

Positional Listing of Variables

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

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CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMSTAYHM	NUM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?

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SVCCOUNT	NUM	SERVICE COMBINATIONS
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCCURT	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?

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SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
SFHEALTH	NUM	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?

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PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY.
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
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?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
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 DOCTORS OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?

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

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ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?

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INCOME1	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
BP_T	NUM	NEMC PAIN T-SCORE BASED ON SFPAIN
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMDDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMFRUIT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMMEAT	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?
CMPORTN	NUM	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?
CMPOTATO	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?
CMRATE	NUM	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?
CMRATE2	NUM	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT
CMRECEV	NUM	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?
CMRECOM	NUM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
CMSTAYHM	NUM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMTOTFRUVEG	NUM	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
GH_T	NUM	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.

Alphabetical Listing of Variables

Name	Type	Description
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS.
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOMEC	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MCS_12	NUM	SF-12V2 MENTAL SUMMARY SCORE
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MH_T	NUM	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PCS_12	NUM	SF-12V2 PHYSICAL SUMMARY SCORE
PERSID	CHAR	PERSID
PFBATH	NUM	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?
PFBATHB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?
PFBED	NUM	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?
PFBEDB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?
PFDFOUB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISA	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY.
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
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?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PF_T	NUM	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB
PSWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4
PSWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43
PSWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
PSWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
RE_T	NUM	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL
RP_T	NUM	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD
SFACCOMP	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFCAREFL	NUM	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFCLIMB	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFEMOT	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFHEALTH	NUM	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFLIMITD	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?
SFMODACT	NUM	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
SF_T	NUM	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF
SHOTS	NUM	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
SVC5A	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?
SVC5B	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?
SVC5C	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?
SVC5D	NUM	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?
SVCCOUNT	NUM	SERVICE COMBINATIONS
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCCURT	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCIDEA	NUM	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?
SVCIND	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCRATE	NUM	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
VT_T	NUM	NEMC VITALITY T-SCORE BASED ON SFENERGY
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSID		Person ID	927	1,716,040
				927	1,716,040
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	314	482,729
		2	More Than 1 Day To 1 Week Ago	232	438,347
		3	More Than 1 Week To 1 Month Ago	137	263,782
		4	More Than 1 Month Ago	244	531,182
				927	1,716,040
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	12	17,271
		1	6 Months Or Less	95	150,230
		2	More Than 6 Months But Less Than 1 Year	79	156,931
		3	At Least 1 Year But Less Than 2 Years	183	325,272
		4	2 To 5 Years	319	626,847
		5	More Than 5 Years	239	439,490
				927	1,716,040
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	51	109,847
		0	0 Days	105	219,623
		1	1 Day	226	475,888
		2	2 Days	169	291,506
		3	3 Days	141	266,655
		4	4 Days	83	135,101
		5	5 Days	149	205,943
		6	6 Days	2	6,968
		7	7 Days	1	4,508
				927	1,716,040
CMPORTN	ON THE DAYS YOU EAT A CONGREGATE MEAL, WHAT PORTION OF ALL THE FOODS YOU EAT IN A DAY DOES THIS MEAL REPRESENT?	-8	Don't Know	27	52,775
		1	Less Than One-Third	105	209,295
		2	Between One-Third And One-Half	311	605,724
		3	About One-Half	282	516,589
		4	More Than One-Half	197	324,650
		91	Other	5	7,007

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				927	1,716,040
CMFRUIT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF FRUIT DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	16	36,437
		-7	Refused	1	2,570
		0	0 Servings	32	58,671
		1	1 Serving	369	751,999
		2	2 Servings	269	434,418
		3	3 Servings	164	286,141
		4	4 Servings	33	74,932
		5	5 Servings	17	38,595
		6	6 Servings	1	265
		7	7 Servings	1	355
		99	Less than one serving	24	31,656
				927	1,716,040
CMEATFRT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?				
		-8	Don't Know	6	20,174
		1	Yes	874	1,565,194
		2	No	47	130,672
				927	1,716,040
CMPOTATO	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF POTATOES DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	13	17,161
		0	0 Servings	198	382,832
		1	1 Serving	573	1,069,723
		2	2 Servings	75	117,311
		3	3 Servings	4	3,812
		4	4 Servings	1	1,480
		5	5 Servings	1	1,015
		99	Less than one serving	62	122,706
				927	1,716,040
CMEATPOT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?				
		-8	Don't Know	12	24,605
		1	Yes	844	1,535,327
		2	No	71	156,109
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMVEGS	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?	-8	Don't Know	11	14,453
		-7	Refused	2	4,045
		0	0 Servings	22	71,452
		1	1 Serving	367	709,831
		2	2 Servings	341	575,575
		3	3 Servings	110	208,194
		4	4 Servings	35	61,897
		5	5 Servings	21	38,196
		7	7 Servings	1	987
		99	Less than one serving	17	31,411
			927	1,716,040	
CMEATVEG	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?	-8	Don't Know	13	20,642
		1	Yes	875	1,609,426
		2	No	39	85,972
			927	1,716,040	
CMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY	.	Missing	25	34,370
		1	1 Serving	107	227,283
		2	2 Servings	330	631,945
		3	3 Servings	278	492,921
		4	4 Servings	110	173,358
		5	5 Servings	40	72,053
		6	6 Servings	13	26,510
		7	7 Servings	2	3,081
		8	8 Servings	2	2,467
		99	Less than one serving	20	52,052
			927	1,716,040	
CMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	36	61,721
		1	1 Serving	25	74,221
		2	2 Servings	72	143,044
		3	3 Servings	203	373,957
		4	4 Servings	208	392,043
		5	5 Servings	167	265,288
		6	6 Servings	106	216,118

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 Servings	56	115,828
		8	8 Servings	27	42,564
		9	9 Servings	12	16,447
		10	10 Servings	7	9,169
		11	11 Servings	4	2,317
		12	12 Servings	1	1,480
		99	Less than one serving	3	1,841
				927	1,716,040
CMBREAD	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	15	19,697
		-7	Refused	1	2,570
		0	0 Servings	29	48,431
		1	1 Serving	363	686,835
		2	2 Servings	302	572,208
		3	3 Servings	154	261,775
		4	4 Servings	41	79,840
		5	5 Servings	11	24,534
		6	6 Servings	4	11,977
		7	7 Servings	2	1,570
		99	Less than one serving	5	6,604
				927	1,716,040
CMEATBRD	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?				
		-8	Don't Know	12	16,584
		1	Yes	817	1,494,741
		2	No	98	204,715
				927	1,716,040
CMDES	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?				
		-8	Don't Know	15	21,304
		0	0 Servings	197	379,992
		1	1 Serving	478	898,936
		2	2 Servings	168	288,684
		3	3 Servings	21	32,251
		4	4 Servings	7	20,214
		6	6 Servings	2	1,741

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		99	Less than one serving	39	72,918
				927	1,716,040
CMEATDES	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?	-8	Don't Know	15	26,549
		1	Yes	771	1,424,641
		2	No	141	264,850
				927	1,716,040
CMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	27	39,254
		1	1 Serving	115	242,911
		2	2 Servings	283	482,055
		3	3 Servings	239	513,553
		4	4 Servings	146	226,398
		5	5 Servings	60	107,415
		6	6 Servings	22	55,013
		7	7 Servings	14	23,712
		8	8 Servings	4	5,856
		9	9 Servings	3	2,687
		99	Less than one serving	14	17,188
				927	1,716,040
CMDAIRY	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	12	15,731
		0	0 Servings	60	92,643
		1	1 Serving	418	789,948
		2	2 Servings	274	508,813
		3	3 Servings	106	188,181
		4	4 Servings	31	69,384
		5	5 Servings	7	12,720
		7	7 Servings	1	7,888
		99	Less than one serving	18	30,731
				927	1,716,040
CMEATDAR	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?	-8	Don't Know	10	13,166
		-7	Refused	1	2,100

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	725	1,337,854
		2	No	191	362,920
				927	1,716,040
CMMEAT	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MEAT, CHICKEN, TURKEY, FISH, AND EGGS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	18	43,086
		-7	Refused	1	2,570
		0	0 Servings	22	41,850
		1	1 Serving	489	871,556
		2	2 Servings	301	587,319
		3	3 Servings	71	126,780
		4	4 Servings	6	8,808
		5	5 Servings	3	4,047
		99	Less than one serving	16	30,024
				927	1,716,040
CMEATMET	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?	-8	Don't Know	5	12,778
		-7	Refused	1	505
		1	Yes	892	1,656,805
		2	No	29	45,952
				927	1,716,040
CMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	14	17,983
		-7	Refused	1	2,570
		0	0 Servings	152	306,415
		1	1 Serving	549	1,052,486
		2	2 Servings	124	172,462
		3	3 Servings	29	37,536
		4	4 Servings	5	7,847
		6	6 Servings	2	2,971
		99	Less than one serving	51	115,770
				927	1,716,040
CMEATBNS	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?	-8	Don't Know	10	19,608
		1	Yes	800	1,468,213

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	117	228,220
				927	1,716,040
CMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	30	59,920
		1	1 Serving	127	232,190
		2	2 Servings	390	778,959
		3	3 Servings	213	394,362
		4	4 Servings	99	161,228
		5	5 Servings	32	39,254
		6	6 Servings	13	17,870
		8	8 Servings	4	4,716
		9	9 Servings	2	2,971
		99	Less than one serving	17	24,570
				927	1,716,040
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?	-8	Don't Know	2	2,932
		1	Excellent	298	585,036
		2	Very Good	341	631,822
		3	Good	199	363,824
		4	Fair	74	104,931
		5	Poor	13	27,493
				927	1,716,040
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT	.	Missing	2	2,932
		1	Rating of Good to Excellent	838	1,580,683
		2	Rating of Fair or Poor	87	132,425
				927	1,716,040
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	9	16,810
		1	Yes	881	1,609,416
		2	No	37	89,814
				927	1,716,040
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	38	71,053
		1	Yes	702	1,285,379
		2	No	187	359,608
				927	1,716,040
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	87	167,555
		-7	Refused	2	3,298

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	685	1,212,478
		2	No	153	332,709
				927	1,716,040
CMSTAYHM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	55	113,123
		-7	Refused	2	3,728
		1	Yes	547	955,002
		2	No	323	644,187
				927	1,716,040
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	19	30,185
		1	Yes	858	1,595,464
		2	No	50	90,391
				927	1,716,040
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	64	120,196
		-7	Refused	1	552
		1	Yes	741	1,351,136
		2	No	121	244,156
				927	1,716,040
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	11	24,999
		-7	Refused	2	2,481
		1	Yes	775	1,400,069
		2	No	139	288,491
				927	1,716,040
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	8	24,688
		-7	Refused	1	2,570
		1	Always	288	572,439
		2	Usually	424	784,982
		3	Sometimes	180	282,999
		4	Seldom	22	42,398
		5	Never	4	5,963
				927	1,716,040
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	5	14,212
		-7	Refused	1	2,570
		1	Always	342	653,128

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Usually	398	744,240
		3	Sometimes	162	267,415
		4	Seldom	14	19,332
		5	Never	5	15,145
				927	1,716,040
CMFQYN	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?				
		-8	Don't Know	25	56,863
		1	Yes	250	419,533
		2	No	652	1,239,644
				927	1,716,040
CMFQ1	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?				
		-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	57	112,736
		2	No	190	304,236
				927	1,716,040
CMFQ2	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?				
		-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	49	90,384
		2	No	198	326,588
				927	1,716,040
CMFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?				
		-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	3	3,468
		2	No	244	413,503
				927	1,716,040
CMFQ4	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?				
		-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	4	4,495
		2	No	243	412,477
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFQ5	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	20	50,400
		2	No	227	366,572
				927	1,716,040
CMFQ6	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	3	7,577
		2	No	244	409,394
				927	1,716,040
CMFQ7	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?	-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	8	12,256
		2	No	239	404,716
				927	1,716,040
CMFQ8	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	1	2,431
		2	No	246	414,541
				927	1,716,040
CMFQ9	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		2	No	247	416,971
				927	1,716,040
CMFQ10	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-8	Don't Know	3	2,562
		-1	Not Collected	677	1,296,507
		1	Yes	1	2,431
		2	No	246	414,541
				927	1,716,040
CMFQOT	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER	-8	Don't Know	3	2,562

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	677	1,296,507
		1	Yes	22	51,488
		2	No	225	365,483
				927	1,716,040
CMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	8	13,107
		1	Yes	801	1,507,926
		2	No	118	195,007
				927	1,716,040
CMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	8	5,063
		1	Yes	88	145,911
		2	No	831	1,565,066
				927	1,716,040
CMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	7	9,190
		-7	Refused	1	453
		1	Yes	65	101,657
		2	No	854	1,604,740
				927	1,716,040
CMSKP	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?	-8	Don't Know	3	3,992
		-7	Refused	1	453
		1	Yes	39	75,513
		2	No	884	1,636,082
				927	1,716,040
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	1	Yes	67	148,811
		2	No	860	1,567,229
				927	1,716,040
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	6	9,333
		1	Yes	54	132,925
		2	No	867	1,573,782
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	6	9,967
		1	Yes	65	124,410
		2	No	856	1,581,663
				927	1,716,040
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	4	3,899
		1	Yes	173	287,798
		2	No	750	1,424,343
				927	1,716,040
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	1	Yes	23	37,881
		2	No	904	1,678,159
				927	1,716,040
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	4	7,657
		1	Yes	29	56,729
		2	No	894	1,651,655
				927	1,716,040
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	1	4,890
		1	Yes	32	83,064
		2	No	894	1,628,086
				927	1,716,040
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	5	6,389
		1	Yes	35	77,792
		2	No	887	1,631,859
				927	1,716,040
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	9	18,913
		1	Yes	171	313,807
		2	No	747	1,383,320
				927	1,716,040
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals only	535	1,026,314
		2	Congregate Meals and 1 additional service	249	412,964
		3	Congregate Meals and 2 additional services	90	140,044

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Congregate Meals and 3 additional services	25	52,324
		5	Congregate Meals and 4 additional services	10	47,206
		6	Congregate Meals and 5 additional services	10	16,773
		7	Congregate Meals and 6 additional services	2	4,238
		8	Congregate Meals and 7 additional services	5	14,338
		9	Congregate Meals and 8 additional services	1	1,838
				927	1,716,040
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?				
		-8	Don't Know	12	14,600
		-7	Refused	1	2,338
		1	Yes	91	153,815
		2	No	823	1,545,287
				927	1,716,040
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	15	23,108
		1	Yes	335	544,577
		2	No	577	1,148,355
				927	1,716,040
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	16	30,304
		1	Yes	231	478,624
		2	No	680	1,207,112
				927	1,716,040
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	3	1,683
		1	Yes	281	449,742
		2	No	643	1,264,614
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	5	7,110
		1	Yes	52	52,539
		2	No	870	1,656,392
				927	1,716,040
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	7	10,739
		1	Yes	81	147,652
		2	No	839	1,557,649
				927	1,716,040
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	16	24,330
		-1	Not Collected	231	467,315
		1	Excellent	230	463,744
		2	Very Good	266	466,849
		3	Good	151	232,134
		4	Fair	28	50,861
		5	Poor	5	10,808
				927	1,716,040
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	19	30,522
		-7	Refused	2	6,609
		1	Yes	759	1,386,767
		2	No	147	292,142
				927	1,716,040
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	56	108,958
		-7	Refused	1	1,812
		1	Yes	681	1,185,374
		2	No	189	419,896
				927	1,716,040
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	28	61,907
		-7	Refused	2	2,301
		1	Yes	699	1,246,601
		2	No	198	405,232
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	29	47,329
		1	Yes	568	1,045,598
		2	No	330	623,113
				927	1,716,040
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	18	37,193
		-7	Refused	1	4,508
		1	Agree	898	1,648,829
		2	Disagree	10	25,510
		927	1,716,040		
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	27	39,919
		-7	Refused	1	4,508
		1	Agree	882	1,635,916
		2	Disagree	17	35,696
		927	1,716,040		
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?	1	Yes	112	135,871
		2	No	815	1,580,169
				927	1,716,040
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?	-8	Don't Know	6	8,065
		1	Yes	121	208,916
		2	No	800	1,499,059
				927	1,716,040
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	17	26,292
		-7	Refused	1	822
		1	Yes	151	251,559
		2	No	758	1,437,367
				927	1,716,040
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	3	2,161
		1	Yes	77	120,874
		2	No	847	1,593,005
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	6	7,662
		1	Yes	210	375,309
		2	No	711	1,333,069
				927	1,716,040
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	9	14,499
		1	Yes	362	679,070
		2	No	556	1,022,471
				927	1,716,040
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	3	2,565
		-7	Refused	1	796
		1	Excellent	91	210,558
		2	Very Good	243	481,632
		3	Good	341	614,960
		4	Fair	202	339,758
		5	Poor	46	65,770
		927	1,716,040		
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	14	22,177
		-7	Refused	1	796
		1	Yes, Limited A Lot	231	445,159
		2	Yes, Limited A Little	300	551,746
		3	No, Not Limited At All	381	696,161
				927	1,716,040
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	19	32,618
		-7	Refused	1	796
		1	Yes, Limited A Lot	302	544,907
		2	Yes, Limited A Little	312	629,770
		3	No, Not Limited At All	293	507,948
				927	1,716,040
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	19	28,469

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	1,688
		1	All Of The Time	73	133,541
		2	Most Of The Time	167	306,490
		3	Some Of The Time	298	575,234
		4	A Little Of The Time	182	319,916
		5	None Of The Time	185	350,703
				927	1,716,040
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	6	7,492
		-7	Refused	3	2,321
		1	All Of The Time	55	112,494
		2	Most Of The Time	126	219,662
		3	Some Of The Time	333	626,374
		4	A Little Of The Time	188	372,337
		5	None Of The Time	216	375,360
				927	1,716,040
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	12	11,309
		-7	Refused	1	796
		1	All Of The Time	14	35,617
		2	Most Of The Time	55	75,519
		3	Some Of The Time	168	329,036
		4	A Little Of The Time	185	302,582
		5	None Of The Time	492	961,181
				927	1,716,040
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	12	8,313
		-7	Refused	3	3,469
		1	All Of The Time	8	24,500
		2	Most Of The Time	45	57,152
		3	Some Of The Time	132	228,399

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Of The Time	192	359,852
		5	None Of The Time	535	1,034,355
				927	1,716,040
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	9	9,463
		-7	Refused	1	796
		1	All Of The Time	255	436,606
		2	Most Of The Time	262	477,436
		3	Some Of The Time	193	428,420
		4	A Little Of The Time	156	270,925
		5	None Of The Time	51	92,394
				927	1,716,040
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?				
		-8	Don't Know	2	3,600
		-7	Refused	1	796
		1	All Of The Time	168	324,164
		2	Most Of The Time	475	870,951
		3	Some Of The Time	210	376,469
		4	A Little Of The Time	58	116,882
		5	None Of The Time	13	23,178
				927	1,716,040
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?				
		-8	Don't Know	2	2,234
		-7	Refused	2	899
		1	All Of The Time	54	97,235
		2	Most Of The Time	290	555,239
		3	Some Of The Time	353	635,366
		4	A Little Of The Time	170	291,721
		5	None Of The Time	56	133,346
				927	1,716,040
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?				
		-8	Don't Know	3	2,636
		-7	Refused	1	796
		1	All Of The Time	12	21,666
		2	Most Of The Time	34	66,473
		3	Some Of The Time	180	296,851

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	A Little Of The Time	293	555,290
		5	None Of The Time	404	772,327
				927	1,716,040
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	9	9,762
		-7	Refused	2	899
		1	All Of The Time	28	58,602
		2	Most Of The Time	60	98,807
		3	Some Of The Time	180	342,330
		4	A Little Of The Time	183	334,380
		5	None Of The Time	465	871,261
				927	1,716,040
PCS_12	SF-12V2 PHYSICAL SUMMARY SCORE				
		.	Missing	64	88,015
		1	4 - < 20	41	56,691
		2	20 - < 25	69	150,264
		3	25 - < 30	95	199,804
		4	30 - < 35	110	190,715
		5	35 - < 40	131	234,556
		6	40 - < 45	109	203,415
		7	45 - < 50	113	211,012
		8	50 - < 55	105	227,494
		9	55 - < 65	90	154,073
				927	1,716,040
MCS_12	SF-12V2 MENTAL SUMMARY SCORE				
		.	Missing	64	88,015
		1	7 - < 35	39	78,814
		2	35 - < 40	68	96,133
		3	40 - < 45	80	135,385
		4	45 - < 50	107	205,488
		5	50 - < 53	79	131,964
		6	53 - < 56	89	196,174
		7	56 - < 59	146	291,903
		8	59 - < 62	103	188,832
		9	62 - < 65	90	167,757
		10	65 - < 80	62	135,575
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PF_T	NEMC PHYSICAL FUNCTIONING T-SCORE BASED ON SFMODACT AND SFCLIMB	Missing		64	88,015
		22.1083		158	302,201
		30.6976		151	287,401
		39.287		177	329,283
		47.8763		158	332,478
		56.4656		219	376,661
					927
RP_T	NEMC ROLE LIMITATION PHYSICAL T-SCORE BASED ON SFACCOMP AND SFLIMITD	Missing		64	88,015
		20.3233		35	72,841
		24.9298		29	56,305
		29.5364		80	151,169
		34.1429		77	140,605
		38.7495		219	407,772
		43.356		112	225,483
		47.9626		116	191,858
		52.5691		47	109,286
57.1757		148	272,706		
			927	1,716,040	
BP_T	NEMC PAIN T-SCORE BASED ON SFPAIN	Missing		64	88,015
		16.6777		51	92,394
		26.8693		150	260,508
		37.0608		184	408,184
		47.2523		244	450,413
		57.4438		234	416,526
			927	1,716,040	
GH_T	NEMC GENERAL HEALTH T-SCORE BASED ON PFHLTH	Missing		64	88,015
		18.8673		43	61,996
		29.6476		192	318,396
		44.7401		314	576,052
		55.5204		228	467,889
		61.9886		86	203,692
			927	1,716,040	
VT_T	NEMC VITALITY T-SCORE BASED ON SFENERGY	Missing		64	88,015
		27.6238		52	126,073

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
			37.6867	156	267,194
			47.7496	334	604,758
			57.8125	274	540,550
			67.8753	47	89,450
				927	1,716,040
RE_T	NEMC ROLE LIMITATION EMOTIONAL T-SCORE BASED ON SFEMOT AND SFCAREFL		Missing	64	88,015
			11.347	5	22,131
			16.9385	6	8,573
			22.5299	26	32,128
			28.1214	28	39,061
			33.7129	82	149,742
			39.3044	87	179,884
			44.8959	121	196,454
			50.4873	92	152,646
			56.0788	416	847,405
				927	1,716,040
SF_T	NEMC SOCIAL FUNCTIONING T-SCORE BASED ON SFINTERF		Missing	64	88,015
			16.1764	27	57,586
			26.2742	60	98,807
			36.3721	165	312,023
			46.4699	175	319,582
			56.5677	436	840,026
				927	1,716,040
MH_T	NEMC MENTAL HEALTH T-SCORE BASED ON SFCALM AND SFDOWN		Missing	64	88,015
			15.7748	2	6,121
			21.8705	5	4,464
			27.9663	9	17,391
			34.0621	41	74,248
			40.1579	104	184,268
			46.2537	144	266,881
			52.3495	214	386,795
			58.4453	219	441,415
			64.541	125	246,441
				927	1,716,040
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	2	1,835

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	796
		1	Much Better Than One Year Ago	68	116,991
		2	A Little Better Than One Year Ago	109	176,399
		3	About The Same As One Year Ago	473	914,255
		4	A Little Worse Than One Year Ago	198	371,347
		5	Worse Than One Year Ago	76	134,417
				927	1,716,040
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...				
		-8	Don't Know	13	16,832
		1	About Enough	462	866,932
		2	Too Much	20	35,544
		3	Would Like To Be Doing More	432	796,732
				927	1,716,040
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?				
		-8	Don't Know	25	40,504
		-7	Refused	1	2,016
		1	Yes	536	983,439
		2	No	365	690,081
				927	1,716,040
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?				
		-8	Don't Know	3	5,477
		-7	Refused	1	796
		1	Yes	579	1,048,362
		2	No	344	661,404
				927	1,716,040
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?				
		-8	Don't Know	4	4,040
		-7	Refused	2	1,436
		1	Yes	637	1,127,139
		2	No	283	582,462
		3	Does Not Apply	1	963
				927	1,716,040
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?				
		-8	Don't Know	5	4,932
		-7	Refused	2	1,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	304	558,829
		2	No	616	1,150,844
				927	1,716,040
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	13	22,125
		-7	Refused	2	1,436
		1	Yes	516	974,452
		2	No	396	718,027
				927	1,716,040
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	5	15,492
		-7	Refused	2	1,436
		1	Yes	280	529,192
		2	No	638	1,167,041
		3	Does Not Apply	2	2,879
				927	1,716,040
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	2	2,696
		-7	Refused	2	1,436
		1	Yes	330	617,873
		2	No	593	1,094,035
				927	1,716,040
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	2	2,696
		-7	Refused	2	1,436
		1	Yes	143	265,538
		2	No	780	1,446,371
				927	1,716,040
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	2	2,696
		-7	Refused	2	1,436
		1	Yes	94	139,856
		2	No	829	1,572,053
				927	1,716,040
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	10	20,100
		-7	Refused	2	1,436
		1	Yes	152	279,348
		2	No	762	1,405,112

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Does Not Apply	1	10,044
				927	1,716,040
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	16	25,010
		-7	Refused	2	1,436
		1	Yes	200	372,341
		2	No	709	1,317,253
				927	1,716,040
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	5	7,015
		-7	Refused	2	1,436
		1	Yes	71	156,346
		2	No	848	1,551,075
		3	Does Not Apply	1	168
				927	1,716,040
PFDISL	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?	-8	Don't Know	2	2,696
		-7	Refused	2	1,436
		1	Yes	561	967,520
		2	No	362	744,389
				927	1,716,040
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	8,033
		-7	Refused	2	1,436
		1	Yes	312	588,611
		2	No	607	1,115,428
		3	Does Not Apply	1	2,532
				927	1,716,040
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	7	28,220
		-7	Refused	2	1,436
		1	Yes	115	205,473
		2	No	803	1,480,911
				927	1,716,040
PFDISO	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?	-8	Don't Know	3	12,234
		-7	Refused	2	1,436

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	52	103,619
		2	No	869	1,596,220
		3	Does Not Apply	1	2,532
				927	1,716,040
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY.	-8	Don't Know	3	2,717
		-7	Refused	2	1,436
		1	Yes	16	30,747
		2	No	906	1,681,140
				927	1,716,040
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	2	2,696
		-7	Refused	2	1,436
		1	Yes	18	38,040
		2	No	904	1,673,203
		3	Does Not Apply	1	665
				927	1,716,040
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	7	8,426
		-7	Refused	2	1,436
		1	Yes	401	752,067
		2	No	517	954,111
				927	1,716,040
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	6	8,661
		-7	Refused	2	1,436
		1	Yes	7	11,617
		2	No	912	1,694,325
				927	1,716,040
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	7	16,609
		-7	Refused	3	3,493
		1	Yes	140	252,294
		2	No	777	1,443,643
				927	1,716,040
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	6	8,476
		-7	Refused	3	3,773
		1	Yes	71	149,949

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	847	1,553,841
				927	1,716,040
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	22	46,174
		1	1 Medical Condition	37	75,457
		2	2 Medical Conditions	73	145,745
		3	3 Medical Conditions	93	175,653
		4	4 Medical Conditions	132	234,669
		5	5 Medical Conditions	142	239,353
		6	6 Medical Conditions	146	276,513
		7	7 Medical Conditions	89	171,256
		8	8 Medical Conditions	66	121,239
		9	9 Medical Conditions	61	115,999
		10	10 Medical Conditions	36	55,100
		11	11 Medical Conditions	14	26,924
		12	12 Medical Conditions	6	7,320
		13	13 Medical Conditions	4	15,052
		14	14 Medical Conditions	5	6,362
		15	15 Medical Conditions	1	3,222
				927	1,716,040
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	11	21,759
		-7	Refused	1	639
		-1	Not Collected	22	46,174
		1	Yes	697	1,258,417
		2	No	196	389,051
				927	1,716,040
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	3	4,025
		-1	Not Collected	230	457,623
		1	Yes	641	1,163,333
		2	No	53	91,059
				927	1,716,040

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	8	15,872
		-1	Not Collected	230	457,623
		1	Yes	232	430,672
		2	No	457	811,872
				927	1,716,040
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	4	12,019
		-1	Not Collected	230	457,623
		1	Yes	115	234,193
		2	No	578	1,012,205
				927	1,716,040
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	2,051
		-1	Not Collected	230	457,623
		1	Yes	103	188,350
		2	No	593	1,068,016
				927	1,716,040
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	3	6,234
		-1	Not Collected	230	457,623
		1	Yes	65	159,575
		2	No	629	1,092,608
				927	1,716,040
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?	-8	Don't Know	4	7,422
		-7	Refused	1	2,327
		-1	Not Collected	230	457,623
		1	Yes	179	321,741

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	513	926,928
				927	1,716,040
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	12	27,674
		-7	Refused	1	639
		-1	Not Collected	22	46,174
		1	Not At All Confident	29	54,333
		2	A Little Confident	80	129,356
		3	Moderately Confident	320	592,460
		4	Very Confident	463	865,404
				927	1,716,040
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	6	10,431
		-7	Refused	2	1,436
		1	Yes	236	416,321
		2	No	683	1,287,852
				927	1,716,040
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	7	17,817
		-7	Refused	3	2,994
		1	0-2 medications	263	467,058
		2	3-4 medications	274	544,984
		3	5-6 medications	188	309,041
		4	7-8 medications	92	179,253
		5	9+ medications	100	194,892
				927	1,716,040
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	2	1,104
		-7	Refused	2	1,436
		1	Yes	208	393,275
		2	No	715	1,320,226
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-8	Don't Know	1	3,222
		-7	Refused	1	796
		1	Yes	41	109,493
		2	No	884	1,602,528
				927	1,716,040
PFDFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-7	Refused	1	796
		1	Yes	87	156,669
		2	No	839	1,558,575
				927	1,716,040
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	822
		-1	Not Collected	840	1,559,371
		1	Yes	28	50,157
		2	No	58	105,690
				927	1,716,040
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	-8	Don't Know	1	265
		-7	Refused	1	796
		1	Yes	174	315,564
		2	No	751	1,399,414
				927	1,716,040
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	753	1,400,476
		1	Yes	123	225,739
		2	No	51	89,825
				927	1,716,040
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	796
		-7	Refused	1	796
		1	Yes	131	254,396
		2	No	794	1,460,051
				927	1,716,040
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	796	1,461,644
		1	Yes	42	85,277

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	89	169,119
				927	1,716,040
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	2	3,495
		-7	Refused	1	796
		1	Yes	111	222,837
		2	No	813	1,488,912
				927	1,716,040
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	616
		-1	Not Collected	816	1,493,203
		1	Yes	60	109,515
		2	No	50	112,706
				927	1,716,040
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-7	Refused	1	796
		1	Yes	62	132,931
		2	No	864	1,582,313
				927	1,716,040
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	865	1,583,109
		1	Yes	44	96,801
		2	No	18	36,129
				927	1,716,040
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	3	1,784
		-7	Refused	1	796
		1	Yes	336	637,026
		2	No	587	1,076,433
				927	1,716,040
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	2	3,974
		-1	Not Collected	591	1,079,014
		1	Yes	50	105,423
		2	No	284	527,629
				927	1,716,040
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	2	3,167
		-7	Refused	1	796
		1	Yes	25	64,667
		2	No	899	1,647,410

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				927	1,716,040
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	902	1,651,373
		1	Yes	8	20,648
		2	No	17	44,018
				927	1,716,040
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-7	Refused	1	796
		1	Yes	45	77,222
		2	No	881	1,638,021
				927	1,716,040
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	882	1,638,818
		1	Yes	18	24,779
		2	No	27	52,443
				927	1,716,040
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	5	4,829
		-7	Refused	1	796
		1	Yes	93	140,876
		2	No	828	1,569,538
				927	1,716,040
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	834	1,575,164
		1	Yes	71	107,720
		2	No	22	33,156
				927	1,716,040
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	5	17,213
		-7	Refused	1	796
		1	Yes	119	205,036
		2	No	802	1,492,994
				927	1,716,040
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	808	1,511,004
		1	Yes	89	164,271
		2	No	30	40,765
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLEN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	2	1,762
		-7	Refused	1	796
		1	Yes	144	263,195
		2	No	780	1,450,287
				927	1,716,040
PFCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-8	Don't Know	1	633
		-1	Not Collected	783	1,452,845
		1	Yes	111	185,641
		2	No	32	76,920
				927	1,716,040
PFHCLEN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	6	9,952
		-7	Refused	1	796
		1	Yes	463	881,983
		2	No	457	823,309
				927	1,716,040
PFHCLENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	4	6,231
		-1	Not Collected	464	834,057
		1	Yes	386	749,473
		2	No	73	126,279
				927	1,716,040
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	561
		-7	Refused	1	796
		1	Yes	88	162,664
		2	No	836	1,552,019
				927	1,716,040
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	839	1,553,376
		1	Yes	66	118,577
		2	No	22	44,087
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	30	64,631
		2	No	897	1,651,409
				927	1,716,040
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-1	Not Collected	897	1,651,409
		1	Yes	28	62,899
		2	No	2	1,732
				927	1,716,040
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	1	1,480
		1	Yes	756	1,434,042
		2	No	170	280,518
				927	1,716,040
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	5	6,304
		-7	Refused	1	796
		-1	Not Collected	171	281,998
		1	Yes	99	195,948
		2	No	651	1,230,994
				927	1,716,040
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	60	110,315
		-7	Refused	2	3,154
		1	Yes	349	670,472
		2	No	516	932,099
				927	1,716,040
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	578	1,045,568
		1	Yes	29	50,103
		2	No	149	327,091
		3	Never Uses Bus	171	293,278
		927	1,716,040		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	898	1,665,937
		1	Yes	18	35,298
		2	No	11	14,805
		927	1,716,040		

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	1	3,202
		-1	Not Collected	499	873,807
		1	Family	304	538,118
		2	Someone Else Like Friend/Neighbor/Other	76	200,006
		3	Did Not Receive Help	47	100,907
				927	1,716,040
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	7	14,149
		-1	Not Collected	623	1,177,922
		1	Husband	37	80,033
		2	Wife	43	86,473
		3	Son	61	110,333
		4	Son-In-Law	2	2,802
		5	Daughter	101	165,327
		6	Daughter-In-Law	7	7,807
		9	Brother	2	2,246
		10	Sister	9	9,471
		11	Grandson	5	14,375
		12	Granddaughter	18	31,770
		13	Nephew	3	4,370
		14	Niece	6	5,476
91	Other Relative	3	3,487		
		927	1,716,040		
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	9	10,038
		0	0 limitations	525	943,644
		1	1 limitation	219	422,384
		2	2 limitations	97	193,616
		3	3 limitations	39	70,301
		4	4 limitations	21	29,677
		5	5 limitations	11	35,079
		6	6 limitations	6	11,300
		927	1,716,040		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
ADLAOA6_ SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	796
		0	0 limitations	531	950,403
		1	1 limitation	219	422,384
		2	2 limitations	98	194,413
		3	3 limitations	40	71,988
		4	4 limitations	21	29,677
		5	5 limitations	11	35,079
		6	6 limitations	6	11,300
				927	1,716,040
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	9	10,038
		1	Yes	77	146,358
		2	No	841	1,559,644
				927	1,716,040
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	1	796
		1	Yes	78	148,044
		2	No	848	1,567,199
				927	1,716,040
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	3	4,589
		0	0 limitations	813	1,479,685
		1	1 limitation	63	134,954
		2	2 limitations	19	39,828
		3	3 limitations	11	32,053
		4	4 limitations	10	9,897
		5	5 limitations	5	6,515
		6	6 limitations	3	8,519
				927	1,716,040
ADLAOA6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	1	796
		0	0 limitations	813	1,479,504
		1	1 limitation	63	134,954
		2	2 limitations	20	43,348
		3	3 limitations	12	32,506
		4	4 limitations	10	9,897

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	5	6,515
		6	6 limitations	3	8,519
				927	1,716,040
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREPARING MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION.	.	Missing	18	29,381
		0	0 limitations	581	1,092,048
		1	1 limitation	151	292,235
		2	2 limitations	65	112,176
		3	3 limitations	44	72,489
		4	4 limitations	29	46,116
		5	5 limitations	19	25,025
		6	6 limitations	8	14,697
		7	7 limitations	12	31,873
				927	1,716,040
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	592	1,104,199
		1	1 limitation	153	293,416
		2	2 limitations	68	127,007
		3	3 limitations	45	72,884
		4	4 limitations	30	46,937
		5	5 limitations	19	25,025
		6	6 limitations	8	14,697
		7	7 limitations	12	31,873
				927	1,716,040
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING THE PHONE, OR DRIVING CAR/USING PUBLIC TRANS.	.	Missing	7	7,734
		0	0 limitations	671	1,268,326
		1	1 limitation	118	191,130
		2	2 limitations	42	97,706
		3	3 limitations	32	54,148
		4	4 limitations	19	27,168

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 limitations	18	23,259
		6	6 limitations	9	15,532
		7	7 limitations	11	31,038
				927	1,716,040
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	675	1,273,488
		1	1 limitation	119	192,045
		2	2 limitations	43	98,541
		3	3 limitations	32	54,148
		4	4 limitations	20	27,989
		5	5 limitations	18	23,259
		6	6 limitations	9	15,532
		7	7 limitations	11	31,038
				927	1,716,040
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREPARING MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING THE TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION.	.	Missing	23	38,719
		0	0 limitations	381	663,487
		1	1 limitation	246	548,828
		2	2 limitations	113	179,348
		3	3 limitations	59	100,932
		4	4 limitations	39	70,145
		5	5 limitations	29	46,757
		6	6 limitations	18	21,918
		7	7 limitations	7	14,032
		8	8 limitations	12	31,873
				927	1,716,040
IADLAOA8_ SSS	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	393	678,015
		1	1 limitation	249	555,125
		2	2 limitations	115	180,529
		3	3 limitations	62	115,764
		4	4 limitations	40	70,541
		5	5 limitations	30	47,578
		6	6 limitations	19	22,583

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		7	7 limitations	7	14,032
		8	8 limitations	12	31,873
				927	1,716,040
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	11	13,965
		0	0 limitations	478	853,482
		1	1 limitation	238	500,835
		2	2 limitations	71	102,468
		3	3 limitations	44	100,071
		4	4 limitations	28	48,222
		5	5 limitations	20	30,275
		6	6 limitations	18	20,817
		7	7 limitations	8	14,867
		8	8 limitations	11	31,038
				927	1,716,040
IADL8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	484	861,086
		1	1 limitation	240	504,625
		2	2 limitations	72	103,383
		3	3 limitations	45	100,906
		4	4 limitations	28	48,222
		5	5 limitations	21	31,097
		6	6 limitations	18	20,817
		7	7 limitations	8	14,867
		8	8 limitations	11	31,038
				927	1,716,040
AGEC	AGE CATEGORY	2	60-64 years	93	182,840
		3	65-74 years	306	577,809
		4	75-84 years	365	648,627
		5	85+ years	163	306,764
				927	1,716,040
GENDER	GENDER	1	Male	291	565,843
		2	Female	636	1,150,197
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	5,034
		-7	Refused	1	4,120
		1	Less Than High School Diploma	167	254,260
		2	High School Diploma Or GED	356	623,302
		3	Some College(Business/Vocational/Techni)	267	538,126
		4	Bachelor's Degree	60	115,913
		5	Some Post-Graduate Work/Advanced Degree	73	175,286
				927	1,716,040
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	13	14,941
		-7	Refused	1	466
		1	Yes	31	72,802
		2	No	882	1,627,830
				927	1,716,040
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	2,391
		-7	Refused	3	2,593
		1	Yes	771	1,505,603
		2	No	151	205,453
				927	1,716,040
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	2,391
		-7	Refused	3	2,593
		1	Yes	124	153,425
		2	No	798	1,557,631
				927	1,716,040
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	2,391
		-7	Refused	3	2,593
		1	Yes	10	11,292
		2	No	912	1,699,764
				927	1,716,040
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	2,391
		-7	Refused	3	2,593
		1	Yes	28	46,291
		2	No	894	1,664,764
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	2,391
		-7	Refused	3	2,593
		1	Yes	1	814
		2	No	921	1,710,241
				927	1,716,040
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	2,391
		-7	Refused	3	2,593
		1	Yes	9	26,224
		2	No	913	1,684,832
				927	1,716,040
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	1	1,966
		1	Yes	186	379,191
		2	No	740	1,334,883
				927	1,716,040
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	21	28,786
		-7	Refused	1	215
		1	The City	393	783,503
		2	The Suburbs	168	296,811
		3	A Rural Area	344	606,724
				927	1,716,040
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	2	3,459
		-7	Refused	3	2,089
		1	Yes	434	764,212
		2	No	488	946,281
				927	1,716,040
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-8	Don't Know	2	1,365
		-7	Refused	2	1,249
		-1	Not Collected	434	764,212
		1	Yes	366	739,810
		2	No	123	209,404
				927	1,716,040
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	3	8,899
		-7	Refused	3	2,089

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	434	764,212
		1	Yes	110	187,860
		2	No	377	752,981
				927	1,716,040
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-8	Don't Know	1	552
		-7	Refused	3	2,089
		-1	Not Collected	434	764,212
		1	Yes	68	111,851
		2	No	421	837,336
				927	1,716,040
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	3	2,011
		-7	Refused	3	2,089
		-1	Not Collected	434	764,212
		1	Yes	16	46,799
		2	No	471	900,929
				927	1,716,040
LIVARRC	WHO DO YOU LIVE WITH?	-8	Don't Know	1	552
		-7	Refused	2	1,249
		1	Alone	434	764,212
		2	With spouse only	322	647,877
		3	With children only	63	104,083
		4	With spouse and children	19	39,300
		5	With others	86	158,768
				927	1,716,040
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	552
		-7	Refused	3	2,089
		1	1 Person	436	766,217
		2	2 People	393	776,635
		3	3 People	59	107,962
		4	4 People	18	33,355
		5	5 People	8	16,229
		6	6 People	7	11,441
		8	8 People	1	1,258
		9	9 People	1	304
				927	1,716,040
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	1	552

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	2	1,468
		1	Married	376	757,338
		2	Widowed	391	673,447
		3	Divorced	103	190,237
		4	Separated	11	8,043
		5	Never Married	43	84,956
				927	1,716,040
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010 ABOVE OR BELOW \$20,000?				
		-8	Don't Know	71	119,782
		-7	Refused	51	77,422
		1	Below \$20,000 [1666 Per Month Or Less]	417	681,098
		2	Above \$20,000 [1667 Per Month Or More]	388	837,739
				927	1,716,040
INCOME	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2010?				
		.	Missing	122	197,204
		-8	Don't Know	60	113,739
		-7	Refused	32	57,901
		1	\$5,000 or less	32	45,615
		2	\$5,001-\$10,000	85	125,163
		3	\$10,001-\$15,000	130	199,592
		4	\$15,001-\$20,000	121	232,961
		5	\$20,001-\$25,000	108	208,720
		6	\$25,001-\$30,000	65	135,018
		7	\$30,001-\$35,000	43	96,524
		8	\$35,001-\$40,000	34	76,409
		9	\$40,001-\$50,000	35	96,528
		10	ABOVE \$50,000	60	130,667
				927	1,716,040
URBAN	URBAN				
		-9	Invalid Zip Code, or Foreign Zip Code	30	36,840
		0	Rural (Not in Urbanized Area or Urban Cluster)	569	964,278
		1	In Urbanized Area	273	600,194
		2	In Urban Cluster	55	114,728
				927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	927	1,716,040
				927	1,716,040
VARUNIT	VARIANCE UNIT	1	Variance unit 1	441	754,145
		2	Variance unit 2	481	949,523
		3	Variance unit 3	5	12,373
				927	1,716,040
PSWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	21.43 - 13932.58	Weight range	927	1,716,040
				927	1,716,040
PSWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	18.41 - 30948.17	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	20.13 - 26737.77	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	5.87 - 28946.82	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	5.38 - 24152.26	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	7.16 - 31543.58	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	5.46 - 25972.89	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	5.74 - 22180.19	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	5.59 - 26231.62	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	6.74 - 26136.48	Replicate weight range	927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				927	1,716,040
PSWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	6.24 - 21284.06	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	18.89 - 24484.08	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	19.24 - 32665.50	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	5.71 - 19047.37	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	5.36 - 27624.84	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	5.95 - 34314.23	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	4.66 - 27178.74	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	4.43 - 19909.93	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	7.17 - 28809.81	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	5.55 - 32549.05	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	5.02 - 26525.80	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	7.21 - 28048.19	Replicate weight range	927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				927	1,716,040
PSWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	5.80 - 24897.97	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	39.81 - 24467.42	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	30.79 - 33651.94	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	5.98 - 34746.06	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	6.14 - 27174.13	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	4.36 - 22284.14	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	7.00 - 23288.45	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	25.22 - 28925.72	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	39.21 - 27977.08	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	5.43 - 23387.95	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	5.72 - 23192.98	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	4.30 - 19326.33	Replicate weight range	927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				927	1,716,040
PSWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	5.38 - 28250.75	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	5.84 - 26612.04	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	6.86 - 28495.98	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	23.28 - 30126.58	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	39.34 - 22458.41	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	5.45 - 22855.90	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	4.89 - 32909.04	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	5.56 - 32336.07	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	7.43 - 30616.33	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	4.64 - 23716.81	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	5.62 - 23763.84	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	6.30 - 29910.19	Replicate weight range	927	1,716,040

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				927	1,716,040
PSWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	5.43 - 28586.28	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	39.79 - 27829.58	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	30.56 - 21602.55	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	6.48 - 27301.87	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	5.64 - 27903.54	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	21.47 - 29009.36	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	18.78 - 22890.42	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	7.71 - 30132.95	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	5.17 - 24611.23	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	5.76 - 24206.54	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	4.78 - 22438.38	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	18.10 - 27344.23	Replicate weight range	927	1,716,040

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
				927	1,716,040
PSWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	22.89 - 22350.58	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	5.74 - 22302.81	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	5.29 - 39077.45	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	6.10 - 21433.34	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	5.16 - 26594.04	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	8.41 - 34226.39	Replicate weight range	927	1,716,040
				927	1,716,040
PSWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	4.91 - 28639.74	Replicate weight range	927	1,716,040
				927	1,716,040