

Positional Listing of Variables

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

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CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMSTAYHM	NUM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?
CMLIKE	NUM	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFRNDS	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?
CMTASTES	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?
CMFQYN	NUM	WITHIN THE LAST 12 MONTHS, HAVE YOU NOTICED ANY CHANGES IN THE AMOUNT OR QUALITY OF THE FOOD IN YOUR LUNCH PROGRAM?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?
CMFQ5	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?
CMFQ6	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?
CMFQ7	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?
CMFQ8	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?
CMFQ9	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?
CMFQ11	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
CMFQOT	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMRXFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMSKP	NUM	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?
SVCHDM	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?
SVCHOUSE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?
SVCCSEMG	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
SVCDYCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?
SVCPCR	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?
SVCHORE	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?
SVCLGL	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?
SVCIAA	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?
SVCCOUNT	NUM	SERVICE COMBINATIONS

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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?
SFPAIN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?

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SFCALM	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?
SFENERGY	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?
SFDOWN	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?
SFINTERF	NUM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVES, ETC.)?
SFHEALTH	NUM	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?
SFACTIVE	NUM	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...
SFSOCIAL	NUM	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?
PFDISA	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?
PFDISB	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?
PFDISC	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?
PFDISD	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?
PFDISE	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?
PFDISF	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?
PFDISG	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?
PFDISH	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?
PFDISI	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?
PFDISJ	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?
PFDISK	NUM	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?
PFDISL	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EYE OR VISION CONDITIONS SUCH AS GLAUCOMA, CATARACTS, MACULAR DEGENERATION, OR OTHER VISION CONDITIONS?
PFDISM	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?
PFDISN	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?
PFDISO	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?
PFDISP	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?
PFDISQ	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?

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PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PFCLASS	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFCONF	NUM	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
PFDFIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDFINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A 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?
PFDRS	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRSB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?

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PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFCLEN	NUM	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?
PFCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFBUS	NUM	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFBUSEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION

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IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
AGEC	NUM	AGE CATEGORY
GENDER	NUM	GENDER
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT4	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4

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PSTOTWGT5	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5
PSTOTWGT6	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6
PSTOTWGT7	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7
PSTOTWGT8	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8
PSTOTWGT9	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34
PSTOTWGT35	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35
PSTOTWGT36	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36
PSTOTWGT37	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37
PSTOTWGT38	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38
PSTOTWGT39	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39
PSTOTWGT40	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40
PSTOTWGT41	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41
PSTOTWGT42	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42
PSTOTWGT43	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43

Positional Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PSTOTWGT44	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44
PSTOTWGT45	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45
PSTOTWGT46	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46
PSTOTWGT47	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47
PSTOTWGT48	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48
PSTOTWGT49	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49
PSTOTWGT50	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50
PSTOTWGT51	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51
PSTOTWGT52	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52
PSTOTWGT53	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53
PSTOTWGT54	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54
PSTOTWGT55	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55
PSTOTWGT56	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56
PSTOTWGT57	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57
PSTOTWGT58	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58
PSTOTWGT59	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59
PSTOTWGT60	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60
PSTOTWGT61	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61
PSTOTWGT62	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62
PSTOTWGT63	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63
PSTOTWGT64	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?

Positional Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
ADLAOA6	NUM	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P	NUM	AMONG THOSE WITH ANY ADL DIFFICULTY, PERSON COUNTS BY NUMBER OF ADL PERSONAL ASSISTANCE NEEDS: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.
ADLAOA6P_SSS	NUM	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION
ADLAOA6_SSS	NUM	AOA ADL LIMITATIONS, SSS VERSION
AGEC	NUM	AGE CATEGORY
BENEFITS	NUM	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?
CMBEANS	NUM	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?
CMBILFD	NUM	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?
CMBREAD	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF BREAD, CEREAL, RICE, PASTA, NOODLES, OR TORTILLAS DO YOU USUALLY EAT PER DAY?
CMDAIRY	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS DO YOU USUALLY EAT EVERY DAY?
CMDAYS	NUM	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?
CMDAYSWK	NUM	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?
CMDES	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF PASTRIES OR DESSERTS DO YOU USUALLY EAT PER DAY?
CMEATBNS	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?
CMEATBRD	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE BREAD, CEREAL, RICE, PASTA, NOODLES, TORTILLAS THAT ARE PROVIDED?
CMEATDAR	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?
CMEATDES	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE PASTRIES OR DESSERTS THAT ARE PROVIDED?
CMEATFRT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?
CMEATMET	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?
CMEATPOT	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE POTATOES THAT ARE PROVIDED?
CMEATVEG	NUM	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?
CMENUF	NUM	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?
CMFLBR2	NUM	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?
CMFLBTR	NUM	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?
CMFQ1	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?
CMFQ10	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CMFQ11	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?
CMFQ2	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?
CMFQ3	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?
CMFQ4	NUM	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES 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
CMTOTFRUVEGS	NUM	
CMTOTGRAINS	NUM	TOTAL SERVINGS OF ALL GRAINS PER DAY
CMTOTMTBNS	NUM	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY
CMTOTVEGS	NUM	TOTAL SERVINGS OF ALL VEGETABLES PER DAY
CMVARFD	NUM	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?
CMVEGS	NUM	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF VEGETABLES OTHER THAN POTATOES DO YOU USUALLY EAT PER DAY?
CMVR2FD	NUM	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
CSARRNG	NUM	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?
CSHOME	NUM	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?
DEEDUC	NUM	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?
DEHHM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEHISP	NUM	ARE YOU HISPANIC OR LATINO?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015 ABOVE OR BELOW \$20,000?
DELOC	NUM	WHERE IS YOUR HOME LOCATED?
DELVKID2	NUM	DO YOU LIVE WITH YOUR CHILDREN?
DELVNRL4	NUM	DO YOU LIVE WITH NON-RELATIVES?
DELVREL3	NUM	DO YOU LIVE WITH OTHER RELATIVES?
DELVSP1	NUM	DO YOU LIVE WITH YOUR SPOUSE?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DERAC01	NUM	WHAT IS YOUR RACE? WHITE OR CAUCASIAN
DERAC02	NUM	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN
DERAC03	NUM	WHAT IS YOUR RACE? ASIAN
DERAC04	NUM	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE
DERAC05	NUM	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
DERAC06	NUM	WHAT IS YOUR RACE? OTHER
DEVET	NUM	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)
EXERCISE	NUM	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?
FAMFRND	NUM	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?
GENDER	NUM	GENDER
HLMDRUGS	NUM	# DIFF MEDICINES YOU TAKE DAILY
HLMHOSP	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?
HLMNH	NUM	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?
HLTHSCRN	NUM	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?
HMHOSPNH	NUM	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER
HNREDUYN	NUM	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?
IADLAOA7	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?
IADLAOA7P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMNT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?
LIVARRC	NUM	WHO DO YOU LIVE WITH?
LIVEALONE	NUM	DO YOU LIVE ALONE? SSS CONSTRUCTED
MEDS	NUM	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?
MOB_IMP	NUM	MOBILITY IMPAIRED
NUM_COND	NUM	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED
OHQ030	NUM	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?
OHQ770	NUM	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?
OHQ78001	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?
OHQ78002	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?
OHQ78003	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?
OHQ78004	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?
OHQ78005	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?
OHQ78006	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?
OHQ78007	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?
OHQ78008	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?
OHQ78009	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?
OHQ78010	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?
OHQ78011	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?
OHQ78012	NUM	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFDISR	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?
PFDISS	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?
PFDIST	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?
PFDISU	NUM	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?
PFDLR	NUM	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?
PFDLRB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFDRIVE	NUM	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFFONE	NUM	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?
PFFONEB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?
PFHCLEN	NUM	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?
PFHCLENB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?
PFHLTH	NUM	IN GENERAL, HOW IS YOUR HEALTH?
PFISCAR	NUM	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?
PFILEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
PFMEDF	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?
PFMEDIA	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?
PFNCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?
PFPCARE	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?
PFPHON	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?
PFREAD	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?
PFTKCARE	NUM	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
PFTKDG	NUM	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFTKDGB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?
PFUSEBUS	NUM	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?
PFWCB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?
PFWEB	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?
PSTOTWGT	NUM	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT
PSTOTWGT1	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1
PSTOTWGT10	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10
PSTOTWGT11	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11
PSTOTWGT12	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12
PSTOTWGT13	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13
PSTOTWGT14	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14
PSTOTWGT15	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15
PSTOTWGT16	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16
PSTOTWGT17	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17
PSTOTWGT18	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18
PSTOTWGT19	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19
PSTOTWGT2	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2
PSTOTWGT20	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20
PSTOTWGT21	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21
PSTOTWGT22	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22
PSTOTWGT23	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23
PSTOTWGT24	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24
PSTOTWGT25	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25
PSTOTWGT26	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26
PSTOTWGT27	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27
PSTOTWGT28	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28
PSTOTWGT29	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29
PSTOTWGT3	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3
PSTOTWGT30	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30
PSTOTWGT31	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31
PSTOTWGT32	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32
PSTOTWGT33	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33
PSTOTWGT34	NUM	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

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

Alphabetical Listing of Variables

<i>Name</i>	<i>Type</i>	<i>Description</i>
SVCSECUR	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?
SVCSELF	NUM	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?
SVCSUPOS	NUM	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?
SVCTRAN	NUM	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?
URBAN	NUM	URBAN
VARSTRAT	NUM	VARIANCE STRATUM
VARUNIT	NUM	VARIANCE UNIT
WHOHELPS	NUM	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	814	1,554,658
				814	1,554,658
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	271	421,227
		2	More Than 1 Day To 1 Week Ago	235	438,089
		3	More Than 1 Week To 1 Month Ago	121	297,049
		4	More Than 1 Month Ago	187	398,294
				814	1,554,658
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	7	11,334
		1	6 Months Or Less	93	175,075
		2	More Than 6 Months But Less Than 1 Year	68	154,406
		3	At Least 1 Year But Less Than 2 Years	137	310,223
		4	2 To 5 Years	284	516,481
		5	More Than 5 Years	225	387,139
				814	1,554,658
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	55	149,459
		-7	Refused	3	8,771
		0	0 Days	49	162,809
		1	1 Day	179	364,842
		2	2 Days	153	260,238
		3	3 Days	160	248,020
		4	4 Days	61	108,798
		5	5 Days	152	250,442
		7	7 Days	2	1,278
				814	1,554,658
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	45,612
		1	Less Than One-Third	75	171,858
		2	Between One-Third And One-Half	287	571,906
		3	About One-Half	246	409,554
		4	More Than One-Half	178	355,182
		91	Other	1	546
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	18	24,087
		0	0 Servings	35	42,556
		1	1 Serving	407	682,515
		2	2 Servings	212	448,980
		3	3 Servings	94	246,976
		4	4 Servings	19	36,954
		5	5 Servings	7	11,350
		6	6 Servings	3	8,662
		99	Less than one serving	19	52,578
			814	1,554,658	
CMEATFRT	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE FRUIT THAT IS PROVIDED?	-8	Don't Know	5	5,292
		-7	Refused	1	259
		1	Yes	771	1,491,108
		2	No	37	58,000
			814	1,554,658	
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	27	45,396
		-7	Refused	2	1,877
		0	0 Servings	115	261,738
		1	1 Serving	522	932,008
		2	2 Servings	61	141,484
		3	3 Servings	5	7,134
		4	4 Servings	1	112
		5	5 Servings	1	1,785
		9	9 Servings	1	2,754
		10	10 Servings	1	244
99	Less than one serving	78	160,125		
			814	1,554,658	
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	7	18,784
		-7	Refused	1	1,070
		1	Yes	752	1,432,936
		2	No	54	101,867
			814	1,554,658	

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	14	16,652
		-7	Refused	3	3,516
		0	0 Servings	16	17,321
		1	1 Serving	391	750,488
		2	2 Servings	261	541,836
		3	3 Servings	81	151,549
		4	4 Servings	23	29,278
		5	5 Servings	6	19,810
		6	6 Servings	2	4,848
		99	Less than one serving	17	19,361
			814	1,554,658	
CMEATVEG	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?	-8	Don't Know	6	4,945
		-7	Refused	3	2,136
		1	Yes	768	1,483,608
		2	No	37	63,969
				814	1,554,658
CMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY	.	Missing	37	58,212
		1	1 Serving	95	209,953
		2	2 Servings	338	613,353
		3	3 Servings	202	416,333
		4	4 Servings	86	169,679
		5	5 Servings	23	32,880
		6	6 Servings	10	24,980
		7	7 Servings	1	2,601
		8	8 Servings	1	1,785
		13	13 Servings	1	244
		14	14 Servings	1	2,754
99	Less than one serving	19	21,883		
		814	1,554,658		
CMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	49	75,280
		1	1 Serving	22	57,276
		2	2 Servings	74	130,239
		3	3 Servings	234	387,547
		4	4 Servings	178	345,405

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Servings	110	236,784
		6	6 Servings	70	163,057
		7	7 Servings	45	108,857
		8	8 Servings	12	17,217
		9	9 Servings	6	6,096
		10	10 Servings	3	9,328
		11	11 Servings	3	8,208
		15	15 Servings	1	244
		16	16	1	2,754
		99	Less than one serving	6	6,365
				814	1,554,658
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	16	23,559
		-7	Refused	1	1,070
		0	0 Servings	33	49,659
		1	1 Serving	384	652,160
		2	2 Servings	210	441,703
		3	3 Servings	118	298,625
		4	4 Servings	32	68,126
		5	5 Servings	9	8,351
		8	8 Servings	1	1,064
		99	Less than one serving	10	10,341
				814	1,554,658
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	5	3,923
		-7	Refused	1	1,070
		1	Yes	699	1,294,338
		2	No	109	255,327
				814	1,554,658
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	19	24,596
		-7	Refused	2	1,230
		0	0 Servings	129	285,338
		1	1 Serving	409	756,228
		2	2 Servings	166	305,990

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	3 Servings	31	61,514
		4	4 Servings	4	25,546
		99	Less than one serving	54	94,216
				814	1,554,658
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	7	11,004
		-7	Refused	2	1,329
		1	Yes	690	1,279,871
		2	No	115	262,454
				814	1,554,658
CMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY	.	Missing	31	43,482
		1	1 Serving	114	180,982
		2	2 Servings	259	502,124
		3	3 Servings	181	343,264
		4	4 Servings	116	262,605
		5	5 Servings	61	122,596
		6	6 Servings	23	55,548
		7	7 Servings	9	18,607
		8	8 Servings	1	1,097
		10	10 Servings	1	1,064
		99	Less than one serving	18	23,289
				814	1,554,658
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	14	28,759
		-7	Refused	3	3,764
		0	0 Servings	60	100,309
		1	1 Serving	415	807,361
		2	2 Servings	217	428,696
		3	3 Servings	71	129,706
		4	4 Servings	17	38,439
		5	5 Servings	5	4,160
		6	6 Servings	1	346
		99	Less than one serving	11	13,118
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMEATDAR	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT OR DRINK THE MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS THAT ARE PROVIDED?	-8	Don't Know	8	13,320
		-7	Refused	1	1,070
		1	Yes	635	1,078,322
		2	No	170	461,947
				814	1,554,658
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	16	50,026
		-7	Refused	1	1,070
		0	0 Servings	16	43,095
		1	1 Serving	429	744,629
		2	2 Servings	264	568,652
		3	3 Servings	63	120,549
		4	4 Servings	4	8,810
		5	5 Servings	2	512
		99	Less than one serving	19	17,314
		814	1,554,658		
CMEATMET	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE MEAT, CHICKEN, TURKEY, FISH, OR EGGS THAT ARE PROVIDED?	-8	Don't Know	7	7,212
		-7	Refused	1	1,070
		1	Yes	773	1,475,246
		2	No	33	71,131
		814	1,554,658		
CMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?	-8	Don't Know	19	28,671
		-7	Refused	2	2,047
		0	0 Servings	121	221,932
		1	1 Serving	494	970,265
		2	2 Servings	114	203,196
		3	3 Servings	18	17,876
		4	4 Servings	2	1,811
		6	6 Servings	1	726
99	Less than one serving	43	108,133		
		814	1,554,658		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMEATBNS	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE NUTS, TOFU, OR BEANS THAT ARE PROVIDED?	-8	Don't Know	14	35,607
		-7	Refused	2	2,715
		1	Yes	692	1,309,267
		2	No	106	207,068
				814	1,554,658
CMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY	.	Missing	32	73,557
		1	1 Serving	98	217,324
		2	2 Servings	346	587,544
		3	3 Servings	194	386,796
		4	4 Servings	93	216,851
		5	5 Servings	25	37,441
		6	6 Servings	6	4,504
		7	7 Servings	1	1,115
		8	8 Servings	1	136
		9	9 Servings	1	726
		99	Less than one serving	17	28,664
		814	1,554,658		
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?	-8	Don't Know	1	1,645
		-7	Refused	2	1,607
		1	Excellent	257	513,496
		2	Very Good	294	608,545
		3	Good	179	292,630
		4	Fair	58	101,417
		5	Poor	23	35,317
		814	1,554,658		
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT	.	Missing	3	3,252
		1	Rating of Good to Excellent	730	1,414,672
		2	Rating of Fair or Poor	81	136,734
		814	1,554,658		
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?	-8	Don't Know	5	20,475
		1	Yes	764	1,470,568
		2	No	45	63,614
		814	1,554,658		
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	24	77,752

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	3,137
		1	Yes	623	1,151,626
		2	No	164	322,144
				814	1,554,658
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	64	106,272
		-7	Refused	1	1,891
		1	Yes	581	1,072,971
		2	No	168	373,524
				814	1,554,658
CMSTAYHM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	37	75,479
		-7	Refused	3	5,416
		1	Yes	504	934,416
		2	No	270	539,347
				814	1,554,658
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	32	53,222
		-7	Refused	1	259
		1	Yes	729	1,417,862
		2	No	52	83,315
				814	1,554,658
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	38	95,977
		-7	Refused	2	2,467
		1	Yes	663	1,224,186
		2	No	111	232,028
				814	1,554,658
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	9	12,709
		-7	Refused	1	259
		1	Yes	668	1,219,375
		2	No	136	322,315
				814	1,554,658
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	4	2,707
		-7	Refused	1	560
		1	Always	252	549,191
		2	Usually	362	694,227
		3	Sometimes	169	239,842

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	Seldom	21	62,075
		5	Never	5	6,057
				814	1,554,658
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	1	1,645
		1	Always	292	635,376
		2	Usually	345	615,488
		3	Sometimes	142	247,265
		4	Seldom	27	46,717
		5	Never	7	8,166
				814	1,554,658
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	32	59,509
		-7	Refused	2	3,701
		1	Yes	206	368,851
		2	No	574	1,122,598
				814	1,554,658
CMFQ1	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-1	Not Collected	608	1,185,807
		1	Yes	51	94,697
		2	No	155	274,154
				814	1,554,658
CMFQ2	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-1	Not Collected	608	1,185,807
		1	Yes	54	126,776
		2	No	152	242,075
				814	1,554,658
CMFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?	-1	Not Collected	608	1,185,807
		1	Yes	2	789
		2	No	204	368,062
				814	1,554,658
CMFQ4	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?	-1	Not Collected	608	1,185,807
		1	Yes	4	3,394
		2	No	202	365,457

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				814	1,554,658
CMFQ5	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-1	Not Collected	608	1,185,807
		1	Yes	18	15,865
		2	No	188	352,986
				814	1,554,658
CMFQ6	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-1	Not Collected	608	1,185,807
		1	Yes	5	2,651
		2	No	201	366,199
				814	1,554,658
CMFQ7	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?	-1	Not Collected	608	1,185,807
		1	Yes	11	20,701
		2	No	195	348,150
				814	1,554,658
CMFQ8	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-1	Not Collected	608	1,185,807
		1	Yes	2	7,257
		2	No	204	361,594
				814	1,554,658
CMFQ9	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-1	Not Collected	608	1,185,807
		1	Yes	6	14,033
		2	No	200	354,818
				814	1,554,658
CMFQ10	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-1	Not Collected	608	1,185,807
		1	Yes	1	1,104
		2	No	205	367,747
				814	1,554,658
CMFQ11	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?	-1	Not Collected	608	1,185,807
		1	Yes	97	162,432
		2	No	109	206,419
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
CMFQOT	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?	-1	Not Collected	608	1,185,807
		1	Yes	5	18,600
		2	No	201	350,250
				814	1,554,658
CMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	5	1,480
		-7	Refused	2	772
		1	Yes	692	1,356,970
		2	No	115	195,436
		814	1,554,658		
CMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	3	2,819
		-7	Refused	4	2,578
		1	Yes	100	219,231
		2	No	707	1,330,029
		814	1,554,658		
CMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	8	7,129
		-7	Refused	1	513
		1	Yes	74	145,280
		2	No	731	1,401,737
		814	1,554,658		
CMSKP	ON ONE OR MORE DAYS DURING THE PAST MONTH, DID YOU SKIP MEALS BECAUSE YOU HAD NO FOOD AND NO MONEY OR FOOD STAMPS TO BUY FOOD?	-8	Don't Know	1	61
		-7	Refused	4	1,687
		1	Yes	39	91,933
		2	No	770	1,460,977
		814	1,554,658		
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	3	2,299
		1	Yes	74	131,887
		2	No	737	1,420,471
		814	1,554,658		
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	1	Yes	68	138,433
		2	No	746	1,416,225

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				814	1,554,658
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	4	5,522
		1	Yes	72	137,629
		2	No	738	1,411,507
				814	1,554,658
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	3	9,747
		1	Yes	145	208,028
		2	No	666	1,336,883
				814	1,554,658
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	-8	Don't Know	2	16,909
		1	Yes	21	21,911
		2	No	791	1,515,838
				814	1,554,658
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	1	Yes	32	59,009
		2	No	782	1,495,649
				814	1,554,658
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	1	14,831
		-7	Refused	1	109
		1	Yes	23	76,555
		2	No	789	1,463,164
				814	1,554,658
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	4	5,847
		1	Yes	28	65,741
		2	No	782	1,483,069
				814	1,554,658
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	5	9,502
		1	Yes	165	294,821
		2	No	644	1,250,334
				814	1,554,658
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals only	470	957,686
		2	Congregate Meals and 1 additional service	201	358,305

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Congregate Meals and 2 additional services	70	99,990
		4	Congregate Meals and 3 additional services	35	61,481
		5	Congregate Meals and 4 additional services	20	37,908
		6	Congregate Meals and 5 additional services	10	17,596
		7	Congregate Meals and 6 additional services	6	4,162
		8	Congregate Meals and 7 additional services	1	15,533
		10	Congregate Meals and 9 additional services	1	1,996
				814	1,554,658
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?				
		-8	Don't Know	9	17,043
		1	Yes	111	151,749
		2	No	694	1,385,866
				814	1,554,658
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	8	5,925
		1	Yes	289	458,015
		2	No	517	1,090,718
				814	1,554,658
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	7	32,242
		1	Yes	167	261,942
		2	No	640	1,260,474
				814	1,554,658
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	1	775
		1	Yes	286	452,988
		2	No	527	1,100,895
				814	1,554,658

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?	-8	Don't Know	3	4,418
		-7	Refused	2	6,173
		1	Yes	64	61,277
		2	No	745	1,482,790
				814	1,554,658
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	5	18,768
		1	Yes	89	212,134
		2	No	720	1,323,757
				814	1,554,658
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	14	26,852
		-7	Refused	2	800
		-1	Not Collected	212	444,649
		1	Excellent	185	305,894
		2	Very Good	230	455,842
		3	Good	122	257,359
		4	Fair	40	45,656
		5	Poor	9	17,605
		814	1,554,658		
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	13	24,498
		-7	Refused	4	1,780
		1	Yes	669	1,325,644
		2	No	128	202,736
				814	1,554,658
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	46	87,956
		-7	Refused	2	5,768
		1	Yes	624	1,197,125
		2	No	142	263,810
				814	1,554,658
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	29	54,631
		-7	Refused	5	7,623
		1	Yes	624	1,200,231
		2	No	156	292,173

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				814	1,554,658
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	36	92,574
		-7	Refused	4	8,262
		1	Yes	502	948,334
		2	No	272	505,489
				814	1,554,658
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	11	23,151
		1	Agree	790	1,508,863
		2	Disagree	13	22,644
				814	1,554,658
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	14	34,372
		-7	Refused	2	2,301
		1	Agree	779	1,485,312
		2	Disagree	19	32,673
				814	1,554,658
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?	-8	Don't Know	1	14,188
		-7	Refused	1	513
		1	Yes	128	286,069
		2	No	684	1,253,888
				814	1,554,658
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?	-8	Don't Know	3	4,412
		-7	Refused	3	1,460
		1	Yes	95	169,953
		2	No	713	1,378,833
				814	1,554,658
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	11	26,931
		-7	Refused	4	1,569
		1	Yes	168	329,535
		2	No	631	1,196,623
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	6	31,290
		-7	Refused	3	1,460
		1	Yes	74	183,241
		2	No	731	1,338,667
				814	1,554,658
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	8	7,297
		-7	Refused	1	1,348
		1	Yes	217	349,309
		2	No	588	1,196,704
				814	1,554,658
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?	-8	Don't Know	7	10,222
		-7	Refused	1	1,348
		1	Yes	333	586,034
		2	No	473	957,053
				814	1,554,658
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?	-8	Don't Know	3	2,579
		-7	Refused	2	1,320
		1	Excellent	73	152,248
		2	Very Good	248	529,571
		3	Good	286	531,435
		4	Fair	154	257,105
		5	Poor	48	80,400
		814	1,554,658		
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	7	9,219
		-7	Refused	5	8,746
		1	Yes, Limited A Lot	201	328,614
		2	Yes, Limited A Little	279	549,929
		3	No, Not Limited At All	322	658,150
				814	1,554,658
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?	-8	Don't Know	9	8,453
		-7	Refused	5	6,077

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes, Limited A Lot	277	467,346
		2	Yes, Limited A Little	277	534,357
		3	No, Not Limited At All	246	538,424
				814	1,554,658
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	14	30,914
		-7	Refused	3	2,513
		1	All Of The Time	54	89,251
		2	Most Of The Time	157	305,968
		3	Some Of The Time	247	402,089
		4	A Little Of The Time	160	328,185
		5	None Of The Time	179	395,738
				814	1,554,658
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	13	27,026
		-7	Refused	2	5,774
		1	All Of The Time	53	112,659
		2	Most Of The Time	128	234,567
		3	Some Of The Time	239	392,661
		4	A Little Of The Time	179	374,863
		5	None Of The Time	200	407,107
				814	1,554,658
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	8	5,389
		-7	Refused	1	513
		1	All Of The Time	15	21,084
		2	Most Of The Time	55	85,870
		3	Some Of The Time	149	283,536
		4	A Little Of The Time	161	343,135
		5	None Of The Time	425	815,132
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	13	17,849
		-7	Refused	2	967
		1	All Of The Time	10	25,956
		2	Most Of The Time	47	65,402
		3	Some Of The Time	117	233,810
		4	A Little Of The Time	150	329,169
		5	None Of The Time	475	881,507
					814
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	8	20,078
		-7	Refused	5	6,791
		1	All Of The Time	242	527,324
		2	Most Of The Time	227	415,612
		3	Some Of The Time	163	311,402
		4	A Little Of The Time	126	212,186
		5	None Of The Time	43	61,266
					814
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	3	14,564
		-7	Refused	3	2,708
		1	All Of The Time	163	292,143
		2	Most Of The Time	400	827,154
		3	Some Of The Time	171	270,603
		4	A Little Of The Time	64	132,061
		5	None Of The Time	10	15,425
					814
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	4	16,828
		-7	Refused	1	513
		1	All Of The Time	45	127,668
		2	Most Of The Time	267	500,939
		3	Some Of The Time	267	489,888
		4	A Little Of The Time	173	309,820

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	None Of The Time	57	109,002
				814	1,554,658
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	1	792
		-7	Refused	3	1,526
		1	All Of The Time	5	5,944
		2	Most Of The Time	43	58,243
		3	Some Of The Time	133	231,487
		4	A Little Of The Time	241	529,726
		5	None Of The Time	388	726,941
				814	1,554,658
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	6	25,586
		-7	Refused	5	5,175
		1	All Of The Time	28	39,708
		2	Most Of The Time	61	115,971
		3	Some Of The Time	146	266,795
		4	A Little Of The Time	151	364,575
		5	None Of The Time	417	736,847
				814	1,554,658
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	3	1,904
		-7	Refused	2	622
		1	Much Better Than One Year Ago	57	119,362
		2	A Little Better Than One Year Ago	96	196,611
		3	About The Same As One Year Ago	421	816,166
		4	A Little Worse Than One Year Ago	157	297,870
		5	Worse Than One Year Ago	78	122,124
				814	1,554,658
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING...	-8	Don't Know	17	17,393
		-7	Refused	3	7,852
		1	About Enough	414	838,711
		2	Too Much	31	62,154

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Would Like To Be Doing More	349	628,548
				814	1,554,658
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	27	74,350
		-7	Refused	1	454
		1	Yes	473	894,982
		2	No	313	584,872
				814	1,554,658
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?	-8	Don't Know	2	1,242
		-7	Refused	3	2,480
		1	Yes	525	974,265
		2	No	284	576,671
				814	1,554,658
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?	-7	Refused	5	17,764
		1	Yes	562	979,045
		2	No	247	557,848
				814	1,554,658
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	4	6,523
		-7	Refused	4	17,311
		1	Yes	268	401,183
		2	No	537	1,129,270
		3	Does Not Apply	1	371
				814	1,554,658
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	5	11,876
		-7	Refused	4	17,311
		1	Yes	455	921,163
		2	No	349	603,823
		3	Does Not Apply	1	486
				814	1,554,658
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	2	4,972
		-7	Refused	4	17,311
		1	Yes	252	536,291
		2	No	554	994,360
		3	Does Not Apply	2	1,724
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-7	Refused	4	17,311
		1	Yes	326	577,715
		2	No	483	957,838
		3	Does Not Apply	1	1,795
				814	1,554,658
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	1	3,742
		-7	Refused	5	17,764
		1	Yes	140	233,767
		2	No	668	1,299,384
				814	1,554,658
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	3	4,163
		-7	Refused	4	17,311
		1	Yes	93	155,099
		2	No	714	1,378,085
				814	1,554,658
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	1	343
		-7	Refused	4	17,311
		1	Yes	103	159,433
		2	No	704	1,375,497
		3	Does Not Apply	2	2,074
				814	1,554,658
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	18	36,981
		-7	Refused	5	22,572
		1	Yes	178	324,175
		2	No	613	1,170,930
				814	1,554,658
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	4	4,674
		-7	Refused	4	17,311
		1	Yes	71	124,387
		2	No	734	1,405,685
		3	Does Not Apply	1	2,601
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	5	6,130
		-7	Refused	4	17,311
		1	Yes	497	864,702
		2	No	308	666,516
				814	1,554,658
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	1	14,188
		-7	Refused	4	17,311
		1	Yes	290	514,107
		2	No	519	1,009,053
				814	1,554,658
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	3	5,931
		-7	Refused	5	19,052
		1	Yes	106	174,627
		2	No	700	1,355,049
				814	1,554,658
PFDISO	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?	-8	Don't Know	3	3,324
		-7	Refused	4	17,311
		1	Yes	54	85,873
		2	No	753	1,448,150
				814	1,554,658
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	14,188
		-7	Refused	4	17,311
		1	Yes	24	44,891
		2	No	785	1,478,268
				814	1,554,658
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-7	Refused	4	17,311
		1	Yes	11	16,719
		2	No	799	1,520,629
		814	1,554,658		
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-7	Refused	4	17,311

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	345	668,680
		2	No	465	868,667
				814	1,554,658
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	4	19,201
		-7	Refused	4	17,311
		1	Yes	5	10,275
		2	No	801	1,507,871
				814	1,554,658
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?	-8	Don't Know	4	29,620
		-7	Refused	4	17,311
		1	Yes	132	270,281
		2	No	674	1,237,447
				814	1,554,658
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?	-8	Don't Know	3	2,333
		-7	Refused	4	17,311
		1	Yes	62	96,666
		2	No	744	1,432,099
		3	Does Not Apply	1	6,249
				814	1,554,658
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED	0	0 Medical Conditions	22	42,893
		1	1 Medical Condition	33	64,881
		2	2 Medical Conditions	48	112,314
		3	3 Medical Conditions	90	209,558
		4	4 Medical Conditions	120	231,442
		5	5 Medical Conditions	115	219,813
		6	6 Medical Conditions	99	156,808
		7	7 Medical Conditions	100	198,341
		8	8 Medical Conditions	66	155,001
		9	9 Medical Conditions	48	80,153
		10	10 Medical Conditions	38	39,368
		11	11 Medical Conditions	22	33,005
		12	12 Medical Conditions	6	5,239
		13	13 Medical Conditions	2	1,730
		14	14 Medical Conditions	4	4,050
		15	15 Medical Conditions	1	61
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?	-8	Don't Know	13	23,950
		-7	Refused	2	5,592
		-1	Not Collected	22	42,893
		1	Yes	584	1,107,825
		2	No	193	374,398
				814	1,554,658
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	4,885
		-7	Refused	3	2,415
		-1	Not Collected	230	446,833
		1	Yes	538	1,017,583
		2	No	40	82,941
				814	1,554,658
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	4	6,807
		-7	Refused	2	563
		-1	Not Collected	230	446,833
		1	Yes	184	350,391
		2	No	394	750,064
				814	1,554,658
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	3	6,372
		-1	Not Collected	230	446,833
		1	Yes	139	286,116
		2	No	442	815,336
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	2	9,650
		-7	Refused	1	454
		-1	Not Collected	230	446,833
		1	Yes	107	245,560
		2	No	474	852,161
				814	1,554,658
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	1	1,249
		-1	Not Collected	230	446,833
		1	Yes	84	175,276
		2	No	499	931,299
				814	1,554,658
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	8,233
		-7	Refused	2	713
		-1	Not Collected	230	446,833
		1	Yes	17	23,221
		2	No	561	1,075,658
				814	1,554,658
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?	-1	Not Collected	230	446,833
		1	Yes	47	105,102
		2	No	537	1,002,723
				814	1,554,658
PFMEDIA	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN FROM TV/RADIO/NEWSPAPERS?	-1	Not Collected	230	446,833
		1	Yes	7	11,617
		2	No	577	1,096,207
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFREAD	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?	-1	Not Collected	230	446,833
		1	Yes	60	145,092
		2	No	524	962,732
				814	1,554,658
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	8	6,829
		-7	Refused	4	12,156
		-1	Not Collected	22	42,893
		1	Not At All Confident	29	57,562
		2	A Little Confident	87	170,854
		3	Moderately Confident	213	378,353
		4	Very Confident	451	886,011
		814	1,554,658		
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?	-8	Don't Know	9	9,210
		-7	Refused	3	3,532
		1	Yes	207	390,661
		2	No	595	1,151,255
		814	1,554,658		
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY	-8	Don't Know	12	11,600
		-7	Refused	5	3,046
		1	0-2 medications	217	508,818
		2	3-4 medications	202	421,233
		3	5-6 medications	173	278,665
		4	7-8 medications	89	131,950
		5	9+ medications	116	199,346
		814	1,554,658		
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?	-8	Don't Know	4	4,298
		-7	Refused	2	1,790
		1	Yes	175	302,198

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	633	1,246,372
				814	1,554,658
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?	-7	Refused	2	1,790
		1	Yes	34	62,725
		2	No	778	1,490,143
				814	1,554,658
PFDFFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?	-7	Refused	2	1,790
		1	Yes	73	134,440
		2	No	739	1,418,428
				814	1,554,658
PFDFFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-1	Not Collected	741	1,420,218
		1	Yes	30	66,065
		2	No	43	68,375
				814	1,554,658
PFDFFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	-7	Refused	3	2,049
		1	Yes	144	303,817
		2	No	667	1,248,792
				814	1,554,658
PFDFFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-1	Not Collected	670	1,250,841
		1	Yes	91	177,272
		2	No	53	126,545
				814	1,554,658
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	3,129
		-7	Refused	2	1,790
		1	Yes	123	224,988
		2	No	688	1,324,750
				814	1,554,658
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	1	1,586
		-1	Not Collected	691	1,329,670
		1	Yes	32	40,694

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	90	182,709
				814	1,554,658
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	1	591
		-7	Refused	3	2,486
		1	Yes	112	224,634
		2	No	698	1,326,948
				814	1,554,658
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-1	Not Collected	702	1,330,024
		1	Yes	55	103,686
		2	No	57	120,948
				814	1,554,658
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-7	Refused	3	3,138
		1	Yes	68	107,706
		2	No	743	1,443,813
				814	1,554,658
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-1	Not Collected	746	1,446,952
		1	Yes	38	76,923
		2	No	30	30,783
				814	1,554,658
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	5	9,029
		-7	Refused	4	3,083
		1	Yes	278	475,931
		2	No	527	1,066,616
				814	1,554,658
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	2	2,306
		-1	Not Collected	536	1,078,727
		1	Yes	60	86,048
		2	No	216	387,577
				814	1,554,658
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	1,922
		-7	Refused	2	1,790
		1	Yes	22	29,471
		2	No	789	1,521,474
				814	1,554,658

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	792	1,525,187
		1	Yes	5	4,787
		2	No	17	24,685
				814	1,554,658
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-7	Refused	2	1,790
		1	Yes	31	74,661
		2	No	781	1,478,206
				814	1,554,658
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-8	Don't Know	1	1,036
		-1	Not Collected	783	1,479,997
		1	Yes	13	13,805
		2	No	17	59,821
				814	1,554,658
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	3	5,463
		-7	Refused	4	3,177
		1	Yes	86	159,304
		2	No	721	1,386,714
				814	1,554,658
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-1	Not Collected	728	1,395,354
		1	Yes	59	96,131
		2	No	27	63,173
				814	1,554,658
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	5	9,057
		-7	Refused	3	3,332
		1	Yes	112	207,492
		2	No	694	1,334,777
				814	1,554,658
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-8	Don't Know	1	1,015
		-1	Not Collected	702	1,347,166
		1	Yes	78	116,030
		2	No	33	90,447
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	1	3,510
		-7	Refused	3	2,049
		1	Yes	131	232,166
		2	No	679	1,316,933
				814	1,554,658
PFCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	683	1,322,492
		1	Yes	109	191,244
		2	No	22	40,922
				814	1,554,658
PFHCLN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	13	28,397
		-7	Refused	5	3,018
		1	Yes	427	697,793
		2	No	369	825,450
				814	1,554,658
PFHCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	2	1,704
		-1	Not Collected	387	856,865
		1	Yes	344	546,809
		2	No	81	149,281
				814	1,554,658
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	1	1,530
		-7	Refused	5	9,568
		1	Yes	79	136,764
		2	No	729	1,406,795
				814	1,554,658
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-1	Not Collected	735	1,417,894
		1	Yes	52	88,201
		2	No	27	48,563
				814	1,554,658
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	33	59,797

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	781	1,494,861
				814	1,554,658
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	15,533
		-1	Not Collected	781	1,494,861
		1	Yes	30	43,115
		2	No	2	1,149
				814	1,554,658
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-7	Refused	2	1,790
		1	Yes	646	1,222,304
		2	No	166	330,563
				814	1,554,658
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	7	14,577
		-1	Not Collected	168	332,354
		1	Yes	92	165,827
		2	No	547	1,041,901
				814	1,554,658
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	54	117,457
		-7	Refused	3	2,669
		1	Yes	325	780,946
		2	No	432	653,586
				814	1,554,658
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-1	Not Collected	489	773,712
		1	Yes	26	80,246
		2	No	153	394,989
		3	Never Uses Bus	146	305,710
				814	1,554,658
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-1	Not Collected	788	1,474,412
		1	Yes	21	74,577
		2	No	5	5,669
				814	1,554,658
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	5	9,274

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-1	Not Collected	428	919,373
		1	Family	237	332,200
		2	Someone Else Like Friend/Neighbor/Other	99	197,375
		3	Did Not Receive Help	45	96,435
				814	1,554,658
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?				
		-8	Don't Know	2	2,809
		-1	Not Collected	577	1,222,458
		1	Husband	27	35,303
		2	Wife	31	55,787
		3	Son	45	56,021
		5	Daughter	84	120,488
		6	Daughter-In-Law	7	10,151
		9	Brother	2	3,009
		10	Sister	8	8,039
		11	Grandson	11	15,721
		12	Granddaughter	8	9,192
		13	Nephew	3	4,163
		14	Niece	5	3,803
		91	Other Relative	4	7,713
				814	1,554,658
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.				
		.	Missing	13	16,669
		0	0 limitations	457	939,123
		1	1 limitation	186	290,126
		2	2 limitations	89	192,969
		3	3 limitations	31	48,056
		4	4 limitations	23	40,665
		5	5 limitations	11	11,568
		6	6 limitations	4	15,482
				814	1,554,658
ADLAOA6_ SSS	AOA ADL LIMITATIONS, SSS VERSION				
		.	Missing	2	1,790
		0	0 limitations	463	950,823
		1	1 limitation	190	292,715
		2	2 limitations	90	193,560
		3	3 limitations	31	48,056

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 limitations	23	40,665
		5	5 limitations	11	11,568
		6	6 limitations	4	15,482
				814	1,554,658
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	13	16,669
		1	Yes	69	115,770
		2	No	732	1,422,219
				814	1,554,658
ADL3PLUS_ SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	2	1,790
		1	Yes	69	115,770
		2	No	743	1,437,098
				814	1,554,658
ADL6P	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	4	4,927
		0	0 limitations	704	1,375,275
		1	1 limitation	57	87,827
		2	2 limitations	26	57,503
		3	3 limitations	8	4,737
		4	4 limitations	9	18,512
		5	5 limitations	4	2,233
		6	6 limitations	2	3,643
				814	1,554,658
ADL6P_ SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	2	1,790
		0	0 limitations	705	1,377,501
		1	1 limitation	57	87,827
		2	2 limitations	27	58,414
		3	3 limitations	8	4,737
		4	4 limitations	9	18,512
		5	5 limitations	4	2,233
		6	6 limitations	2	3,643
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADLAOA7	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MANAGEMENT, PREP MEALS, LIGHT HOUSEWORK, MEDICATION MANAGEMENT, USING THE PHONE, OR DRIVING CAR/PUBLIC TRANSPORTATION?	.	Missing	26	46,893
		0	0 limitations	504	968,885
		1	1 limitation	127	247,760
		2	2 limitations	59	92,329
		3	3 limitations	36	74,095
		4	4 limitations	19	46,427
		5	5 limitations	16	25,392
		6	6 limitations	14	37,359
		7	7 limitations	12	13,633
		8	8 limitations	1	1,885
				814	1,554,658
IADLAOA7_SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	518	989,668
		1	1 limitation	136	262,936
		2	2 limitations	62	98,804
		3	3 limitations	37	81,360
		4	4 limitations	18	43,622
		5	5 limitations	18	27,269
		6	6 limitations	14	38,631
		7	7 limitations	11	12,368
				814	1,554,658
IADLAOA7P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 7 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, MEAL PREP, LIGHT HOUSEWORK, MEDICATION MGMT, USING PHONE, OR DRIVING CAR/USING PUBLIC TRANS?	.	Missing	9	31,125
		0	0 limitations	592	1,148,756
		1	1 limitation	93	152,781
		2	2 limitations	51	100,771
		3	3 limitations	21	54,005
		4	4 limitations	14	25,806
		5	5 limitations	11	16,614
		6	6 limitations	11	11,722
		7	7 limitations	11	11,194

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		8	8 limitations	1	1,885
				814	1,554,658
IADL0A7P_	AOA IADLS: PERSONAL ASSISTANCE				
SSS	NEEDS, SSS VERSION	0	0 limitations	597	1,160,077
		1	1 limitation	96	157,037
		2	2 limitations	51	100,399
		3	3 limitations	20	53,376
		4	4 limitations	14	25,806
		5	5 limitations	16	37,480
		6	6 limitations	9	8,116
		7	7 limitations	11	12,368
				814	1,554,658
IADL0A8	PERSON COUNT BY # OF IADL				
	DIFFICULTIES (AMONG 8 ACTIVITIES):				
	GOING OUTSIDE HOME, MONEY				
	MGMNT, PREP MEALS, LIGHT				
	HOUSEWORK, HEAVY HOUSEWORK,				
	MEDICATION MANAGEMENT, USING				
	TELEPHONE, OR DRIVING A				
	CAR/USING PUBLIC				
	TRANSPORTATION?	.	Missing	37	66,583
		0	0 limitations	308	691,134
		1	1 limitation	231	376,427
		2	2 limitations	91	144,195
		3	3 limitations	54	89,798
		4	4 limitations	31	61,825
		5	5 limitations	19	46,427
		6	6 limitations	16	25,392
		7	7 limitations	14	37,359
		8	8 limitations	12	13,633
		9	9	1	1,885
				814	1,554,658
IADL0A8_	AOA IADL LIMITATIONS W/ HEAVY				
SSS	HOUSEWORK ADDED, SSS VERSION	0	0 limitations	326	713,064
		1	1 limitation	237	387,025
		2	2 limitations	102	169,164
		3	3 limitations	56	98,883
		4	4 limitations	32	64,630
		5	5 limitations	18	43,622
		6	6 limitations	18	27,269
		7	7 limitations	14	38,631
		8	8 limitations	11	12,368
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
IADL8P	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?	.	Missing	11	32,829
		0	0 limitations	417	901,031
		1	1 limitation	207	315,955
		2	2 limitations	69	104,773
		3	3 limitations	44	83,187
		4	4 limitations	18	49,663
		5	5 limitations	14	25,806
		6	6 limitations	11	16,614
		7	7 limitations	11	11,722
		8	8 limitations	11	11,194
		9	9	1	1,885
				814	1,554,658
IADL8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	423	911,647
		1	1 limitation	208	318,364
		2	2 limitations	73	109,658
		3	3 limitations	42	81,557
		4	4 limitations	18	49,663
		5	5 limitations	14	25,806
		6	6 limitations	16	37,480
		7	7 limitations	9	8,116
		8	8 limitations	11	12,368
				814	1,554,658
AGEC	AGE CATEGORY	2	60-64 years	52	125,967
		3	65-74 years	310	594,049
		4	75-84 years	305	620,219
		5	85+ years	147	214,423
GENDER	GENDER	-1	Not Collected	20	51,730
		1	Male	220	490,616
		2	Female	574	1,012,312
				814	1,554,658
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	2,858

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	4	5,119
		1	Less Than High School Diploma	132	198,178
		2	High School Diploma Or GED	289	507,004
		3	Some College(Business/Vocational/Techni)	232	462,879
		4	Bachelor's Degree	66	140,287
		5	Some Post-Graduate Work/Advanced Degree	88	238,333
				814	1,554,658
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	4	8,097
		-7	Refused	10	9,319
		1	Yes	52	139,076
		2	No	748	1,398,166
				814	1,554,658
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	17,611
		-7	Refused	16	34,964
		1	Yes	632	1,188,047
		2	No	164	314,036
				814	1,554,658
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	17,611
		-7	Refused	16	34,964
		1	Yes	137	187,428
		2	No	659	1,314,655
				814	1,554,658
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	17,611
		-7	Refused	16	34,964
		1	Yes	11	67,940
		2	No	785	1,434,143
				814	1,554,658
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	17,611
		-7	Refused	16	34,964
		1	Yes	22	36,177
		2	No	774	1,465,906
				814	1,554,658
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	17,611

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	16	34,964
		1	Yes	2	4,364
		2	No	794	1,497,718
				814	1,554,658
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	17,611
		-7	Refused	16	34,964
		1	Yes	9	38,442
		2	No	787	1,463,641
				814	1,554,658
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	61
		-7	Refused	2	1,617
		1	Yes	135	254,308
		2	No	676	1,298,672
				814	1,554,658
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	9	5,044
		-7	Refused	5	8,393
		1	The City	377	864,916
		2	The Suburbs	148	254,389
		3	A Rural Area	275	421,916
				814	1,554,658
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-8	Don't Know	2	15,207
		-7	Refused	6	3,941
		1	Yes	408	727,578
		2	No	398	807,932
				814	1,554,658
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	4	1,733
		-1	Not Collected	408	727,578
		1	Yes	261	562,501
		2	No	141	262,846
				814	1,554,658
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-7	Refused	7	4,049
		-1	Not Collected	408	727,578
		1	Yes	103	201,702
		2	No	296	621,329
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	7	18,180
		-1	Not Collected	408	727,578
		1	Yes	70	177,190
		2	No	329	631,710
				814	1,554,658
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-8	Don't Know	2	4,756
		-7	Refused	4	2,264
		-1	Not Collected	408	727,578
		1	Yes	27	38,882
		2	No	373	781,178
		814	1,554,658		
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	3	1,033
		1	Alone	408	727,578
		2	With spouse only	224	456,133
		3	With children only	51	62,080
		4	With spouse and children	23	65,155
		5	With others	105	242,678
		814	1,554,658		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	2	9,332
		-7	Refused	5	2,964
		1	1 Person	415	747,748
		2	2 People	301	576,285
		3	3 People	48	119,904
		4	4 People	22	37,224
		5	5 People	16	44,147
		6	6 People	4	14,966
		7	7 People	1	2,089
		814	1,554,658		
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	2	2,022
		-7	Refused	6	5,761
		1	Married	270	586,852
		2	Widowed	336	530,608
		3	Divorced	138	326,542
		4	Separated	18	31,802
5	Never Married	44	71,072		
		814	1,554,658		

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DEINAB	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015 ABOVE OR BELOW \$20,000?	-8	Don't Know	68	117,090
		-7	Refused	72	117,138
		1	Below \$20,000 [1666 Per Month Or Less]	348	608,260
		2	Above \$20,000 [1667 Per Month Or More]	326	712,170
				814	1,554,658
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2015?	.	Missing	140	234,228
		-8	Don't Know	51	101,126
		-7	Refused	49	112,133
		1	\$5,000 or less	27	54,380
		2	\$5,001-\$10,000	59	145,888
		3	\$10,001-\$15,000	111	151,097
		4	\$15,001-\$20,000	100	143,694
		5	\$20,001-\$25,000	74	134,396
		6	\$25,001-\$30,000	59	124,095
		7	\$30,001-\$35,000	31	62,000
		8	\$35,001-\$40,000	24	58,157
		9	\$40,001-\$50,000	28	53,760
		10	ABOVE \$50,000	61	179,705
				814	1,554,658
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	16	16,650
		0	Rural (Not in Urbanized Area or Urban Cluster)	203	319,099
		1	In Urbanized Area	373	841,954
		2	In Urban Cluster	222	376,956
				814	1,554,658
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	814	1,554,658
				814	1,554,658
VARUNIT	VARIANCE UNIT	1	Variance unit 1	416	747,248
		2	Variance unit 2	394	800,445
		3	Variance unit 3	4	6,965
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	28.97 - 17346.16	Weight range	814	1,554,658
				814	1,554,658
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	8.05 - 33826.74	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	18.29 - 35900.39	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	18.42 - 30942.78	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	7.87 - 28340.41	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	19.78 - 27418.50	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	7.86 - 35007.29	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	8.88 - 30402.14	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	17.86 - 24818.86	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	8.62 - 30607.98	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	20.24 - 30494.07	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	19.64 - 29906.39	Replicate weight range	814	1,554,658
				814	1,554,658

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	8.70 - 28486.71	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	16.71 - 31570.97	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	10.30 - 31545.23	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	9.16 - 29576.78	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	16.82 - 26727.29	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	7.83 - 28579.30	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	17.93 - 29277.72	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	14.76 - 30873.72	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	8.75 - 33294.92	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	17.22 - 27125.43	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	8.99 - 29533.30	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	9.47 - 28589.62	Replicate weight range	814	1,554,658
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	16.62 - 30073.22	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	9.54 - 31459.39	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	16.50 - 33739.65	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	17.33 - 37626.29	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	8.70 - 28917.36	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	16.26 - 28784.94	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	8.32 - 31863.80	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	8.65 - 34779.01	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	16.57 - 29093.61	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	17.51 - 29864.93	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	9.30 - 34958.22	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	10.02 - 30115.21	Replicate weight range	814	1,554,658
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	18.23 - 27160.98	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	8.05 - 25366.44	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	19.12 - 34801.38	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	16.93 - 33480.76	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	7.60 - 27226.44	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	16.50 - 30598.56	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	8.84 - 29710.29	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	8.32 - 28741.00	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	15.38 - 28264.73	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	8.99 - 33975.95	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	16.70 - 26425.35	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	17.17 - 25117.16	Replicate weight range	814	1,554,658
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	8.76 - 26683.66	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	21.45 - 28030.57	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	8.45 - 31475.47	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	8.22 - 28379.57	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	18.58 - 30337.26	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	7.67 - 29118.10	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	17.74 - 23940.94	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	17.31 - 25896.80	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	8.64 - 30767.31	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	18.34 - 27679.15	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	8.65 - 30549.54	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	9.50 - 36819.28	Replicate weight range	814	1,554,658
				814	1,554,658

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	16.93 - 30526.02	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	9.69 - 24292.12	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	18.79 - 32194.38	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	15.77 - 35705.49	Replicate weight range	814	1,554,658
				814	1,554,658
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	8.46 - 27666.69	Replicate weight range	814	1,554,658
				814	1,554,658
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	.	Missing	2	1,790
		1	Yes	177	303,142
		2	No	635	1,249,725
				814	1,554,658
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	7	24,327
		-7	Refused	2	1,790
		1	6 Months Or Less	344	761,980
		2	More Than 6 Months, Not More Than 1 Yr	115	258,052
		3	More Than 1 Yr, Not More Than 2 Years	84	163,850
		4	More Than 2 Yrs, Not More Than 3 Years	47	64,393
		5	More Than 3 Yrs, Not More Than 5 Years	42	53,569
		6	More Than 5 Years Ago	168	219,391
		7	Never Have Been To Dentist	5	7,305
				814	1,554,658
OHQ770	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?	-8	Don't Know	5	1,745

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	2,597
		1	Yes	125	263,708
		2	No	681	1,286,608
				814	1,554,658
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-8	Don't Know	1	1,601
		-1	Not Collected	689	1,290,950
		1	Yes	111	233,953
		2	No	13	28,155
				814	1,554,658
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?	-8	Don't Know	1	6,364
		-1	Not Collected	689	1,290,950
		1	Yes	25	66,037
		2	No	99	191,307
				814	1,554,658
OHQ78003	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?	-8	Don't Know	3	4,267
		-1	Not Collected	689	1,290,950
		1	Yes	68	169,708
		2	No	54	89,733
				814	1,554,658
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?	-8	Don't Know	2	16,770
		-1	Not Collected	689	1,290,950
		1	Yes	25	43,017
		2	No	98	203,921
				814	1,554,658
OHQ78005	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?	-8	Don't Know	2	2,838
		-7	Refused	1	4,785
		-1	Not Collected	689	1,290,950

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	15	13,746
		2	No	107	242,340
				814	1,554,658
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	6	6,180
		-7	Refused	1	4,785
		-1	Not Collected	689	1,290,950
		1	Yes	5	17,218
		2	No	113	235,525
				814	1,554,658
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?				
		-1	Not Collected	689	1,290,950
		1	Yes	21	24,712
		2	No	104	238,996
				814	1,554,658
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?				
		-1	Not Collected	689	1,290,950
		1	Yes	3	4,475
		2	No	122	259,234
				814	1,554,658
OHQ78009	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE TOO BUSY?				
		-1	Not Collected	689	1,290,950
		1	Yes	4	5,864
		2	No	121	257,844
				814	1,554,658
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?				
		-8	Don't Know	1	3,240
		-7	Refused	1	259
		-1	Not Collected	689	1,290,950
		1	Yes	29	74,116
		2	No	94	186,094

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				814	1,554,658
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?	-1	Not Collected	689	1,290,950
		1	Yes	20	45,415
		2	No	105	218,293
				814	1,554,658
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?	-1	Not Collected	689	1,290,950
		1	Yes	12	28,593
		2	No	113	235,115
				814	1,554,658
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?	-8	Don't Know	4	5,024
		-7	Refused	2	1,790
		1	Excellent	95	194,562
		2	Very Good	215	449,552
		3	Good	291	573,840
		4	Fair	124	208,446
		5	Poor	83	121,443
				814	1,554,658
MOB_IMP	MOBILITY IMPAIRED	1	Mobility Impaired	452	738,465
		2	Not Mobility Impaired	362	816,193
				814	1,554,658