

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
PERSID	CHAR	PERSON ID
CSDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?
CSCONT	NUM	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?
CSFONEC	NUM	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?
CSEXPLN	NUM	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?
CSNEEDS	NUM	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?
CSRESPT	NUM	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?
CSINVOLV	NUM	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?
CSCARE	NUM	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?
CSGTMOR	NUM	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?
CSBETTR	NUM	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?
CSHOWLG	NUM	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?
CSSVCPLN	NUM	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?
CCOPY	NUM	DID YOU GET A COPY OF THE PLAN?
CSELSVC	NUM	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?
CSELPRV	NUM	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?
CSRATE2	NUM	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT
CSSTAYHM	NUM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
CSKNOW	NUM	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?
SVCCM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?

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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?
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?

**Positional Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING?
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?
PFDISH	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?
PFDISJ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER EYE OR VISION CONDITIONS (EXCLUDING GLASSES)?
PFDISM	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
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?

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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 HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
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?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLearn	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRS	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRSB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?

Positional Listing of Variables

Name	Type	Description
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?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?

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<i>Name</i>	<i>Type</i>	<i>Description</i>
IADL8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
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.)
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 2016 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?
URBAN	NUM	URBAN CODE
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
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

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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
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

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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
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?



**Positional Listing of Variables**

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<i>Name</i>	<i>Type</i>	<i>Description</i>
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?

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**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
ADL6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADL6P	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.
ADL6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADL6_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?
CCOPY	NUM	DID YOU GET A COPY OF THE PLAN?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSBETTR	NUM	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?
CSCARE	NUM	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?
CSCONT	NUM	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?
CSDAYS	NUM	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?
CSELSVC	NUM	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?
CSEXPLN	NUM	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?
CSFONEC	NUM	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?
CSGTMOR	NUM	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
CSHOWLG	NUM	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?
CSINVOLV	NUM	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?
CSKNOW	NUM	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?
CSNEEDS	NUM	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?
CSRATE	NUM	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?
CSRATE2	NUM	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT
CSRESPT	NUM	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?
CSELPRV	NUM	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?
CSSTAYHM	NUM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?
CSSVCPLN	NUM	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?
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 2016 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	DO YOU HAVE A NUTRITION COUNSELOR WHO GIVES YOU ADVICE ON WHAT YOU SHOULD EAT BASED ON YOUR HEALTH CONDITIONS AND YOUR FOOD CHOICES?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?

Alphabetical Listing of Variables

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

*Alphabetical Listing of Variables*

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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 HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
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_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?

*Alphabetical Listing of Variables*

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

*Alphabetical Listing of Variables*

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



**Alphabetical Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
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?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
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 CODE
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	412	402,344
				<b>412</b>	<b>402,344</b>
CSDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?	1	Today Or Yesterday	80	61,638
		2	More Than 1 Day To 1 Week Ago	100	93,867
		3	More Than 1 Week To 1 Month Ago	88	76,353
		4	More Than 1 Month Ago	144	170,486
				<b>412</b>	<b>402,344</b>
CSCONT	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?	-8	Don't Know	5	2,813
		-7	Refused	2	932
		1	Yes	345	334,650
		2	No	60	63,949
				<b>412</b>	<b>402,344</b>
CSFONEC	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?	-8	Don't Know	42	41,114
		-7	Refused	6	5,278
		1	Yes	334	323,827
		2	No	30	32,126
				<b>412</b>	<b>402,344</b>
CSEXPLN	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?	-8	Don't Know	9	7,066
		1	Yes	383	372,814
		2	No	20	22,464
				<b>412</b>	<b>402,344</b>
CSNEEDS	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?	-8	Don't Know	9	7,537
		-7	Refused	3	2,224
		1	Yes	360	344,069
		2	No	40	48,514
				<b>412</b>	<b>402,344</b>
CSRESPT	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?	-8	Don't Know	2	4,785
		1	Yes	403	392,665
		2	No	7	4,894
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSINVOLV	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?	-8	Don't Know	16	17,527
		1	Yes	354	346,816
		2	No	42	38,001
				<b>412</b>	<b>402,344</b>
CSCARE	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?	-8	Don't Know	15	21,302
		1	Yes	369	356,842
		2	No	28	24,199
				<b>412</b>	<b>402,344</b>
CSGTMOR	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?	-8	Don't Know	24	22,859
		-7	Refused	3	4,030
		1	Yes	313	302,036
		2	No	72	73,419
		<b>412</b>	<b>402,344</b>		
CSBETTR	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?	-8	Don't Know	20	22,751
		-7	Refused	2	1,225
		1	Yes	329	323,190
		2	No	61	55,178
		<b>412</b>	<b>402,344</b>		
CSHOWLG	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?	-8	Don't Know	9	8,868
		1	6 Months Or Less	91	99,012
		2	More Than 6 Months But Less Than 1 Year	59	54,188
		3	At Least 1 Year But Less Than 2 Years	87	74,262
		4	2 To 5 Years	116	127,603
		5	More Than 5 Years	50	38,410
		<b>412</b>	<b>402,344</b>		
CSSVCPLN	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?	-8	Don't Know	28	27,102
		-7	Refused	4	1,590
		1	Yes	318	301,658
		2	No	62	71,993
		<b>412</b>	<b>402,344</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CCOPY	DID YOU GET A COPY OF THE PLAN?	-8	Don't Know	33	35,619
		-1	Not Collected	94	100,686
		1	Yes	244	231,601
		2	No	41	34,438
				<b>412</b>	<b>402,344</b>
CSELSVC	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?	-8	Don't Know	27	25,656
		1	Yes	334	320,925
		2	No	51	55,764
		<b>412</b>	<b>402,344</b>		
CSSELPRV	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?	-8	Don't Know	51	41,911
		-7	Refused	3	4,815
		1	Yes	232	209,458
		2	No	126	146,160
		<b>412</b>	<b>402,344</b>		
CSRATE	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?	-8	Don't Know	4	2,485
		-7	Refused	1	218
		1	Excellent	161	131,951
		2	Very Good	149	173,547
		3	Good	63	67,116
		4	Fair	24	18,800
		5	Poor	10	8,226
		<b>412</b>	<b>402,344</b>		
CSRATE2	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT	.	Missing	5	2,703
		1	Rating of Good to Excellent	373	372,614
		2	Rating of Fair or Poor	34	27,026
		<b>412</b>	<b>402,344</b>		
CSSTAYHM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	9	9,667
		-7	Refused	1	829
		1	Yes	375	358,728
		2	No	27	33,121
		<b>412</b>	<b>402,344</b>		
CSKNOW	AS A RESULT OF RECEIVING THE CASE MANAGEMENT SERVICES, DO YOU HAVE A BETTER IDEA OF WHERE TO GET INFORMATION ABOUT OTHER SERVICES?	-8	Don't Know	18	13,360

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	625
		1	Yes	275	257,827
		2	No	118	130,532
				<b>412</b>	<b>402,344</b>
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	2	3,584
		1	Yes	71	70,034
		2	No	339	328,727
				<b>412</b>	<b>402,344</b>
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	3	1,050
		1	Yes	191	207,195
		2	No	218	194,099
				<b>412</b>	<b>402,344</b>
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	2	3,472
		1	Yes	228	207,859
		2	No	182	191,013
				<b>412</b>	<b>402,344</b>
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	1	110
		-7	Refused	1	625
		1	Yes	120	99,821
		2	No	290	301,788
				<b>412</b>	<b>402,344</b>
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	1	Yes	25	22,430
		2	No	387	379,914
				<b>412</b>	<b>402,344</b>
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	553
		1	Yes	129	124,018
		2	No	281	277,773
				<b>412</b>	<b>402,344</b>
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	3	2,870
		1	Yes	95	103,793
		2	No	314	295,681
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	1	44
		1	Yes	27	30,175
		2	No	384	372,125
				<b>412</b>	<b>402,344</b>
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	14	13,966
		1	Yes	158	139,624
		2	No	240	248,754
				<b>412</b>	<b>402,344</b>
SVCCOUNT	SERVICE COMBINATIONS	1	Case Management only	33	35,669
		2	Case Management and 1 add'l svc	109	111,449
		3	Case Management and 2 add'l svcs	92	79,573
		4	Case Management and 3 add'l svcs	65	72,187
		5	Case Management and 4 add'l svcs	53	47,648
		6	Case Management and 5 add'l svcs	34	28,488
		7	Case Management and 6 add'l svcs	13	14,298
		8	Case Management and 7 add'l svcs	9	5,725
		9	Case Management and 8 add'l svcs	3	6,867
		10	Case Management and 9 add'l svcs	1	440
			<b>412</b>	<b>402,344</b>	
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	4	1,592
		1	Yes	63	59,299
		2	No	345	341,453
				<b>412</b>	<b>402,344</b>
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	6	2,612
		-7	Refused	1	44
		1	Yes	123	115,273
		2	No	282	284,414

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>412</b>	<b>402,344</b>
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	3	4,212
		-7	Refused	1	354
		1	Yes	69	66,253
		2	No	339	331,525
				<b>412</b>	<b>402,344</b>
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	2	262
		1	Yes	39	36,772
		2	No	371	365,311
				<b>412</b>	<b>402,344</b>
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	5	3,631
		1	Yes	56	59,963
		2	No	351	338,750
				<b>412</b>	<b>402,344</b>
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	8	11,293
		-7	Refused	1	610
		1	Yes	97	83,289
		2	No	306	307,152
				<b>412</b>	<b>402,344</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	2	2,001
		-7	Refused	1	354
		-1	Not Collected	16	15,939
		1	Excellent	133	113,917
		2	Very Good	139	151,167
		3	Good	81	75,760
		4	Fair	29	38,531
		5	Poor	11	4,675
				<b>412</b>	<b>402,344</b>
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	5	2,577
		-7	Refused	2	4,111

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	330	340,318
		2	No	75	55,338
				<b>412</b>	<b>402,344</b>
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?				
		-8	Don't Know	14	12,518
		-7	Refused	3	1,227
		1	Yes	343	336,809
		2	No	52	51,791
				<b>412</b>	<b>402,344</b>
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?				
		-8	Don't Know	9	10,078
		-7	Refused	2	846
		1	Yes	328	321,193
		2	No	73	70,228
				<b>412</b>	<b>402,344</b>
SVCIDEA	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?				
		-8	Don't Know	16	14,197
		1	Yes	263	251,859
		2	No	133	136,288
				<b>412</b>	<b>402,344</b>
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?				
		-8	Don't Know	3	3,824
		1	Agree	396	382,066
		2	Disagree	13	16,454
				<b>412</b>	<b>402,344</b>
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	14	7,972
		-7	Refused	2	2,799
		1	Agree	372	367,760
		2	Disagree	24	23,813
				<b>412</b>	<b>402,344</b>
SVC5A	ARE YOU RECEIVING FOOD STAMPS?				
		-8	Don't Know	2	237
		-7	Refused	1	610
		1	Yes	133	144,543
		2	No	276	256,954



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>412</b>	<b>402,344</b>
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	4	908
		1	Yes	102	118,903
		2	No	306	282,534
				<b>412</b>	<b>402,344</b>
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	11	13,125
		-7	Refused	1	610
		1	Yes	140	151,440
		2	No	260	237,169
				<b>412</b>	<b>402,344</b>
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	2	832
		-7	Refused	2	655
		1	Yes	78	87,557
		2	No	330	313,301
				<b>412</b>	<b>402,344</b>
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	3	4,320
		1	Yes	179	180,475
		2	No	230	217,549
				<b>412</b>	<b>402,344</b>
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	5	4,706
		1	Yes	261	251,251
		2	No	146	146,387
				<b>412</b>	<b>402,344</b>
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	8	5,468
		-7	Refused	1	1,970
		1	Excellent	13	12,728
		2	Very Good	45	34,876
		3	Good	138	164,840
		4	Fair	127	114,469
		5	Poor	80	67,993
				<b>412</b>	<b>402,344</b>
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?	-8	Don't Know	16	15,977

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes, Limited A Lot	251	234,952
		2	Yes, Limited A Little	79	76,479
		3	No, Not Limited At All	66	74,936
				<b>412</b>	<b>402,344</b>
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	16	19,641
		-7	Refused	2	1,238
		1	Yes, Limited A Lot	261	266,869
		2	Yes, Limited A Little	75	57,317
		3	No, Not Limited At All	58	57,280
				<b>412</b>	<b>402,344</b>
SFACCOMP	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	10	8,224
		-7	Refused	1	50
		1	All Of The Time	73	59,996
		2	Most Of The Time	116	121,500
		3	Some Of The Time	114	123,230
		4	A Little Of The Time	68	67,680
		5	None Of The Time	30	21,665
				<b>412</b>	<b>402,344</b>
SFLIMITD	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	9	8,486
		-7	Refused	1	50
		1	All Of The Time	82	78,608
		2	Most Of The Time	110	94,562
		3	Some Of The Time	124	138,567
		4	A Little Of The Time	56	57,168
		5	None Of The Time	30	24,904
				<b>412</b>	<b>402,344</b>
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	9	7,743
		1	All Of The Time	24	15,180
		2	Most Of The Time	45	40,034

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Some Of The Time	104	111,929
		4	A Little Of The Time	86	101,775
		5	None Of The Time	144	125,684
				<b>412</b>	<b>402,344</b>
SFCAREFL	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	15	8,978
		-7	Refused	2	652
		1	All Of The Time	22	10,587
		2	Most Of The Time	38	41,814
		3	Some Of The Time	83	76,786
		4	A Little Of The Time	68	95,581
		5	None Of The Time	184	167,946
				<b>412</b>	<b>402,344</b>
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?				
		-8	Don't Know	12	12,209
		1	All Of The Time	74	55,008
		2	Most Of The Time	60	54,316
		3	Some Of The Time	72	75,496
		4	A Little Of The Time	105	106,298
		5	None Of The Time	89	99,017
				<b>412</b>	<b>402,344</b>
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	5	2,804
		-7	Refused	1	50
		1	All Of The Time	48	45,163
		2	Most Of The Time	148	154,951
		3	Some Of The Time	140	137,040
		4	A Little Of The Time	53	45,014
		5	None Of The Time	17	17,323
				<b>412</b>	<b>402,344</b>
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	3	4,210
		-7	Refused	2	1,697
		1	All Of The Time	14	10,882

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	40	33,591
		3	Some Of The Time	138	133,237
		4	A Little Of The Time	134	142,261
		5	None Of The Time	81	76,465
				<b>412</b>	<b>402,344</b>
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	8	1,848
		-7	Refused	1	50
		1	All Of The Time	15	5,672
		2	Most Of The Time	36	30,389
		3	Some Of The Time	105	118,359
		4	A Little Of The Time	118	131,219
		5	None Of The Time	129	114,808
				<b>412</b>	<b>402,344</b>
SFINTERF	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?				
		-8	Don't Know	13	5,221
		1	All Of The Time	67	52,929
		2	Most Of The Time	79	75,509
		3	Some Of The Time	92	101,413
		4	A Little Of The Time	63	79,343
		5	None Of The Time	98	87,929
				<b>412</b>	<b>402,344</b>
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	4	3,186
		1	Much Better Than One Year Ago	37	33,816
		2	A Little Better Than One Year Ago	45	61,005
		3	About The Same As One Year Ago	132	131,719
		4	A Little Worse Than One Year Ago	97	95,485
		5	Worse Than One Year Ago	97	77,133
				<b>412</b>	<b>402,344</b>
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING?				
		-8	Don't Know	14	10,984
		-7	Refused	1	764
		1	About Enough	111	115,335

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Too Much	3	567
		3	Would Like To Be Doing More	283	274,696
				<b>412</b>	<b>402,344</b>
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	10	15,424
		-7	Refused	1	354
		1	Yes	118	118,711
		2	No	283	267,855
				<b>412</b>	<b>402,344</b>
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?	-8	Don't Know	1	2,168
		-7	Refused	1	770
		1	Yes	303	307,194
		2	No	107	92,212
				<b>412</b>	<b>402,344</b>
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?	-8	Don't Know	2	2,901
		-7	Refused	1	1,970
		1	Yes	313	321,667
		2	No	96	75,806
				<b>412</b>	<b>402,344</b>
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	3	3,797
		1	Yes	198	205,488
		2	No	210	193,014
		3	Does Not Apply	1	44
				<b>412</b>	<b>402,344</b>
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	9	15,696
		-7	Refused	1	1,970
		1	Yes	204	230,792
		2	No	196	153,563
		3	Does Not Apply	2	323
				<b>412</b>	<b>402,344</b>
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	4	1,369
		-7	Refused	1	1,970
		1	Yes	154	161,272

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	252	237,015
		3	Does Not Apply	1	717
				<b>412</b>	<b>402,344</b>
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?				
		-8	Don't Know	2	271
		-7	Refused	1	1,970
		1	Yes	220	214,485
		2	No	189	185,618
				<b>412</b>	<b>402,344</b>
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?				
		-8	Don't Know	2	1,423
		-7	Refused	1	44
		1	Yes	88	79,175
		2	No	320	321,292
		3	Does Not Apply	1	409
				<b>412</b>	<b>402,344</b>
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?				
		-8	Don't Know	2	756
		-7	Refused	1	44
		1	Yes	91	77,674
		2	No	318	323,870
				<b>412</b>	<b>402,344</b>
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?				
		-8	Don't Know	5	1,742
		1	Yes	95	87,310
		2	No	312	313,292
				<b>412</b>	<b>402,344</b>
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?				
		-8	Don't Know	11	11,081
		-7	Refused	1	1,970
		1	Yes	139	137,558
		2	No	261	251,734
				<b>412</b>	<b>402,344</b>
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?				
		-8	Don't Know	4	1,665
		-7	Refused	1	1,970
		1	Yes	75	67,387
		2	No	331	331,172
		3	Does Not Apply	1	149
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	2	1,785
		-7	Refused	1	1,970
		1	Yes	281	286,412
		2	No	128	112,177
				<b>412</b>	<b>402,344</b>
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	1	27
		-7	Refused	1	1,970
		1	Yes	173	167,992
		2	No	237	232,355
				<b>412</b>	<b>402,344</b>
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	4	1,914
		-7	Refused	1	1,970
		1	Yes	109	101,111
		2	No	298	297,349
				<b>412</b>	<b>402,344</b>
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	3	424
		-7	Refused	1	1,970
		1	Yes	66	76,920
		2	No	342	323,029
				<b>412</b>	<b>402,344</b>
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	4	1,677
		-7	Refused	1	1,970
		1	Yes	26	20,277
		2	No	381	378,419
				<b>412</b>	<b>402,344</b>
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	1	495
		-7	Refused	1	1,970
		1	Yes	19	24,269

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	391	375,609
				<b>412</b>	<b>402,344</b>
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-7	Refused	1	1,970
		1	Yes	263	261,397
		2	No	148	138,977
				<b>412</b>	<b>402,344</b>
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	3	1,125
		-7	Refused	1	1,970
		1	Yes	16	13,727
		2	No	392	385,522
				<b>412</b>	<b>402,344</b>
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	5	2,067
		-7	Refused	1	1,970
		1	Yes	139	124,802
		2	No	266	272,987
		3	Does Not Apply	1	518
				<b>412</b>	<b>402,344</b>
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	3	2,957
		1	Yes	97	75,004
		2	No	312	324,383
				<b>412</b>	<b>402,344</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	5	4,164
		1	1 Medical Condition	9	10,078
		2	2 Medical Conditions	11	8,038
		3	3 Medical Conditions	16	18,288
		4	4 Medical Conditions	29	24,374
		5	5 Medical Conditions	28	28,156
		6	6 Medical Conditions	47	42,908
		7	7 Medical Conditions	58	59,042
		8	8 Medical Conditions	60	57,327
		9	9 Medical Conditions	46	44,051
		10	10 Medical Conditions	48	45,171
		11	11 Medical Conditions	21	23,677



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		12	12 Medical Conditions	15	14,732
		13	13 Medical Conditions	11	8,843
		14	14 Medical Conditions	5	10,736
		15	15 Medical Conditions	1	1,579
		16	16 Medical Conditions	1	1,133
		17	17 Medical Conditions	1	46
				<b>412</b>	<b>402,344</b>
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	14	12,342
		-7	Refused	1	354
		-1	Not Collected	5	4,164
		1	Yes	284	308,129
		2	No	108	77,355
				<b>412</b>	<b>402,344</b>
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	1	118
		-7	Refused	1	829
		-1	Not Collected	128	94,215
		1	Yes	270	293,698
		2	No	12	13,485
				<b>412</b>	<b>402,344</b>
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?				
		-8	Don't Know	9	15,837
		-7	Refused	2	87
		-1	Not Collected	128	94,215
		1	Yes	107	129,204
		2	No	166	163,001
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	2	2,038
		-1	Not Collected	128	94,215
		1	Yes	95	121,516
		2	No	187	184,575
				<b>412</b>	<b>402,344</b>
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	4	3,838
		-1	Not Collected	128	94,215
		1	Yes	54	65,581
		2	No	226	238,711
				<b>412</b>	<b>402,344</b>
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	1	871
		-1	Not Collected	128	94,215
		1	Yes	24	24,042
		2	No	259	283,216
				<b>412</b>	<b>402,344</b>
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	3	5,366
		-1	Not Collected	128	94,215
		1	Yes	102	121,255
		2	No	179	181,508
				<b>412</b>	<b>402,344</b>
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	412	402,344
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU HEAR ABOUT IT ON TV/RADIO/NEWSPAPER?	-1	Not Collected	412	402,344
				<b>412</b>	<b>402,344</b>
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	412	402,344
				<b>412</b>	<b>402,344</b>
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	12	4,850
		-7	Refused	3	1,229
		-1	Not Collected	5	4,164
		1	Not At All Confident	35	30,123
		2	A Little Confident	83	76,442
		3	Moderately Confident	127	126,653
		4	Very Confident	147	158,882
				<b>412</b>	<b>402,344</b>
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	5	6,841
		-7	Refused	1	1,970
		1	Yes	185	174,342
		2	No	221	219,191
				<b>412</b>	<b>402,344</b>
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	18	17,951
		-7	Refused	1	1,970
		1	0-2 medications	54	43,392
		2	3-4 medications	75	61,407
		3	5-6 medications	87	89,772
		4	7-8 medications	62	56,457
		5	9+ medications	115	131,395
		<b>412</b>	<b>402,344</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	3	1,420
		-7	Refused	1	1,970
		1	Yes	160	151,681
		2	No	248	247,272
				<b>412</b>	<b>402,344</b>
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	1,133
		-7	Refused	1	1,970
		1	Yes	60	57,028
		2	No	350	342,212
				<b>412</b>	<b>402,344</b>
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	3,392
		-7	Refused	1	1,970
		1	Yes	167	152,508
		2	No	242	244,474
				<b>412</b>	<b>402,344</b>
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	11,745
		-1	Not Collected	245	249,836
		1	Yes	73	59,870
		2	No	92	80,893
				<b>412</b>	<b>402,344</b>
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	3	1,266
		-7	Refused	1	1,970
		1	Yes	233	214,074
		2	No	175	185,033
				<b>412</b>	<b>402,344</b>
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-7	Refused	1	3,282
		-1	Not Collected	179	188,270
		1	Yes	186	170,484
		2	No	46	40,308
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	3	3,676
		-7	Refused	1	1,970
		1	Yes	154	125,924
		2	No	254	270,774
				<b>412</b>	<b>402,344</b>
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	7,516
		-1	Not Collected	258	276,420
		1	Yes	78	60,176
		2	No	74	58,232
				<b>412</b>	<b>402,344</b>
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	2	3,816
		-7	Refused	2	5,253
		1	Yes	189	176,537
		2	No	219	216,738
				<b>412</b>	<b>402,344</b>
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	223	225,807
		1	Yes	148	138,555
		2	No	41	37,982
				<b>412</b>	<b>402,344</b>
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	1	770
		-7	Refused	1	1,970
		1	Yes	129	104,611
		2	No	281	294,993
				<b>412</b>	<b>402,344</b>
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	283	297,733
		1	Yes	96	85,825
		2	No	33	18,786
				<b>412</b>	<b>402,344</b>
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	6	6,081
		-7	Refused	2	2,595
		1	Yes	277	247,417
		2	No	127	146,251
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	5	5,246
		-1	Not Collected	135	154,927
		1	Yes	98	87,505
		2	No	174	154,666
				<b>412</b>	<b>402,344</b>
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	685
		-7	Refused	1	1,970
		1	Yes	47	42,754
		2	No	362	356,935
				<b>412</b>	<b>402,344</b>
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-8	Don't Know	1	385
		-1	Not Collected	365	359,590
		1	Yes	12	8,827
		2	No	34	33,541
				<b>412</b>	<b>402,344</b>
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	2	469
		-7	Refused	1	1,970
		1	Yes	97	88,597
		2	No	312	311,308
				<b>412</b>	<b>402,344</b>
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	315	313,747
		1	Yes	52	45,314
		2	No	45	43,283
				<b>412</b>	<b>402,344</b>
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	9,930
		-7	Refused	1	1,970
		1	Yes	112	104,388
		2	No	297	286,055
				<b>412</b>	<b>402,344</b>
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-7	Refused	1	107
		-1	Not Collected	300	297,956
		1	Yes	93	89,311
		2	No	18	14,970
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	8	9,912
		-7	Refused	2	2,324
		1	Yes	191	163,820
		2	No	211	226,287
				<b>412</b>	<b>402,344</b>
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	3	757
		-7	Refused	1	654
		-1	Not Collected	221	238,524
		1	Yes	149	136,657
		2	No	38	25,753
		<b>412</b>	<b>402,344</b>		
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	2	5,241
		1	Yes	215	200,322
		2	No	195	196,781
		<b>412</b>	<b>402,344</b>		
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	1,579
		-1	Not Collected	197	202,022
		1	Yes	199	188,797
		2	No	15	9,945
		<b>412</b>	<b>402,344</b>		
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	11	9,134
		-7	Refused	2	4,052
		1	Yes	344	343,539
		2	No	55	45,620
		<b>412</b>	<b>402,344</b>		
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	4	2,764
		-1	Not Collected	68	58,805
		1	Yes	322	326,613
		2	No	18	14,162
		<b>412</b>	<b>402,344</b>		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	1,325
		-7	Refused	1	1,970
		1	Yes	90	80,585
		2	No	319	318,464
				<b>412</b>	<b>402,344</b>
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	322	321,759
		1	Yes	76	69,202
		2	No	14	11,383
				<b>412</b>	<b>402,344</b>
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	-8	Don't Know	1	129
		1	Yes	46	42,639
		2	No	365	359,576
				<b>412</b>	<b>402,344</b>
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	366	359,705
		1	Yes	44	33,411
		2	No	2	9,228
				<b>412</b>	<b>402,344</b>
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	1	1,133
		1	Yes	275	266,391
		2	No	136	134,820
				<b>412</b>	<b>402,344</b>
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	4	5,772
		-7	Refused	3	313
		-1	Not Collected	137	135,953
		1	Yes	126	117,966
		2	No	142	142,340
				<b>412</b>	<b>402,344</b>
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	48	58,124
		-7	Refused	1	3,282
		1	Yes	175	177,782



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	188	163,156
				<b>412</b>	<b>402,344</b>
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	1	868
		-1	Not Collected	237	224,562
		1	Yes	43	48,536
		2	No	68	72,899
		3	Never Uses Bus	63	55,479
				<b>412</b>	<b>402,344</b>
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	369	353,808
		1	Yes	37	44,710
		2	No	6	3,826
				<b>412</b>	<b>402,344</b>
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	4	3,804
		-7	Refused	3	805
		-1	Not Collected	68	59,470
		1	Family	181	182,985
		2	Someone Else Like Friend/Neighbor/Other	102	95,970
		3	Did Not Receive Help	54	59,311
				<b>412</b>	<b>402,344</b>
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	3	1,520
		-1	Not Collected	231	219,359
		1	Husband	14	10,675
		2	Wife	22	16,582
		3	Son	33	18,304
		4	Son-In-Law	2	1,641
		5	Daughter	63	80,105
		6	Daughter-In-Law	9	11,728
		9	Brother	3	3,173
		10	Sister	8	8,638
		11	Grandson	6	13,207
		12	Granddaughter	5	3,568
		13	Nephew	2	1,469
		14	Niece	5	6,139
		91	Other Relative	6	6,234
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	17	17,558
		0	0 limitations	80	88,305
		1	1 limitation	101	104,362
		2	2 limitations	69	68,085
		3	3 limitations	41	37,790
		4	4 limitations	45	37,436
		5	5 limitations	41	31,158
		6	6 limitations	18	17,649
				<b>412</b>	<b>402,344</b>
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,970
		0	0 limitations	84	93,449
		1	1 limitation	104	110,894
		2	2 limitations	71	69,226
		3	3 limitations	41	37,790
		4	4 limitations	49	39,601
		5	5 limitations	44	31,765
		6	6 limitations	18	17,649
				<b>412</b>	<b>402,344</b>
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	17	17,558
		1	Yes	145	124,034
		2	No	250	260,752
				<b>412</b>	<b>402,344</b>
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	1,970
		1	Yes	152	126,805
		2	No	259	273,569
				<b>412</b>	<b>402,344</b>
ADLAOA6P	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	8	13,148
		0	0 limitations	213	210,044
		1	1 limitation	88	98,491
		2	2 limitations	29	17,662
		3	3 limitations	18	24,915

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	24	12,725
		5	5 limitations	25	19,359
		6	6 limitations	7	6,000
				<b>412</b>	<b>402,344</b>
ADLAOA6P_	AOA ADLS: NEEDS HELP OF ANOTHER	.	Missing	1	1,970
SSS	PERSON, SSS VERSION	0	0 limitations	214	212,555
		1	1 limitation	89	98,683
		2	2 limitations	29	17,662
		3	3 limitations	19	25,446
		4	4 limitations	27	20,284
		5	5 limitations	26	19,745
		6	6 limitations	7	6,000
				<b>412</b>	<b>402,344</b>
IADLAOA7	PERSON COUNT BY # OF IADL	.	Missing	24	29,574
	DIFFICULTIES (AMONG 7 ACTIVITIES):	0	0 limitations	89	103,203
	GOING OUTSIDE HOME, MONEY	1	1 limitation	62	53,093
	MANAGEMENT, PREP MEALS, LIGHT	2	2 limitations	52	53,262
	HOUSEWORK, MEDICATION	3	3 limitations	59	51,760
	MANAGEMENT, USING THE PHONE, OR	4	4 limitations	43	36,560
	DRIVING CAR/PUBLIC	5	5 limitations	31	31,413
	TRANSPORTATION?	6	6 limitations	28	19,914
		7	7 limitations	22	22,418
		8	8 limitations	2	1,149
				<b>412</b>	<b>402,344</b>
IADLAOA7_	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	91	105,890
SSS		1	1 limitation	70	60,914
		2	2 limitations	60	61,065
		3	3 limitations	65	54,844
		4	4 limitations	44	49,038
		5	5 limitations	32	28,339
		6	6 limitations	31	27,264
		7	7 limitations	19	14,990
				<b>412</b>	<b>402,344</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	14	12,463
		0	0 limitations	122	130,711
		1	1 limitation	68	60,082
		2	2 limitations	53	45,972
		3	3 limitations	53	59,974
		4	4 limitations	30	23,228
		5	5 limitations	24	28,333
		6	6 limitations	25	18,339
		7	7 limitations	21	22,093
		8	8 limitations	2	1,149
				<b>412</b>	<b>402,344</b>
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	126	136,243
		1	1 limitation	73	67,121
		2	2 limitations	54	45,049
		3	3 limitations	57	61,307
		4	4 limitations	32	27,796
		5	5 limitations	23	23,688
		6	6 limitations	29	26,476
		7	7 limitations	18	14,665
				<b>412</b>	<b>402,344</b>
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	34	39,291
		0	0 limitations	40	35,634
		1	1 limitation	53	69,480
		2	2 limitations	58	48,401
		3	3 limitations	46	47,239
		4	4 limitations	58	51,619
		5	5 limitations	43	36,560
		6	6 limitations	30	31,139

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	26	19,414
		8	8 limitations	22	22,418
		9	9	2	1,149
				<b>412</b>	<b>402,344</b>
IADL8_SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	44	40,964
		1	1 limitation	59	75,249
		2	2 limitations	65	56,754
		3	3 limitations	54	55,041
		4	4 limitations	64	54,704
		5	5 limitations	47	50,191
		6	6 limitations	30	27,246
		7	7 limitations	30	27,204
		8	8 limitations	19	14,990
				<b>412</b>	<b>402,344</b>
IADL8P	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	17	13,648
		0	0 limitations	64	59,783
		1	1 limitation	68	76,781
		2	2 limitations	59	54,393
		3	3 limitations	51	45,034
		4	4 limitations	52	60,059
		5	5 limitations	30	22,951
		6	6 limitations	25	28,615
		7	7 limitations	23	17,839
		8	8 limitations	21	22,093
		9	9	2	1,149
				<b>412</b>	<b>402,344</b>
IADL8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	68	65,045
		1	1 limitation	70	79,052
		2	2 limitations	64	60,346
		3	3 limitations	54	44,509
		4	4 limitations	55	61,263
		5	5 limitations	33	27,958

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	22	23,090
		7	7 limitations	28	26,416
		8	8 limitations	18	14,665
				<b>412</b>	<b>402,344</b>
AGEC	AGE CATEGORY	2	60-64 years	40	31,050
		3	65-74 years	137	121,236
		4	75-84 years	137	147,017
		5	85+ years	98	103,042
				<b>412</b>	<b>402,344</b>
GENDER	GENDER	-1	Not Collected	7	15,300
		1	Male	88	85,872
		2	Female	317	301,171
				<b>412</b>	<b>402,344</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	3,252
		-7	Refused	2	1,863
		1	Less Than High School Diploma	87	94,587
		2	High School Diploma Or GED	148	131,270
		3	Some College(Business/Vocational/Techni)	120	114,093
		4	Bachelor's Degree	24	18,401
		5	Some Post-Graduate Work/Advanced Degree	28	38,879
				<b>412</b>	<b>402,344</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	5	3,392
		-7	Refused	2	190
		1	Yes	21	22,659
		2	No	384	376,103
				<b>412</b>	<b>402,344</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	1,003
		-7	Refused	6	2,657
		1	Yes	318	300,462
		2	No	86	98,222
				<b>412</b>	<b>402,344</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	1,003
		-7	Refused	6	2,657
		1	Yes	67	78,475

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	337	320,209
				<b>412</b>	<b>402,344</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	1,003
		-7	Refused	6	2,657
		1	Yes	5	7,957
		2	No	399	390,727
				<b>412</b>	<b>402,344</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	1,003
		-7	Refused	6	2,657
		1	Yes	14	8,533
		2	No	390	390,151
				<b>412</b>	<b>402,344</b>
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	1,003
		-7	Refused	6	2,657
		1	Yes	1	1,238
		2	No	403	397,447
				<b>412</b>	<b>402,344</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	1,003
		-7	Refused	6	2,657
		1	Yes	10	7,907
		2	No	394	390,778
				<b>412</b>	<b>402,344</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	18	21,755
		-7	Refused	1	654
		1	The City	201	192,604
		2	The Suburbs	81	71,367
		3	A Rural Area	111	115,964
				<b>412</b>	<b>402,344</b>
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	495
		1	Yes	51	54,339
		2	No	360	347,509
				<b>412</b>	<b>402,344</b>
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	3	5,389

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,970
		1	Yes	243	225,095
		2	No	165	169,890
				<b>412</b>	<b>402,344</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	495
		-7	Refused	1	1,970
		-1	Not Collected	243	225,095
		1	Yes	74	70,146
		2	No	93	104,637
				<b>412</b>	<b>402,344</b>
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	495
		-7	Refused	1	1,970
		-1	Not Collected	243	225,095
		1	Yes	66	55,189
		2	No	101	119,595
				<b>412</b>	<b>402,344</b>
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	495
		-7	Refused	1	1,970
		-1	Not Collected	243	225,095
		1	Yes	36	39,472
		2	No	131	135,312
				<b>412</b>	<b>402,344</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	1	495
		-7	Refused	1	1,970
		-1	Not Collected	243	225,095
		1	Yes	12	21,847
		2	No	155	152,936
				<b>412</b>	<b>402,344</b>
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	495
		-7	Refused	1	1,970
		1	Alone	243	225,095
		2	With spouse only	65	66,010
		3	With children only	46	45,405
		4	With spouse and children	7	3,439
		5	With others	49	59,930
				<b>412</b>	<b>402,344</b>
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	495



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,970
		1	1 Person	246	228,254
		2	2 People	130	147,387
		3	3 People	22	12,149
		4	4 People	4	7,636
		5	5 People	3	913
		6	6 People	4	3,034
		9	9 People	1	508
				<b>412</b>	<b>402,344</b>
DEMARST	WHAT IS YOUR MARITAL STATUS?	-7	Refused	2	2,624
		1	Married	77	74,860
		2	Widowed	187	192,465
		3	Divorced	105	96,886
		4	Separated	9	9,865
		5	Never Married	32	25,644
				<b>412</b>	<b>402,344</b>
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016 ABOVE OR BELOW \$20,000?	-8	Don't Know	33	31,028
		-7	Refused	21	20,835
		1	Below \$20,000 [1666 Per Month Or Less]	254	254,273
		2	Above \$20,000 [1667 Per Month Or More]	104	96,208
				<b>412</b>	<b>402,344</b>
INCOME C	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?	.	Missing	54	51,863
		-8	Don't Know	26	23,196
		-7	Refused	11	6,554
		1	\$5,000 or less	16	27,144
		2	\$5,001-\$10,000	47	44,064
		3	\$10,001-\$15,000	98	97,006
		4	\$15,001-\$20,000	67	63,949
		5	\$20,001-\$25,000	30	29,539
		6	\$25,001-\$30,000	18	19,857
		7	\$30,001-\$35,000	14	14,937
		8	\$35,001-\$40,000	10	4,593
		9	\$40,001-\$50,000	5	3,505

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		10	ABOVE \$50,000	16	16,137
				<b>412</b>	<b>402,344</b>
URBAN	URBAN CODE	-9	Invalid Zip Code, or Foreign Zip Code	17	24,047
		0	Rural (Not in Urbanized Area or Urban Cluster)	61	65,291
		1	In Urbanized Area	233	231,538
		2	In Urban Cluster	101	81,467
				<b>412</b>	<b>402,344</b>
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	412	402,344
				<b>412</b>	<b>402,344</b>
VARUNIT	VARIANCE UNIT	1	Variance unit 1	205	188,169
		2	Variance unit 2	207	214,175
				<b>412</b>	<b>402,344</b>
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	16.73 - 8796.82	Weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	3.62 - 12389.76	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	4.03 - 14621.13	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	5.12 - 15206.73	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	4.88 - 7288.73	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	4.45 - 15227.03	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	4.66 - 13876.72	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	5.30 - 12836.47	Replicate weight range	412	402,344

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>412</b>	<b>402,344</b>
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	5.44 - 6628.66	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	6.49 - 13375.97	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	5.23 - 7602.07	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	4.44 - 12924.36	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	4.62 - 14460.48	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	5.85 - 13117.82	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	6.14 - 7488.59	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	4.43 - 13289.32	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	4.51 - 14676.53	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	3.80 - 12082.35	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	4.31 - 9855.77	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	4.45 - 13247.42	Replicate weight range	412	402,344

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>412</b>	<b>402,344</b>
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	4.00 - 14726.91	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	3.88 - 14062.88	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	4.42 - 8459.63	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	3.69 - 13589.78	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	3.96 - 14235.63	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	3.56 - 14926.75	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	4.31 - 14276.30	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	4.06 - 12083.35	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	4.91 - 7283.86	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	3.82 - 12235.36	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	4.60 - 14323.48	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	4.27 - 14113.91	Replicate weight range	412	402,344

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>412</b>	<b>402,344</b>
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	6.27 - 11723.61	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	3.99 - 12206.99	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	4.34 - 14799.63	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	4.66 - 14704.23	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	6.66 - 7933.11	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	4.20 - 15239.60	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	3.95 - 14052.32	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	3.93 - 12683.48	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	5.72 - 6743.91	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	3.69 - 13369.78	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	4.83 - 7695.43	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	4.13 - 13015.69	Replicate weight range	412	402,344

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>412</b>	<b>402,344</b>
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	4.36 - 14424.08	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	4.00 - 13309.43	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	4.40 - 7408.92	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	4.35 - 13567.35	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	4.23 - 14527.03	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	5.49 - 12129.39	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	5.67 - 9928.83	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	3.86 - 13196.94	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	4.21 - 14743.75	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	6.46 - 14327.17	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	5.79 - 8422.41	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	4.52 - 13641.58	Replicate weight range	412	402,344

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>412</b>	<b>402,344</b>
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	4.60 - 13994.40	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	4.30 - 14604.95	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	4.23 - 14504.72	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	5.67 - 11912.28	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	4.74 - 7328.14	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	4.29 - 12217.66	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	3.69 - 14227.90	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	4.99 - 14276.50	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	4.07 - 11601.62	Replicate weight range	412	402,344
				<b>412</b>	<b>402,344</b>
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?				
		-8	Don't Know	8	3,441
		-7	Refused	1	44
		1	6 Months Or Less	116	109,862
		2	More Than 6 Months, Not More Than 1 Yr	48	54,954
		3	More Than 1 Yr, Not More Than 2 Years	45	55,762
		4	More Than 2 Yrs, Not More Than 3 Years	41	38,635

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	More Than 3 Yrs, Not More Than 5 Years	36	26,415
		6	More Than 5 Years Ago	113	104,034
		7	Never Have Been To Dentist	4	9,196
				<b>412</b>	<b>402,344</b>
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	4	3,807
		-7	Refused	1	1,970
		1	Yes	104	97,656
		2	No	303	298,911
				<b>412</b>	<b>402,344</b>
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	1	384
		-1	Not Collected	308	304,688
		1	Yes	84	78,889
		2	No	19	18,383
				<b>412</b>	<b>402,344</b>
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	2	3,128
		-7	Refused	1	770
		-1	Not Collected	308	304,688
		1	Yes	19	15,499
		2	No	82	78,260
				<b>412</b>	<b>402,344</b>
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	17,021
		-7	Refused	2	209
		-1	Not Collected	308	304,688
		1	Yes	60	50,957
		2	No	30	29,469
				<b>412</b>	<b>402,344</b>
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	4	3,284



Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	308	304,688
		1	Yes	15	14,197
		2	No	85	80,175
				<b>412</b>	<b>402,344</b>
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	6	3,066
		-1	Not Collected	308	304,688
		1	Yes	13	12,902
		2	No	85	81,687
				<b>412</b>	<b>402,344</b>
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	4,603
		-7	Refused	1	163
		-1	Not Collected	308	304,688
		1	Yes	9	9,967
		2	No	91	82,923
				<b>412</b>	<b>402,344</b>
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?				
		-1	Not Collected	308	304,688
		1	Yes	25	29,246
		2	No	79	68,410
				<b>412</b>	<b>402,344</b>
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?				
		-7	Refused	1	163
		-1	Not Collected	308	304,688
		1	Yes	2	5,269
		2	No	101	92,223
				<b>412</b>	<b>402,344</b>
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?				
		-7	Refused	1	163
		-1	Not Collected	308	304,688
		1	Yes	6	9,581

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	97	87,911
				<b>412</b>	<b>402,344</b>
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	3	7,407
		-7	Refused	1	163
		-1	Not Collected	308	304,688
		1	Yes	14	7,295
		2	No	86	82,791
				<b>412</b>	<b>402,344</b>
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?				
		-7	Refused	1	163
		-1	Not Collected	308	304,688
		1	Yes	26	25,178
		2	No	77	72,314
				<b>412</b>	<b>402,344</b>
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	1,958
		-1	Not Collected	308	304,688
		1	Yes	25	14,960
		2	No	78	80,737
				<b>412</b>	<b>402,344</b>
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?				
		-8	Don't Know	6	7,422
		-7	Refused	1	1,970
		1	Excellent	38	44,144
		2	Very Good	76	75,449
		3	Good	130	131,245
		4	Fair	93	89,132
		5	Poor	68	52,982
				<b>412</b>	<b>402,344</b>
PF_WIO	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?				
		.	Missing	4	5,518

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
		1	Yes	314	313,376
		2	No	94	83,450
				<b>412</b>	<b>402,344</b>