-8	Don't Know	15	12,340
		-7	Refused	3	2,172
		1	Yes, Limited A Lot	469	438,628
		2	Yes, Limited A Little	242	254,752
		3	No, Not Limited At All	139	139,635
				868	847,526
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	20	11,707
		-7	Refused	4	2,888
		1	Yes, Limited A Lot	525	513,595
		2	Yes, Limited A Little	205	212,291
		3	No, Not Limited At All	114	107,044
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	12,978
		-7	Refused	4	4,121
		1	All Of The Time	192	189,563
		2	Most Of The Time	247	238,889
		3	Some Of The Time	232	227,695
		4	A Little Of The Time	125	123,844
		5	None Of The Time	58	50,436
					868
SFLIMITD	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?	-8	Don't Know	9	12,467
		-7	Refused	1	2,100
		1	All Of The Time	195	189,409
		2	Most Of The Time	230	234,077
		3	Some Of The Time	240	219,146
		4	A Little Of The Time	123	112,959
		5	None Of The Time	70	77,367
					868
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	8	8,372
		-7	Refused	3	3,093
		1	All Of The Time	65	62,743
		2	Most Of The Time	111	112,023
		3	Some Of The Time	216	219,295
		4	A Little Of The Time	184	152,829
		5	None Of The Time	281	289,171
					868
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	19	22,234
		-7	Refused	4	5,441
		1	All Of The Time	50	48,191

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	103	98,601
		3	Some Of The Time	199	184,719
		4	A Little Of The Time	179	159,660
		5	None Of The Time	314	328,681
				868	847,526
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	16	15,692
		-7	Refused	1	1,147
		1	All Of The Time	161	151,520
		2	Most Of The Time	179	176,034
		3	Some Of The Time	148	139,393
		4	A Little Of The Time	214	225,967
		5	None Of The Time	149	137,774
				868	847,526
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	6	4,041
		-7	Refused	1	134
		1	All Of The Time	101	92,352
		2	Most Of The Time	341	333,370
		3	Some Of The Time	269	279,335
		4	A Little Of The Time	105	93,657
		5	None Of The Time	45	44,637
				868	847,526
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	2	2,759
		1	All Of The Time	35	32,097
		2	Most Of The Time	131	141,499
		3	Some Of The Time	259	242,336
		4	A Little Of The Time	276	271,383
		5	None Of The Time	165	157,453
				868	847,526
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	7	9,008
		1	All Of The Time	49	55,445
		2	Most Of The Time	83	79,234
		3	Some Of The Time	215	211,034
		4	A Little Of The Time	257	240,679

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	None Of The Time	257	252,126
				868	847,526
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?	-8	Don't Know	18	18,831
		-7	Refused	2	1,529
		1	All Of The Time	142	141,790
		2	Most Of The Time	133	108,708
		3	Some Of The Time	200	210,254
		4	A Little Of The Time	134	129,866
		5	None Of The Time	239	236,548
				868	847,526
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	7	10,289
		1	Much Better Than One Year Ago	66	74,125
		2	A Little Better Than One Year Ago	107	99,474
		3	About The Same As One Year Ago	311	315,064
		4	A Little Worse Than One Year Ago	212	191,630
		5	Worse Than One Year Ago	165	156,945
				868	847,526
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL YOU ARE DOING...	-8	Don't Know	30	34,934
		-7	Refused	7	6,627
		1	About Enough	251	258,120
		2	Too Much	13	16,314
		3	Would Like To Be Doing More	567	531,532
				868	847,526
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	36	26,416
		-7	Refused	3	4,187
		1	Yes	196	182,956
		2	No	633	633,966
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	7	8,143
		1	Yes	614	593,161
		2	No	245	244,100
		3	Does Not Apply	2	2,123
				868	847,526
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	6	7,753
		1	Yes	652	633,901
		2	No	209	205,096
		3	Does Not Apply	1	777
				868	847,526
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	7	12,317
		-7	Refused	1	1,279
		1	Yes	391	366,528
		2	No	469	467,402
				868	847,526
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	20	18,136
		1	Yes	466	451,444
		2	No	381	377,901
		3	Does Not Apply	1	44
				868	847,526
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	3	3,399
		1	Yes	341	327,066
		2	No	523	515,938
		3	Does Not Apply	1	1,123
				868	847,526
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	3	3,074
		1	Yes	387	365,167
		2	No	477	479,092
		3	Does Not Apply	1	192
				868	847,526
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	2	5,875
		1	Yes	161	170,842

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	705	670,809
				868	847,526
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	5	5,964
		1	Yes	195	197,892
		2	No	668	643,670
				868	847,526
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	22	27,172
		1	Yes	161	160,742
		2	No	685	659,612
				868	847,526
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	20	21,833
		-7	Refused	1	338
		1	Yes	222	210,469
		2	No	623	610,233
		3	Does Not Apply	2	4,654
				868	847,526
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	6	4,280
		1	Yes	150	141,516
		2	No	712	701,730
				868	847,526
PFDISL	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?	-8	Don't Know	4	8,745
		1	Yes	550	528,000
		2	No	314	310,781
				868	847,526
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	7,220
		1	Yes	339	310,937
		2	No	524	529,369
				868	847,526
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	5	8,526
		1	Yes	199	200,906

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	663	637,317
		3	Does Not Apply	1	777
				868	847,526
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	4	6,113
		1	Yes	123	117,071
		2	No	738	723,032
		3	Does Not Apply	3	1,310
				868	847,526
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	4	6,256
		-7	Refused	1	832
		1	Yes	31	33,914
		2	No	832	806,524
				868	847,526
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	6	5,253
		-7	Refused	1	832
		1	Yes	29	26,580
		2	No	831	813,339
		3	Does Not Apply	1	1,522
				868	847,526
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	3	3,955
		-7	Refused	3	4,483
		1	Yes	507	500,541
		2	No	353	337,150
		3	Does Not Apply	2	1,398
				868	847,526
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	10	8,569
		-7	Refused	1	832
		1	Yes	24	21,063
		2	No	833	817,062
				868	847,526

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	6	9,027
		-7	Refused	2	3,402
		1	Yes	241	228,624
		2	No	619	606,473
				868	847,526
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	4	7,676
		-7	Refused	2	1,106
		-1	Not Collected	1	582
		1	Yes	80	80,579
		2	No	780	756,800
		3	Does Not Apply	1	783
				868	847,526
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	12	13,437
		1	1 Medical Condition	25	26,262
		2	2 Medical Conditions	37	33,543
		3	3 Medical Conditions	55	53,265
		4	4 Medical Conditions	82	68,056
		5	5 Medical Conditions	101	102,517
		6	6 Medical Conditions	99	108,848
		7	7 Medical Conditions	119	126,483
		8	8 Medical Conditions	93	90,679
		9	9 Medical Conditions	64	57,857
		10	10 Medical Conditions	87	88,396
		11	11 Medical Conditions	37	27,408
		12	12 Medical Conditions	24	24,149
		13	13 Medical Conditions	16	10,759
		14	14 Medical Conditions	11	10,478
		15	15 Medical Conditions	4	3,629
		16	16 Medical Conditions	2	1,759
		868	847,526		
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	12	10,952
		-1	Not Collected	12	13,437
		1	Yes	599	585,780
		2	No	245	237,357

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				868	847,526
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	7	8,073
		-1	Not Collected	269	261,746
		1	Yes	530	529,524
		2	No	62	48,183
				868	847,526
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	16	16,218
		-1	Not Collected	269	261,746
		1	Yes	200	181,238
		2	No	383	388,325
				868	847,526
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	5	4,587
		-7	Refused	1	1,765
		-1	Not Collected	269	261,746
		1	Yes	158	150,987
		2	No	435	428,442
				868	847,526
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	1	1,110
		-1	Not Collected	269	261,746
		1	Yes	66	57,303
		2	No	532	527,367
				868	847,526
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	5	6,849

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,626
		-1	Not Collected	269	261,746
		1	Yes	36	33,163
		2	No	557	544,142
				868	847,526
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY? [YES/NO RESPONSE]				
		-8	Don't Know	6	3,131
		-7	Refused	1	845
		-1	Not Collected	269	261,746
		1	Yes	38	31,259
		2	No	554	550,545
				868	847,526
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	269	261,746
		1	Yes	55	49,356
		2	No	544	536,425
				868	847,526
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	269	261,746
		1	Yes	22	23,085
		2	No	577	562,695
				868	847,526
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	269	261,746
		1	Yes	61	68,875
		2	No	538	516,905
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	7,042
		-7	Refused	3	2,549
		-1	Not Collected	12	13,437
		1	Not At All Confident	79	84,319
		2	A Little Confident	174	155,539
		3	Moderately Confident	302	300,510
		4	Very Confident	287	284,130
			868	847,526	
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	3	3,653
		-7	Refused	1	783
		1	Yes	343	339,952
		2	No	521	503,138
			868	847,526	
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	28	20,165
		-7	Refused	3	2,754
		1	0-2 medications	137	142,036
		2	3-4 medications	139	160,803
		3	5-6 medications	191	194,751
		4	7-8 medications	125	107,114
5	9+ medications	245	219,903		
			868	847,526	
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	9	6,349
		1	Yes	312	310,180
		2	No	547	530,997
			868	847,526	
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	1	Yes	115	113,013
		2	No	753	734,513
			868	847,526	

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	3	2,557
		1	Yes	300	291,474
		2	No	565	553,495
				868	847,526
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	3	2,915
		-1	Not Collected	568	556,052
		1	Yes	137	131,967
		2	No	160	156,592
				868	847,526
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	9	9,746
		1	Yes	460	464,249
		2	No	399	373,530
				868	847,526
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	408	383,277
		1	Yes	369	373,139
		2	No	91	91,111
				868	847,526
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	4	2,547
		1	Yes	288	286,437
		2	No	576	558,542
				868	847,526
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	816
		-1	Not Collected	580	561,089
		1	Yes	131	133,620
		2	No	155	152,001
				868	847,526
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	6	4,070
		1	Yes	317	302,382
		2	No	545	541,074
				868	847,526

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	68
		-7	Refused	1	338
		-1	Not Collected	551	545,144
		1	Yes	227	217,871
		2	No	88	84,105
				868	847,526
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	2	423
		1	Yes	221	206,478
		2	No	645	640,625
				868	847,526
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	3	3,063
		-1	Not Collected	647	641,048
		1	Yes	160	157,378
		2	No	58	46,037
				868	847,526
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	4	3,967
		-7	Refused	1	291
		1	Yes	568	552,150
		2	No	295	291,118
				868	847,526
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	6	10,627
		-1	Not Collected	300	295,376
		1	Yes	211	218,035
		2	No	351	323,487
				868	847,526
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	678
		1	Yes	81	82,763
		2	No	786	764,085
				868	847,526
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	989
		-7	Refused	1	454
		-1	Not Collected	787	764,763
		1	Yes	24	21,568
		2	No	55	59,752
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	2	1,847
		1	Yes	137	130,034
		2	No	729	715,645
				868	847,526
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	731	717,492
		1	Yes	65	66,840
		2	No	72	63,194
				868	847,526
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	1,073
		-7	Refused	1	1,278
		1	Yes	203	203,674
		2	No	662	641,501
		868	847,526		
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	467
		-1	Not Collected	665	643,852
		1	Yes	161	166,773
		2	No	41	36,435
		868	847,526		
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	18	21,341
		1	Yes	398	373,098
		2	No	452	453,087
		868	847,526		
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	2	3,920
		-7	Refused	1	777
		-1	Not Collected	470	474,428
		1	Yes	305	287,684
		2	No	90	80,717
		868	847,526		
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	7	6,487
		1	Yes	400	366,851
		2	No	461	474,188
		868	847,526		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	468	480,675
		1	Yes	365	330,898
		2	No	35	35,953
				868	847,526
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	14	16,971
		-7	Refused	3	1,605
		1	Yes	690	665,944
		2	No	161	163,006
		868	847,526		
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	2	5,538
		-1	Not Collected	178	181,582
		1	Yes	642	620,000
		2	No	46	40,406
		868	847,526		
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	9	9,289
		1	Yes	155	153,680
		2	No	704	684,557
		868	847,526		
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	713	693,846
		1	Yes	127	122,260
		2	No	28	31,421
		868	847,526		
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	86	81,260
		2	No	782	766,266
		868	847,526		
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	782	766,266
		1	Yes	72	65,568
		2	No	14	15,692
		868	847,526		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	3	2,828
		1	Yes	496	464,431
		2	No	369	380,267
				868	847,526
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	10	8,770
		-7	Refused	2	1,413
		-1	Not Collected	372	383,095
		1	Yes	210	195,967
		2	No	274	258,282
		868	847,526		
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	76	80,646
		-7	Refused	2	1,283
		1	Yes	368	399,290
		2	No	422	366,307
		868	847,526		
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	2	2,537
		-7	Refused	1	638
		-1	Not Collected	500	448,236
		1	Yes	81	91,559
		2	No	139	134,464
		3	Never Uses Bus	145	170,091
		868	847,526		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	3	2,570
		-1	Not Collected	787	755,967
		1	Yes	64	68,141
		2	No	14	20,848
		868	847,526		
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	3	2,761
		-1	Not Collected	170	159,154
		1	Family	394	410,705
		2	Someone Else Like Friend/Neighbor/Other	217	200,147
		3	Did Not Receive Help	84	74,759

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				868	847,526
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	2,748
		-1	Not Collected	474	436,821
		1	Husband	34	32,248
		2	Wife	32	32,976
		3	Son	81	90,710
		4	Son-In-Law	1	1,233
		5	Daughter	163	164,137
		6	Daughter-In-Law	14	14,861
		9	Brother	6	4,344
		10	Sister	16	21,409
		11	Grandson	9	13,216
		12	Granddaughter	14	17,268
		13	Nephew	6	3,506
		14	Niece	9	8,185
		91	Other Relative	6	3,865
				868	847,526
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	18	13,256
		0	0 limitations	208	205,408
		1	1 limitation	221	216,368
		2	2 limitations	160	174,393
		3	3 limitations	105	95,023
		4	4 limitations	73	56,870
		5	5 limitations	58	58,961
		6	6 limitations	25	27,246
				868	847,526
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	0	0 limitations	215	208,663
		1	1 limitation	225	219,667
		2	2 limitations	164	177,872
		3	3 limitations	106	95,934
		4	4 limitations	74	57,161
		5	5 limitations	59	60,982
		6	6 limitations	25	27,246
				868	847,526
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	18	13,256

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	261	238,101
		2	No	589	596,170
				868	847,526
ADL3PLUS_	RESPONDENT HAS 3 OR MORE AOA				
SSS	ADL LIMITATIONS, SSS VERSION	1	Yes	264	241,323
		2	No	604	606,203
				868	847,526
ADLAOA6P	AMONG THOSE WITH ANY ADL				
	DIFFICULTY, PERSON COUNTS BY				
	NUMBER OF ADL PERSONAL				
	ASSISTANCE NEEDS: BED/CHAIR				
	TRANSFER, BATHING, DRESSING,				
	WALKING, EATING (FEEDING SELF),				
	OR TOILETING.	.	Missing	14	16,286
		0	0 limitations	503	481,740
		1	1 limitation	153	147,334
		2	2 limitations	73	84,198
		3	3 limitations	47	41,600
		4	4 limitations	35	30,694
		5	5 limitations	33	35,028
		6	6 limitations	10	10,646
				868	847,526
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER				
SSS	PERSON, SSS VERSION	0	0 limitations	511	489,791
		1	1 limitation	155	151,851
		2	2 limitations	75	87,101
		3	3 limitations	48	42,195
		4	4 limitations	36	30,915
		5	5 limitations	33	35,028
		6	6 limitations	10	10,646
				868	847,526
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	48	46,727
		0	0 limitations	195	188,195
		1	1 limitation	135	124,447
		2	2 limitations	135	144,560
		3	3 limitations	144	149,146
		4	4 limitations	90	82,530
		5	5 limitations	51	44,961

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	46	45,867
		7	7 limitations	22	19,743
		8	8 limitations	2	1,351
				868	847,526
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	204	198,113
		1	1 limitation	150	140,100
		2	2 limitations	145	154,360
		3	3 limitations	157	154,263
		4	4 limitations	92	87,468
		5	5 limitations	47	43,660
		6	6 limitations	52	49,857
		7	7 limitations	21	19,706
				868	847,526
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	19	17,915
		0	0 limitations	284	269,472
		1	1 limitation	158	152,003
		2	2 limitations	112	129,157
		3	3 limitations	123	125,109
		4	4 limitations	69	58,268
		5	5 limitations	39	39,702
		6	6 limitations	44	38,236
		7	7 limitations	18	16,313
		8	8 limitations	2	1,351
				868	847,526
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	285	270,878
		1	1 limitation	165	160,062
		2	2 limitations	116	132,138
		3	3 limitations	132	129,715
		4	4 limitations	69	61,332
		5	5 limitations	36	36,137
		6	6 limitations	47	40,759
		7	7 limitations	18	16,505
				868	847,526

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	59	57,579
		0	0 limitations	98	99,403
		1	1 limitation	126	112,624
		2	2 limitations	110	110,026
		3	3 limitations	126	134,291
		4	4 limitations	141	141,961
		5	5 limitations	89	81,963
		6	6 limitations	52	45,562
		7	7 limitations	43	43,023
		8	8 limitations	22	19,743
		9	9	2	1,351
				868	847,526
IADLAOA8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	111	115,144
		1	1 limitation	134	117,791
		2	2 limitations	125	125,889
		3	3 limitations	134	140,744
		4	4 limitations	153	147,896
		5	5 limitations	92	87,375
		6	6 limitations	49	45,968
		7	7 limitations	49	47,013
		8	8 limitations	21	19,706
				868	847,526
IADLAOA8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	21	23,453
		0	0 limitations	170	163,817
		1	1 limitation	144	132,955
		2	2 limitations	136	134,445
		3	3 limitations	108	122,779
		4	4 limitations	118	116,836

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	69	58,174
		6	6 limitations	41	42,010
		7	7 limitations	41	35,392
		8	8 limitations	18	16,313
		9	9	2	1,351
				868	847,526
IADLAOA8P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS W/ HEAVY HOUSEWORK				
	ADDED, SSS VERSION	0	0 limitations	171	165,351
		1	1 limitation	148	139,513
		2	2 limitations	142	143,122
		3	3 limitations	110	122,230
		4	4 limitations	128	123,207
		5	5 limitations	69	61,239
		6	6 limitations	38	38,445
		7	7 limitations	44	37,915
		8	8 limitations	18	16,505
				868	847,526
AGEC	AGE CATEGORY	2	60-64 years	81	83,972
		3	65-74 years	258	251,745
		4	75-84 years	284	260,099
		5	85+ years	245	251,710
				868	847,526
GENDER	WHAT IS YOUR GENDER?	-1	Not Collected	18	17,523
		1	Male	273	276,052
		2	Female	577	553,951
				868	847,526
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF				
	EDUCATION?	-8	Don't Know	3	1,909
		-7	Refused	3	2,184
		1	Less Than High School	252	230,180
			Diploma		
		2	High School Diploma Or	285	286,090
			GED		
		3	Some	227	220,186
			College(Business/		
			Vocational/Techni)		
		4	Bachelor's Degree	42	45,502
		5	Some Post-Graduate	56	61,475
			Work/Advanced Degree		
				868	847,526
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	8	6,889

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	2,672
		1	Yes	56	59,778
		2	No	801	778,187
				868	847,526
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	14	16,784
		-7	Refused	9	6,826
		1	Yes	647	615,915
		2	No	198	208,001
				868	847,526
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	14	16,784
		-7	Refused	9	6,826
		1	Yes	157	158,293
		2	No	688	665,623
				868	847,526
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	14	16,784
		-7	Refused	9	6,826
		1	Yes	10	11,166
		2	No	835	812,749
				868	847,526
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	14	16,784
		-7	Refused	9	6,826
		1	Yes	44	44,064
		2	No	801	779,851
				868	847,526
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	14	16,784
		-7	Refused	9	6,826
		1	Yes	2	1,277
		2	No	843	822,638
				868	847,526
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	14	16,784
		-7	Refused	9	6,826
		1	Yes	20	31,810
		2	No	825	792,106
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	204
		-7	Refused	1	613
		1	Yes	133	123,772
		2	No	733	722,938
				868	847,526
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	34	35,359
		-7	Refused	2	1,281
		1	The City	427	441,459
		2	The Suburbs	158	158,858
		3	A Rural Area	247	210,568
		868	847,526		
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	2	844
		1	Yes	510	502,936
		2	No	356	343,746
		868	847,526		
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	911
		-7	Refused	1	783
		-1	Not Collected	510	502,936
		1	Yes	193	180,601
		2	No	163	162,295
		868	847,526		
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	1	783
		-1	Not Collected	510	502,936
		1	Yes	130	127,900
		2	No	227	215,907
		868	847,526		
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	2	844
		-1	Not Collected	510	502,936
		1	Yes	70	79,533
		2	No	286	264,213
		868	847,526		
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	2	844
		-1	Not Collected	510	502,936
		1	Yes	39	37,910

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	317	305,836
				868	847,526
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	1	783
		1	Alone	510	502,936
		2	With spouse only	155	136,922
		3	With children only	71	64,835
		4	With spouse and children	19	19,119
		5	With others	112	122,931
				868	847,526
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-7	Refused	1	61
		1	1 Person	518	512,447
		2	2 People	264	247,607
		3	3 People	56	53,629
		4	4 People	15	17,126
		5	5 People	10	11,999
		6	6 People	2	2,602
		7	7 People	1	1,702
		8	8 People	1	353
				868	847,526
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	3	2,287
		-7	Refused	2	844
		1	Married	192	188,853
		2	Widowed	402	394,189
		3	Divorced	185	190,790
		4	Separated	25	19,408
		5	Never Married	59	51,155
				868	847,526
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 2015 ABOVE OR BELOW \$20,000?	-8	Don't Know	79	76,135
		-7	Refused	55	61,737
		1	Below \$20,000 [1666 Per Month Or Less]	537	500,947
		2	Above \$20,000 [1667 Per Month Or More]	197	208,707
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?	.	Missing	134	137,872
		-8	Don't Know	67	60,129
		-7	Refused	34	24,315
		1	\$5,000 or less	62	49,740
		2	\$5,001-\$10,000	115	116,462
		3	\$10,001-\$15,000	170	167,273
		4	\$15,001-\$20,000	119	112,830
		5	\$20,001-\$25,000	82	96,455
		6	\$25,001-\$30,000	31	25,188
		7	\$30,001-\$35,000	13	15,286
		8	\$35,001-\$40,000	7	9,334
		9	\$40,001-\$50,000	9	7,176
		10	ABOVE \$50,000	25	25,466
				868	847,526
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	23	24,919
		0	Rural (Not in Urbanized Area or Urban Cluster)	167	136,847
		1	In Urbanized Area	462	498,849
		2	In Urban Cluster	216	186,911
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	868	847,526
				868	847,526
VARUNIT	VARIANCE UNIT	1	Variance unit 1	448	453,060
		2	Variance unit 2	419	393,884
		3	Variance unit 3	1	582
				868	847,526
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	24.92 - 5080.49	Weight range	868	847,526
				868	847,526
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	12.05 - 7596.84	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	7.51 - 6508.62	Replicate weight range	868	847,526
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	11.29 - 8395.78	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	8.17 - 8271.02	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	7.05 - 8082.23	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	10.74 - 6687.73	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	7.21 - 7889.79	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	11.16 - 8123.80	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	8.29 - 8479.38	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	9.22 - 7828.55	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	8.14 - 9743.54	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	11.17 - 7609.88	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	13.74 - 9469.73	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	7.62 - 8356.84	Replicate weight range	868	847,526
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	12.29 - 9673.73	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	7.63 - 9136.53	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	6.88 - 9657.78	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	4.89 - 9271.65	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	5.75 - 8616.79	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	5.41 - 7926.65	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	5.20 - 9430.10	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	6.49 - 8790.12	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	4.61 - 9289.29	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	7.75 - 8889.25	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	6.13 - 8363.21	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	5.08 - 7194.97	Replicate weight range	868	847,526
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	6.95 - 7137.50	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	4.64 - 7345.34	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	5.41 - 8931.51	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	6.74 - 8617.70	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	6.25 - 6780.53	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	5.75 - 7521.32	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	4.31 - 8949.61	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	8.12 - 8113.39	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	4.87 - 8844.16	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	6.79 - 8368.12	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	5.81 - 7479.23	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	5.32 - 7991.87	Replicate weight range	868	847,526
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	7.02 - 7931.46	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	4.76 - 10347.69	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	6.37 - 6466.01	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	5.65 - 8553.48	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	5.50 - 10016.77	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	6.82 - 8332.94	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	7.49 - 6848.11	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	4.98 - 8542.00	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	5.84 - 9394.05	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	5.47 - 8986.02	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	10.59 - 9873.68	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	7.36 - 9450.42	Replicate weight range	868	847,526
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	10.09 - 8860.78	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	6.82 - 6424.16	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	8.32 - 7373.62	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	11.37 - 9404.32	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	8.08 - 8360.31	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	10.93 - 6795.70	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	8.33 - 8348.17	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	13.51 - 8673.66	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	7.78 - 8364.07	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	12.24 - 8547.73	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	11.09 - 8697.84	Replicate weight range	868	847,526
				868	847,526
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	8.52 - 9288.94	Replicate weight range	868	847,526
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	10.07 -	Replicate weight range	868	847,526
		7674.28		868	847,526
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	9.39 -	Replicate weight range	868	847,526
		9423.55		868	847,526
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	1	Yes	322	315,887
		2	No	546	531,639
				868	847,526
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	21	21,803
		-7	Refused	2	1,633
		1	6 Months Or Less	212	199,116
		2	More Than 6 Months, Not More Than 1 Yr	105	106,570
		3	More Than 1 Yr, Not More Than 2 Years	113	116,887
		4	More Than 2 Yrs, Not More Than 3 Years	65	71,353
		5	More Than 3 Yrs, Not More Than 5 Years	73	84,147
		6	More Than 5 Years Ago	258	229,508
		7	Never Have Been To Dentist	19	16,510
		868	847,526		
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	11	12,267
		-7	Refused	1	1,553
		1	Yes	207	195,327
		2	No	649	638,379
				868	847,526
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	3,469
		-1	Not Collected	661	652,199
		1	Yes	168	151,790
		2	No	37	40,069
				868	847,526

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	4	7,006
		-7	Refused	6	6,925
		-1	Not Collected	661	652,199
		1	Yes	39	36,265
		2	No	158	145,130
					868
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	12	10,871
		-7	Refused	2	827
		-1	Not Collected	661	652,199
		1	Yes	104	96,731
		2	No	89	86,898
					868
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	6	5,718
		-7	Refused	3	1,563
		-1	Not Collected	661	652,199
		1	Yes	30	27,885
		2	No	168	160,162
					868
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	12	10,508
		-7	Refused	1	454
		-1	Not Collected	661	652,199
		1	Yes	21	19,185
		2	No	173	165,179
					868
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	3	3,258
		-7	Refused	4	2,560
		-1	Not Collected	661	652,199

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	6	9,175
		2	No	194	180,334
				868	847,526
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?				
		-8	Don't Know	1	1,935
		-7	Refused	1	454
		-1	Not Collected	661	652,199
		1	Yes	36	42,366
		2	No	169	150,572
				868	847,526
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?				
		-8	Don't Know	1	1,935
		-7	Refused	2	948
		-1	Not Collected	661	652,199
		1	Yes	1	988
		2	No	203	191,457
				868	847,526
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	2	2,030
		-7	Refused	1	454
		-1	Not Collected	661	652,199
		1	Yes	10	6,991
		2	No	194	185,852
				868	847,526
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	6	6,348
		-7	Refused	3	1,563
		-1	Not Collected	661	652,199
		1	Yes	22	21,718
		2	No	176	165,699
				868	847,526

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?	-8	Don't Know	1	1,935
		-7	Refused	1	454
		-1	Not Collected	661	652,199
		1	Yes	44	36,153
		2	No	161	156,785
				868	847,526
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	1	1,935
		-7	Refused	2	4,458
		-1	Not Collected	661	652,199
		1	Yes	19	21,762
		2	No	185	167,173
				868	847,526
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	13	16,925
		-7	Refused	1	454
		1	Excellent	60	60,931
		2	Very Good	166	162,097
		3	Good	272	262,334
		4	Fair	165	145,648
		5	Poor	191	199,137
				868	847,526
PF_WMO	DO YOU HAVE DIFFICULTY WHEN WALKING, PREPARING MEALS, OR GOING OUTSIDE THE HOME?	.	Missing	5	2,412
		1	Yes	673	657,526
		2	No	190	187,588
				868	847,526