

**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 SUCH AS TOFU OR SOY MILK 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 (SUCH AS TOFU OR SOY MILK) 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?
SVC DYCR	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?
PFDIN	NUM	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?
PFDINB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?
PFDFOU	NUM	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A 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?
PFDRES	NUM	DO YOU HAVE DIFFICULTY WHEN DRESSING?
PFDRESB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?
PFWALK	NUM	DO YOU HAVE DIFFICULTY WHEN WALKING?
PFWALKB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?
PFEAT	NUM	DO YOU HAVE DIFFICULTY EATING?
PFEATB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?
PFWC	NUM	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?

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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?
DEHBM	NUM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?
DEMARST	NUM	WHAT IS YOUR MARITAL STATUS?
DEINAB	NUM	THINKING ABOUT THE TOTAL COMBINED INCOME FROM ALL SOURCES FOR ALL PERSONS IN THIS HOUSEHOLD, WAS YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016 ABOVE OR BELOW \$20,000?
INCOME6	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?
URBAN	NUM	URBAN
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**

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<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

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**Alphabetical Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
ADL3PLUS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS
ADL3PLUS_SSS	NUM	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION
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 SUCH AS TOFU OR SOY MILK 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 (SUCH AS TOFU OR SOY MILK) 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?

**Alphabetical Listing of Variables**

<i>Name</i>	<i>Type</i>	<i>Description</i>
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?
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
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 2016 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

Name	Type	Description
IADLAOA7P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION
IADLAOA7_SSS	NUM	AOA IADL LIMITATIONS, SSS VERSION
IADLAOA8	NUM	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?
IADLAOA8P	NUM	AMONG THOSE W/ ANY IADL DIFFICULTY, PERSON COUNTS BY # OF IADL PERSONAL ASSIST. NEEDS (OF 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMT, MEAL PREP, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MED MGMT, USING PHONE, DRIVING CAR/ PUBLIC TRANS?
IADLAOA8P_SSS	NUM	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
IADLAOA8_SSS	NUM	AOA IADL LIMITATIONS W/ HEAVY HOUSEWORK ADDED, SSS VERSION
INCOME C	NUM	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?
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?
PFLEARN	NUM	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?
PFLRN	NUM	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?
PFMEAL	NUM	DO YOU HAVE DIFFICULTY PREPARING MEALS?
PFMEALB	NUM	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?
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**

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<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?

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Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PERSID	PERSON ID		Person ID	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
CMDAYS	WHEN WAS THE LAST TIME YOU ATE LUNCH AT THE SENIOR CENTER OR MEAL SITE?	1	Today Or Yesterday	290	428,708
		2	More Than 1 Day To 1 Week Ago	263	471,257
		3	More Than 1 Week To 1 Month Ago	115	259,920
		4	More Than 1 Month Ago	193	401,792
				<b>861</b>	<b>1,561,677</b>
CMRECEV	HOW LONG HAVE YOU BEEN ATTENDING THE LUNCH PROGRAM?	-8	Don't Know	11	7,252
		1	6 Months Or Less	100	170,635
		2	More Than 6 Months But Less Than 1 Year	79	106,564
		3	At Least 1 Year But Less Than 2 Years	166	287,773
		4	2 To 5 Years	281	540,588
		5	More Than 5 Years	224	448,864
				<b>861</b>	<b>1,561,677</b>
CMDAYSWK	HOW MANY DAYS EACH WEEK DO YOU EAT AT THE SENIOR CENTER OR MEAL SITE FOR LUNCH?	-8	Don't Know	97	224,460
		-7	Refused	5	12,543
		0	0 Days	38	71,717
		1	1 Day	175	418,193
		2	2 Days	174	299,360
		3	3 Days	162	263,760
		4	4 Days	72	100,038
		5	5 Days	137	170,198
		7	7 Days	1	1,408
				<b>861</b>	<b>1,561,677</b>
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	37	60,215
		1	Less Than One-Third	93	150,702
		2	Between One-Third And One-Half	277	532,915
		3	About One-Half	238	406,831
		4	More Than One-Half	207	395,124
		91	Other	9	15,890
				<b>861</b>	<b>1,561,677</b>

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	32	41,874
		0	0 Servings	18	19,796
		1	1 Serving	390	665,740
		2	2 Servings	220	443,649
		3	3 Servings	111	278,809
		4	4 Servings	30	47,766
		5	5 Servings	8	8,294
		6	6 Servings	2	2,201
		8	8 Servings	1	355
		12	12 Servings	1	469
		99	Less than one serving	48	52,724
				<b>861</b>	<b>1,561,677</b>
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	13	17,414
		1	Yes	803	1,448,467
		2	No	45	95,796
				<b>861</b>	<b>1,561,677</b>
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	41	49,461
		-7	Refused	1	373
		0	0 Servings	62	129,038
		1	1 Serving	519	977,780
		2	2 Servings	54	79,849
		3	3 Servings	10	43,788
		5	5 Servings	2	7,506
		99	Less than one serving	172	273,881
				<b>861</b>	<b>1,561,677</b>
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	20	38,345
		-7	Refused	1	2,176
		1	Yes	785	1,411,698
		2	No	55	109,458
				<b>861</b>	<b>1,561,677</b>

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	26	31,425
		-7	Refused	1	1,215
		0	0 Servings	17	12,102
		1	1 Serving	378	667,450
		2	2 Servings	257	510,663
		3	3 Servings	92	200,773
		4	4 Servings	24	36,124
		5	5 Servings	13	28,781
		6	6 Servings	2	1,777
		7	7 Servings	1	777
		99	Less than one serving	50	70,590
			<b>861</b>	<b>1,561,677</b>	
CMEATVEG	WHEN YOU EAT LUNCH AT THE SENIOR CENTER OR MEAL SITE, DO YOU USUALLY EAT THE VEGETABLES THAT ARE PROVIDED?	-8	Don't Know	13	13,913
		-7	Refused	2	2,385
		1	Yes	800	1,468,342
		2	No	46	77,037
				<b>861</b>	<b>1,561,677</b>
CMTOTVEGS	TOTAL SERVINGS OF ALL VEGETABLES PER DAY	.	Missing	55	68,031
		1	1 Serving	111	177,228
		2	2 Servings	346	629,848
		3	3 Servings	181	381,414
		4	4 Servings	91	183,439
		5	5 Servings	27	50,554
		6	6 Servings	12	15,170
		7	7 Servings	3	7,860
		8	8 Servings	1	12,427
		9	9 Servings	1	777
		99	Less than one serving	33	34,928
		<b>861</b>	<b>1,561,677</b>		
CMTOTFRUVE G	TOTAL SERVINGS OF ALL FRUITS AND VEGETABLES PER DAY	.	Missing	75	100,162
		1	1 Serving	33	36,331
		2	2 Servings	80	131,229
		3	3 Servings	226	383,131
		4	4 Servings	157	262,325

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Servings	127	323,652
		6	6 Servings	67	135,488
		7	7 Servings	41	98,636
		8	8 Servings	25	55,433
		9	9 Servings	11	5,959
		10	10 Servings	3	2,064
		11	11 Servings	1	12,427
		12	12 Servings	1	1,408
		14	14 Servings	1	355
		17	17	1	469
		99	Less than one serving	12	12,610
				<b>861</b>	<b>1,561,677</b>
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	24	49,556
		-7	Refused	1	262
		0	0 Servings	15	39,450
		1	1 Serving	407	732,535
		2	2 Servings	248	462,826
		3	3 Servings	101	194,769
		4	4 Servings	18	20,613
		5	5 Servings	8	9,528
		6	6 Servings	4	8,108
		10	10 Servings	2	1,701
		99	Less than one serving	33	42,329
				<b>861</b>	<b>1,561,677</b>
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	27	46,365
		-7	Refused	1	706
		1	Yes	732	1,326,304
		2	No	101	188,302
				<b>861</b>	<b>1,561,677</b>
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	33	76,901
		-7	Refused	4	9,866
		0	0 Servings	85	194,893

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	1 Serving	433	744,127
		2	2 Servings	141	249,349
		3	3 Servings	35	48,160
		4	4 Servings	10	17,644
		6	6 Servings	1	578
		10	10 Servings	1	993
		99	Less than one serving	118	219,163
				<b>861</b>	<b>1,561,677</b>
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	36	79,742
		-7	Refused	1	1,053
		1	Yes	690	1,183,242
		2	No	134	297,640
				<b>861</b>	<b>1,561,677</b>
CMTOTGRAINS	TOTAL SERVINGS OF ALL GRAINS PER DAY				
		.	Missing	54	105,727
		1	1 Serving	122	237,936
		2	2 Servings	298	606,105
		3	3 Servings	163	233,360
		4	4 Servings	108	178,214
		5	5 Servings	55	104,420
		6	6 Servings	19	26,633
		7	7 Servings	10	25,497
		8	8 Servings	2	1,959
		9	9 Servings	3	2,193
		11	11 Servings	1	278
		12	12 Servings	1	993
		14	14 Servings	1	1,423
		99	Less than one serving	24	36,939
				<b>861</b>	<b>1,561,677</b>
CMDAIRY	CONSIDERING ALL THE FOOD YOU EAT IN A DAY, HOW MANY SERVINGS OF MILK, CHEESE, YOGURT, OR CALCIUM RICH SOY PRODUCTS SUCH AS TOFU OR SOY MILK DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	22	27,326
		0	0 Servings	62	121,929
		1	1 Serving	411	718,471
		2	2 Servings	214	418,572
		3	3 Servings	68	129,989
		4	4 Servings	21	27,668

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		5	5 Servings	3	1,501
		6	6 Servings	1	1,423
		99	Less than one serving	59	114,798
				<b>861</b>	<b>1,561,677</b>
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 (SUCH AS TOFU OR SOY MILK) THAT ARE PROVIDED?				
		-8	Don't Know	12	22,185
		-7	Refused	2	601
		1	Yes	609	1,041,674
		2	No	238	497,217
				<b>861</b>	<b>1,561,677</b>
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	21	40,068
		-7	Refused	2	10,257
		0	0 Servings	4	4,945
		1	1 Serving	468	855,358
		2	2 Servings	244	507,944
		3	3 Servings	75	101,725
		4	4 Servings	9	8,239
		5	5 Servings	2	1,633
		99	Less than one serving	36	31,508
				<b>861</b>	<b>1,561,677</b>
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	5,254
		1	Yes	825	1,537,012
		2	No	29	19,410
				<b>861</b>	<b>1,561,677</b>
CMBEANS	HOW MANY SERVINGS OF NUTS, TOFU, AND BEANS DO YOU USUALLY EAT EVERY DAY?				
		-8	Don't Know	24	66,755
		-7	Refused	1	1,408
		0	0 Servings	75	136,063
		1	1 Serving	510	880,419
		2	2 Servings	106	202,654
		3	3 Servings	32	62,078

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		4	4 Servings	3	1,950
		6	6 Servings	1	305
		9	9 Servings	1	479
		99	Less than one serving	108	209,565
				<b>861</b>	<b>1,561,677</b>
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	17	18,945
		1	Yes	707	1,279,387
		2	No	137	263,345
				<b>861</b>	<b>1,561,677</b>
CMTOTMTBNS	TOTAL SERVINGS OF ALL MEAT, NUTS, TOFU, AND BEANS PER DAY				
		.	Missing	41	98,221
		1	1 Serving	99	175,835
		2	2 Servings	385	667,074
		3	3 Servings	178	392,316
		4	4 Servings	81	127,885
		5	5 Servings	37	68,043
		6	6 Servings	14	8,165
		7	7 Servings	2	314
		8	8 Servings	1	133
		11	11 Servings	1	479
		99	Less than one serving	22	23,212
				<b>861</b>	<b>1,561,677</b>
CMRATE	HOW WOULD YOU RATE THE LUNCH PROGRAM OVERALL?				
		-8	Don't Know	3	4,422
		-7	Refused	1	1,667
		1	Excellent	257	547,952
		2	Very Good	317	568,539
		3	Good	201	321,605
		4	Fair	61	102,334
		5	Poor	21	15,159
				<b>861</b>	<b>1,561,677</b>
CMRATE2	RATING OF CONGREGATE MEALS GOOD TO EXCELLENT				
		.	Missing	4	6,088
		1	Rating of Good to Excellent	775	1,438,096
		2	Rating of Fair or Poor	82	117,493
				<b>861</b>	<b>1,561,677</b>
CMRECOM	WOULD YOU RECOMMEND THIS SERVICE TO A FRIEND?				
		-8	Don't Know	7	10,589

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	1,408
		1	Yes	816	1,508,574
		2	No	37	41,106
				<b>861</b>	<b>1,561,677</b>
CMVARFD	DO YOU EAT HEALTHIER FOODS AS A RESULT OF THE MEALS PROGRAM?	-8	Don't Know	37	44,295
		-7	Refused	4	13,332
		1	Yes	663	1,214,428
		2	No	157	289,622
				<b>861</b>	<b>1,561,677</b>
CMFLBTR	DOES EATING AT THE LUNCH PROGRAM IMPROVE YOUR HEALTH?	-8	Don't Know	88	147,912
		-7	Refused	2	2,720
		1	Yes	611	1,128,581
		2	No	160	282,464
				<b>861</b>	<b>1,561,677</b>
CMSTAYHM	DO THE MEAL PROGRAMS HELP YOU TO STAY IN YOUR OWN HOME?	-8	Don't Know	38	83,582
		-7	Refused	4	20,261
		1	Yes	560	953,699
		2	No	259	504,134
				<b>861</b>	<b>1,561,677</b>
CMLIKE	DO YOU LIKE THE MEALS THAT YOU GET AT THE LUNCH PROGRAM?	-8	Don't Know	50	60,360
		-7	Refused	5	14,724
		1	Yes	756	1,420,074
		2	No	50	66,519
				<b>861</b>	<b>1,561,677</b>
CMFLBR2	AS A RESULT OF RECEIVING MEALS, DO YOU FEEL BETTER?	-8	Don't Know	52	72,806
		-7	Refused	8	27,785
		1	Yes	683	1,268,624
		2	No	118	192,461
				<b>861</b>	<b>1,561,677</b>
CMFRNDS	AS A RESULT OF RECEIVING MEALS, DO YOU SEE YOUR FRIENDS MORE OFTEN?	-8	Don't Know	16	24,574
		1	Yes	712	1,300,149
		2	No	133	236,954
				<b>861</b>	<b>1,561,677</b>
CMTASTES	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE WAY THE FOOD TASTES?	-8	Don't Know	10	11,577

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Always	261	501,667
		2	Usually	384	754,937
		3	Sometimes	179	260,505
		4	Seldom	21	17,260
		5	Never	6	15,731
				<b>861</b>	<b>1,561,677</b>
CMVR2FD	OVERALL, HOW OFTEN ARE YOU SATISFIED WITH THE VARIETY OF THE FOODS?	-8	Don't Know	8	7,732
		1	Always	302	581,353
		2	Usually	344	665,847
		3	Sometimes	183	282,068
		4	Seldom	20	22,006
		5	Never	4	2,671
				<b>861</b>	<b>1,561,677</b>
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	31	82,262
		-7	Refused	1	9,545
		1	Yes	203	307,017
		2	No	626	1,162,853
				<b>861</b>	<b>1,561,677</b>
CMFQ1	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE AMOUNT/QUANTITY OF FOOD DECREASED?	-1	Not Collected	658	1,254,660
		1	Yes	44	101,575
		2	No	159	205,442
				<b>861</b>	<b>1,561,677</b>
CMFQ2	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD DECLINED?	-1	Not Collected	658	1,254,660
		1	Yes	34	58,275
		2	No	169	248,742
				<b>861</b>	<b>1,561,677</b>
CMFQ3	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE LUNCH PROGRAMS PROVIDED LESS OFTEN?	-1	Not Collected	658	1,254,660
		2	No	203	307,017
				<b>861</b>	<b>1,561,677</b>
CMFQ4	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER LUNCHESES PROVIDED OR ARE FEWER PERSONS SERVED?	-1	Not Collected	658	1,254,660

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	1	750
		2	No	202	306,266
				<b>861</b>	<b>1,561,677</b>
CMFQ5	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER FOOD CHOICES OFFERED?	-1	Not Collected	658	1,254,660
		1	Yes	11	22,553
		2	No	192	284,463
				<b>861</b>	<b>1,561,677</b>
CMFQ6	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE PACKAGING OF MEALS CHANGED?	-1	Not Collected	658	1,254,660
		1	Yes	3	2,484
		2	No	200	304,533
				<b>861</b>	<b>1,561,677</b>
CMFQ7	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE MORE COLD MEALS PROVIDED?	-1	Not Collected	658	1,254,660
		1	Yes	2	2,307
		2	No	201	304,710
				<b>861</b>	<b>1,561,677</b>
CMFQ8	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CELEBRATION (HOLIDAY OR BIRTHDAY) MEALS PROVIDED?	-1	Not Collected	658	1,254,660
		2	No	203	307,017
				<b>861</b>	<b>1,561,677</b>
CMFQ9	HOW HAS YOUR LUNCH PROGRAM CHANGED: ARE FEWER CONDIMENTS PROVIDED?	-1	Not Collected	658	1,254,660
		1	Yes	3	2,480
		2	No	200	304,537
				<b>861</b>	<b>1,561,677</b>
CMFQ10	HOW HAS YOUR LUNCH PROGRAM CHANGED: IS LESS COFFEE OR TEA PROVIDED?	-1	Not Collected	658	1,254,660
		2	No	203	307,017
				<b>861</b>	<b>1,561,677</b>
CMFQ11	HOW HAS YOUR LUNCH PROGRAM CHANGED: HAS THE QUALITY OF FOOD IMPROVED?	-1	Not Collected	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
CMFQOT	HOW HAS YOUR LUNCH PROGRAM CHANGED: OTHER?	-1	Not Collected	658	1,254,660
		1	Yes	149	221,274

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	54	85,743
				<b>861</b>	<b>1,561,677</b>
CMENUF	DO YOU ALWAYS HAVE ENOUGH MONEY OR FOOD STAMPS TO BUY THE FOOD YOU NEED?	-8	Don't Know	10	14,330
		-7	Refused	3	2,077
		1	Yes	690	1,241,543
		2	No	158	303,727
				<b>861</b>	<b>1,561,677</b>
CMRXFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR BUYING MEDICATION?	-8	Don't Know	12	46,773
		-7	Refused	2	2,560
		1	Yes	102	213,663
		2	No	745	1,298,680
				<b>861</b>	<b>1,561,677</b>
CMBILFD	DURING THE PAST MONTH, DID YOU HAVE TO CHOOSE BETWEEN BUYING FOOD OR PAYING YOUR RENT OR UTILITY BILLS?	-8	Don't Know	12	46,465
		-7	Refused	2	3,336
		1	Yes	80	151,312
		2	No	767	1,360,565
				<b>861</b>	<b>1,561,677</b>
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	6	17,951
		-7	Refused	1	9,545
		1	Yes	58	109,048
		2	No	796	1,425,133
				<b>861</b>	<b>1,561,677</b>
SVCHDM	IN THE PAST YEAR, HAVE YOU RECEIVED HOME DELIVERED MEALS?	-8	Don't Know	2	1,549
		1	Yes	88	112,579
		2	No	771	1,447,549
				<b>861</b>	<b>1,561,677</b>
SVCHOUSE	IN THE PAST YEAR, HAVE YOU RECEIVED HOMEMAKER OR HOUSEKEEPING SERVICES?	-8	Don't Know	1	2,123
		1	Yes	58	95,838
		2	No	802	1,463,716
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
SVCCSEMG	IN THE PAST YEAR, HAVE YOU RECEIVED CASE MANAGEMENT SERVICES?	-8	Don't Know	6	8,321
		-7	Refused	1	557
		1	Yes	70	105,577
		2	No	784	1,447,223
				<b>861</b>	<b>1,561,677</b>
SVCTRAN	IN THE PAST YEAR, HAVE YOU RECEIVED TRANSPORTATION SERVICES?	-8	Don't Know	6	5,861
		1	Yes	189	303,475
		2	No	666	1,252,341
				<b>861</b>	<b>1,561,677</b>
SVCDYCR	IN THE PAST YEAR, HAVE YOU RECEIVED ADULT DAYCARE SERVICES?	1	Yes	17	29,972
		2	No	844	1,531,705
				<b>861</b>	<b>1,561,677</b>
SVCPCR	IN THE PAST YEAR, HAVE YOU RECEIVED PERSONAL CARE SERVICES?	-8	Don't Know	1	1,597
		1	Yes	47	83,980
		2	No	813	1,476,100
				<b>861</b>	<b>1,561,677</b>
SVCHORE	IN THE PAST YEAR, HAVE YOU RECEIVED CHORE SERVICES?	-8	Don't Know	2	3,722
		1	Yes	29	35,464
		2	No	830	1,522,491
				<b>861</b>	<b>1,561,677</b>
SVCLGL	IN THE PAST YEAR, HAVE YOU RECEIVED LEGAL ASSISTANCE?	-8	Don't Know	3	2,490
		1	Yes	33	35,775
		2	No	825	1,523,412
				<b>861</b>	<b>1,561,677</b>
SVCIAA	IN THE PAST YEAR, HAVE YOU RECEIVED INFORMATION AND ASSISTANCE SERVICES?	-8	Don't Know	10	10,621
		1	Yes	184	281,337
		2	No	667	1,269,719
				<b>861</b>	<b>1,561,677</b>
SVCCOUNT	SERVICE COMBINATIONS	1	Congregate Meals only	448	905,946
		2	Congregate Meals and 1 add'l svc	258	419,901

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Congregate Meals and 2 add'l svcs	83	142,191
		4	Congregate Meals and 3 add'l svcs	32	42,734
		5	Congregate Meals and 4 add'l svcs	18	20,179
		6	Congregate Meals and 5 add'l svcs	13	18,219
		7	Congregate Meals and 6 add'l svcs	7	10,176
		9	Congregate Meals and 8 add'l svcs	2	2,330
				<b>861</b>	<b>1,561,677</b>
HNREDUYN	HAVE YOU RECEIVED NUTRITION EDUCATION INFORMATION OR COUNSELING FROM THE HOME-DELIVERED MEALS PROGRAM?				
		-8	Don't Know	4	5,673
		1	Yes	96	143,815
		2	No	761	1,412,189
				<b>861</b>	<b>1,561,677</b>
HLTHSCRN	HAVE YOU RECEIVED HEALTH SCREENINGS SUCH AS BLOOD PRESSURE CHECKS OR MAMMOGRAMS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	9	6,885
		1	Yes	299	438,367
		2	No	553	1,116,425
				<b>861</b>	<b>1,561,677</b>
SHOTS	HAVE YOU RECEIVED FLU SHOTS, PNEUMONIA SHOTS OR OTHER IMMUNIZATIONS OTHER THAN THOSE FROM YOUR OWN DOCTOR?				
		-8	Don't Know	9	12,801
		1	Yes	190	294,281
		2	No	662	1,254,595
				<b>861</b>	<b>1,561,677</b>
EXERCISE	HAVE YOU TAKEN EXERCISE OR FITNESS CLASSES OR DO YOU USE THE EXERCISE EQUIPMENT AT A SENIOR CENTER OR OTHER PROGRAM FOR OLDER ADULTS?				
		-8	Don't Know	4	1,988
		1	Yes	309	497,365
		2	No	548	1,062,325
				<b>861</b>	<b>1,561,677</b>
MEDS	HAVE YOU RECEIVED ASSISTANCE IN ADMINISTERING OR MONITORING THE SIDE EFFECTS OF MEDICINE?				
		-8	Don't Know	5	2,020
		1	Yes	67	91,678

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	789	1,467,979
				<b>861</b>	<b>1,561,677</b>
BENEFITS	HAVE YOU RECEIVED HELP GETTING BENEFITS LIKE FOOD STAMPS AND OTHER PUBLIC ASSISTANCE?	-8	Don't Know	10	23,183
		1	Yes	108	186,377
		2	No	743	1,352,117
				<b>861</b>	<b>1,561,677</b>
SVCRATE	OVERALL, HOW WOULD YOU RATE THE GROUP OF SERVICES YOU RECEIVE?	-8	Don't Know	13	19,319
		-7	Refused	2	1,408
		-1	Not Collected	196	435,515
		1	Excellent	198	302,238
		2	Very Good	247	417,881
		3	Good	168	296,154
		4	Fair	31	69,981
		5	Poor	6	19,181
				<b>861</b>	<b>1,561,677</b>
SVCIND	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU ABLE TO LIVE INDEPENDENTLY?	-8	Don't Know	19	44,570
		-7	Refused	5	8,734
		1	Yes	708	1,308,715
		2	No	129	199,658
				<b>861</b>	<b>1,561,677</b>
SVCSECUR	AS A RESULT OF THE SERVICES YOU RECEIVE, DO YOU FEEL MORE SECURE?	-8	Don't Know	42	73,730
		-7	Refused	7	19,646
		1	Yes	668	1,195,360
		2	No	144	272,941
				<b>861</b>	<b>1,561,677</b>
SVCSELF	AS A RESULT OF THE SERVICES YOU RECEIVE, ARE YOU BETTER ABLE TO CARE FOR YOURSELF?	-8	Don't Know	32	54,993
		-7	Refused	6	17,104
		1	Yes	675	1,232,121
		2	No	148	257,459
				<b>861</b>	<b>1,561,677</b>
SVCIDEA	SINCE YOU STARTED RECEIVING SERVICES, DO YOU HAVE A BETTER IDEA OF HOW TO GET ANY ADDITIONAL HELP THAT YOU NEED?	-8	Don't Know	34	74,641

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	5,782
		1	Yes	536	942,554
		2	No	288	538,700
				<b>861</b>	<b>1,561,677</b>
SVCCURT	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES ARE GENERALLY COURTEOUS?	-8	Don't Know	11	38,078
		-7	Refused	1	1,667
		1	Agree	830	1,503,635
		2	Disagree	19	18,297
				<b>861</b>	<b>1,561,677</b>
SVCSUPOS	WOULD YOU SAY THAT THE PEOPLE WHO GIVE THESE SERVICES DO THE THINGS THEY ARE SUPPOSED TO DO?	-8	Don't Know	22	46,044
		-7	Refused	2	11,212
		1	Agree	807	1,438,512
		2	Disagree	30	65,910
				<b>861</b>	<b>1,561,677</b>
SVC5A	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: FOOD STAMPS?	1	Yes	147	235,362
		2	No	714	1,326,315
				<b>861</b>	<b>1,561,677</b>
SVC5B	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: ENERGY ASSISTANCE?	-8	Don't Know	13	24,905
		-7	Refused	1	1,707
		1	Yes	113	197,666
		2	No	734	1,337,398
				<b>861</b>	<b>1,561,677</b>
SVC5C	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: MEDICAID?	-8	Don't Know	10	12,554
		1	Yes	184	281,667
		2	No	667	1,267,456
				<b>861</b>	<b>1,561,677</b>
SVC5D	ARE YOU RECEIVING ANY OTHER TYPES OF ASSISTANCE: HOUSING ASSISTANCE?	-8	Don't Know	4	21,788
		1	Yes	112	182,329
		2	No	745	1,357,560
				<b>861</b>	<b>1,561,677</b>
CSARRNG	DO YOUR FAMILY OR FRIENDS HELP ARRANGE FOR THE SERVICES YOU RECEIVE?	-8	Don't Know	8	17,569

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	1	3,905
		1	Yes	226	355,905
		2	No	626	1,184,299
				<b>861</b>	<b>1,561,677</b>
CSHOME	DO YOUR FAMILY OR FRIENDS ALSO PROVIDE ASSISTANCE THAT HELPS YOU STAY AT HOME?				
		-8	Don't Know	3	2,253
		-7	Refused	1	280
		1	Yes	358	593,951
		2	No	499	965,192
				<b>861</b>	<b>1,561,677</b>
PFHLTH	IN GENERAL, HOW IS YOUR HEALTH?				
		-8	Don't Know	3	5,379
		1	Excellent	79	230,839
		2	Very Good	239	427,546
		3	Good	312	517,791
		4	Fair	173	267,461
		5	Poor	55	112,662
				<b>861</b>	<b>1,561,677</b>
SFMODACT	DOES YOUR HEALTH LIMIT YOUR ABILITY TO DO MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF?				
		-8	Don't Know	19	21,664
		-7	Refused	4	4,288
		1	Yes, Limited A Lot	206	327,217
		2	Yes, Limited A Little	286	526,021
		3	No, Not Limited At All	346	682,487
				<b>861</b>	<b>1,561,677</b>
SFCLIMB	DOES YOUR HEALTH LIMIT YOUR ABILITY TO CLIMB SEVERAL FLIGHTS OF STAIRS?				
		-8	Don't Know	25	45,779
		-7	Refused	4	14,237
		1	Yes, Limited A Lot	281	440,947
		2	Yes, Limited A Little	325	599,924
		3	No, Not Limited At All	226	460,790
				<b>861</b>	<b>1,561,677</b>
SFACCOMP	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	16	29,547
		-7	Refused	1	10,676
		1	All Of The Time	71	141,545

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	Most Of The Time	173	263,941
		3	Some Of The Time	242	420,543
		4	A Little Of The Time	183	349,852
		5	None Of The Time	175	345,571
				<b>861</b>	<b>1,561,677</b>
SFLIMITD	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME WERE YOU LIMITED IN THE KIND OF WORK OR OTHER REGULAR DAILY ACTIVITIES YOU DO AS A RESULT OF YOUR PHYSICAL HEALTH?				
		-8	Don't Know	13	17,306
		1	All Of The Time	72	131,766
		2	Most Of The Time	121	191,421
		3	Some Of The Time	282	476,363
		4	A Little Of The Time	176	334,865
		5	None Of The Time	197	409,956
				<b>861</b>	<b>1,561,677</b>
SFEMOT	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	12	16,341
		1	All Of The Time	23	28,875
		2	Most Of The Time	59	133,611
		3	Some Of The Time	167	232,323
		4	A Little Of The Time	173	300,639
		5	None Of The Time	427	849,888
				<b>861</b>	<b>1,561,677</b>
SFCAREFL	DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME DID YOU DO WORK OR OTHER REGULAR DAILY ACTIVITIES LESS CAREFULLY THAN USUAL AS A RESULT OF ANY EMOTIONAL PROBLEMS, SUCH AS FEELING DEPRESSED OR ANXIOUS?				
		-8	Don't Know	11	12,006
		-7	Refused	1	2,925
		1	All Of The Time	19	31,869
		2	Most Of The Time	47	115,354
		3	Some Of The Time	133	193,367
		4	A Little Of The Time	151	253,463
		5	None Of The Time	499	952,694
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	11	12,724
		-7	Refused	2	1,969
		1	All Of The Time	240	503,545
		2	Most Of The Time	239	443,923
		3	Some Of The Time	176	299,735
		4	A Little Of The Time	134	219,219
		5	None Of The Time	59	80,561
					<b>861</b>
SFCALM	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT CALM AND PEACEFUL?	-8	Don't Know	4	3,165
		-7	Refused	1	12,427
		1	All Of The Time	150	213,662
		2	Most Of The Time	448	899,529
		3	Some Of The Time	181	265,015
		4	A Little Of The Time	59	125,507
		5	None Of The Time	18	42,372
					<b>861</b>
SFENERGY	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU HAD A LOT OF ENERGY?	-8	Don't Know	5	6,605
		-7	Refused	1	355
		1	All Of The Time	47	107,498
		2	Most Of The Time	257	497,630
		3	Some Of The Time	340	507,180
		4	A Little Of The Time	152	319,130
		5	None Of The Time	59	123,279
					<b>861</b>
SFDOWN	DURING THE PAST FOUR WEEKS, HOW MUCH OF THE TIME HAVE YOU FELT DEPRESSED?	-8	Don't Know	7	7,817
		-7	Refused	3	18,366
		1	All Of The Time	13	27,070
		2	Most Of The Time	28	54,290
		3	Some Of The Time	154	248,788
		4	A Little Of The Time	256	463,640
		5	None Of The Time	400	741,705
					<b>861</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
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	8	10,428
		-7	Refused	1	355
		1	All Of The Time	37	71,278
		2	Most Of The Time	61	106,266
		3	Some Of The Time	155	207,253
		4	A Little Of The Time	178	334,066
		5	None Of The Time	421	832,031
				<b>861</b>	<b>1,561,677</b>
SFHEALTH	COMPARED TO ONE YEAR AGO, HOW IS YOUR HEALTH NOW?	-8	Don't Know	4	2,212
		1	Much Better Than One Year Ago	61	115,618
		2	A Little Better Than One Year Ago	89	143,303
		3	About The Same As One Year Ago	445	811,785
		4	A Little Worse Than One Year Ago	173	299,263
		5	Worse Than One Year Ago	89	189,496
		<b>861</b>	<b>1,561,677</b>		
SFACTIVE	REGARDING YOUR PRESENT SOCIAL ACTIVITIES, DO YOU FEEL THAT YOU ARE DOING?	-8	Don't Know	13	31,697
		-7	Refused	1	12,427
		1	About Enough	409	779,742
		2	Too Much	23	63,308
		3	Would Like To Be Doing More	415	674,503
		<b>861</b>	<b>1,561,677</b>		
SFSOCIAL	HAVE YOUR SOCIAL OPPORTUNITIES INCREASED SINCE YOU BECAME INVOLVED WITH THESE SERVICES?	-8	Don't Know	33	60,973
		-7	Refused	1	1,667
		1	Yes	535	883,269
		2	No	292	615,769
		<b>861</b>	<b>1,561,677</b>		
PFDISA	HAS A DOCTOR TOLD YOU THAT YOU HAVE ARTHRITIS?	-8	Don't Know	5	17,482
		-7	Refused	1	12,427
		1	Yes	537	884,823

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	318	646,945
				<b>861</b>	<b>1,561,677</b>
PFDISB	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD HYPERTENSION OR HIGH BLOOD PRESSURE?	-8	Don't Know	1	273
		-7	Refused	1	12,427
		1	Yes	616	1,020,394
		2	No	243	528,584
				<b>861</b>	<b>1,561,677</b>
PFDISC	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEART DISEASE?	-8	Don't Know	5	4,130
		-7	Refused	2	14,093
		1	Yes	280	505,167
		2	No	573	1,038,013
		3	Does Not Apply	1	273
				<b>861</b>	<b>1,561,677</b>
PFDISD	HAS A DOCTOR TOLD YOU THAT YOU HAVE HIGH CHOLESTEROL?	-8	Don't Know	12	17,965
		-7	Refused	1	12,427
		1	Yes	479	850,598
		2	No	368	671,143
		3	Does Not Apply	1	9,545
				<b>861</b>	<b>1,561,677</b>
PFDISE	HAS A DOCTOR TOLD YOU THAT YOU HAVE DIABETES?	-8	Don't Know	6	12,294
		-7	Refused	2	13,362
		1	Yes	285	488,777
		2	No	567	1,036,009
		3	Does Not Apply	1	11,235
				<b>861</b>	<b>1,561,677</b>
PFDISF	HAS A DOCTOR TOLD YOU THAT YOU HAVE BREATHING OR LUNG PROBLEMS INCLUDING EMPHYSEMA, ALLERGIES, OR ASTHMA?	-8	Don't Know	3	12,888
		-7	Refused	1	12,427
		1	Yes	344	619,928
		2	No	512	893,676
		3	Does Not Apply	1	22,758
				<b>861</b>	<b>1,561,677</b>
PFDISG	HAS A DOCTOR TOLD YOU THAT YOU HAVE HAD CANCER?	-8	Don't Know	1	1,405
		-7	Refused	1	12,427
		1	Yes	135	261,880

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
		2	No	721	1,272,868
		3	Does Not Apply	3	13,097
				<b>861</b>	<b>1,561,677</b>
PFDISH	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD A STROKE?	-8	Don't Know	7	7,923
		-7	Refused	1	12,427
		1	Yes	98	144,406
		2	No	755	1,396,921
				<b>861</b>	<b>1,561,677</b>
PFDISI	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE HAD ANEMIA?	-8	Don't Know	3	8,195
		-7	Refused	1	12,427
		1	Yes	140	259,455
		2	No	716	1,281,511
		3	Does Not Apply	1	89
				<b>861</b>	<b>1,561,677</b>
PFDISJ	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE OSTEOPOROSIS?	-8	Don't Know	19	28,705
		-7	Refused	1	12,427
		1	Yes	179	311,821
		2	No	661	1,207,990
		3	Does Not Apply	1	735
				<b>861</b>	<b>1,561,677</b>
PFDISK	HAS A MEDICAL DOCTOR TOLD YOU THAT YOU HAVE KIDNEY DISEASE?	-8	Don't Know	3	1,301
		-7	Refused	1	12,427
		1	Yes	99	194,741
		2	No	756	1,351,125
		3	Does Not Apply	2	2,083
				<b>861</b>	<b>1,561,677</b>
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	6	25,203
		-7	Refused	2	13,058
		1	Yes	495	835,490
		2	No	357	686,269
		3	Does Not Apply	1	1,657
				<b>861</b>	<b>1,561,677</b>
PFDISM	HAS A DOCTOR TOLD YOU THAT YOU HAVE HEARING PROBLEMS?	-8	Don't Know	5	10,387
		-7	Refused	2	13,058

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	304	521,353
		2	No	550	1,016,879
				<b>861</b>	<b>1,561,677</b>
PFDISN	HAS A DOCTOR TOLD YOU THAT YOU HAVE EMOTIONAL, NERVOUS OR PSYCHIATRIC PROBLEMS?	-8	Don't Know	6	6,056
		-7	Refused	2	13,058
		1	Yes	126	210,495
		2	No	727	1,332,069
				<b>861</b>	<b>1,561,677</b>
PFDISO	HAS A DOCTOR TOLD YOU THAT YOU HAVE A MEMORY RELATED DISEASE, SUCH AS ALZHEIMERS OR DEMENTIA?	-8	Don't Know	6	19,915
		-7	Refused	3	13,410
		1	Yes	76	154,385
		2	No	774	1,372,916
		3	Does Not Apply	2	1,050
				<b>861</b>	<b>1,561,677</b>
PFDISP	HAS A DOCTOR TOLD YOU THAT YOU HAVE SEIZURES OR EPILEPSY?	-8	Don't Know	1	188
		-7	Refused	2	13,058
		1	Yes	24	37,973
		2	No	834	1,510,458
				<b>861</b>	<b>1,561,677</b>
PFDISQ	HAS A DOCTOR TOLD YOU THAT YOU HAVE PARKINSON'S DISEASE?	-8	Don't Know	2	2,399
		-7	Refused	2	13,058
		1	Yes	20	42,575
		2	No	836	1,503,291
		3	Does Not Apply	1	355
				<b>861</b>	<b>1,561,677</b>
PFDISR	HAS A DOCTOR TOLD YOU THAT YOU HAVE PERSISTENT PAIN, ACHING, STIFFNESS OR SWELLING AROUND A JOINT?	-8	Don't Know	5	11,409
		-7	Refused	2	13,058
		1	Yes	353	602,595
		2	No	500	925,070
		3	Does Not Apply	1	9,545
				<b>861</b>	<b>1,561,677</b>
PFDISS	HAS A DOCTOR TOLD YOU THAT YOU HAVE MULTIPLE SCLEROSIS?	-8	Don't Know	7	17,316
		-7	Refused	2	13,058

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	7	12,208
		2	No	844	1,518,356
		3	Does Not Apply	1	739
				<b>861</b>	<b>1,561,677</b>
PFDIST	HAS A DOCTOR TOLD YOU THAT YOU HAVE A SERIOUS PROBLEM WITH URINARY INCONTINENCE?				
		-8	Don't Know	4	27,027
		-7	Refused	3	22,603
		1	Yes	127	233,553
		2	No	727	1,278,493
				<b>861</b>	<b>1,561,677</b>
PFDISU	HAS A DOCTOR TOLD YOU THAT YOU HAVE SOMETHING ELSE?				
		-8	Don't Know	3	13,971
		-7	Refused	2	13,058
		1	Yes	160	326,244
		2	No	696	1,208,404
				<b>861</b>	<b>1,561,677</b>
NUM_COND	TOTAL NUMBER OF MEDICAL CONDITIONS REPORTED				
		0	0 Medical Conditions	16	62,619
		1	1 Medical Condition	35	81,610
		2	2 Medical Conditions	52	99,353
		3	3 Medical Conditions	105	221,561
		4	4 Medical Conditions	106	162,402
		5	5 Medical Conditions	129	189,542
		6	6 Medical Conditions	111	207,224
		7	7 Medical Conditions	89	162,576
		8	8 Medical Conditions	79	130,897
		9	9 Medical Conditions	50	79,288
		10	10 Medical Conditions	33	53,285
		11	11 Medical Conditions	26	50,104
		12	12 Medical Conditions	19	48,142
		13	13 Medical Conditions	8	10,350
		14	14 Medical Conditions	3	2,726
				<b>861</b>	<b>1,561,677</b>
PFTKCARE	DURING THE LAST 12 MONTHS, HAVE YOU LEARNED HOW TO TAKE CARE OF ANY OR ALL OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS?				
		-8	Don't Know	25	62,495
		-7	Refused	2	4,223
		-1	Not Collected	16	62,619
		1	Yes	636	1,153,311

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	182	279,029
				<b>861</b>	<b>1,561,677</b>
PFPCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL WITHIN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	2	2,794
		-1	Not Collected	225	408,366
		1	Yes	581	1,054,093
		2	No	53	96,423
				<b>861</b>	<b>1,561,677</b>
PFNCARE	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TALK IN PERSON TO A DOCTOR/HEALTH PROFESSIONAL NOT IN YOUR PRIMARY CARE PRACTICE?	-8	Don't Know	11	8,332
		-7	Refused	1	718
		-1	Not Collected	225	408,366
		1	Yes	202	359,003
		2	No	422	785,258
				<b>861</b>	<b>1,561,677</b>
PFPHON	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU SPEAK ON THE TELEPHONE WITH A HEALTH PROFESSIONAL?	-8	Don't Know	2	2,460
		-7	Refused	1	557
		-1	Not Collected	225	408,366
		1	Yes	137	224,067
		2	No	496	926,228
				<b>861</b>	<b>1,561,677</b>
PFWEB	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ ABOUT IT ON THE INTERNET?	-8	Don't Know	3	2,771
		-1	Not Collected	225	408,366
		1	Yes	129	299,305
		2	No	504	851,235
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFCLASS	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU TAKE A GROUP CLASS?	-8	Don't Know	2	2,460
		-1	Not Collected	225	408,366
		1	Yes	73	154,498
		2	No	561	996,353
				<b>861</b>	<b>1,561,677</b>
PFLRN	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU LEARN IN SOME OTHER WAY?	-8	Don't Know	8	19,486
		-7	Refused	1	9,545
		-1	Not Collected	225	408,366
		1	Yes	189	341,615
		2	No	438	782,665
		<b>861</b>	<b>1,561,677</b>		
PFMEDF	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? ARE YOU/IS SOMEONE IN YOUR FAMILY IN THE MEDICAL FIELD?	-1	Not Collected	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
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	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PFREAD	DURING THE LAST 12 MONTHS, HOW DID YOU LEARN ABOUT TAKING CARE OF YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS? DID YOU READ PRINTED MATERIALS?	-1	Not Collected	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PFCONF	HAVING AN ILLNESS MEANS DOING DIFFERENT TASKS & ACTIVITIES TO MANAGE YOUR CONDITION. HOW CONFIDENT YOU CAN DO ALL THE THINGS NECESSARY TO MANAGE YOUR CHRONIC ILLNESSES OR MEDICAL CONDITIONS ON REGULAR BASIS? WOULD YOU SAY YOU ARE...	-8	Don't Know	15	25,408
		-7	Refused	7	16,764
		-1	Not Collected	16	62,619
		1	Not At All Confident	27	45,444

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	A Little Confident	106	218,894
		3	Moderately Confident	251	417,409
		4	Very Confident	439	775,139
				<b>861</b>	<b>1,561,677</b>
PFLEARN	DO YOU HAVE ANY DIFFICULTY LEARNING, REMEMBERING, OR CONCENTRATING DUE TO A PHYSICAL, MENTAL OR EMOTIONAL CONDITION LASTING 6 MONTHS OR MORE?				
		-8	Don't Know	10	23,702
		-7	Refused	3	13,413
		1	Yes	223	389,860
		2	No	625	1,134,702
				<b>861</b>	<b>1,561,677</b>
HLMDRUGS	# DIFF MEDICINES YOU TAKE DAILY				
		-8	Don't Know	10	19,248
		-7	Refused	5	22,259
		1	0-2 medications	233	508,504
		2	3-4 medications	232	396,175
		3	5-6 medications	175	288,940
		4	7-8 medications	96	171,592
		5	9+ medications	110	154,960
				<b>861</b>	<b>1,561,677</b>
HLMHOSP	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A HOSPITAL?				
		-8	Don't Know	3	4,674
		-7	Refused	1	631
		1	Yes	186	291,492
		2	No	671	1,264,880
				<b>861</b>	<b>1,561,677</b>
HLMNH	IN THE PAST 12 MONTHS, DID YOU HAVE TO STAY OVERNIGHT IN A NURSING HOME OR REHABILITATION CENTER?				
		-8	Don't Know	1	2,066
		-7	Refused	1	631
		1	Yes	52	68,140
		2	No	807	1,490,840
				<b>861</b>	<b>1,561,677</b>
PFDIFIN	DO YOU HAVE DIFFICULTY GETTING AROUND INSIDE THE HOME?				
		-8	Don't Know	1	86
		-7	Refused	2	5,573
		1	Yes	106	186,497
		2	No	752	1,369,521
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFDFINB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET AROUND INSIDE THE HOME?	-8	Don't Know	1	1,258
		-1	Not Collected	755	1,375,180
		1	Yes	40	74,026
		2	No	65	111,213
				<b>861</b>	<b>1,561,677</b>
PFDFOU	DO YOU HAVE DIFFICULTY GOING OUTSIDE THE HOME, FOR EXAMPLE TO SHOP OR VISIT A DOCTORS OFFICE?	-8	Don't Know	8	24,605
		-7	Refused	2	5,573
		1	Yes	161	231,523
		2	No	690	1,299,976
				<b>861</b>	<b>1,561,677</b>
PFDFOUB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GO OUTSIDE THE HOME?	-8	Don't Know	2	10,572
		-1	Not Collected	700	1,330,154
		1	Yes	108	154,543
		2	No	51	66,408
				<b>861</b>	<b>1,561,677</b>
PFBED	DO YOU HAVE DIFFICULTY GETTING IN OR OUT OF BED OR A CHAIR?	-8	Don't Know	2	2,643
		-7	Refused	2	5,573
		1	Yes	142	244,330
		2	No	715	1,309,131
				<b>861</b>	<b>1,561,677</b>
PFBEDB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET IN OR OUT OF BED OR A CHAIR?	-1	Not Collected	719	1,317,347
		1	Yes	40	78,320
		2	No	102	166,010
				<b>861</b>	<b>1,561,677</b>
PFBATH	DO YOU HAVE DIFFICULTY WHEN TAKING A BATH OR A SHOWER?	-8	Don't Know	4	14,558
		-7	Refused	2	5,573
		1	Yes	125	209,560
		2	No	730	1,331,986
				<b>861</b>	<b>1,561,677</b>
PFBATHB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE A BATH OR A SHOWER?	-8	Don't Know	1	135
		-1	Not Collected	736	1,352,117

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	75	102,851
		2	No	49	106,574
				<b>861</b>	<b>1,561,677</b>
PFDRES	DO YOU HAVE DIFFICULTY WHEN DRESSING?	-8	Don't Know	3	3,144
		-7	Refused	2	5,573
		1	Yes	74	146,051
		2	No	782	1,406,908
				<b>861</b>	<b>1,561,677</b>
PFDRESB	DO YOU NEED THE HELP OF ANOTHER PERSON TO GET DRESSED?	-8	Don't Know	2	14,083
		-1	Not Collected	787	1,415,626
		1	Yes	52	96,675
		2	No	20	35,293
				<b>861</b>	<b>1,561,677</b>
PFWALK	DO YOU HAVE DIFFICULTY WHEN WALKING?	-8	Don't Know	8	12,674
		-7	Refused	3	5,610
		1	Yes	308	482,022
		2	No	542	1,061,371
				<b>861</b>	<b>1,561,677</b>
PFWALKB	DO YOU NEED THE HELP OF ANOTHER PERSON TO WALK?	-8	Don't Know	2	7,279
		-1	Not Collected	553	1,079,655
		1	Yes	57	69,438
		2	No	249	405,305
				<b>861</b>	<b>1,561,677</b>
PFEAT	DO YOU HAVE DIFFICULTY EATING?	-8	Don't Know	1	975
		-7	Refused	2	5,573
		1	Yes	47	52,619
		2	No	811	1,502,509
				<b>861</b>	<b>1,561,677</b>
PFEATB	DO YOU NEED THE HELP OF ANOTHER PERSON TO EAT?	-1	Not Collected	814	1,509,058
		1	Yes	14	21,885
		2	No	33	30,733
				<b>861</b>	<b>1,561,677</b>
PFWC	DO YOU HAVE DIFFICULTY USING THE TOILET OR GETTING TO THE TOILET?	-7	Refused	2	5,573
		1	Yes	47	68,607
		2	No	812	1,487,496

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
				<b>861</b>	<b>1,561,677</b>
PFWCB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TOILET OR GET TO THE TOILET?	-1	Not Collected	814	1,493,070
		1	Yes	20	29,572
		2	No	27	39,035
				<b>861</b>	<b>1,561,677</b>
PFDLR	DO YOU HAVE DIFFICULTY KEEPING TRACK OF MONEY OR BILLS?	-8	Don't Know	2	16,481
		-7	Refused	2	5,573
		1	Yes	91	131,942
		2	No	766	1,407,680
				<b>861</b>	<b>1,561,677</b>
PFDLRB	DO YOU NEED THE HELP OF ANOTHER PERSON TO KEEP TRACK OF MONEY OR BILLS?	-8	Don't Know	1	12,427
		-1	Not Collected	770	1,429,735
		1	Yes	70	73,455
		2	No	20	46,060
				<b>861</b>	<b>1,561,677</b>
PFMEAL	DO YOU HAVE DIFFICULTY PREPARING MEALS?	-8	Don't Know	6	13,684
		-7	Refused	2	5,573
		1	Yes	126	185,683
		2	No	727	1,356,736
				<b>861</b>	<b>1,561,677</b>
PFMEALB	DO YOU NEED THE HELP OF ANOTHER PERSON TO PREPARE MEALS?	-1	Not Collected	735	1,375,994
		1	Yes	94	146,191
		2	No	32	39,493
				<b>861</b>	<b>1,561,677</b>
PFCLN	DO YOU HAVE DIFFICULTY DOING LIGHT HOUSEWORK, SUCH AS WASHING DISHES OR SWEEPING A FLOOR?	-8	Don't Know	5	9,709
		-7	Refused	2	5,573
		1	Yes	160	263,994
		2	No	694	1,282,401
				<b>861</b>	<b>1,561,677</b>
PFCLNENB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO LIGHT HOUSEWORK?	-1	Not Collected	701	1,297,683
		1	Yes	132	207,476

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		2	No	28	56,518
				<b>861</b>	<b>1,561,677</b>
PFHCLN	DO YOU HAVE DIFFICULTY DOING HEAVY HOUSEWORK, SUCH AS SCRUBBING FLOORS OR WASHING WINDOWS?	-8	Don't Know	16	38,823
		-7	Refused	6	19,075
		1	Yes	438	732,982
		2	No	401	770,798
				<b>861</b>	<b>1,561,677</b>
PFHCLNB	DO YOU NEED THE HELP OF ANOTHER PERSON TO DO HEAVY HOUSEWORK?	-8	Don't Know	5	7,272
		-7	Refused	1	352
		-1	Not Collected	423	828,695
		1	Yes	365	619,374
		2	No	67	105,983
				<b>861</b>	<b>1,561,677</b>
PFTKDG	DO YOU HAVE DIFFICULTY TAKING THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	3	1,328
		-7	Refused	2	5,573
		1	Yes	106	162,330
		2	No	750	1,392,446
				<b>861</b>	<b>1,561,677</b>
PFTKDGB	DO YOU NEED THE HELP OF ANOTHER PERSON TO TAKE THE RIGHT AMOUNT OF PRESCRIBED MEDICINE AT THE RIGHT TIME?	-8	Don't Know	2	13,161
		-1	Not Collected	755	1,399,347
		1	Yes	70	119,612
		2	No	34	29,556
				<b>861</b>	<b>1,561,677</b>
PFFONE	DO YOU HAVE DIFFICULTY USING THE TELEPHONE?	1	Yes	39	38,643
		2	No	822	1,523,034
				<b>861</b>	<b>1,561,677</b>
PFFONEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THE TELEPHONE?	-8	Don't Know	1	2,751
		-1	Not Collected	822	1,523,034
		1	Yes	34	33,337
		2	No	4	2,555
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PFISCAR	IS THERE A CAR OR PERSONAL MOTOR VEHICLE IN WORKING CONDITION IN YOUR HOUSEHOLD?	-8	Don't Know	2	1,930
		-7	Refused	2	5,573
		1	Yes	675	1,288,074
		2	No	182	266,100
				<b>861</b>	<b>1,561,677</b>
PFDRIVE	DO YOU HAVE DIFFICULTY DRIVING A CAR OR OTHER PERSONAL MOTOR VEHICLE?	-8	Don't Know	6	5,894
		-7	Refused	1	75
		-1	Not Collected	186	273,603
		1	Yes	105	185,166
		2	No	563	1,096,940
		<b>861</b>	<b>1,561,677</b>		
PFBUS	IS THERE A PUBLIC BUS OR TRANSIT STOP WITHIN 3/4 OF A MILE FROM YOUR HOME?	-8	Don't Know	57	98,032
		-7	Refused	1	578
		1	Yes	363	769,929
		2	No	440	693,138
				<b>861</b>	<b>1,561,677</b>
PFUSEBUS	DO YOU HAVE DIFFICULTY USING THIS TRANSPORTATION?	-8	Don't Know	2	5,261
		-1	Not Collected	498	791,748
		1	Yes	36	97,323
		2	No	211	459,573
		3	Never Uses Bus	114	207,772
		<b>861</b>	<b>1,561,677</b>		
PFBUSEB	DO YOU NEED THE HELP OF ANOTHER PERSON TO USE THIS TRANSPORTATION?	-8	Don't Know	1	9,545
		-7	Refused	1	9,545
		-1	Not Collected	825	1,464,354
		1	Yes	22	36,310
		2	No	12	41,923
		<b>861</b>	<b>1,561,677</b>		
FAMFRND	WHO AMONG FAMILY OR FRIENDS PROVIDES MOST OF THE HELP WITH THESE ACTIVITIES FOR YOU?	-8	Don't Know	4	14,164
		-1	Not Collected	466	908,951
		1	Family	247	378,102
		2	Someone Else Like Friend/Neighbor/Other	84	159,701

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		3	Did Not Receive Help	60	100,758
				<b>861</b>	<b>1,561,677</b>
WHOHELPS	IF FAMILY OR FRIENDS PROVIDE HELP, WHICH FAMILY MEMBER OR FRIEND HELPS YOU THE MOST WITH THESE ACTIVITIES?	-8	Don't Know	7	9,303
		-1	Not Collected	614	1,183,575
		1	Husband	31	49,937
		2	Wife	32	62,924
		3	Son	45	75,285
		4	Son-In-Law	4	5,024
		5	Daughter	81	107,144
		6	Daughter-In-Law	4	7,722
		9	Brother	4	4,084
		10	Sister	14	20,329
		11	Grandson	5	3,385
		12	Granddaughter	10	19,717
		13	Nephew	3	8,562
		14	Niece	5	3,974
		91	Other Relative	2	713
				<b>861</b>	<b>1,561,677</b>
ADLAOA6	PERSON COUNT BY NUMBER OF ADL DIFFICULTIES: BED/CHAIR TRANSFER, BATHING, DRESSING, WALKING, EATING (FEEDING SELF), OR TOILETING.	.	Missing	18	37,658
		0	0 limitations	479	961,669
		1	1 limitation	180	276,969
		2	2 limitations	97	127,897
		3	3 limitations	36	70,603
		4	4 limitations	24	43,100
		5	5 limitations	18	34,144
		6	6 limitations	9	9,637
				<b>861</b>	<b>1,561,677</b>
ADLAOA6_SSS	AOA ADL LIMITATIONS, SSS VERSION	.	Missing	2	5,573
		0	0 limitations	484	963,139
		1	1 limitation	183	281,032
		2	2 limitations	103	153,940
		3	3 limitations	38	71,111
		4	4 limitations	24	43,100
		5	5 limitations	18	34,144

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		6	6 limitations	9	9,637
				<b>861</b>	<b>1,561,677</b>
ADL3PLUS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS	.	Missing	18	37,658
		1	Yes	87	157,484
		2	No	756	1,366,535
				<b>861</b>	<b>1,561,677</b>
ADL3PLUS_SSS	RESPONDENT HAS 3 OR MORE AOA ADL LIMITATIONS, SSS VERSION	.	Missing	2	5,573
		1	Yes	89	157,992
		2	No	770	1,398,111
				<b>861</b>	<b>1,561,677</b>
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	5	21,497
		0	0 limitations	746	1,358,309
		1	1 limitation	54	105,478
		2	2 limitations	18	16,208
		3	3 limitations	10	20,379
		4	4 limitations	12	17,912
		5	5 limitations	10	14,726
		6	6 limitations	6	7,169
				<b>861</b>	<b>1,561,677</b>
ADL6P_SSS	AOA ADLS: NEEDS HELP OF ANOTHER PERSON, SSS VERSION	.	Missing	2	5,573
		0	0 limitations	747	1,368,522
		1	1 limitation	54	105,478
		2	2 limitations	20	21,919
		3	3 limitations	10	20,379
		4	4 limitations	12	17,912
		5	5 limitations	10	14,726
		6	6 limitations	6	7,169
				<b>861</b>	<b>1,561,677</b>
IADL7	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	30	70,481

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		0	0 limitations	508	1,000,576
		1	1 limitation	136	226,553
		2	2 limitations	65	85,230
		3	3 limitations	51	69,289
		4	4 limitations	28	45,677
		5	5 limitations	15	12,194
		6	6 limitations	12	11,728
		7	7 limitations	14	37,997
		8	8 limitations	2	1,951
				<b>861</b>	<b>1,561,677</b>
IADLAOA7_ SSS	AOA IADL LIMITATIONS, SSS VERSION	0	0 limitations	522	1,020,174
		1	1 limitation	144	256,893
		2	2 limitations	71	93,722
		3	3 limitations	53	87,523
		4	4 limitations	28	39,494
		5	5 limitations	18	17,311
		6	6 limitations	12	30,877
		7	7 limitations	13	15,683
				<b>861</b>	<b>1,561,677</b>
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	15	63,970
		0	0 limitations	603	1,144,648
		1	1 limitation	96	117,280
		2	2 limitations	55	90,828
		3	3 limitations	29	43,537
		4	4 limitations	26	43,916
		5	5 limitations	12	32,050
		6	6 limitations	14	13,934
		7	7 limitations	9	9,563
		8	8 limitations	2	1,951
				<b>861</b>	<b>1,561,677</b>
IADLAOA7P_ SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS, SSS VERSION	0	0 limitations	613	1,202,090
		1	1 limitation	97	118,118
		2	2 limitations	59	95,921

Frequencies

<i>NAME</i>	<i>LABEL</i>	<i>VALUE</i>	<i>DESCRIPTION</i>	<i>UNWEIGHTED</i>	<i>WEIGHTED</i>
		3	3 limitations	29	53,664
		4	4 limitations	25	31,634
		5	5 limitations	15	37,166
		6	6 limitations	13	12,643
		7	7 limitations	10	10,441
				<b>861</b>	<b>1,561,677</b>
IADLAOA8	PERSON COUNT BY # OF IADL DIFFICULTIES (AMONG 8 ACTIVITIES): GOING OUTSIDE HOME, MONEY MGMNT, PREP MEALS, LIGHT HOUSEWORK, HEAVY HOUSEWORK, MEDICATION MANAGEMENT, USING TELEPHONE, OR DRIVING A CAR/USING PUBLIC TRANSPORTATION?	.	Missing	47	109,743
		0	0 limitations	336	682,553
		1	1 limitation	204	350,289
		2	2 limitations	96	161,526
		3	3 limitations	61	88,260
		4	4 limitations	48	64,084
		5	5 limitations	28	42,344
		6	6 limitations	13	11,202
		7	7 limitations	12	11,728
		8	8 limitations	14	37,997
		9	9	2	1,951
				<b>861</b>	<b>1,561,677</b>
IADLAOA8_	AOA IADL LIMITATIONS W/ HEAVY SSS HOUSEWORK ADDED, SSS VERSION	0	0 limitations	354	724,346
		1	1 limitation	220	379,460
		2	2 limitations	101	180,758
		3	3 limitations	66	94,127
		4	4 limitations	51	83,946
		5	5 limitations	28	36,161
		6	6 limitations	16	16,318
		7	7 limitations	12	30,877
		8	8 limitations	13	15,683
				<b>861</b>	<b>1,561,677</b>

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	21	71,594
		0	0 limitations	440	833,637
		1	1 limitation	184	338,816
		2	2 limitations	79	89,970
		3	3 limitations	50	91,878
		4	4 limitations	25	38,421
		5	5 limitations	26	40,142
		6	6 limitations	11	31,769
		7	7 limitations	14	13,934
		8	8 limitations	9	9,563
		9	9	2	1,951
				<b>861</b>	<b>1,561,677</b>
IADL8P_SSS	AOA IADLS: PERSONAL ASSISTANCE NEEDS W/ HEAVY HOUSEWORK ADDED, SSS VERSION	0	0 limitations	452	885,248
		1	1 limitation	188	352,272
		2	2 limitations	81	92,437
		3	3 limitations	52	93,714
		4	4 limitations	26	50,177
		5	5 limitations	25	27,860
		6	6 limitations	14	36,886
		7	7 limitations	13	12,643
		8	8 limitations	10	10,441
				<b>861</b>	<b>1,561,677</b>
AGEC	AGE CATEGORY	2	60-64 years	71	133,644
		3	65-74 years	323	672,909
		4	75-84 years	298	517,891
		5	85+ years	169	237,233
				<b>861</b>	<b>1,561,677</b>
GENDER	GENDER	-1	Not Collected	12	31,902
		1	Male	256	495,928
		2	Female	593	1,033,847
				<b>861</b>	<b>1,561,677</b>
DEEDUC	WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?	-8	Don't Know	3	13,244

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	4	2,547
		1	Less Than High School Diploma	135	162,995
		2	High School Diploma Or GED	303	456,183
		3	Some College(Business/Vocational/Techni)	279	605,268
		4	Bachelor's Degree	59	109,594
		5	Some Post-Graduate Work/Advanced Degree	78	211,847
				<b>861</b>	<b>1,561,677</b>
DEHISP	ARE YOU HISPANIC OR LATINO?	-8	Don't Know	7	4,209
		-7	Refused	8	43,919
		1	Yes	48	154,362
		2	No	798	1,359,187
				<b>861</b>	<b>1,561,677</b>
DERAC01	WHAT IS YOUR RACE? WHITE OR CAUCASIAN	-8	Don't Know	2	3,399
		-7	Refused	12	46,001
		1	Yes	650	1,206,907
		2	No	197	305,370
				<b>861</b>	<b>1,561,677</b>
DERAC02	WHAT IS YOUR RACE? BLACK OR AFRICAN-AMERICAN	-8	Don't Know	2	3,399
		-7	Refused	12	46,001
		1	Yes	150	182,819
		2	No	697	1,329,458
				<b>861</b>	<b>1,561,677</b>
DERAC03	WHAT IS YOUR RACE? ASIAN	-8	Don't Know	2	3,399
		-7	Refused	12	46,001
		1	Yes	10	49,576
		2	No	837	1,462,701
				<b>861</b>	<b>1,561,677</b>
DERAC04	WHAT IS YOUR RACE? AMERICAN INDIAN OR ALASKAN NATIVE	-8	Don't Know	2	3,399
		-7	Refused	12	46,001
		1	Yes	34	65,216
		2	No	813	1,447,062
				<b>861</b>	<b>1,561,677</b>
DERAC05	WHAT IS YOUR RACE? NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	-8	Don't Know	2	3,399

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	12	46,001
		1	Yes	2	3,276
		2	No	845	1,509,002
				<b>861</b>	<b>1,561,677</b>
DERAC06	WHAT IS YOUR RACE? OTHER	-8	Don't Know	2	3,399
		-7	Refused	12	46,001
		1	Yes	27	58,660
		2	No	820	1,453,618
				<b>861</b>	<b>1,561,677</b>
DEVET	HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE US ARMED FORCES, MILITARY RESERVES OR NATIONAL GUARD? (ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION.)	-8	Don't Know	2	6,826
		-7	Refused	1	631
		1	Yes	145	280,116
		2	No	713	1,274,103
				<b>861</b>	<b>1,561,677</b>
DELOC	WHERE IS YOUR HOME LOCATED?	-8	Don't Know	26	56,163
		-7	Refused	2	733
		1	The City	372	709,478
		2	The Suburbs	152	258,340
		3	A Rural Area	309	536,962
				<b>861</b>	<b>1,561,677</b>
LIVEALONE	DO YOU LIVE ALONE? SSS CONSTRUCTED	-7	Refused	8	18,893
		1	Yes	457	731,951
		2	No	396	810,833
				<b>861</b>	<b>1,561,677</b>
DELVSP1	DO YOU LIVE WITH YOUR SPOUSE?	-7	Refused	4	15,734
		-1	Not Collected	457	731,951
		1	Yes	273	609,101
		2	No	127	204,891
				<b>861</b>	<b>1,561,677</b>
DELVKID2	DO YOU LIVE WITH YOUR CHILDREN?	-8	Don't Know	1	3,507
		-7	Refused	3	15,102
		-1	Not Collected	457	731,951
		1	Yes	105	171,662
		2	No	295	639,454
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
DELVREL3	DO YOU LIVE WITH OTHER RELATIVES?	-7	Refused	4	15,734
		-1	Not Collected	457	731,951
		1	Yes	62	126,407
		2	No	338	687,585
				<b>861</b>	<b>1,561,677</b>
DELVNRL4	DO YOU LIVE WITH NON-RELATIVES?	-7	Refused	5	16,944
		-1	Not Collected	457	731,951
		1	Yes	15	19,064
		2	No	384	793,717
				<b>861</b>	<b>1,561,677</b>
LIVARRC	WHO DO YOU LIVE WITH?	-7	Refused	3	15,102
		1	Alone	457	731,951
		2	With spouse only	233	511,357
		3	With children only	57	64,324
		4	With spouse and children	22	64,751
		5	With others	89	174,192
		<b>861</b>	<b>1,561,677</b>		
DEHHM	INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?	-8	Don't Know	1	479
		-7	Refused	7	17,682
		1	1 Person	459	745,588
		2	2 People	312	621,756
		3	3 People	49	124,393
		4	4 People	18	19,619
		5	5 People	11	28,539
		6	6 People	2	3,151
		7	7 People	1	45
		10	10 People	1	424
		<b>861</b>	<b>1,561,677</b>		
DEMARST	WHAT IS YOUR MARITAL STATUS?	-8	Don't Know	3	1,902
		-7	Refused	7	19,429
		1	Married	280	617,123
		2	Widowed	334	496,075
		3	Divorced	153	284,265
		4	Separated	22	26,851
5	Never Married	62	116,032		
		<b>861</b>	<b>1,561,677</b>		

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 2016 ABOVE OR BELOW \$20,000?	-8	Don't Know	56	93,198
		-7	Refused	75	137,307
		1	Below \$20,000 [1666 Per Month Or Less]	384	593,060
		2	Above \$20,000 [1667 Per Month Or More]	346	738,111
				<b>861</b>	<b>1,561,677</b>
INCOMEC	WHAT CATEGORY BEST DESCRIBES YOUR TOTAL HOUSEHOLD ANNUAL INCOME DURING THE YEAR 2016?	.	Missing	131	230,505
		-8	Don't Know	52	73,372
		-7	Refused	49	77,305
		1	\$5,000 or less	34	43,179
		2	\$5,001-\$10,000	77	104,060
		3	\$10,001-\$15,000	113	181,472
		4	\$15,001-\$20,000	113	211,490
		5	\$20,001-\$25,000	64	87,162
		6	\$25,001-\$30,000	57	131,445
		7	\$30,001-\$35,000	42	72,197
		8	\$35,001-\$40,000	33	95,432
9	\$40,001-\$50,000	28	63,371		
10	ABOVE \$50,000	68	190,686		
		<b>861</b>	<b>1,561,677</b>		
URBAN	URBAN	-9	Invalid Zip Code, or Foreign Zip Code	36	54,603
		0	Rural (Not in Urbanized Area or Urban Cluster)	220	392,636
		1	In Urbanized Area	357	720,081
		2	In Urban Cluster	248	394,358
		<b>861</b>	<b>1,561,677</b>		
VARSTRAT	VARIANCE STRATUM	1.00 - 64.00	Varstrat range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
VARUNIT	VARIANCE UNIT	1	Variance unit 1	434	833,396
		2	Variance unit 2	419	726,541
		3	Variance unit 3	8	1,739
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT	FINAL POST-STRATIFIED FULL SAMPLE WEIGHT	36.64 - 22758.01	Weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT1	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 1	11.63 - 24159.66	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT2	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 2	8.02 - 28498.73	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT3	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 3	10.59 - 30632.73	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT4	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 4	9.30 - 24834.43	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT5	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 5	10.68 - 33613.20	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT6	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 6	5.53 - 28396.96	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT7	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 7	6.52 - 30435.09	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT8	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 8	12.07 - 34052.05	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT9	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 9	12.74 - 30712.84	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT10	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 10	6.73 - 35294.10	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT11	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 11	6.31 - 30610.95	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT12	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 12	21.89 - 32648.61	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT13	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 13	9.99 - 26854.24	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT14	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 14	10.37 - 23931.80	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT15	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 15	9.91 - 25008.01	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT16	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 16	10.57 - 29296.63	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT17	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 17	6.84 - 29323.56	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT18	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 18	22.69 - 20137.22	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT19	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 19	15.71 - 27904.87	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT20	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 20	7.75 - 27887.25	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT21	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 21	5.77 - 32364.69	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT22	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 22	10.58 - 34499.52	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT23	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 23	11.99 - 28368.58	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT24	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 24	5.34 - 34869.26	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT25	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 25	6.30 - 35974.46	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT26	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 26	9.82 - 29667.21	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT27	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 27	8.83 - 29601.48	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT28	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 28	5.49 - 36385.70	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT29	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 29	8.33 - 24405.81	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT30	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 30	11.16 - 27815.32	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT31	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 31	10.81 - 32761.14	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT32	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 32	8.69 - 26586.02	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT33	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 33	10.26 - 21740.07	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT34	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 34	9.58 - 27702.64	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT35	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 35	10.48 - 24275.62	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT36	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 36	7.55 - 28719.33	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT37	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 37	6.76 - 41352.81	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT38	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 38	11.19 - 28059.46	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT39	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 39	9.96 - 28378.56	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT40	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 40	5.56 - 33305.68	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT41	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 41	4.96 - 30937.40	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT42	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 42	24.71 - 32307.20	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT43	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 43	13.55 - 33400.66	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT44	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 44	5.85 - 35551.89	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT45	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 45	6.60 - 25653.90	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT46	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 46	10.34 - 27372.48	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT47	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 47	10.51 - 27247.94	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT48	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 48	7.76 - 28680.03	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT49	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 49	12.95 - 24140.93	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT50	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 50	10.06 - 31538.11	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT51	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 51	10.49 - 31478.49	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT52	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 52	26.04 - 25679.37	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT53	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 53	10.89 - 27856.46	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT54	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 54	6.96 - 33552.94	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT55	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 55	6.69 - 32636.15	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT56	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 56	10.33 - 33195.18	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT57	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 57	10.67 - 38669.62	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT58	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 58	6.02 - 30183.68	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT59	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 59	5.49 - 27816.29	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
PSTOTWGT60	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 60	10.08 - 32740.83	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT61	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 61	11.88 - 19429.22	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT62	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 62	9.02 - 26225.76	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT63	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 63	8.89 - 29188.64	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
PSTOTWGT64	FINAL POST-STRATIFIED REPLICATE WEIGHT: REPLICATE 64	10.20 - 28738.39	Replicate weight range	861	1,561,677
				<b>861</b>	<b>1,561,677</b>
HMHOSPNH	IN THE PAST 12 MONTHS, STAYED OVERNIGHT IN A HOSPITAL, NURSING HOME OR REHABILITATION CENTER	.	Missing	1	631
		1	Yes	191	300,699
		2	No	669	1,260,346
				<b>861</b>	<b>1,561,677</b>
OHQ030	ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST?	-8	Don't Know	23	21,312
		-7	Refused	3	5,926
		1	6 Months Or Less	376	774,412
		2	More Than 6 Months, Not More Than 1 Yr	119	247,657
		3	More Than 1 Yr, Not More Than 2 Years	75	151,875
		4	More Than 2 Yrs, Not More Than 3 Years	51	80,525
		5	More Than 3 Yrs, Not More Than 5 Years	57	75,955
		6	More Than 5 Years Ago	152	197,457
		7	Never Have Been To Dentist	5	6,558
				<b>861</b>	<b>1,561,677</b>
OHQ770	DURING THE PAST 12 MONTHS, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?	-8	Don't Know	3	4,463

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		-7	Refused	3	7,281
		1	Yes	131	201,784
		2	No	724	1,348,150
				<b>861</b>	<b>1,561,677</b>
OHQ78001	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU COULD NOT AFFORD THE COST?	-1	Not Collected	730	1,359,893
		1	Yes	110	172,073
		2	No	21	29,711
				<b>861</b>	<b>1,561,677</b>
OHQ78002	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT WANT TO SPEND THE MONEY?	-8	Don't Know	4	6,857
		-7	Refused	2	371
		-1	Not Collected	730	1,359,893
		1	Yes	18	35,372
		2	No	107	159,183
				<b>861</b>	<b>1,561,677</b>
OHQ78003	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT INSURANCE DID NOT COVER THE RECOMMENDED PROCEDURES?	-8	Don't Know	3	1,789
		-7	Refused	3	12,418
		-1	Not Collected	730	1,359,893
		1	Yes	77	144,149
		2	No	48	43,428
				<b>861</b>	<b>1,561,677</b>
OHQ78004	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS TOO FAR AWAY?	-8	Don't Know	1	503
		-1	Not Collected	730	1,359,893
		1	Yes	27	27,358
		2	No	103	173,923
				<b>861</b>	<b>1,561,677</b>
OHQ78005	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THE DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES?	-8	Don't Know	5	5,593
		-1	Not Collected	730	1,359,893

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	19	18,037
		2	No	107	178,154
				<b>861</b>	<b>1,561,677</b>
OHQ78006	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT ANOTHER DENTIST RECOMMENDED NOT DOING IT?				
		-8	Don't Know	3	2,747
		-1	Not Collected	730	1,359,893
		1	Yes	9	10,275
		2	No	119	188,762
				<b>861</b>	<b>1,561,677</b>
OHQ78007	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE AFRAID OF OR DO NOT LIKE DENTISTS?				
		-8	Don't Know	1	945
		-7	Refused	2	11,394
		-1	Not Collected	730	1,359,893
		1	Yes	16	33,208
		2	No	112	156,236
				<b>861</b>	<b>1,561,677</b>
OHQ78008	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU ARE UNABLE TO TAKE TIME OFF FROM WORK?				
		-8	Don't Know	1	183
		-1	Not Collected	730	1,359,893
		1	Yes	3	5,950
		2	No	127	195,650
				<b>861</b>	<b>1,561,677</b>
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	730	1,359,893
		1	Yes	9	8,891
		2	No	122	192,892
				<b>861</b>	<b>1,561,677</b>
OHQ78010	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT THINK ANYTHING SERIOUS WAS WRONG OR EXPECTED THE DENTAL PROBLEMS TO GO AWAY?				
		-8	Don't Know	1	109
		-7	Refused	1	355
		-1	Not Collected	730	1,359,893

Frequencies

NAME	LABEL	VALUE	DESCRIPTION	UNWEIGHTED	WEIGHTED
		1	Yes	23	29,288
		2	No	106	172,033
				<b>861</b>	<b>1,561,677</b>
OHQ78011	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT YOU DID NOT HAVE TRANSPORTATION?				
		-1	Not Collected	730	1,359,893
		1	Yes	25	21,674
		2	No	106	180,110
				<b>861</b>	<b>1,561,677</b>
OHQ78012	WHAT WERE THE REASONS THAT YOU COULD NOT GET THE DENTAL CARE YOU NEEDED? WOULD YOU SAY THAT THERE WAS ANYTHING ELSE (ANOTHER REASON FOR NOT GETTING DENTAL CARE)?				
		-8	Don't Know	2	3,011
		-7	Refused	1	1,982
		-1	Not Collected	730	1,359,893
		1	Yes	19	22,240
		2	No	109	174,550
				<b>861</b>	<b>1,561,677</b>
OHQ845	OVERALL, HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH AND GUMS?				
		-8	Don't Know	10	11,068
		-7	Refused	6	14,476
		1	Excellent	87	154,744
		2	Very Good	238	453,121
		3	Good	301	581,481
		4	Fair	130	230,865
		5	Poor	89	115,922
				<b>861</b>	<b>1,561,677</b>
MOB_IMP	MOBILITY IMPAIRED				
		.	Missing	2	6,417
		1	Mobility Impaired	453	735,573
		2	Not Mobility Impaired	406	819,687
				<b>861</b>	<b>1,561,677</b>