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Positional Listing of Variables

Name	Type	Description
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?
SVCDCR	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?

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Name	Type	Description
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
USDAH3	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE.
USDAH4	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: YOU COULDN'T AFFORD TO EAT BALANCED MEALS.
USDAAD1	NUM	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?
NHATSHC14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSHC15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSHC16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSHC17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSHC18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
LIFECHANGE	NUM	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?

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Name	Type	Description
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?
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?
PFDIS E	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, ASTHMA, OR CHRONIC BRONCHITIS?
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?

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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?
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]
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?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
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?
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?

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HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PF_WIO	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?
PFDIFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDIFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?

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PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLNB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
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.
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
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.
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?

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IADL0A7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADL0A8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADL0A8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
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 2018 ABOVE OR BELOW \$20,000?
INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?
URBAN	NUM	URBAN CODE
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED CS FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 2

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PSTOTWGT3	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 40

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Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 64
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED

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Alphabetical Listing of Variables

Name	Type	Description
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
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?

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Alphabetical Listing of Variables

Name	Type	Description
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 2018 ABOVE OR BELOW \$20,000?
DELIVWI	NUM	DOES ANYONE ELSE LIVE WITH YOU?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS 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?

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Alphabetical Listing of Variables

Name	Type	Description
IADL8P	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?
IADL8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADL8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?
LIFECHANGE	NUM	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?
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?
NHATSH14	NUM	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?
NHATSH15	NUM	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?
NHATSH16	NUM	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?
NHATSH17	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?
NHATSH18	NUM	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?
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?

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Alphabetical Listing of Variables

Name	Type	Description
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?
OHQ845	NUM	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?
PERSID	CHAR	PERSON ID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFDISA	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?
PFDISB	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?
PFDISC	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?
PFDISF	NUM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, ASTHMA, OR CHRONIC BRONCHITIS?
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?

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Alphabetical Listing of Variables

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

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PSTOTWGT	NUM	FINAL POST-STRATIFIED CS FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 26

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT27	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT4	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 4
PSTOTWGT40	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 43
PSTOTWGT44	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT5	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT50	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT6	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT60	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 60

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Alphabetical Listing of Variables

Name	Type	Description
PSTOTWGT61	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 64
PSTOTWGT7	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED CS 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?
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?
SIHRS1	NUM	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA1	NUM	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA2	NUM	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SIUCLA3	NUM	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?
SVC5A	NUM	ARE YOU RECEIVING FOOD STAMPS?

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Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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
USDAAD1	NUM	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?
USDAH3	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE.
USDAH4	NUM	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: YOU COULDN'T AFFORD TO EAT BALANCED MEALS.
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
WHOHELPS	NUM	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSDAYS	WHEN WAS THE LAST TIME YOU RECEIVED THE CASE MANAGEMENT SERVICES?	1	Today Or Yesterday	95	74,445
		2	More Than 1 Day To 1 Week Ago	134	87,631
		3	More Than 1 Week To 1 Month Ago	138	116,501
		4	More Than 1 Month Ago	191	151,545
					558
CSCONT	DO YOU KNOW HOW TO CONTACT YOUR CASE MANAGER WHEN YOU NEED TO?	-8	Don't Know	13	11,641
		-7	Refused	1	842
		1	Yes	470	350,604
		2	No	74	67,035
					558
CSFONEC	DOES YOUR CASE MANAGER RETURN YOUR PHONE CALLS IN A TIMELY MANNER?	-8	Don't Know	54	49,549
		1	Yes	473	346,898
		2	No	31	33,676
					558
CSEXPLN	DOES YOUR CASE MANAGER EXPLAIN YOUR SERVICES IN A WAY THAT YOU CAN UNDERSTAND?	-8	Don't Know	11	11,168
		-7	Refused	1	86
		1	Yes	528	399,817
		2	No	18	19,050
					558
CSNEEDS	DO YOU AND YOUR CASE MANAGER WORK TOGETHER TO DECIDE WHAT SERVICES YOU NEED?	-8	Don't Know	19	18,434
		1	Yes	480	349,024
		2	No	59	62,663
					558
CSRESPT	DOES YOUR CASE MANAGER TREAT YOU WITH RESPECT?	-8	Don't Know	5	5,062
		1	Yes	547	423,092
		2	No	6	1,967
					558
CSINVOLV	DOES YOUR CASE MANAGER INVOLVE YOU IN DISCUSSING AND PLANNING FOR YOUR SERVICES?	-8	Don't Know	22	16,270

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	478	356,329
		2	No	58	57,523
				558	430,122
CSCARE	DOES YOUR CASE MANAGER DO A GOOD JOB SETTING UP CARE FOR YOU?				
		-8	Don't Know	29	26,618
		1	Yes	506	378,696
		2	No	23	24,808
				558	430,122
CSGTMOR	DOES YOUR CASE MANAGER HELP YOU GET SERVICES THAT YOU DID NOT HAVE BEFORE?				
		-8	Don't Know	28	25,387
		-7	Refused	1	783
		1	Yes	449	318,142
		2	No	80	85,810
				558	430,122
CSBETTR	HAS YOUR SITUATION IMPROVED BECAUSE OF THE SERVICES YOUR CASE MANAGER ARRANGES?				
		-8	Don't Know	26	25,268
		1	Yes	464	341,006
		2	No	68	63,849
				558	430,122
CSHOWLG	HOW LONG HAVE YOU BEEN RECEIVING THE CASE MANAGEMENT SERVICES?				
		-8	Don't Know	20	16,768
		1	6 Months Or Less	104	84,633
		2	More Than 6 Months But Less Than 1 Year	103	81,635
		3	At Least 1 Year But Less Than 2 Years	128	108,427
		4	2 To 5 Years	160	109,621
		5	More Than 5 Years	43	29,039
				558	430,122
CSSVCPLN	DID YOUR CASE MANAGER DEVELOP A CARE PLAN FOR THE SERVICE YOU NEED?				
		-8	Don't Know	37	27,816
		1	Yes	446	328,403
		2	No	75	73,903
				558	430,122
CCOPY	DID YOU GET A COPY OF THE PLAN?				
		-8	Don't Know	41	23,710
		-1	Not Collected	112	101,719
		1	Yes	348	262,771

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	57	41,922
				558	430,122
CSELSVC	ARE YOU ABLE TO SELECT THE SERVICES YOU RECEIVE?	-8	Don't Know	37	29,937
		-7	Refused	1	909
		1	Yes	457	336,224
		2	No	63	63,051
				558	430,122
CSSELPRV	ARE YOU ABLE TO SELECT YOUR SERVICE PROVIDER?	-8	Don't Know	66	56,343
		1	Yes	343	251,639
		2	No	149	122,140
				558	430,122
CSRATE	HOW WOULD YOU RATE THE CASE MANAGEMENT SERVICES THAT YOU HAVE RECEIVED?	-8	Don't Know	5	5,477
		1	Excellent	246	171,247
		2	Very Good	194	145,770
		3	Good	78	73,163
		4	Fair	23	23,060
		5	Poor	12	11,405
				558	430,122
CSRATE2	RATING OF CASE MANAGEMENT SERVICES GOOD TO EXCELLENT	.	Missing	5	5,477
		1	Rating Of Good To Excellent	518	390,181
		2	Rating Of Fair Or Poor	35	34,465
				558	430,122
CSSTAYHM	DO THE SERVICES YOU RECEIVE HELP YOU CONTINUE TO LIVE IN YOUR OWN HOME?	-8	Don't Know	13	7,545
		-7	Refused	1	459
		1	Yes	513	394,259
		2	No	31	27,859
				558	430,122
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	21	14,300
		1	Yes	376	262,774
		2	No	161	153,048

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
SVCCM	IN THE PAST YEAR, HAVE YOU RECEIVED CONGREGATE MEALS?	-8	Don't Know	1	477
		1	Yes	67	41,552
		2	No	490	388,093
				558	430,122
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	3	6,487
		1	Yes	257	228,774
		2	No	298	194,861
				558	430,122
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	2	1,149
		1	Yes	324	217,905
		2	No	232	211,068
				558	430,122
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	7	6,372
		1	Yes	145	94,011
		2	No	406	329,739
				558	430,122
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	5	649
		1	Yes	39	25,486
		2	No	514	403,987
				558	430,122
SVPCPR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	2	695
		1	Yes	185	132,447
		2	No	371	296,980
				558	430,122
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	5	5,492
		1	Yes	131	86,507
		2	No	422	338,123
				558	430,122
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	7	5,062

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	47	28,020
		2	No	504	397,040
				558	430,122
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	28	20,675
		1	Yes	222	141,685
		2	No	308	267,762
				558	430,122
SVCCOUNT	SERVICE COMBINATIONS	1	Case Management Only	60	62,385
		2	Case Management And 1 Add'l Svc	115	104,628
		3	Case Management And 2 Add'l Svcs	127	90,045
		4	Case Management And 3 Add'l Svcs	115	78,479
		5	Case Management And 4 Add'l Svcs	58	36,718
		6	Case Management And 5 Add'l Svcs	47	31,839
		7	Case Management And 6 Add'l Svcs	21	13,688
		8	Case Management And 7 Add'l Svcs	10	10,687
		9	Case Management And 8 Add'l Svcs	5	1,653
				558	430,122
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	12	6,432
		1	Yes	82	72,607
		2	No	464	351,084
				558	430,122
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	-8	Don't Know	11	6,495
		1	Yes	163	125,153
		2	No	384	298,473
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?	1	Yes	90	72,768
		2	No	468	357,354
				558	430,122
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?	-8	Don't Know	5	3,194
		1	Yes	52	36,928
		2	No	501	390,000
				558	430,122
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	9	3,892
		1	Yes	65	43,609
		2	No	484	382,621
				558	430,122
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	13	5,109
		1	Yes	146	117,218
		2	No	399	307,795
				558	430,122
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	8	5,036
		-1	Not Collected	35	40,980
		1	Excellent	164	108,504
		2	Very Good	204	145,146
		3	Good	102	89,905
		4	Fair	32	28,961
		5	Poor	13	11,590
				558	430,122
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	15	15,075
		1	Yes	472	345,439
		2	No	71	69,608
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	17	20,279
		1	Yes	483	361,261
		2	No	58	48,582
				558	430,122
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	22	19,725
		1	Yes	454	335,211
		2	No	82	75,186
				558	430,122
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	11	6,087
		1	Yes	371	275,268
		2	No	176	148,767
				558	430,122
SVCCURT	THINKING ABOUT YOUR SERVICES IN GENERAL, WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	7	3,959
		1	Agree	538	411,868
		2	Disagree	13	14,295
				558	430,122
SVC5A	ARE YOU RECEIVING FOOD STAMPS?	-8	Don't Know	1	1,854
		1	Yes	173	150,764
		2	No	384	277,505
				558	430,122
SVC5B	ARE YOU RECEIVING ENERGY ASSISTANCE?	-8	Don't Know	6	3,848
		1	Yes	129	90,148
		2	No	423	336,127

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
SVC5C	ARE YOU RECEIVING MEDICAID?	-8	Don't Know	20	11,554
		1	Yes	185	141,128
		2	No	353	277,440
				558	430,122
SVC5D	ARE YOU RECEIVING HOUSING ASSISTANCE?	-8	Don't Know	12	12,010
		1	Yes	112	78,158
		2	No	434	339,954
				558	430,122
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	9	5,183
		1	Yes	226	179,168
		2	No	323	245,771
				558	430,122
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	10	8,071
		1	Yes	358	272,389
		2	No	190	149,662
				558	430,122
USDAH3	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: THE FOOD THAT YOU BOUGHT JUST DIDN'T LAST AND YOU DIDN'T HAVE MONEY TO GET MORE.	-8	Don't Know	12	9,753
		-7	Refused	3	2,130
		1	Often true	68	44,917
		2	Sometimes true	130	104,903
		3	Never true	345	268,419
				558	430,122
USDAH4	WAS THE STATEMENT OFTEN TRUE, SOMETIMES TRUE, OR NEVER TRUE IN THE LAST 12 MONTHS: YOU COULDN'T AFFORD TO EAT BALANCED MEALS.	-8	Don't Know	14	18,849
		-7	Refused	2	1,182
		1	Often true	61	46,994
		2	Sometimes true	138	96,179
		3	Never true	343	266,919
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
USDAAD1	IN THE LAST 12 MONTHS, DID YOU EVER CUT THE SIZE OF YOUR MEALS OR SKIP MEALS BECAUSE THERE WASN'T ENOUGH MONEY FOR FOOD?	-8	Don't Know	3	1,234
		-7	Refused	2	2,615
		1	Yes	103	66,754
		2	No	450	359,519
				558	430,122
NHATSHC14	IN THE LAST MONTH, HAVE YOU FALLEN DOWN?	1	Yes	133	90,307
		2	No	425	339,815
				558	430,122
NHATSHC15	IN THE LAST MONTH, DID YOU WORRY ABOUT FALLING DOWN?	-8	Don't Know	4	6,752
		1	Yes	313	226,469
		2	No	241	196,900
				558	430,122
NHATSHC16	IN THE LAST MONTH, DID THIS WORRY EVER LIMIT YOUR ACTIVITIES?	-8	Don't Know	5	5,617
		-7	Refused	1	2,408
		-1	Not Collected	245	203,653
		1	Yes	188	130,625
		2	No	119	87,819
				558	430,122
NHATSHC17	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN?	-8	Don't Know	8	5,114
		-1	Not Collected	133	90,307
		1	Yes	174	127,162
		2	No	243	207,539
				558	430,122
NHATSHC18	IN THE LAST 12 MONTHS, HAVE YOU FALLEN DOWN MORE THAN ONE TIME?	-8	Don't Know	3	97
		-1	Not Collected	251	212,652
		1	Yes	192	129,239
		2	No	112	88,134
				558	430,122
LIFECHANGE	WHAT WAS GOING ON IN YOUR LIFE THAT LED YOU TO SEEK SERVICES?	-8	Don't Know	26	24,906
		-7	Refused	1	850

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Illness	147	106,551
		2	Illness of a person close to you	14	7,701
		3	Death of a spouse	15	7,616
		4	Problems with mobility	56	40,420
		5	Could no longer take care of myself	76	72,727
		6	Could no longer take care of my home	26	16,096
		91	Other (specify)	197	153,256
				558	430,122
SIUCLA1	FIRST, HOW OFTEN DO YOU FEEL THAT YOU LACK COMPANIONSHIP? HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	17	17,716
		-7	Refused	1	130
		1	Hardly ever	221	161,413
		2	Some of the time	200	162,092
		3	Often	119	88,771
				558	430,122
SIUCLA2	HOW OFTEN DO YOU FEEL LEFT OUT: HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	13	25,496
		-7	Refused	1	711
		1	Hardly ever	278	211,154
		2	Some of the time	185	138,524
		3	Often	81	54,237
				558	430,122
SIUCLA3	HOW OFTEN DO YOU FEEL ISOLATED FROM OTHERS? HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	18	22,297
		1	Hardly ever	309	254,056
		2	Some of the time	152	103,030
		3	Often	79	50,739
				558	430,122
SIHRS1	HOW OFTEN DO YOU FEEL ALONE? IS IT HARDLY EVER, SOME OF THE TIME, OR OFTEN?				
		-8	Don't Know	11	9,407
		-7	Refused	3	1,686
		1	Hardly ever	262	220,969
		2	Some of the time	168	124,046
		3	Often	114	74,015

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	5	7,736
		1	Excellent	18	15,244
		2	Very Good	62	41,910
		3	Good	144	108,321
		4	Fair	191	131,501
		5	Poor	138	125,409
				558	430,122
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?	-8	Don't Know	13	10,945
		-7	Refused	3	3,771
		1	Yes, Limited A Lot	336	252,451
		2	Yes, Limited A Little	133	100,581
		3	No, Not Limited At All	73	62,373
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	18	11,079
		-7	Refused	4	3,340
		1	Yes, Limited A Lot	374	275,165
		2	Yes, Limited A Little	102	79,895
		3	No, Not Limited At All	60	60,643
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	12	13,419
		-7	Refused	1	78
		1	All of the time	113	84,341
		2	Most of the time	165	119,174
		3	Some of the time	161	121,726
		4	A little of the time	70	60,066
		5	None of the time	36	31,316

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	10	11,410
		-7	Refused	2	789
		1	All of the time	107	72,013
		2	Most of the time	167	126,834
		3	Some of the time	157	125,265
		4	A little of the time	72	56,155
		5	None of the time	43	37,657
					558
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	7	5,837
		-7	Refused	2	145
		1	All of the time	37	37,003
		2	Most of the time	74	60,239
		3	Some of the time	159	91,180
		4	A little of the time	128	104,502
		5	None of the time	151	131,216
					558
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	16	18,964
		-7	Refused	4	1,112
		1	All of the time	32	25,916
		2	Most of the time	56	50,726
		3	Some of the time	136	83,249
		4	A little of the time	111	75,859
		5	None of the time	203	174,295
					558
SFPAIN	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?	-8	Don't Know	12	9,668

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	967
		1	Not at all	81	70,252
		2	A little bit	101	77,519
		3	Moderately	88	63,350
		4	Quite a bit	154	112,046
		5	Extremely	120	96,320
				558	430,122
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	6	7,843
		1	All of the time	67	50,525
		2	Most of the time	211	174,926
		3	Some of the time	169	124,324
		4	A little of the time	81	48,868
		5	None of the time	24	23,636
				558	430,122
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	2	5,843
		1	All of the time	9	7,330
		2	Most of the time	74	51,666
		3	Some of the time	159	139,461
		4	A little of the time	194	118,810
		5	None of the time	120	107,012
				558	430,122
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	4	8,575
		1	All of the time	22	15,548
		2	Most of the time	50	35,434
		3	Some of the time	166	125,121
		4	A little of the time	164	127,515
		5	None of the time	152	117,930
				558	430,122
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	12	9,663
		-7	Refused	1	850
		1	All of the time	77	69,272

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most of the time	107	80,060
		3	Some of the time	123	82,447
		4	A little of the time	108	71,715
		5	None of the time	130	116,114
				558	430,122
SFHEALTH	COMPARED WITH YOUR HEALTH ONE YEAR AGO, HOW IS YOUR HEALTH NOW?				
		-8	Don't Know	5	5,154
		1	Much Better Than One Year Ago	42	28,857
		2	A Little Better Than One Year Ago	57	37,516
		3	About The Same As One Year Ago	170	145,556
		4	A Little Worse Than One Year Ago	139	95,586
		5	Worse Than One Year Ago	145	117,453
				558	430,122
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING?				
		-8	Don't Know	17	11,436
		-7	Refused	2	87
		1	About Enough	146	101,646
		2	Too Much	13	11,438
		3	Would Like To Be Doing More	380	305,515
				558	430,122
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	18	18,806
		-7	Refused	2	537
		1	Yes	172	120,064
		2	No	366	290,715
				558	430,122
PFDISA	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ARTHRITIS OR RHEUMATISM?				
		-8	Don't Know	2	1,594
		1	Yes	415	316,024
		2	No	141	112,505
				558	430,122
PFDISB	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE OR HYPERTENSION?				
		-8	Don't Know	3	2,687

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	409	320,730
		2	No	146	106,706
				558	430,122
PFDISC	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	6	3,721
		1	Yes	251	196,422
		2	No	301	229,979
				558	430,122
PFDISD	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	13	8,339
		1	Yes	267	213,066
		2	No	278	208,717
				558	430,122
PFDISE	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE DIABETES OR HIGH BLOOD SUGAR?	-8	Don't Know	5	6,677
		1	Yes	209	159,513
		2	No	344	263,932
				558	430,122
PFDISF	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, ASTHMA, OR CHRONIC BRONCHITIS?	-8	Don't Know	1	332
		1	Yes	284	193,925
		2	No	273	235,865
				558	430,122
PFDISG	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE CANCER?	-8	Don't Know	9	7,849
		1	Yes	93	61,678
		2	No	455	359,604
		3	Does Not Apply	1	992
				558	430,122
PFDISH	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HAD A STROKE?	1	Yes	119	95,207
		2	No	439	334,915
				558	430,122
PFDISI	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE ANEMIA?	-8	Don't Know	12	12,350
		1	Yes	126	101,433
		2	No	420	316,339
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISJ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	21	13,370
		1	Yes	163	119,274
		2	No	374	297,477
				558	430,122
PFDISK	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	4	4,067
		1	Yes	94	76,850
		2	No	459	348,639
		3	Does Not Apply	1	566
		558	430,122		
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	3	3,278
		-7	Refused	1	850
		1	Yes	367	291,869
		2	No	187	134,125
		558	430,122		
PFDISM	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	3	2,066
		1	Yes	230	165,816
		2	No	325	262,240
		558	430,122		
PFDISN	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	7	8,395
		-7	Refused	1	332
		1	Yes	158	106,023
		2	No	392	315,372
		558	430,122		
PFDISO	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MEMORY RELATED DISEASE SUCH AS ALZHEIMER'S DISEASE OR DEMENTIA?	-8	Don't Know	4	696
		-7	Refused	1	78
		1	Yes	71	54,696
		2	No	480	373,583
		3	Does Not Apply	2	1,069

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
PFDISP	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	564
		1	Yes	27	27,190
		2	No	530	402,368
				558	430,122
PFDISQ	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-7	Refused	1	948
		1	Yes	13	8,034
		2	No	544	421,140
				558	430,122
PFDISR	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	4	2,850
		-7	Refused	1	145
		1	Yes	359	269,979
		2	No	194	157,147
				558	430,122
PFDISS	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	4	164
		1	Yes	9	7,620
		2	No	545	422,338
				558	430,122
PFDIST	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	7	8,371
		1	Yes	170	131,425
		2	No	380	289,333
		3	Does Not Apply	1	992
				558	430,122
PFDISU	HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	8	2,297
		1	Yes	82	70,695
		2	No	467	354,988
		3	Does Not Apply	1	2,143
				558	430,122
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	5	7,910

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Medical Condition	5	6,883
		2	2 Medical Conditions	20	11,711
		3	3 Medical Conditions	38	23,448
		4	4 Medical Conditions	47	37,327
		5	5 Medical Conditions	65	47,560
		6	6 Medical Conditions	68	58,710
		7	7 Medical Conditions	59	42,854
		8	8 Medical Conditions	66	63,180
		9	9 Medical Conditions	68	43,975
		10	10 Medical Conditions	53	38,309
		11	11 Medical Conditions	38	29,680
		12	12 Medical Conditions	11	7,701
		13	13 Medical Conditions	8	7,970
		14	14 Medical Conditions	6	2,898
		15	15 Medical Conditions	1	7
				558	430,122
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	17	13,294
		-7	Refused	1	948
		-1	Not Collected	5	7,910
		1	Yes	436	332,143
		2	No	99	75,826
				558	430,122
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	62
		-1	Not Collected	122	97,979
		1	Yes	407	312,087
		2	No	28	19,995
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	7	4,233
		-1	Not Collected	122	97,979
		1	Yes	175	129,262
		2	No	254	198,649
				558	430,122
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	3	4,430
		-1	Not Collected	122	97,979
		1	Yes	143	91,988
		2	No	290	235,726
				558	430,122
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	1	34
		-1	Not Collected	122	97,979
		1	Yes	69	41,860
		2	No	366	290,249
				558	430,122
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	2	1,622
		-1	Not Collected	122	97,979
		1	Yes	38	31,797
		2	No	396	298,724
				558	430,122
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	16	21,639
		-1	Not Collected	122	97,979

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	34	20,626
		2	No	386	289,878
				558	430,122
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	122	97,979
		1	Yes	46	32,505
		2	No	390	299,638
				558	430,122
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?	-1	Not Collected	122	97,979
		1	Yes	14	17,097
		2	No	422	315,046
				558	430,122
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	122	97,979
		1	Yes	27	18,133
		2	No	409	314,010
				558	430,122
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	13	11,919
		-1	Not Collected	5	7,910
		1	Not At All Confident	55	51,993
		2	A Little Confident	100	69,571
		3	Moderately Confident	204	163,943
		4	Very Confident	181	124,786
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	9	4,837
		1	Yes	242	176,604
		2	No	307	248,681
				558	430,122
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	27	17,748
		1	1 Prescription Medication	70	55,286
		2	2 Prescription Medications	86	52,213
		3	3 Prescription Medications	120	89,343
		4	4 Prescription Medications	85	74,847
		5	5 Prescription Medications	170	140,685
		558	430,122		
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	3	1,876
		1	Yes	203	150,253
		2	No	352	277,994
		558	430,122		
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	1	Yes	64	48,929
		2	No	494	381,193
		558	430,122		
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	8	3,169
		1	6 Months Or Less	156	105,247
		2	More Than 6 Months, Not More Than 1 Yr	74	62,003
		3	More Than 1 Yr, Not More Than 2 Years	76	46,527
		4	More Than 2 Yrs, Not More Than 3 Years	45	60,203
		5	More Than 3 Yrs, Not More Than 5 Years	58	28,817
		6	More Than 5 Years Ago	136	121,534
7	Never Have Been To Dentist	5	2,621		
		558	430,122		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	9	3,842
		1	Yes	160	121,695
		2	No	389	304,585
				558	430,122
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?	-1	Not Collected	398	308,427
		1	Yes	128	95,483
		2	No	32	26,212
				558	430,122
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	6	4,722
		-7	Refused	1	850
		-1	Not Collected	398	308,427
		1	Yes	33	25,271
		2	No	120	90,852
				558	430,122
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	11,279
		-1	Not Collected	398	308,427
		1	Yes	96	70,524
		2	No	52	39,891
				558	430,122
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	1,718
		-1	Not Collected	398	308,427
		1	Yes	38	30,867
		2	No	118	89,110
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	9	3,480
		-1	Not Collected	398	308,427
		1	Yes	17	14,886
		2	No	134	103,328
				558	430,122
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	4	983
		-1	Not Collected	398	308,427
		1	Yes	7	6,831
		2	No	149	113,881
				558	430,122
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?	-8	Don't Know	4	641
		-1	Not Collected	398	308,427
		1	Yes	29	21,103
		2	No	127	99,951
				558	430,122
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?	-8	Don't Know	2	2,313
		-1	Not Collected	398	308,427
		1	Yes	2	1,507
		2	No	156	117,874
				558	430,122
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?	-1	Not Collected	398	308,427
		1	Yes	6	2,488
		2	No	154	119,207
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	2	882
		-1	Not Collected	398	308,427
		1	Yes	29	20,394
		2	No	129	100,418
				558	430,122
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?	-8	Don't Know	1	424
		-1	Not Collected	398	308,427
		1	Yes	45	36,457
		2	No	114	84,813
				558	430,122
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	424
		-1	Not Collected	398	308,427
		1	Yes	31	18,856
		2	No	128	102,415
				558	430,122
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	13	15,646
		1	Excellent	40	33,208
		2	Very Good	95	71,141
		3	Good	155	129,932
		4	Fair	137	92,046
		5	Poor	118	88,149
		558	430,122		
PF_WIO	DO YOU HAVE DIFFICULTY WHEN WALKING, GETTING AROUND INSIDE THE HOME, OR GOING OUTSIDE THE HOME?	.	Missing	3	6,231
		1	Yes	427	330,837
		2	No	128	93,054

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-8	Don't Know	2	117
		1	Yes	195	158,365
		2	No	361	271,640
				558	430,122
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	2	3,757
		-1	Not Collected	363	271,757
		1	Yes	90	75,424
		2	No	103	79,183
				558	430,122
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTOR'S OFFICE?	-8	Don't Know	4	703
		1	Yes	313	248,017
		2	No	241	181,402
				558	430,122
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	5	2,914
		-1	Not Collected	245	182,105
		1	Yes	262	212,433
		2	No	46	32,671
				558	430,122
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	355
		1	Yes	190	138,179
		2	No	366	291,588
				558	430,122
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	1,134
		-1	Not Collected	368	291,943
		1	Yes	79	72,750
		2	No	109	64,295
				558	430,122
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	3	676
		1	Yes	244	204,179

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	311	225,267
				558	430,122
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	711
		-1	Not Collected	314	225,943
		1	Yes	180	157,842
		2	No	63	45,626
				558	430,122
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	3	197
		-7	Refused	1	850
		1	Yes	169	149,141
		2	No	385	279,935
				558	430,122
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	389	280,981
		1	Yes	124	109,913
		2	No	45	39,228
				558	430,122
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	10	10,725
		1	Yes	380	293,215
		2	No	168	126,182
				558	430,122
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	7	6,195
		-7	Refused	1	850
		-1	Not Collected	178	136,907
		1	Yes	136	102,486
		2	No	236	183,684
				558	430,122
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	566
		1	Yes	72	57,665
		2	No	485	371,891
				558	430,122
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	486	372,457
		1	Yes	25	23,036
		2	No	47	34,629

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-8	Don't Know	4	3,190
		1	Yes	91	65,320
		2	No	463	361,612
				558	430,122
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	278
		-1	Not Collected	467	364,802
		1	Yes	51	40,194
		2	No	39	24,848
				558	430,122
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	10	9,112
		1	Yes	130	99,999
		2	No	418	321,011
				558	430,122
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	428	330,123
		1	Yes	104	75,781
		2	No	26	24,218
				558	430,122
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	12	12,307
		1	Yes	234	194,646
		2	No	312	223,169
				558	430,122
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	4	2,552
		-1	Not Collected	324	235,476
		1	Yes	179	164,044
		2	No	51	28,050
				558	430,122
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	13	15,941
		1	Yes	291	222,517
		2	No	254	191,665

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
PFCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?				
		-8	Don't Know	2	1,659
		-1	Not Collected	267	207,605
		1	Yes	267	205,760
		2	No	22	15,098
				558	430,122
PFHCLN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?				
		-8	Don't Know	22	28,400
		-7	Refused	2	3,060
		1	Yes	463	345,472
		2	No	71	53,190
				558	430,122
PFHCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?				
		-1	Not Collected	95	84,650
		1	Yes	444	337,165
		2	No	19	8,306
				558	430,122
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	3	1,718
		1	Yes	115	92,733
		2	No	440	335,672
				558	430,122
PFTKDBG	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?				
		-8	Don't Know	2	54
		-1	Not Collected	443	337,389
		1	Yes	90	75,313
		2	No	23	17,366
				558	430,122
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?				
		-8	Don't Know	1	1,558
		1	Yes	50	44,279
		2	No	507	384,284
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	1,179
		-1	Not Collected	508	385,843
		1	Yes	46	41,119
		2	No	3	1,982
				558	430,122
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	1	2,122
		1	Yes	320	249,415
		2	No	237	178,584
				558	430,122
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	16	14,884
		-7	Refused	1	842
		-1	Not Collected	238	180,707
		1	Yes	123	97,970
		2	No	180	135,719
				558	430,122
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	53	29,120
		1	Yes	240	175,524
		2	No	265	225,478
				558	430,122
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	5	4,315
		-1	Not Collected	318	254,598
		1	Yes	59	40,009
		2	No	92	77,948
		3	Never Uses Bus	84	53,251
				558	430,122
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	4	1,899
		-1	Not Collected	499	390,113
		1	Yes	42	29,470
		2	No	13	8,640
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	11	10,461
		-1	Not Collected	69	50,776
		1	Family	236	193,449
		2	Someone Else Like Friend/Neighbor/Other	146	112,838
		3	Did Not Receive Help	96	62,599
				558	430,122
WHOHELPS	WHICH FAMILY MEMBER HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	5	2,633
		-1	Not Collected	322	236,673
		1	Husband	20	18,401
		2	Wife	20	15,320
		3	Son	45	37,467
		4	Son-In-Law	1	852
		5	Daughter	92	80,954
		6	Daughter-In-Law	8	4,368
		8	Mother	1	118
		9	Brother	7	9,356
		10	Sister	10	8,019
		11	Grandson	7	3,202
		12	Granddaughter	12	8,363
		13	Nephew	2	1,647
		14	Niece	2	548
		91	Other Relative	4	2,201
				558	430,122
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	22	16,207
		0	0 Limitations	113	88,021
		1	1 Limitation	124	85,637
		2	2 Limitations	112	84,397
		3	3 Limitations	73	62,830
		4	4 Limitations	51	43,438
		5	5 Limitations	43	31,642
		6	6 Limitations	20	17,950
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	22	16,207
		1	Yes	187	155,860
		2	No	349	258,056
				558	430,122
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	12	9,168
		0	0 Limitations	289	213,524
		1	1 Limitation	118	89,059
		2	2 Limitations	59	52,540
		3	3 Limitations	25	14,648
		4	4 Limitations	22	24,727
		5	5 Limitations	22	14,533
		6	6 Limitations	11	11,922
				558	430,122
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	45	37,349
		0	0 Limitations	105	77,622
		1	1 Limitation	92	65,135
		2	2 Limitations	97	73,658
		3	3 Limitations	92	69,868
		4	4 Limitations	41	38,214
		5	5 Limitations	36	29,868
		6	6 Limitations	20	15,371
		7	7 Limitations	24	21,685
		8	8 Limitations	6	1,352
		558	430,122		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADL0A7P	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	34	25,896
		0	0 Limitations	155	111,086
		1	1 Limitation	116	87,664
		2	2 Limitations	72	50,778
		3	3 Limitations	75	65,191
		4	4 Limitations	38	40,143
		5	5 Limitations	24	15,272
		6	6 Limitations	16	11,217
		7	7 Limitations	22	21,522
		8	8 Limitations	6	1,352
			558	430,122	
IADL0A8	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	57	49,131
		0	0 Limitations	47	39,090
		1	1 Limitation	65	41,365
		2	2 Limitations	82	56,860
		3	3 Limitations	96	71,783
		4	4 Limitations	86	66,840
		5	5 Limitations	41	38,803
		6	6 Limitations	35	27,859
		7	7 Limitations	20	15,371
		8	8 Limitations	23	21,668
			558	430,122	

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	34	25,896
		0	0 Limitations	71	52,397
		1	1 Limitation	105	74,552
		2	2 Limitations	98	73,694
		3	3 Limitations	76	56,758
		4	4 Limitations	69	58,739
		5	5 Limitations	38	40,731
		6	6 Limitations	24	13,281
		7	7 Limitations	15	11,199
		8	8 Limitations	22	21,522
		9	9 Limitations	6	1,352
				558	430,122
AGEC	AGE CATEGORY	2	60-64 Years	50	36,401
		3	65-74 Years	189	140,613
		4	75-84 Years	176	137,774
		5	85+ Years	143	115,334
GENDER	GENDER	-1	Not Collected	12	3,074
		1	Male	131	104,224
		2	Female	415	322,824
				558	430,122
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	2	1,093
		-7	Refused	4	920
		1	Less Than High School Diploma	109	102,737
		2	High School Diploma Or GED	187	139,754
		3	Some College(Business/ Vocational/Techni)	181	133,227
		4	Bachelor's Degree	33	23,831
		5	Some Post-Graduate Work/Advanced Degree	42	28,559
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	9	7,627
		-7	Refused	3	1,812
		1	Yes	43	34,184
		2	No	503	386,499
				558	430,122
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	3	4,074
		-7	Refused	10	5,281
		1	Yes	436	311,976
		2	No	109	108,791
				558	430,122
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN AMERICAN	-8	Don't Know	3	4,074
		-7	Refused	10	5,281
		1	Yes	84	89,681
		2	No	461	331,086
				558	430,122
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	3	4,074
		-7	Refused	10	5,281
		1	Yes	6	2,970
		2	No	539	417,798
				558	430,122
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	3	4,074
		-7	Refused	10	5,281
		1	Yes	15	15,055
		2	No	530	405,713
				558	430,122
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	3	4,074
		-7	Refused	10	5,281
		1	Yes	4	3,891
		2	No	541	416,877
				558	430,122
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	3	4,074
		-7	Refused	10	5,281
		1	Yes	11	8,023
		2	No	534	412,744

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				558	430,122
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	3	3,277
		-7	Refused	3	1,127
		1	Yes	63	38,542
		2	No	489	387,176
				558	430,122
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	15	17,386
		-7	Refused	3	489
		1	The City	289	220,271
		2	The Suburbs	100	76,475
		3	A Rural Area	151	115,501
				558	430,122
DELIVWI	DOES ANYONE ELSE LIVE WITH YOU?	-8	Don't Know	2	434
		-7	Refused	1	332
		1	Yes	197	166,409
		2	No	358	262,946
				558	430,122
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	1	653
		-7	Refused	1	332
		-1	Not Collected	358	262,946
		1	Yes	96	78,904
		2	No	102	87,287
				558	430,122
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	1	332
		-1	Not Collected	358	262,946
		1	Yes	83	70,280
		2	No	116	96,563
				558	430,122
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	1	332
		-1	Not Collected	358	262,946
		1	Yes	38	39,363
		2	No	161	127,481
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	1	332
		-1	Not Collected	358	262,946
		1	Yes	23	10,451
		2	No	176	156,392
				558	430,122
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	1	332
		1	Alone	358	262,946
		2	With Spouse Only	72	64,449
		3	With Children Only	48	42,699
		4	With Spouse And Children	16	10,081
		5	With Others	63	49,614
		558	430,122		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	7
		-7	Refused	1	332
		1	1 Person	361	263,722
		2	2 People	133	115,190
		3	3 People	36	33,023
		4	4 People	5	4,378
		5	5 People	13	7,239
		6	6 People	6	3,295
		7	7 People	1	2,486
8	8 People	1	450		
		558	430,122		
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	5	6,466
		-7	Refused	3	698
		1	Married	104	84,485
		2	Living With A Partner	5	3,787
		3	Widowed	246	190,370
		4	Divorced	134	92,100
		5	Separated	17	18,299
6	Never Married	44	33,917		
		558	430,122		

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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 2018 ABOVE OR BELOW \$20,000?	-8	Don't Know	44	38,199
		-7	Refused	26	17,863
		1	Below \$20,000 [1666 Per Month Or Less]	329	234,129
		2	Above \$20,000 [1667 Per Month Or More]	159	139,931
				558	430,122
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2018?	.	Missing	70	56,062
		-8	Don't Know	44	35,391
		-7	Refused	20	14,288
		1	\$5,000 Or Less	32	27,153
		2	\$5,001-\$10,000	60	46,497
		3	\$10,001-\$15,000	107	80,600
		4	\$15,001-\$20,000	85	48,782
		5	\$20,001-\$25,000	49	37,279
		6	\$25,001-\$30,000	30	24,671
		7	\$30,001-\$35,000	17	28,364
		8	\$35,001-\$40,000	14	7,157
		9	\$40,001-\$50,000	7	4,494
		10	Above \$50,000	23	19,382
				558	430,122
URBAN	URBAN CODE	-9	Invalid Zip Code, Or Foreign Zip Code	24	19,103
		0	Rural (Not In Urbanized Area Or Urban Cluster)	92	69,519
		1	In Urbanized Area	315	250,981
		2	In Urban Cluster	127	90,518
				558	430,122
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	558	430,122
				558	430,122
VARUNIT	VARIANCE UNIT	1	Variance unit 1	286	221,448
		2	Variance unit 2	272	208,674
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT	FINAL POST-STRATIFIED CS FULL SAMPLE WEIGHT	6.90 - 5899.08	Weight range	558	430,122
				558	430,122
PSTOTWGT1	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 1	1.88 - 8783.85	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT2	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 2	1.81 - 8120.39	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT3	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 3	2.26 - 9536.79	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT4	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 4	2.11 - 9231.77	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT5	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 5	1.64 - 11257.10	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT6	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 6	2.26 - 9529.28	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT7	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 7	1.77 - 9399.49	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT8	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 8	2.00 - 5588.35	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT9	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 9	1.77 - 11904.27	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT10	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 10	1.93 - 5412.82	Replicate weight range	558	430,122
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT11	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 11	2.10 - 10753.64	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT12	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 12	2.27 - 9446.06	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT13	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 13	1.73 - 8913.90	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT14	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 14	2.10 - 9454.72	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT15	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 15	1.88 - 10567.65	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT16	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 16	1.88 - 8748.42	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT17	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 17	2.40 - 7920.03	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT18	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 18	2.21 - 8459.35	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT19	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 19	1.98 - 10346.41	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT20	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 20	1.88 - 8482.99	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT21	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 21	2.53 - 10530.57	Replicate weight range	558	430,122
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT22	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 22	1.98 - 5539.04	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT23	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 23	2.26 - 10326.79	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT24	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 24	2.23 - 10001.54	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT25	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 25	2.27 - 13969.06	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT26	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 26	2.34 - 10290.61	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT27	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 27	1.89 - 9881.72	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT28	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 28	1.97 - 5070.09	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT29	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 29	2.69 - 9429.02	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT30	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 30	1.88 - 8805.70	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT31	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 31	2.40 - 9598.61	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT32	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 32	2.12 - 8976.00	Replicate weight range	558	430,122
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT33	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 33	1.95 - 8531.31	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT34	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 34	1.69 - 8087.12	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT35	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 35	2.48 - 9455.62	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT36	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 36	2.04 - 8951.75	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT37	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 37	1.72 - 11647.36	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT38	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 38	2.04 - 9611.72	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT39	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 39	1.94 - 9444.46	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT40	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 40	1.90 - 5823.25	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT41	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 41	1.86 - 12401.80	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT42	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 42	1.76 - 5448.26	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT43	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 43	2.33 - 10858.75	Replicate weight range	558	430,122
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT44	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 44	2.14 - 9719.33	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT45	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 45	1.79 - 8683.51	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT46	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 46	1.94 - 9364.00	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT47	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 47	2.04 - 10511.38	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT48	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 48	1.82 - 8497.88	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT49	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 49	2.30 - 8133.34	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT50	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 50	2.42 - 8496.00	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT51	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 51	1.84 - 10437.28	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT52	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 52	1.95 - 8698.30	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT53	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 53	2.37 - 10216.64	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT54	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 54	2.19 - 5484.29	Replicate weight range	558	430,122
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT55	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 55	2.04 - 10279.25	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT56	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 56	2.37 - 9680.92	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT57	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 57	2.14 - 13351.46	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT58	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 58	2.63 - 10243.40	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT59	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 59	1.73 - 9800.23	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT60	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 60	2.08 - 4898.17	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT61	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 61	2.57 - 9695.78	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT62	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 62	2.04 - 8871.44	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT63	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 63	2.19 - 9640.06	Replicate weight range	558	430,122
				558	430,122
PSTOTWGT64	FINAL POST-STRATIFIED CS REPLICATE WEIGHT: REPLICATE 64	2.20 - 9290.36	Replicate weight range	558	430,122
				558	430,122
ADLAOA6_	AOA ADL LIMITATIONS, SSS VERSION	0	0 Limitations	119	95,041
SSS		1	1 Limitation	129	87,921
		2	2 Limitations	115	86,601
		3	3 Limitations	77	64,759

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Limitations	54	44,650
		5	5 Limitations	44	33,200
		6	6 Limitations	20	17,950
				558	430,122
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	0	0 Limitations	293	215,348
		1	1 Limitation	121	89,784
		2	2 Limitations	60	53,618
		3	3 Limitations	27	17,071
		4	4 Limitations	23	25,438
		5	5 Limitations	23	16,940
		6	6 Limitations	11	11,922
				558	430,122
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	1	Yes	195	160,559
		2	No	363	269,563
				558	430,122
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 Limitations	116	85,252
		1	1 Limitation	105	75,002
		2	2 Limitations	104	86,201
		3	3 Limitations	105	76,480
		4	4 Limitations	47	42,305
		5	5 Limitations	33	28,634
		6	6 Limitations	22	15,954
		7	7 Limitations	26	20,294
				558	430,122
IADLAOA8_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 Limitations	55	46,644
		1	1 Limitation	80	53,667
		2	2 Limitations	94	70,230
		3	3 Limitations	106	85,131
		4	4 Limitations	96	68,685
		5	5 Limitations	47	42,893
		6	6 Limitations	33	26,643
		7	7 Limitations	21	15,937
		8	8 Limitations	26	20,294
				558	430,122

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 Limitations	162	114,353
		1	1 Limitation	129	95,330
		2	2 Limitations	77	60,720
		3	3 Limitations	82	68,160
		4	4 Limitations	41	41,384
		5	5 Limitations	25	17,562
		6	6 Limitations	17	12,466
		7	7 Limitations	25	20,148
				558	430,122
IADLAOA8P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 Limitations	74	54,193
		1	1 Limitation	112	77,863
		2	2 Limitations	110	86,264
		3	3 Limitations	80	61,057
		4	4 Limitations	75	60,605
		5	5 Limitations	42	41,989
		6	6 Limitations	23	15,536
		7	7 Limitations	17	12,466
				558	430,122
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	2	434
		-7	Refused	1	332
		1	Yes	358	262,946
		2	No	197	166,409
				558	430,122